	WHENTAL PROTECTION
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ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

	NUAL (INS1, INS2)	COMPLAINT/E ARMS COMPL		7 (CI)		
AIRS ID#: 1150026 DATE:	<u>3/6/12</u>	ARRIVE: <u>0900</u>		DEPART:	<u>10:15</u>	
FACILITY NAME: DRIFTV	VOOD PET CARE-ANIMA	L CREMATORY				
FACILITY LOCATION:	800 LAUREL RD E					
	NOKOMIS 34275-4504	4				
OWNER/AUTHORIZED RE Email: ritacoent@aol.com CONTACT NAME: FRED Email: fredcoent@aol.con ENTITLEMENT PERIOD:	ı FIGG	A FIGG	Mobile:	(941)485-6672 (941)320-6943 (941)485-6672 (941)320-6943	3 2	
Facility Section						
PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☑ IN COMPLIANCE □ MINOR Non-COMPLIANCE □ SIGNIFICANT Non-COMPLIANCE						
PART II: <u>ONSITE INTROD</u>	UCTORY MEETING				(check 🗹	
1. Name(s) of facility represent					box for each	•
Brief Notes:						
2. Is the Authorized Represent If no, who is?:	tative still RITA FIGG?				Xes Yes	No
	provide an administrative up RED FIGG?	date within 30 days?	?		☐ Yes ⊠ Yes	□No □No
4. Will facility be conducting If yes, was the compliance a	VE test(s) during today's ins authority notified at least 15				Yes Yes	□No □No

Emissions Unit Section <u>1 – Animal Crematory-prim/2ndarychmbrLPGfiredtempM&RopacM70lb/hr</u>

PART I: FILE REVIEW PRIOR TO INSPECTION		only one question)
1. a. Complete AC application or, if no AC permit, initial GP registration received on or		question
after August 30, 1989?	🗌 Yes	🖾No
b. If yes, were design calculations provided then to confirm a sufficient volume in the		
secondary chamber combustion zone to provide for at least a 1.0 second gas residence time		
at 1800 degrees Fahrenheit?		No
2. Manufacturer's recommended capacity: lbs for batch unit 🗌 lbs/hr for ram-charged unit.	•	
3. Crematory unit installed after February 1, 2007?	- 🗌 Yes	🖾No
4. Date of last inspection: $\frac{4/27/10}{2}$		
5. Past Visible Emissions (VE) tests:		
a. Was a VE test performed within each of the past 4 calendar years?	🛛 Yes	No
b. Has a VE test been performed yet within the current calendar year?	🗌 Yes	🖾No
c. If first year of operation, was a VE test performed within 30 days of commencing		
operation? 🖾 N/A	Yes	No
d. Date of last VE test: $3/17/11$		
e. Was the VE test report filed with the compliance authority no later than 45 days after the test?		□No
f. Did the facility demonstrate compliance during the last VE test?	🛛 Yes	No
If no, what was the problem (if known)?		

PART II: <u>VISIBLE EMISSIONS TESTING</u>	(check 🗹 box for each	only one question)
 1. Was a visible emissions test conducted by the facility for this unit during this site visit?	 Yes Yes Yes Yes Yes Yes 	□No □No □No □No
 (5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes 2. Was a visible emissions test conducted by the inspector during this site visit? a. Operating capacity during test? <u>70</u> ⊠ lbs for batch unit □ lbs/hr for ram-charged unit b. Was the operating capacity greater than the manufacturer's recommended capacity?	⊠ Yes ⊠ Yes ⊠ Yes	□No □No □No
 d. Was the visible emissions test conducted according to EPA Method 9? e. The visible emission test resulted in an opacity of <u>0</u> % for the highest six minute average. f. Did the visible emission test demonstrate compliance with the limit?	Yes in any one-hour)	∐No □No
If yes, what reason?	Yes	⊠No

PART III: MONITORING/RECORDKEEPING REQUIREMENTS	(check 🗹 box for each	(check 🗹 only one box for each question)	
1. Were there any objectionable odors detected?	Ves	🖾No	
An upwind/downwind survey of the facility was conducted. The observed parameters were: Wind direction Downwind odor level detected Upwind odor level detected	Scale: 1-10	(worst)	
 2. Continuous Monitoring Systems – a Is a continuous temperature monitoring system installed on each unit to record temperatures in the secondary chamber in accordance with the manufacturer's instructions? b Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at □ 1,800¹ ⊠ 1,600² degrees was determined?		⊠No □No	
 c. Are the following records kept on file, available for inspection, for at least the past two years? (1) All temperature measurements	s; 🗌 Yes	⊠No ⊠No	
 (3) All CEMS or monitoring device calibration checks (last performed on)	🛛 Yes 🖾 Yes	⊠No □No □No □No	
 d. Are the temperature charts properly documented with operator name, operator indication of when cremation in the primary chamber was begun, date, time, and temperature markings e. Was the crematory unit installed after 2/1/07? If no, skip e.(1) – (3)	🗌 Yes	⊠No ⊠No	
 control combustion based on continuous in-stack opacity measurement?	ity	□No □No	
accordance with the manufacturer's recommended maintenance schedule?	Yes	No	
PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	(check ☑ box for each	-	
 If the application to construct was <u>BEFORE</u> August 30, 1989 is the: a. actual operating temperature of the secondary chamber combustion zone no less than 1400°F throughout the combustion process in the primary chamber? b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crem process begins in the primary chamber? 	nation	□No □No	
 2. If the application to construct <u>ON</u> or <u>AFTER</u> August 30, 1989 is the: a. the actual operating temperature of the secondary chamber combustion zone no less than 1600°F throughout the combustion process in the primary chamber?	🗌 Yes nation	□No	
process begins in the primary chamber ?			
PART V: <u>ALLOWED MATERIALS</u>	(check ☑ box for each	only one n question)	
 Besides animal remains and, if applicable, the bedding associated with the animals and appropriate care any other materials, including biomedical wastes, incinerated in the unit?		⊠No	
2. Do containers contain no more than 0.5 percent by weight chlorinated plastics as certified by the manufacturer?		□No ⊠No	

PART VI: <u>EQUIPMENT MAINTENANCE</u>	(check 🗹 box for each	2		
 Is the crematory unit maintained in accordance with the manufacturer's specifications? Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? Does the crematory allow for a visible check on the flame characteristics?	Yes ☐ Yes	□No □No ⊠No □No □No		
PART VII: EU INSPECTION COMPLIANCE STATUS (check I only one box) IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE				
Facility Section (continued)				

SPECIAL CONDITIONS AND PROCEDURES	(check 🗹 box for each	only one question)
 <u>Administrative Changes</u>: 1. Were there any changes in the name, address, or phone number of the facility or authorized representation associated with a change in ownership or with a physical relocation of the facility or any emissions unit operations comprising the facility; or any other similar minor administrative change at the facility? 2. If yes, did the facility provide written notification within 30 days of the change?	s or Yes	⊠No □No
 New or Modified Process Equipment or Change in Ownership: 3. Since the last registration form submittal has there been	Yes Yes	⊠No ⊠No ⊠No ⊠No ⊡No

//s//Michael Storino

Inspector's Name (Please Print)

Date of Inspection

3/6/13

Inspector's Signature

Approximate Date of Next Inspection

3/6/12

COMMENTS: Owner is the only operator, has been in business for 33 years. Only cremates pets for individual owners and cremations are rare. Crematory Unit constructed in 1977 (Honeywell?).

Facility does not have operational monitoring equipment for continuous monitoring to record the temperature at the point or beyond where 1.0 second residence time is obtained in the secondary chamber combustion zone according to manufacturer's instructions. [See Part III 3.d)]

Burn logs did not have temperature readings, owner added to log. Facility provided statement from body bag provider that they do not contain chlorinated plastics via fax.