HUMAN CREMATORY

COMPLIANCE INSPECTION CHECKLIST

Environmental Compliance

INSPECTION TYPE: ANNUAL (INS1, INS2) ☒ COMPLAINT/DISCOVERY (CI) ☐
RE-INSPECTION (FUI) ☐ ARMS COMPLAINT NO:

AIRS ID#: 0530031 **DATE:** 10/5/2010 **ARRIVE:** 0830 **DEPART:** 1200

FACILITY NAME: TURNER FUNERAL HOMES INC

FACILITY LOCATION: 14360 SPRING HILL DR
SPRING HILL 34609

OWNER/AUTHORIZED REPRESENTATIVE: DARYL LANE **PHONE:** (352)796-9661
Email: **Mobile:**
CONTACT NAME: DARYL LANE\Todd Clark **PHONE:** (352)796-9661
Email: **Mobile:**
ENTITLEMENT PERIOD: 7/10/2010 (effective date) / 7/10/2015 (end date)

Facility Section

PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box)

☒ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE

PART II: ONSITE INTRODUCTORY MEETING

(check ☑ only one box for each question)

1. Name(s) of facility representative(s): DARYL LANE

   Brief Notes: _____

2. Is the Authorized Representative still DARYL LANE? ---------- ☒ Yes ☐ No
   If no, who is?: _____

   If different, did the facility provide an administrative update within 30 days? ---------- ☐ Yes ☐ No
3. Is the facility contact still DARYL LANE? ---------- ☒ Yes ☐ No
   If no, who is?: _____

4. Will facility be conducting VE test(s) during today's inspection? ---------- ☒ Yes ☐ No
   If yes, was the compliance authority notified at least 15 days in advance? ---------- ☒ Yes ☐ No

Emissions Unit Section

1 – Human Crematory-2chmbrs,NGfired,opac/temp.monitor,150#/hr

PART I: FILE REVIEW PRIOR TO INSPECTION (check ☑ only one box for each question)

1. a. Complete AC application or, if no AC permit, initial GP registration received on or 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? **Under Review** ☐ Yes ☐ No
2. Crematory unit installed after February 1, 2007? ☐ Yes ☒ No
3. Date of last inspection: 05/09/2007
4. 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: 09/08/2010
   e. Was the VE test report filed with the compliance authority no later than 45 days after the test? ☒ Yes ☐ No
   f. Did the facility demonstrate compliance during the last VE test? ☒ Yes ☐ No
   If no, what was the problem (if known)?

PART II: VISIBLE EMISSIONS TESTING (check ☑ only one box for each question)

1. **Was a visible emissions test conducted by the facility for this unit during this site visit?** ☒ Yes ☐ No
   a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver? ☒ Yes ☐ No
   b. Was the visible emissions test conducted according to EPA Method 9? ☒ Yes ☐ No
   c. The visible emission test resulted in an opacity of 0 % for the highest six minute average.
   d. Did the visible emission test demonstrate compliance with the limit? ☒ Yes ☐ No
   (5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour)
2. **Was a visible emissions test conducted by the inspector during this site visit?** ☒ Yes ☐ No
   a. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? ☒ Yes ☐ No
   b. Was the visible emissions test conducted according to EPA Method 9? ☒ Yes ☐ No
   c. The visible emission test resulted in an opacity of 0.0 % for the highest six minute average.
   d. Did the visible emission test demonstrate compliance with the limit? ☒ Yes ☐ No
3. **Is there any reason to ask for a special test to determine compliance with the PM and CO standards?** ☐ Yes ☒ No

   If yes, what reason?

PART III: MONITORING/RECORDKEEPING REQUIREMENTS (check ☑ only one box for each question)

1. **Were there any objectionable odors detected?** ☐ Yes ☒ No
   An upwind/downwind survey of the facility was conducted. The observed parameters were:
   Downwind odor level detected- Wind direction - Upwind odor level detected- (1-10)
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? ☒ Yes ☐ No

b Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at ☐ 1,800[1] ☐ 1,600[2] degrees was determined? **Under Review** ☐ Yes ☐ No

(Application or initial notification: [1] received on or after 8/30/89; [2] received before 8/30/89)

PART III: MONITORING/RECORDKEEPING REQUIREMENTS (continued)

c. Are the following records kept on file, available for inspection, for at least the past two years?

1) All temperature measurements	☒ Yes	☐ No
2) all continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations	☒ Yes	☐ No
3) All CEMS or monitoring device calibration checks (last performed on (07/28/2010)	☒ Yes	☐ No
4) Adjustments	☒ Yes	☐ No
5) Preventive maintenance performed on systems/devices	☒ Yes	☐ No
6) Corrective maintenance performed on systems/devices	☒ Yes	☐ 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	☒ Yes	☐ No
e. Was the crematory unit installed after **2/1/07**? If no, skip e.(1) – (3)	☐ Yes	☒ No
(1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatically control combustion based on continuous in-stack opacity measurement?	☐ Yes	☐ No
(2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ?	☐ Yes	☐ No
(3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule?	☐ Yes	☐ No

PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES

(check ☑ only one box for each question)

1. If the application to construct was **BEFORE** 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?	☐ Yes	☐ No
b. secondary chamber combustion zone temperature equal to or greater than **1400°F** before the cremation process begins in the primary chamber?	☐ Yes	☐ No
2. If the application to construct **ON** or **AFTER** 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	☐ No
b. secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber?	☒ Yes	☐ No

PART V: ALLOWED MATERIALS

(check ☑ only one box for each question)

1. *Other than* human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit?	☐ Yes	☒ No
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer?	☒ Yes	☐ No
If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use?	☒ Yes	☐ No

PART VI: EQUIPMENT MAINTENANCE (check ☑ only one box for each question)

1. Is the crematory unit maintained in accordance with the manufacturer's specifications?	☒ Yes	☐ No
2. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?	☒ Yes	☐ No
3. Does the crematory allow for a visible check on the flame characteristics?	☐ Yes	☒ No
If no, skip a. – b.		
a. Was the flame characteristic visually checked at least once during each operating shift?	☐ Yes	☐ No
b. Was the flame adjusted when necessary?	☐ Yes	☐ No

PART VII: EU INSPECTION COMPLIANCE STATUS (check ☑ only one box)

☒ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE

Facility Section (continued)

SPECIAL CONDITIONS AND PROCEDURES (check ☑ only one box for each question)

Administrative Changes:

1. Were there any changes in the name, address, or phone number of the facility or authorized representative not associated with a change in ownership or with a physical relocation of the facility or any emissions units or operations comprising the facility; or any other similar minor administrative change at the facility?	☐ Yes	☒ No
2. If yes, did the facility provide written notification within 30 days of the change?	☐ Yes	☐ No

New or Modified Process Equipment or Change in Ownership:

3. Since the last registration form submittal has there been	☐ Yes	☐ No
a. Installation of any new process equipment?	☐ Yes	☒ No
b. Alterations to existing process equipment without replacement?	☐ Yes	☒ No
c. Replacement of existing equipment with equipment that is substantially different?	☐ Yes	☒ No
d. A change in ownership?	☐ Yes	☒ No
If the any answer to 3a. – d. is Yes , was a new registration form and the appropriate fee submitted 30 days prior to the change?	☐ Yes	☐ No

Joseph V Panetta

Inspector's Name (Please Print)

Joseph V. Panetta

Inspector's Signature

10/4/2010

Date of Inspection

Approximate Date of Next Inspection

COMMENTS: Visited facility and spoke with R/O listed in the contact name section of this inspection report.
Gave R/O copy of GPCI lite facility screen highlighting the expiring date and bringing this date to R/O's attention. Also gave R/O copy of blank (just w/ heading that print's out) inspection report.
Completed inspection with checklist.