

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) RE-INSPECTION (FUI)	COMPLAINT/DI ARMS COMPLA	ISCOVERY (CI)	
AIRS ID#: 0112078 DATE: <u>2/7/13</u>	ARRIVE: <u>10:00</u>	DEPART:	<u>3:00</u>
FACILITY NAME: BROWARD PET CEMETERY			
FACILITY LOCATION: 11455 NW 8TH ST			
PLANTATION 33325	5-1506		
OWNER/AUTHORIZED REPRESENTATIVE: EAF Email: CONTACT NAME: Email: ENTITLEMENT PERIOD: 12/24/2009 / 12/24/20 (effective date) (end date)		PHONE: (954)476-074 Mobile: (954)812-838 PHONE: Mobile:	
Facility Section			
PART I: <u>INSPECTION COMPLIANCE STATUS</u> (check d only one box)			
IN COMPLIANCE MINOR Non-COMI	PLIANCE SIG	NIFICANT Non-COMPI	LIANCE
PART II: ONSITE INTRODUCTORY MEETING 1. Name(s) of facility representative(s): Brief Notes:			(check 🗹 only one box for each question)
 Is the Authorized Representative still EARNEST SEIL If no, who is?: 	_ER?		YesNo
If different, did the facility provide an administrative u 3. Is the facility contact still ? If no, who is?:			
 Will facility be conducting VE test(s) during today's in If yes, was the compliance authority notified at least 15 	nspection? 5 days in advance?		- XesNo XesNo

Emissions Unit Section <u>1 – Animal Crematory-prim/2ndary chmbrs,temp mon&record,75#/hr</u>

PA	RT I: <u>FILE REVIEW PRIOR TO INSPECTION</u>	(check 🗹	only one
1	a. Complete AC application or, if no AC permit, initial GP registration received on or	box for each	question)
	after August 30, 1989?	Xes 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?	Yes	No
2.	Manufacturer's recommended capacity: <u>75</u> 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: $3/19/13$		
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? d. Date of last VE test: 3/21/2013 	Yes	No
	e. Was the VE test report filed with the compliance authority no later than 45 days after the test?	Xes	□No
	f. Did the facility demonstrate compliance during the last VE test? If no, what was the problem (if known)?	\boxtimes Yes	No

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	No
b. Was the operating capacity greater than the manufacturer's recommended capacity?	☐ Yes ⊠ Yes	⊠No □No
d. Was the visible emissions test conducted according to EPA Method 9? e. The visible emission test resulted in an opacity of $\underline{0}$ % for the highest six minute average.	🛛 Yes	No
f. Did the visible emission test demonstrate compliance with the limit?		No
2. Was a visible emissions test conducted by the inspector during this site visit?	Yes	🖾No
b. Was the operating capacity greater than the manufacturer's recommended capacity?c. Was the test conducted with the unit operating at a capacity that is representative of normal operations?d. Was the visible emissions test conducted according to EPA Method 9?	YesYesYes	□No □No □No
 e. The visible emission test resulted in an opacity of% for the highest six minute average. f. Did the visible emission test demonstrate compliance with the limit?	Yes in any one-hour)	No
3. Is there any reason to ask for a special test to determine compliance with the PM and CO standar	ds? □ 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	XNo
An upwind/downwind survey of the facility was conducted. The observed parameters were: Wind direction Downwind odor level detected Upwind odor level detected		
 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?	⊠ Yes □ Yes	□No □No
 c. Are the following records kept on file, available for inspection, for at least the past two years? (1) All temperature measurements	🛛 Yes - 🖾 Yes - 🗌 Yes - 🖾 Yes	 No No No 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)	- Xes A Yes cally Yes Y	□No ⊠No □No □No
accordance with the manufacturer's recommended maintenance schedule?	- Ves	No
PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES 1. If the application to construct was BEFORE August 30, 1989 is the:	(check ☑ box for each	only one 1 question)
 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 crema process begins in the primary chamber? 		□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?	ation	□No
	(check 🗹	only one
PART V: <u>ALLOWED MATERIALS</u>	box for each	
 Besides animal remains and, if applicable, the bedding associated with the animals and appropriate co are any other materials, including biomedical wastes, incinerated in the unit? If yes, what other materials? 		⊠No
 Do containers contain no more than 0.5 percent by weight chlorinated plastics as certified by the manufacturer?	? Yes	□No □No

PART VI: <u>EQUIPMENT MAINTENANCE</u>	(check ☑ box for each	
 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? If no, skip a b. a. Was the flame characteristic visually checked at least once during each operating shift? b. Was the flame adjusted when necessary? 	Yes Yes	NoNoNoNoNo
PART VII: EU INSPECTION COMPLIANCE STATUS (check 🗹 only one box)		

IN COMPLIANCE

 \boxtimes

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 representati 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? 	s or Yes	XNo
 If yes, did the facility provide written notification within 30 days of the change? <u>New or Modified Process Equipment or Change in Ownership</u>: Since the last registration form submittal has there been a. Installation of any new process equipment? b. Alterations to existing process equipment without replacement? c. Replacement of existing equipment with equipment that is substantially different?	Yes Yes Yes	 □No □No □No □No □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

CPitters

Inspector's Name (Please Print)

2/7/2014

Date of Inspection

2/7/2015

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: