

Florida Department of Environmental Protection

Northwest District Branch Office 3900 Commonwealth Boulevard, MS 55 Tallahassee, Florida 32399-3000 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Mimi A. Drew Secretary

December 3, 2010

SENT VIA E-MAIL RockyBevis@yahoo.com

R.J. Bevis, President North Florida Crematory 2710 North Monroe Street Tallahassee, Florida 32303

Dear Mr. Bevis:

A Department representative inspected your facility to determine compliance with the Air Quality Operating Permit. The Air Program identification number for this facility is **0390033**. Your facility permit expires on **February 24**, **2012**. This letter applies only to activities covered by the Air Resource Management Program.

The Tallahassee Branch Office reported a status of in compliance for your facility. Your facility compliance status may be subject to further review by the District Program Office.

The assistance you provided is appreciated. The inspection checklist is enclosed. If you have any questions, your contact is Tracy White at (850) 245-2960 or tracy.a.white@dep.state.fl.us.

Sincerely,

Marlane Castellanos Branch Manager

Maclane Castellanon

MC/tw Enclosures

cc: Rick Bradburn, FDEP, Pensacola

Mary Beth Curle, FDEP, Pensacola



HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI) RE-INSPECTION (FUI) ARMS COMPLAINT NO:							
AIRS ID#: 0390033 DATE: <u>11/23/2010</u> ARRIVE: <u>8:52 A.M.</u> DEPART:							
FACILITY NAME: NORTH FLORIDA CREMATORY							
FACILITY LOCATION: 20 SOUTH DUVAL STREET							
QUINCY 32355							
OWNER/AUTHORIZED REPRESENTATIVE: R.J. BEVIS Email: CONTACT NAME: JIMMY SASSER Email: ENTITLEMENT PERIOD: 2/24/2007 / 2/24/2012 (effective date) (end date) PHONE: (850)385-219 Mobile: PHONE: (904)627-753 Mobile:							
Facility Section PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE							
PART II: ONSITE INTRODUCTORY MEETING 1. Name(s) of facility representative(s): Lamar Alday Brief Notes: Crematory Operator	(check ☑ only one box for each question)						
2. Is the Authorized Representative still R.J. BEVIS? If no, who is?:	⊠ Yes □No						
If different, did the facility provide an administrative update within 30 days? 3. Is the facility contact still JIMMY SASSER? If no, who is?: Lamar Alday	☐ Yes ☐No ☐ Yes ☐No						
4. Will facility be conducting VE test(s) during today's inspection?	YesNo YesNo						

Emissions Unit Section 2 – HUMAN CREMATORIUM INCINERATOR STACK

PA	ART I: FILE REVIEW PRIOR TO INSPECTION	(check ☑ box for each	only one question)
1.	a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? b. If yes, were design calculations provided then to confirm a sufficient volume in the	⊠ Yes	□No
3.	secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit?	⊠ Yes ⊠ Yes	□No □No
4.	Past Visible Emissions (VE) tests: a. Was a VE test performed within each of the past 4 calendar years? b. Has a VE test been performed yet within the current calendar year? c. If first year of operation, was a VE test performed within 30 days of commencing	∑ Yes∑ Yes	□No □No
	operation? N/A d. Date of last VE test: 11/24/2009	⊠ Yes	□No
	e. Was the VE test report filed with the compliance authority no later than 45 days after the test? f. Did the facility demonstrate compliance during the last VE test? If no, what was the problem (if known)?		□No □No
D 4			
PA	ART 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 □No □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? (5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes		□No
2.	Was a visible emissions test conducted by the inspector during this site visit?	Yes Yes	
3.	d. Did the visible emission test demonstrate compliance with the limit?	rds?	□No
	If yes, what reason?	∐ Yes	⊠No
PA	RT III: MONITORING/RECORDKEEPING REQUIREMENTS	(check ☑ box for each	only one question)
1.	Were there any objectionable odors detected?		⊠No
	Continuous Monitoring Systems — 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 $\boxtimes 1,800^1$ \square 1,600 2 degrees was determined?	⊠ Yes	□No

D/	ART III: MONITORING/RECORDKEEPING REQUIREMENTS (continued)			
P	TRI III: MONITORING/RECORDREEPING 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 (11/10)4) Adjustments	_	Yes	□No
	5) Preventive maintenance performed on systems/devices		Yes Yes	No □No
	6) Corrective maintenance performed on systems/devices		Yes	□No
d.	Are the temperature charts properly documented with operator name, operator indication of	M ·	Vaa	□ Na
e.	when cremation in the primary chamber was begun, date, time, and temperature markings			No □No
	(1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatica control combustion based on continuous in-stack opacity measurement?	lly	Voc	□No
	(2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity			NO
	exceeds 15% opacity?(3) Has the opacity measurement system been cleaned and checked for proper operation in		Yes	□No
	accordance with the manufacturer's recommended maintenance schedule?		Yes	□No
				<u> </u>
PA	ART IV: SECONDARY COMBUSTION ZONE TEMPERATURES			only one 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?	Π.	Vec	ПNo
	b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the cremati		1 03	
	process begins in the primary chamber?		Yes	∐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	□No
	b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremati process begins in the primary chamber?	on	Yes	□No
				ភ
PA	ART V: <u>ALLOWED MATERIALS</u>			only one question)
1				- /
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			
۷.	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?	\boxtimes	Yes	No

PART VI: EQUIPMENT MAINTENANCE		(check ☑ box for each	2		
1. Is the crematory unit maintained in accordance with the r	manufacturer's specifications?	- 🛛 Yes	□No		
 Is there a written plan onsite which addresses the operating shutdown and malfunction?	e characteristics?once during each operating shift?	⊠ Yes ⊠ Yes	□No □No □No □No		
PART VII: EU INSPECTION COMPLIANCE STATUS	S (check 🗹 only one box)				
☐ IN COMPLIANCE ☐ MINOR Non-COMPLE		LIANCE			
Facility Section (continued)					
SPECIAL CONDITIONS AND PROCEDURES		(check ☑	only one		
Administrative Changes: 1. Were there any changes in the name, address, or phone massociated with a change in ownership or with a physical operations comprising the facility; or any other similar massociated with a facility provide written notification within New or Modified Process Equipment or Change in Ownershassa. Since the last registration form submittal has there been a. Installation of any new process equipment?	relocation of the facility or any emissions un ainor administrative change at the facility? 30 days of the change?	-	□No		
Inspector's Name (Please Print) Tracy White Inspector's Name (Please Print) Inspector's Signature	Date of Inspection Approximate Date of Next Ins	pection			
COMMENTS: I met with Kevett Mickle for Grove Scienti #2, Method 9 VE test for the facility. The crematory unit was Mickle's test form indicated readings of approximately 0% o office. Afterwards I met with Lamar Alday, Crematory Operator. M. 200 lb. body was being cremated. Secondary temperature on	fic consulting firm. Mr. Mickle was conducting in operation and I did not note any excess expacity. The test copy will be reviewed by the Ir. Alday indicated the compliance testing sta	ng that last po mission during e Pensacola FI	g testing. Mr. DEP District		

Mr. Alday provided the records as requested. Records were maintained as required by permit. No issues were noted.