

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)					
RE-INSPECTION (FUI) ARMS COMPLAINT NO:					
AIRS ID#: 0250250 DATE: <u>5/16/2013</u> ARRIVE: <u>10:28 AM</u> DEPART	: <u>10:56 AM</u>				
FACILITY NAME: PET HEAVEN MEMORIAL PARK					
FACILITY LOCATION: 10901 W FLAGLER ST					
MIAMI 33174					
OWNER/AUTHORIZED REPRESENTATIVE: SERGIO SANTOS Email: sesantos@pet-heaven.com CONTACT NAME: CANDY SANTOS Email: cisantos@pet-heaven.com ENTITLEMENT PERIOD: 1/7/2013 / 1/7/2018 (effective date) (end date) PHONE: (305)223-65 Mobile: PHONE: (305)223-65 Mobile:					
Facility Section PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE					
DADT II. ONGITE INTRODUCTORY MEETING					
PART II: ONSITE INTRODUCTORY MEETING 1. Name(s) of facility representative(s): JASON SCHOENDORFER Print Name(s)	(check ✓ only one box for each question)				
Brief Notes: 2. Is the Authorized Representative still SERGIO SANTOS?	⊠ Yes □No				
If different, did the facility provide an administrative update within 30 days? 3. Is the facility contact still CANDY SANTOS?					
4. Will facility be conducting VE test(s) during today's inspection?					

Emissions Unit Section 1 –SIMONDS 404 INCINERATOR-400 LB/HR TYPE IV WASTE-DUAL CHAMBER

PART I: FILE REVIEW PRIOR TO INSPECTION	(check 🗹 box for each	only one
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?	⊠ Yes	□No
 Manufacturer's recommended capacity:	☐ Yes	□No
5. 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?	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
11 113, 11 114 114 114 114 114 114 114 114 114		
PART II: VISIBLE EMISSIONS TESTING	(check 🗹	only one
	box for each	
1. Was a visible emissions test conducted by the facility for this unit during this site visit?a. Operating capacity during test? 175 Ibs for batch unit Ibs/hr for ram-charged unit	⊠ 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?	Yes	□No □No □No
e. The visible emission test resulted in an opacity of $\frac{0}{0}$ % for the highest six minute average. f. 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	s in any one-nour)	
2. Was a visible emissions test conducted by the inspector during this site visit?a. Operating capacity during test?	☐ 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?	Yes	□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	□No
(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes	-	
3. Is there any reason to ask for a special test to determine compliance with the PM and CO standar	rds?	⊠No
If yes, what reason?		٠٠٠ .٠٠

PART III: MONITORING/RECORDKEEPING REQUIREMENTS		(check ☑ only one box for each question)	
1. Were there any objectionable odors detected?		Question) ⊠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? ————————————————————————————————————		□No □No	
(2) All continuous monitoring systems, monitoring devices, and performance testing measureme monitoring system all continuous performance evaluations		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 markingse. Was the crematory unit installed after 2/1/07? If no, skip e.(1) – (3)	omatically Yes pacity	□No □No □No	
(3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule?	<u></u>	□No	
PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	(check 🗹 box for each	only one question)	
1. 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? ————————————————————————————————————	Yes remation Yes OF Yes Yes	□No □No □No	
	(check 🗹	only one	
PART V: ALLOWED MATERIALS 1. Besides animal remains and, if applicable, the bedding associated with the animals and appropria are any other materials, including biomedical wastes, incinerated in the unit?		question) ⊠No	
If yes, what other materials? 2. Do containers contain no more than 0.5 percent by weight chlorinated plastics as certified by the manufacturer?		⊠No □ No	

	(check 🗹 only one			
PART VI: <u>EQUIPMENT MAINTENANCE</u>		box for each	question)	
 Is the crematory unit maintained in accordance with the manufacture. Is there a written plan onsite which addresses the operating procedus shutdown and malfunction?	res during startup, ristics? g each operating shift?	∑ Yes∑ Yes☐ Yes☐ Yes☐ Yes	□No □No □No □No □No	
PART VII: EU INSPECTION COMPLIANCE STATUS (check E	7 only one hox)			
		ANCE		
☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE	SIGNIFICANT Non-COMPLI	IANCE		
Facility Section (continued)				
SPECIAL CONDITIONS AND PROCEDURES		(check v box for each	only one question)	
 Administrative Changes: Were there any changes in the name, address, or phone number of t associated with a change in ownership or with a physical relocation operations comprising the facility; or any other similar minor admir If yes, did the facility provide written notification within 30 days of 	of the facility or any emissions unit nistrative change at the facility?	s or Yes	⊠No □No	
New or Modified Process Equipment or Change in Ownership:				
3. 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? d. A change in ownership? If the any answer to 3a. – d. is Yes, was a new registration form and the appropriate fee		☐ Yes	NoNoNoNoNoNo	
submitted 30 days prior to the change?		Yes	□No	
FRANK DELGADO	5/16/2013			
Inspector's Name (Please Print)	Date of Inspection			
	5/2014			
Inspector's Signature	Approximate Date of Next Insp	ection		

COMMENTS: EUGENE SCHALTENBRAND PERFORMED A ONE HOUR VE TEST ON THE SIMONDS INCINERATOR. THE PROCESS WEIGHT WAS 175 POUNDS. I DID NOT OBSERVE ANY VISIBLE EMISSIONS DURING THE TEST.

REVIEWED

By Ray Gordon at 10:36 am, May 28, 2013