

## ANIMAL CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2)  RE-INSPECTION (FUI)	COMPLAINT/DIS	SCOVERY (CI)			
AIRS ID#: 0112048 DATE: <u>3/30/2011</u>	ARRIVE: <u>1:50</u>	DEPART: <u>4:00</u>			
FACILITY NAME: POMPANO BEACH FACILITY	ГΥ				
FACILITY LOCATION: 3100 NW 19 TERR	RACE				
POMPANO BEAC	CH 33064				
OWNER/AUTHORIZED REPRESENTATIVE: Email: CONTACT NAME: Officer Danny Dalsando Email: ENTITLEMENT PERIOD: 6/26/2009 / 6/26/ (effective date) (end da	/2014	PHONE: (954)359-1317 Mobile: PHONE: (954)359-1348 Mobile: (954)605-8322			
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):  Brief Notes:	<u>G</u>	(check <b>b</b> box for ea	only one ch question)		
2. Is the Authorized Representative still CHERYL C If no, who is?: Susan Pierce	CAYER?	Yes	⊠No		
If different, did the facility provide an administrat  3. Is the facility contact still CALVIN FRICK? If no, who is?: <u>Danny Dalsando</u>	ive update within 30 days?	Yes Yes	⊠No ⊠No		
4. Will facility be conducting VE test(s) during toda If yes, was the compliance authority notified at least			□No □No		

## Emissions Unit Section 3 – Animal Crematory-primary/2ndary chmbrs, NG fired, 400#/hr

PART I: FILE REVIEW PRIOR TO INSPECTION	(check <b>☑</b> 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?	⊠ 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		
<ol> <li>Manufacturer's recommended capacity: 400 ☐ lbs for batch unit ☐ lbs/hr for ram-charged unit.</li> <li>Crematory unit installed after February 1, 2007?</li></ol>	☐ Yes			
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		
PART II: <u>VISIBLE EMISSIONS TESTING</u>	(check <b>☑</b> box for each	only one question)		
1. Was a visible emissions test conducted by the facility for this unit during this site visit?a. Operating capacity during test? 400	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 <u>0</u> % for the highest six minute average.  f. 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?a. Operating capacity during test? 400 ☐ lbs for batch unit ☐ lbs/hr for ram-charged unit		□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 <u>0</u> % for the highest six minute average.  f. 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 minute.	Yes s in any one-hour)	□No		
3. Is there any reason to ask for a special test to determine compliance with the PM and CO standards?				
If yes, what reason?	∐ Yes	⊠No		

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:  Wind direction Downwind odor level detected Upwind odor level detected	Scale: 1-10 (v	worst)	
<ul> <li>2. Continuous Monitoring Systems –</li> <li>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? ————————————————————————————————————</li></ul>	∑ Yes     ∑ Yes	□No	
c. Are the following records kept on file, available for inspection, for at least the past two years?  (1) All temperature measurements	⊠ Yes	□No	
monitoring system all continuous performance evaluations	☐ Yes	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>	
<ul> <li>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</li> <li>e. Was the crematory unit installed after 2/1/07? If no, skip e.(1) – (3)</li></ul>	☐ Yes	<ul><li>No</li><li>No</li></ul>	
control combustion based on continuous in-stack opacity measurement?	☐ Yes ☐ Yes ☐ Yes	□No □No	
PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	(check 🗹 box for each	only one	
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 crematic process begins in the primary chamber? ————————————————————————————————————		□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 on ⊠ Yes	□No	
	(check 🗹 box for each	only one	
1. Besides animal remains and, if applicable, the bedding associated with the animals and appropriate con are any other materials, including biomedical wastes, incinerated in the unit?	tainers,  Yes  Yes	□No	

		(check <b>☑</b> box for each of	only one	
PART VI: <u>EQUIPMENT MAINTENANCE</u>		box for each (	question)	
<ol> <li>Is the crematory unit maintained in accordance with the manufacture</li> <li>Is there a written plan onsite which addresses the operating procedure shutdown and malfunction?</li> <li>Does the crematory allow for a visible check on the flame characteristic fino, skip a. – b.</li> <li>a. Was the flame characteristic visually checked at least once during b. Was the flame adjusted when necessary?</li> </ol>	res during startup, stics? g each operating shift?	<ul><li>✓ Yes</li><li>☐ Yes</li><li>☐ Yes</li><li>☐ Yes</li><li>☐ Yes</li><li>☐ Yes</li></ul>	□No □No □No □No □No	
PART VII: EU INSPECTION COMPLIANCE STATUS (check	only one box)			
☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE	SIGNIFICANT Non-COMPLI	ANCE		
Facility Section (continued)				
SPECIAL CONDITIONS AND PROCEDURES		(check <b>☑</b> box for each	only one question)	
<ol> <li>Administrative Changes:</li> <li>Were there any changes in the name, address, or phone number of the associated with a change in ownership or with a physical relocation operations comprising the facility; or any other similar minor admin</li> <li>If yes, did the facility provide written notification within 30 days of</li> </ol>	of the facility or any emissions unit istrative 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		☐ Yes	<ul><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li><li>No</li></ul>	
Michelle Robinson - Austin	3/30/20	11		
Inspector's Name (Please Print)	Date of Inspection 2/1/2012			
Inspector's Signature	Approximate Date of Next Inspe	ection		

## **COMMENTS:**

On March 30, 2011, an inspection was conducted for Broward County Animal Care and Regulation by Michelle Robinson-Austin. The inspection was hosted by Officer, Danny DalsandoThe facility has a recently installed cremation unit that has been operating for approximately 14 months. Vissible Emissions testing was conducted by Bill Arlington from Arlington Environmental Services. The test was conducted at a rate of 400 lbs per hour. No vissible emissions or objectionable odors were witnessed during the burning.

The facility's records were reviewed following the testing. Temperature charts indicating date, time, and temperature were neatly organized. Mr. Dalsandos was informed to make sure the operator's name was indicated on all of the burn charts in the future. Start

up, shut down, and malfunction instructions were located in a booklet inside the office. The manager was advised to condense and post the information near the cremation machine.

The facility's cremator receives yearly maintenance. At the time of the inspection, the only maintenance record available was from last year's maintenance visit. The owner commented that no calibrations have been performed on the machine since then. The machine is fairly new and expected to require little maintenance. The owner's manual for the machine was viewed during the inspection.

Animal remains are burned in black plastic bags. No indication of the bags percent chlorination could be determined from the bags packaging box.

A waiver was given by air program management to conduct testing with less than 15 days notice. Changes in authorized representative and facility contact were not received prior to inspection.

The file for the facility was not located prior to inspection. The VE test review for the previous year is not entered in ARMS.