

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

| INSPECTION TYPE: | ANNUAL (INS1, INS2) | COMPLAINT/DISCOVER | Y (CI) |
|---------------------------|---|------------------------|---------------|
| AIRS ID#: 0112048 DA | TE: <u>2/14/2012</u> | ARRIVE: <u>1:40 pm</u> | DEPART: |
| FACILITY NAME: PO | MPANO BEACH FACILITY | | |
| FACILITY LOCATION | 3100 NW 19 TERRACE | | |
| | POMPANO BEACH 33 | 3064 | |
| OWNER/AUTHORIZE Email: | D REPRESENTATIVE: Susan | Pierce PHONE: Mobile: | (954)359-131 |
| CONTACT NAME: M | Is. Perry | PHONE: | (954)359-1348 |
| Email: | - | Mobile: | (954)605-8322 |
| ENTITLEMENT PERI | DD: 6/26/2009 / 6/26/2014 (effective date) (end date) | | |

Facility Section

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

| PA | ART II: <u>ONSITE INTRODUCTORY MEETING</u> | · · | 2 |
|----|--|------------------------|------------|
| 1. | Name(s) of facility representative(s): <u>Ms. Perry</u> | box for each question) | |
| | Brief Notes: | | |
| 2. | Is the Authorized Representative still CHERYL CAYER? | Yes | ⊠No |
| 3. | If different, did the facility provide an administrative update within 30 days? Is the facility contact still CALVIN FRICK? | Yes Yes | ⊠No ⊠No |
| 4. | Will facility be conducting VE test(s) during today's inspection? | | □No □No |

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

| PART I: FILE REVIEW PRIOR TO INSPECTION | | (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 suf | | | |
| secondary chamber combustion zone to provide for at least at 1800 degrees Fahrenheit? | - | Xes Yes | No |
| 2. Manufacturer's recommended capacity: <u>400</u> lbs for batch un | it 🔀 lbs/hr for ram-charged unit. | | |
| 3. Crematory unit installed after February 1, 2007? | | Yes | 🖾No |
| 4. Date of last inspection: $3/30/2011$ | | | |
| 5. Past Visible Emissions (VE) tests: | | | |
| a. Was a VE test performed within each of the past 4 calendar ye | ars? | 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 da operation? | | □ Yes | □No |
| d. Date of last VE test: 3/30/2011 | | | |
| e. Was the VE test report filed with the compliance authority no | later than 45 days after the test? | T Yes | □No |
| f. Did the facility demonstrate compliance during the last VE test | | \boxtimes Yes | No |
| If no, what was the problem (if known)? | | | |

| PART II: <u>VISIBLE EMISSIONS TESTING</u> | | _ |
|---|---------------------|-----------|
| | (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 |
| b. Was the operating capacity greater than the manufacturer's recommended capacity? | - 🗌 Yes | 🖾No |
| c. Was the test conducted with the unit operating at a capacity that is representative of normal operations | | No |
| d. Was the visible emissions test conducted according to EPA Method 9? | · 🛛 Yes | No |
| e. The visible emission test resulted in an opacity of 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 minut | es in any one-hour) | 1 |
| | | |
| 2. Was a visible emissions test conducted by the inspector during this site visit? | - 🛛 Yes | No |
| a. Operating capacity during test? 200 \Box lbs for batch unit \boxtimes lbs/hr for ram-charged unit | | |
| b. Was the operating capacity greater than the manufacturer's recommended capacity? | - 🗌 Yes | 🖾No |
| c. Was the test conducted with the unit operating at a capacity that is representative of normal operations | ? 🛛 Yes | No |
| d. Was the visible emissions test conducted according to EPA Method 9? | - 🛛 Yes | No |
| e. The visible emission test resulted in an opacity of $\underline{0}$ % 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 minut | | 1 |
| | | |
| 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: 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? 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 (2) All continuous monitoring systems, monitoring devices, and performance testing measurements; | | No | |
| monitoring system all continuous performance evaluations | - 🗌 Yes - 🗌 Yes - 🛛 Yes | ⊠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) (1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatic | Yes Yes | ⊠No ⊠No | |
| control combustion based on continuous in-stack opacity measurement? | / | □No □No | |
| accordance with the manufacturer's recommended maintenance schedule? | - 🗌 Yes | No | |
| PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES | (check ☑ box for each | only one question) | |
| If the application to construct was <u>BEFORE</u> August 30, 1989 is the: actual operating temperature of the secondary chamber combustion zone no less than 1400°F throughout the combustion process in the primary chamber? 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? | | □No | |
| I the second sec | (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 con 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? 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? | Yes Yes | □No □No □No □No □No |
| PART VII: EU INSPECTION COMPLIANCE STATUS (check I only one box) IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE | LANCE | |

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 units operations comprising the facility; or any other similar minor administrative change at the facility? 2. If yes, did the facility provide written notification within 30 days of the change? | s or Xes | □No ⊠No |
| New or Modified Process Equipment or Change in Ownership: 3. Since the last registration form submittal has there been | Yes | ∴No ∴No ∴No ∴No ∴No ∴No |

Michelle Robinson

Inspector's Name (Please Print)

Date of Inspection

2/30/2013

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Vissible emissions testing was conducted by Bill Arlington of Arlington Environmental. No emissions or objectionable odors were observed during the testing. Temperature charts were available for review during the inspection. However, many of the charts were missing pertinent information such as the name of the operator, time, date, and the load. The unit and facility appeared well maintained. No maintenance records were available for review during the inspection. The authorized and facility representatives were changed without notifying to the department.