

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) RE-INSPECTION (FUI)	COMPLAINT/D ARMS COMPLA		(CI)			
AIRS ID#: 0112048 DATE: 3/20/2013	ARRIVE: 900		DEPART: <u>1045</u>	5		
FACILITY NAME: POMPANO BEACH FACILITY						
FACILITY LOCATION: 3100 NW 19 TERRACE						
POMPANO BEACH 3	3064					
OWNER/AUTHORIZED REPRESENTATIVE: CHE Email: CONTACT NAME: CALVIN FRICK Email: ENTITLEMENT PERIOD: 6/26/2009 / 6/26/2014 (effective date) (end date)	RYL CAYER	PHONE: Mobile: PHONE: Mobile:	(954)359-1317 (954)359-1348 (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	1- 📈	1	
Name(s) of facility representative(s): Ethel Veit Brief Notes:				neck 🗹 🦸 for each q	only one uestion)	
Is the Authorized Representative still CHERYL CAYE If no, who is?:	R?		×	Yes	□No	
If different, did the facility provide an administrative up 3. Is the facility contact still CALVIN FRICK?				Yes Yes	□No ⊠No	
4. Will facility be conducting VE test(s) during today's in: If yes, was the compliance authority notified at least 15				Yes Yes	□No □No	

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

PART 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?	⊠ 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: 400	⊠ 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			
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?a. Operating capacity during test? 1000 \(\subseteq \text{lbs} \) lbs for batch unit \(\subseteq \text{lbs/hr} \) 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 Xes	⊠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.		□No			
2. Was a visible emissions test conducted by the inspector during this site visit?a. Operating capacity during test? 1000 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?	? Xes	⊠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			
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 - <u>1</u> Downwind odor level detected- <u>1</u> Upwind odor level detected- <u>1</u> Scale: 1-10 (w	vorst)	
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 	Yes	□No
time at $\boxtimes 1,800^1 \square 1,600^2$ degrees was determined?	⊠ 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
(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)	Yes	□No
(4) Adjustments	Yes	⊠No
(5) Preventive maintenance performed on systems/devices	Yes	⊠No
(6) Corrective maintenance performed on systems/devices	Yes	⊠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	⊠ Yes	□No
e. Was the crematory unit installed after 2/1/07 ? If no, skip e.(1) – (3)	🖾 Yes	□No
(1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatics control combustion based on continuous in-stack opacity measurement?		□No
(2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity?	⊠ Yes	□No
accordance with the manufacturer's recommended maintenance schedule?	⊠ Yes	□No
	(check 🗹	only one
PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	box for each	-
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?	Yes Yes	□No
b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the cremat process begins in the primary chamber?	ion Yes	□No
2. If the application to construct ON or AFTER 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 cremat process begins in the primary chamber?	Yes	□No
	(check 🗹	only one
PART V: ALLOWED MATERIALS	box for each	
TAKI V. ALLOWED MATERIALS	2011 201 04011	-15-500011)
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?	tainers, Yes	⊠No
2. Do containers contain no more than 0.5 percent by weight chlorinated 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?	☐ Yes	⊠No

PART VI: <u>EQUIPMENT MAINTENANCE</u>	(check box for ea	only one ch question)			
 Is the crematory unit maintained in accordance with the manufacturer's specificate. Is there a written plan onsite which addresses the operating procedures during star shutdown and malfunction?	rtup,	□No □No □No			
a. Was the flame characteristic visually checked at least once during each operation b. Was the flame adjusted when necessary?		□No ⊠No			
PART VII: EU INSPECTION COMPLIANCE STATUS (check ☑ only one be	ox)				
	ICANT Non-COMPLIANCE				
Facility Section (continued)					
SPECIAL CONDITIONS AND PROCEDURES	(check box for each	only one ach question)			
Administrative Changes: 1. Were there any changes in the name, address, or phone number of the facility or a	authorized representative not				
associated with a change in ownership or with a physical relocation of the facility operations comprising the facility; or any other similar minor administrative chan 2. If yes, did the facility provide written notification within 30 days of the change?	or any emissions units or ge at the facility? Yes	⊠No □No			
New or Modified Process Equipment or Change in Ownership:	□ v	⊠ N.			
3. Since the last registration form submittal has there beena. Installation of any new process equipment?	Yes	⊠No ⊠No			
b. Alterations to existing process equipment without replacement?c. Replacement of existing equipment with equipment that is substantially of d. A change in ownership?	Yes Yes Yes	⊠No ⊠No ⊠No			
If the any answer to 3a. – d. is Yes, was a new registration form and the ap submitted 30 days prior to the change?	propriate fee Yes	□No			
Patricia Tampas 2/20	0/2013				
Inspector's Name (Please Print) Date of Ir	nspection				
Inspector's Signature Approxim	nate Date of Next Inspection				

COMMENTS: PT: Danny Dalsando was present for the inspection and record review. He was not able to produce records for the recent repair and calibration. Once advised, Mr. Delsando says he will get a copy for his records. Additionally, he did not have any information on the disposal bags used in the incinerator. This information was sent several weeks later, and Mr. Dalsando was advised to keep this information for his records.