

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

| INSPECTION TYPE: ANNUAL (INS1, INS2) | COMPLAINT/DISCOVER ARMS COMPLAINT NO: | Y (CI) | |
|---|--|--|--|
| AIRS ID#: 0250320 DATE: <u>9/29/2011</u> | ARRIVE: <u>11:20 AM</u> | DEPART: <u>11:35 AM</u> | |
| FACILITY NAME: ZOO MIAMI-QUARANTINE CO | OMPLEX CREMATORY | | |
| FACILITY LOCATION: 12400 SW 152nd St | | | |
| MIAMI 33177-1402 | | | |
| OWNER/AUTHORIZED REPRESENTATIVE: ER | | (305)251-0400 | |
| Email: CONTACT NAME: CHRISTINE MILLER Email: CMILLER@miamidade.gov ENTITLEMENT PERIOD: 10/8/2010 / 10/8/201 (effective date) (end date) | Mobile: PHONE: Mobile: 15 | (305)253-5050 | |
| Facility Section | | | |
| PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE | | | |
| BADT H. ONGITE INTRODUCTORY MEETING | | | |
| PART II: ONSITE INTRODUCTORY MEETING 1. Name(s) of facility representative(s): CHRISTINE M | <u> /ILLER</u> | (check \square only one box for each question) | |
| Brief Notes: | | | |
| 2. Is the Authorized Representative still ERIC STEPHE If no, who is?: | NS? | XesNo | |
| If different, did the facility provide an administrative 3. Is the facility contact still CHRISTINE MILLER? If no, who is?: | | | |
| 4. Will facility be conducting VE test(s) during today's If yes, was the compliance authority notified at least | | | |

Emissions Unit Section <u>1 – AnimalCrematory-prim/2ndaryChmbrs,LPG,w/opac/tempMR200lbs/hr</u>

| PA | ART I: FILE REVIEW PRIOR TO INSPECTION | (check 🗹 | only one |
|----|--|--------------|------------|
| 1 | a Complete AC application or if no AC parmit initial GP registration received on or | box for each | question) |
| | a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? | 🛛 Yes | No |
| 1 | b. If yes, were design calculations provided then to confirm a sufficient volume in the | | |
| 1 | secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit? | Xes | No |
| 2. | Manufacturer's recommended capacity: 200 🛛 lbs for batch unit 🗌 lbs/hr for ram-charged unit. | _ | _ |
| | Crematory unit installed after February 1, 2007? | Yes | No |
| | Date of last inspection: $9/27/2010$ | | |
| | Past Visible Emissions (VE) tests: | _ | |
| | a. Was a VE test performed within each of the past 4 calendar years? | | L.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 days of commencing operation? d. Date of last VE test: | Yes | No |
| | e. Was the VE test: | | □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? | Yes | XNo |
| 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 ☐ Yes ☐ 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 |
| 2. Was a visible emissions test conducted by the inspector during this site visit? | Yes | 🖾No |
| a. Operating capacity during test? lbs for batch unit lbs/hr for ram-charged unit 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? | YesYesYes | □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 in any one-hour) | No |
| 3. Is there any reason to ask for a special test to determine compliance with the PM and CO standar If yes, what reason? | ds? | ⊠No |

| PART III: MONITORING/RECORDKEEPING REQUIREMENTS | (check 🗹 box for each | only one 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? | Xes 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 | 🗌 Yes | □No □No □No |
| (d) Adjustments | - Yes | No No No |
| a. 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 control combustion based on continuous in-stack opacity measurement? | Yes Yes | □No ⊠No □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? | | No |
| PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES | (check ☑ box for each | only one question) |
| 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? b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crema 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? | | □No |
| process begins in the primary enamour | | |
| PART V: <u>ALLOWED MATERIALS</u> | (check ☑ box for each | only one a question) |
| 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 | □No □No |

| PART VI: <u>EQUIPMENT MAINTENANCE</u> | | question) |
|--|-------------------------|---------------------------------|
| 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 □ Yes | □No □No □No □No □No |

| PART VII: <u>EU INSPECTION COMPLIANCE STATUS</u> (check 🗹 only one box) | | | |
|---|----------------------|----------------------------|--|
| IN COMPLIANCE | MINOR Non-COMPLIANCE | SIGNIFICANT Non-COMPLIANCE | |
| | | | |

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

FRANK DELGADO

Inspector's Name (Please Print)

Date of Inspection

9/2012

Inspector's Signature

Approximate Date of Next Inspection

9/29/2011

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COMMENTS: THE ANIMAL CREMATORY WAS NOT OPERATIONAL AT THE TIME OF THE INSPECTION. THE CREMATORY IS USED THREE (3) TIMES PER MONTH. A VISIBLE EMISSIONS TEST WAS PERFORMED BY SOUTH FLORIDA ENVIRONMENTAL SERVICES ON 8/25/2011.

REVIEWED By Ray Gordon at 1:12 pm, Oct 13, 2011