

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) ☐ COMPLAINT/DISCOVERY (CI) ☐	
RE-INSPECTION (FUI) ARMS COMPLAINT NO:	
AIRS ID#: 0850015 DATE: 4/15/08 ARRIVE: 7:55 DEPART: 9:0	70
FACILITY NAME: TRI COUNTY CREMATORY-AYCOCK FUNERAL HOME	
FACILITY LOCATION: 505 S FEDERAL HWY	
STUART 34994	
OWNER/AUTHORIZED REPRESENTATIVE: BILL QUINN PHONE: (772)287-1717	
CONTACT NAME: RONALIJ SWIFF PHONE:	
ENTITLEMENT PERIOD: 3/27/2008 / 3/27/2013 (effective date) (end date)	
PART I: INSPECTION COMPLIANCE STATUS (check ✓ only one box)	
IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANC	E
PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C.	
(check ☑ appropriate box(es))	
(check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	Yes 🛣 No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	Yes ☐ No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	Yes □ No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	Yes No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	Yes No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	Yes No Yes No Yes No Yes No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	Yes No Yes No Yes No Yes No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	Yes No Yes No Yes No Yes No Yes No Yes No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	Yes No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	Yes No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	Yes No

RT III: OPERATING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check 🗹 appropriate box(es))	
1. Is there Continuous Emissions Monitoring System (CEMS) equipment installed on each unit to primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chambers where there is a 1.0 second gas residence time in the secondary chambers.	amber combustion zone in
accordance with the manufacturer's instructions?	Yes 🔼 No
a) Do temperature probes seem to be properly placed?	Yes No
b) Are the following records kept on file, available for inspection for at least two years following measurements, maintenance, reports and records?	ng the recording of such
1) All measurements (including CEMS)	Yes No
2) Monitoring device	∐Yes ∐ No
3) Performance Testing Measurements	Yes No
4) CEMS Performance Evaluation	∐Yes ∐ No
5) All CEMS or monitoring device calibration checks	
6) Adjustments	
7) Preventive maintenance performed on systems/devices	
8) Corrective maintenance performed on systems/devices	Yes No
2. Was this crematory unit constructed: (check only one ☑ box)	- -
a) BEFORE August 30, 1989? (If this box checked, continue on to #3 and skip #4)	
b) ON or AFTER August 30, 1989? (If this box checked, skip #3 and continue on to #4))
3. If constructed BEFORE August 30, 1989 is the:	600°F? □Yes □ No
a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 1	
b) actual operating temperature of the secondary chamber combustion zone no less than 1400°1	r □V-~ □ \st-
throughout the combustion process in the primary chamber?	
c) cremation in the primary chamber begun after the secondary chamber combustion zone temp	perature
is equal to or greater than 1400°F?	
d) required monitoring equipment installed and operational, and providing continuous monitor	
record the temperature at the point or beyond where 1.0 second gas residence time is obtained	ed in the
secondary chamber combustion zone according to the manufacturer's instructions?	Yes No
 If constructed <u>ON</u> or <u>AFTER</u> August 30, 1989 is the: a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas resi 	idence time
@ 1800° F?	Yes No
b) the actual operating temperature of the secondary chamber combustion zone no less than 16	600°F
throughout the combustion process in the primary chamber?	Yes No
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the	
process begins in the primary chamber?	
5. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chloring	nated
plastics used during the cremation of dead human hodies?	□Yes ¼ ' No
a) If the answer to question 4 above is YES, is certifying documentation from the manufacture	er that they
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the d	uration of
their use and for at least two years after their use?	
b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) inciner	
this location?	Yes 🛛 No
this location? 6. Have all crematory operators been trained and certified by a Department-approved training prog	
 a) Are copies of the training certificates for all crematory operators kept on file at the facility 	for the duration
a) Are copies of the training certificates for all crematory operators kept on file at the facility of the operator's employment & for an additional two years after termination of employment	nt? XYes No
of the operator's employment & for an additional two years after termination of employme.	III ([V] I E2 [] IM

PART IV: SPECIAL CONDITIONS AND PROCEDURES	- Rule 62-296.401, F.A.C.		
A. New or Modified Process Equipment	,		
1. Cinca the last inspection has there been			
 Since the last inspection has there been a) installation of any new process equipment? 		No	
b) alterations to existing process equipment without	replacement?Yes	No .	
 c) replacement of existing equipment substantially d 	lifferent than that noted on the most	h	
recent notification form?			
 d) If you answered <u>YES</u> to any of the above, did the notification form and appropriate fee (Rule 62-4.0) 	owner submit a new and complete 050 F A C) to the appropriate DEP or		
local program office?		No	
2. If a crematory unit has been modified to the extent that a Department air construction permit			
was required, have all operators been retrained to operate the modified unit?			
3. In the case of new or modified equipment, where a Department air construction permit was required, has the owner submitted copies of all operator training certificates?YesNo			
a) submitted within the 15 day required window following the training?			
<u> </u>			
). VINCENT	9115108		
Inspector's Name (Please Print)	Date of Inspection		
1/ - 1	•		
Grand V mit	9114/09		
Inspector's Signature	Approximate Date of Next Inspection		
/ inspector's Signature	Approximate Date of New Inspection		

COMMENTS:

UN 9/15/08, JV PERFORMED A VISUAL EMISSIONS
TEST FOR TRI-COUNTY CREMATORY LOCATED AT AYCOCK
FUNERAL HOME AT SOS S. FEDERAL HIGHWAY, STUART, FL
34994. I MET WITH RONALD SWIFT, CREMATORY
MANAGER TO VIEW FACILITY, FACILITY WAS CLEAN WITH
NO OBJECTIONABLE OBORS DETECTED. A 175 POUND HUMAN
BODY WAS PREPARED FOR CREMATION.

THE VISUAL EMISSIONS TEST WAS CARRIED OUT BY RYAN PETERSON OF ARLINGTON ENVIRONMENTAL SERVICES; NO EMISSIONS WERE OBSERVED FOR THE 30-MINUTES OF MY OBSERVATION OR THE 60-MINUTES TESTED BY THE CONSULTANT. THE TEST TEMPERATURE WAS 1682°F, AND A COPY OF THAT RECORD WAS OBTAINED.

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EPA	Form Number Page	Ø.
VISIBLE EMISSION OBSERVATION FORM 1	Continued on VEO form Number	
Mathod Head (Circle One)		
(Merhod 9) 203A 203B Other:	Cheepuriton Date Time Zone Start Time	End Time
Company Name	Coencition Date 9/15/108 Imme Zone 3/15/108	S End Time; 45
SERVICE CORPORATION INTERNATIONAL FOCIETY Name	Sec 0 15 30 45	Comments
TRICOUNTY CREMATURY - AYCOCK	1000016	4058
STOS S FEDERAL HWY		
CTV STVART STOTE FL 2034994	2 0 0 0 0	
	s 0 5 0 0	
Process Con a FCRY Unit Operating Mode	4 8 0 0 0	
Control Equipment	50000	
AFTERRURNER > 1600 F		
Describe Emission Point	6 0 0 0 0	
HUMAN (REMATORY	' O O O C	
STACK	. 0 0 0 0	
Height of Emiss. Pt. Start 3 0 End Start 5 End Programmed	· 0 0 0 0	
Outonce to Emiss. Pt.		
Start 12 0 ' End Start 3 1 0 End		
Vertical Angle to Obs. Pt. Start 1 2 End Start 5 () End	" 0 0 0 0	<u> </u>
Start End Start End Distance and Direction to Observation Point from Emission Point	12 0 5 0 0	·
Star 120', 310 End	13 0 0 0 0	
Describe Emissions		
Start NONE End Emission Color Water Droplet Plume		
Start CLK A R End Attached Detached None S	16 0 0 0 0	<u> </u>
Courche Ptime Brokeround	16 0 0 0 0	
R L V F	17 0 0 0 0	. •
Background Color Start CLEAR End	18 0 0 0 0	
What speed		
Start U Find Start S Find Net Bulb Temp. RM Percent		
Start End	200000	
Source Layout Sketch Draw North Arrow	21 0 0 0 0	
□IN □MI	2 0 0 0 0	
Observation Point	24 0 0 0 0	<u> </u>
	25 0 0 0 0 0	
	26 0 0 0 0	
120 PEST		
Observer's Postflon	28 0 0 0 0	
Sco View Stock	20000	
140°	30 0 0 0 0	
Sun Location Line		
Latitude Declination	Observer's Norme (First)	
Longitude	Cosegor's Sonature V 1-1	Octo 9/15/8
	Ondrabicon C. N. C. D.	
Additional information 170 LB HUMAN	Certified by - + A	Done 7 . A . A G
CREMATION	E + A	7/9/08