OWERTAL PROTECTION	
San Martin	
FLORIDA	

## HUMAN CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:       ANNUAL (INS1, INS2)       COMPLAINT/DISCOVERY (CI)         RE-INSPECTION (FUI)       ARMS COMPLAINT NO:	
AIRS ID#: 0150046 DATE: <u>3/10/08</u> ARRIVE: <u>8:04 am</u> DEPART: <u>9:15</u>	
FACILITY NAME: S.C.I. FUNERAL SERVICES OF FL, INC.	
<b>FACILITY LOCATION:</b> 5500 WILLIAMSBURG DRIVE	
PUNTA GORDA	
<b>OWNER/AUTHORIZED REPRESENTATIVE:</b> CHARLES WATTS <b>PHONE:</b> (941)575-2755	
CONTACT NAME: PHONE:	
ENTITLEMENT PERIOD: 4/9/2004 / 4/9/2009 (effective date) (end date)	
PART I: <u>INSPECTION COMPLIANCE STATUS</u> (check 🗹 only one box)	
IN COMPLIANCE IMINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE	
IN COMPLIANCE IMINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE	
☑ IN COMPLIANCE       ☑ MINOR Non-COMPLIANCE       ☑ SIGNIFICANT Non-COMPLIANCE         PART II: <u>TESTING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))	
PART II: TESTING/RECORDKEEPING REQUIREMENTS       – Rule 62-296.401, F.A.C.         (check ☑ appropriate box(es))       1. Were there any objectionable odor(s) detected?	Yes 🗌 No
<ul> <li>PART II: <u>TESTING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check  appropriate box(es))</li> <li>1. Were there any objectionable odor(s) detected?</li> <li>2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)?</li> </ul>	
PART II: TESTING/RECORDKEEPING REQUIREMENTS       – Rule 62-296.401, F.A.C.         (check ☑ appropriate box(es))       1. Were there any objectionable odor(s) detected?         2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)?	Yes No
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## PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – 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 record	
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber c	
accordance with the manufacturer's instructions?	
a) Do temperature probes seem to be properly placed?	
b) Are the following records kept on file, available for inspection for at least two years following the re	cording of such
measurements, maintenance, reports and records?	
1) All measurements (including CEMS)	
2) Monitoring device	Yes D No
3) Performance Testing Measurements	∐Yes ∐ No
4) CEMS Performance Evaluation	Yes No
5) All CEMS or monitoring device calibration checks	Yes 🗌 No
6) Adjustments	Yes 🗌 No
7) Preventive maintenance performed on systems/devices	Yes No
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 <b><u>BEFORE</u></b> August 30, 1989 is the:	
a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 1600°F?	🗌 Yes 🗌 No
b) actual operating temperature of the secondary chamber combustion zone no less than 1400°F	
throughout the combustion process in the primary chamber?	Yes No
c) cremation in the primary chamber begun after the secondary chamber combustion zone temperature	
is equal to or greater than 1400°F?	Yes No
d) required monitoring equipment installed and operational, and providing continuous monitoring to	
record the temperature at the point or beyond where 1.0 second gas residence time is obtained in the	
secondary chamber combustion zone according to the manufacturer's instructions?	Yes No
4. If constructed ON or AFTER August 30, 1989 is the:	
a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence tin	ne
@ 1800° F?	🛛 Yes 🗌 No
b) the actual operating temperature of the secondary chamber combustion zone no less than <b>1600°F</b>	
throughout the combustion process in the primary chamber?	🛛 Yes 🗌 No
c) secondary chamber combustion zone temperature equal to or greater than <b>1600°F</b> before the cremative	on
process begins in the primary chamber?	🖾 Yes 🗌 No
5. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated	
plastics used during the cremation of dead human bodies?	Yes No
a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer that the	
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration o	f
their use and for at least two years after their use?	Yes No
b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at	
this location?	□Yes □ No
6. Have all crematory operators been trained and certified by a Department-approved training program?	$\boxtimes$ Yes $\square$ No
a) Are copies of the training certificates for all crematory operators kept on file at the facility for the du	
of the operator's employment & for an additional two years after termination of employment?	Yes 🗌 No
or the operator's employment & for an additional two years after termination of employment?	

## PART IV: <u>SPECIAL CONDITIONS AND PROCEDURES</u> – Rule 62-296.401, F.A.C. A New or Modified Process Equipment

1. Since the last inspection has there been	
a) installation of any new process equipment?	No
b) alterations to existing process equipment without replacement?	⊠No
c) replacement of existing equipment substantially different than that noted on the most recent notification form?	No
d) If you answered <u>YES</u> to any of the above, did the owner submit a new and complete	
notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEP or	
local program office? 🗌 Yes	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? $\Box$ Yes $\Box$	⊠No
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? $\Box$ Yes	⊠No
a) submitted within the 15 day required window following the training? Yes	No

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

**COMMENTS:** Unit 1, the northern stack had emissions problems. Unit 1 released black smoke at the Deaprtment's 23 minute mark into the test. Although the smoke was intermitant, the smoke continuted until the Department's 42 minute mark. According to the Department's witness test, the facility highest six minute average opacity reading was 9% opacity. Since no six minute readings were above 15% opacity, the facility passed.

The owner has contacted the manufacture to check Unit1. They believe the reason for the emission problem is due to the burn cycle of the unit. The cremation unit would cycle and burn to a certain temperture. The unit will shut down aznd cause the unit to smoke. The manufacture has a repairman in the area and will chack out unit 1.