WHERTAL PROTECTION
John Manne
FLORIDA
FLORIDA

## HUMAN CREMATORY



### COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) RE-INSPECTION (FUI)	COMPLAINT/DISCOVERY (CI)			
AIRS ID#: 0210049 DATE: 07/02/09 FACILITY NAME: THE BEACHWOOD SOCIETY	ARRIVE: <u>10:55</u> DEPART: <u>12:30</u>			
FACILITY LOCATION: 3107 DAVIS BLVD NAPLES 34104				
OWNER/AUTHORIZED REPRESENTATIVE: RIC CONTACT NAME: Michael Hall ENTITLEMENT PERIOD: 9/8/2008 / 9/8/2013 (effective date) (end date)	CHARD ANDERSON <b>PHONE:</b> (941)775-4255 <b>PHONE:</b>			
PART I: INSPECTION COMPLIANCE STATUS (check I only one box)         IN COMPLIANCE       MINOR Non-COMPLIANCE         SIGNIFICANT Non-COMPLIANCE				
PART II: <u>TESTING/RECORDKEEPING REQUIRE</u> (check ☑ appropriate box(es))				
<ol> <li>Was a visible emissions test conducted during this 62-297, F.A.C.)?</li></ol>	S site visit according to EPA Method 9 (Ref.: Chapter → Ance, was an annual visible emissions test conducted 60 tion, and within 60 days prior to each anniversary date?			
<ul> <li>4. In order to demonstrate individual source complia completed within 60 days prior to the AGP Notifia) Carbon Monoxide (CO) emissions equal to or volume, dry basis, corrected to 7% O<sub>2</sub> on an hour</li> </ul>	fication form submission? (Rule 62-210.300(4), F.A.C.) Yes No below the requirements of 100 parts per million by ly average basis and tested according to EPA Method			
<ul> <li>b) Oxygen test performed according to EPA Meth</li> <li>c) Particulate matter emissions test with results ea dry standard cubic foot (ft<sup>3</sup>)of flue gas, corrected to</li> </ul>	Tyes No			
<ul> <li>capacity?</li> <li>6. Was CO &amp; PM compliance demonstrated by subn</li> <li>7. Was the Department notified at least 15 days prior</li> <li>8. Was the required test report filed with the Department</li> </ul>	Image: Second strength of the last formal compliance test?       Yes       No         Image: Second strength of the last formal compliance test?       Yes       No         Image: Second strength of the last formal compliance test?       Yes       No         Image: Second strength of the last formal compliance test?       Yes       No         Image: Second strength of the last formal compliance test?       Yes       No         Image: Second strength of the last formal compliance test?       Yes       No         Image: Second strength of the last formal compliance test?       Yes       No			

# 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 co				
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)	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	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>BEFORE</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 <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 residence times a second secon				
@ 1800° F?	Yes 🗌 No			
b) the actual operating temperature of the secondary chamber combustion zone no less than $1600^{\circ}F$				
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 cremation				
process begins in the primary chamber?	Xes 🗌 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	y			
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration of				
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?	$\Box$ Yes $\boxtimes$ No			
6. Have all crematory operators been trained and certified by a Department-approved training program?	Yes 🗌 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			

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

A. <u>Ne</u>	w or Mounted Process Equipment		
1.	Since the last inspection has there been		
	a) installation of any new process equipment?	Yes	No
	b) alterations to existing process equipment without replacement?	Yes	No
	c) replacement of existing equipment substantially different than that noted on the most recent notification form?	Yes	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?	Yes	No
	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?	Yes	No
	a) submitted within the 15 day required window following the training?	Yes	No

Wayne Lewis

Inspector's Name (Please Print)

### 07/02/09

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

**COMMENTS:**