

## **ANIMAL CREMATORY**



## COMPLIANCE INSPECTION CHECKLIST

| INSPECTION TYPE: ANNUAL (INS1, INS2)   RE-INSPECTION (FUI)   ARMS COMPLAINT NO:  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| AIRS ID#: 0950121 DATE: <u>9/14/2012</u> ARRIVE: <u>8:45 AM</u> DEPAR'   | T: <u>10:45 AM</u>                       |  |  |  |  |  |  |  |  |
| FACILITY NAME: PINE CASTLE PET CREMATORY   |  |  |  |  |  |  |  |  |  |
| FACILITY LOCATION: 460 W LANDSTREET RD   |  |  |  |  |  |  |  |  |  |
| ORLANDO 32824-7838   |  |  |  |  |  |  |  |  |  |
| OWNER/AUTHORIZED REPRESENTATIVE: TERRY MCGLASHAN* PHONE: (407)620-2 Email: terry@universalcremationequipment.com Mobile: CONTACT NAME: TERRY MCGLASHAN* PHONE: (407)620-2 Email: terry@universalcremationequipment.com Mobile: ENTITLEMENT PERIOD: 6/10/2012 / 6/10/2017 (effective date) (end date) |  |  |  |  |  |  |  |  |  |
| 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. Name(s) of facility representative(s): Terry McGlashan  Brief Notes:  | (check ☑ only one box for each question) |  |  |  |  |  |  |  |  |
| 2. Is the Authorized Representative still TERRY MCGLASHAN*?  | X YesNo                                  |  |  |  |  |  |  |  |  |
| If different, did the facility provide an administrative update within 30 days?  3. Is the facility contact still TERRY MCGLASHAN*?  If no, who is?:   |  |  |  |  |  |  |  |  |  |
| 4. Will facility be conducting VE test(s) during today's inspection?  If yes, was the compliance authority notified at least 15 days in advance?   |  |  |  |  |  |  |  |  |  |

## Emissions Unit Section 1 - Animal Crematory-prim/2ndarychmbrs,NG,tempM&R,opacM,75lbs/hr

|                | ART I: FILE REVIEW PRIOR TO INSPECTION   | (check 🗹 box for each                 | only one question) |  |  |  |
|----------------|--|---------------------------------------|--------------------|--|--|--|
| 1.             | <ul> <li>a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989?</li> <li>b. If yes, were design calculations provided then to confirm a sufficient volume in the</li> </ul>                                   | ⊠ Yes                                 | □No                |  |  |  |
|                | secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit?  | ⊠ Yes                                 | □No                |  |  |  |
| 3.<br>4.       | Manufacturer's recommended capacity: $75$ $\square$ lbs for batch unit $\boxtimes$ lbs/hr for ram-charged unit. Crematory unit installed after February 1, 2007?   | 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 | <ul><li>∑ Yes</li><li>☐ Yes</li></ul> | □No<br>⊠No         |  |  |  |
|                | operation? N/A  d. Date of last VE test: 8/26/2011   | 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<br>□No         |  |  |  |
|                |  |                                       |                    |  |  |  |
| PA             | ART II: <u>VISIBLE EMISSIONS TESTING</u>   | (check <b>☑</b> box for each of       | only one question) |  |  |  |
|                | Was a visible emissions test conducted by the facility for this unit during this site visit?   | Yes                                   | □No                |  |  |  |
| c. d.          | Was the operating capacity greater than the manufacturer's recommended capacity?   |                                       | ⊠No<br>□No<br>□No  |  |  |  |
|                | The visible emission test resulted in an opacity of $\underline{0}$ % for the highest six minute average. Did the visible emission test demonstrate compliance with the limit?   | Yes in any one-hour)                  | □No                |  |  |  |
|                | Was a visible emissions test conducted by the inspector during this site visit? Operating capacity during test? 45  bs for batch unit  bs/hr for ram-charged unit  | Yes                                   | □No                |  |  |  |
| b.<br>c.<br>d. | Was the operating capacity greater than the manufacturer's recommended capacity?   | ⊠ Yes                                 | ⊠No<br>□No<br>□No  |  |  |  |
|                | The visible emission test resulted in an opacity of $\underline{0}$ % for the highest six minute average. Did the visible emission test demonstrate compliance with the limit?   | Yes in any one-hour)                  | □No                |  |  |  |
| 3.             | 3. Is there any reason to ask for a special test to determine compliance with the PM and CO standards?   |                                       |                    |  |  |  |
| ļ              | is there any reason to ask for a special test to determine compliance with the PM and CO standar   | rds?                                  | ⊠No                |  |  |  |

| PART III: MONITORING/RECORDKEEPING REQUIREMENTS   | (check <b>✓</b> 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:  | 0 1 1 1                      | 0 ( )     |
| Wind direction - <u>northeast</u> Downwind odor level detected Upwind odor level detected-  | Scale: 1-1                   | 0 (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?   |                              | □No       |
| b Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence   |                              |           |
| time at $\boxtimes 1,800^1 \ \Box \ 1,600^2$ degrees was determined?  | X Yes                        | □No       |
| (II   |                              |           |
| c. Are the following records kept on file, available for inspection, for at least the past two years?   |                              |           |
| (1) All temperature measurements (2) All continuous monitoring systems, monitoring devices, and performance testing measurement                                   |                              | □No       |
| monitoring system all continuous performance evaluations  |                              | □No       |
| (3) All CEMS or monitoring device calibration checks (last performed on 8/31/12)  |                              | □No       |
| (4) Adjustments   |                              | □No       |
| (5) Preventive maintenance performed on systems/devices   | X Yes                        | □No       |
| (6) Corrective maintenance performed on systems/devices   | X 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   | X Yes                        | □No       |
| e. Was the crematory unit installed <b>after 2/1/07</b> ? If no, skip e.(1) – (3)   |                              | ⊠No       |
| (1) Is the crematory unit equipped and operated with a pollutant monitoring system to auton   |                              | _         |
| control combustion based on continuous in-stack opacity measurement?  |                              | □No       |
| (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opa   |                              | □ N.      |
| exceeds 15% opacity?(3) Has the opacity measurement system been cleaned and checked for proper operation in   |                              | □No       |
| accordance with the manufacturer's recommended maintenance schedule?  | Yes                          | □No       |
|   |                              |           |
|   | e (check ✓ box for each      | only one  |
| PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES   | box for each                 | question  |
|   |                              |           |
| 1. If the application to construct was <b>BEFORE</b> 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?   |                              | □No       |
| b. secondary chamber combustion zone temperature equal to or greater than <b>1400°F</b> before the cr process begins in the primary chamber?                      |                              | □No       |
|   | <u> </u>                     | □110      |
| 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 <b>1600</b> ° throughout the combustion process in the primary chamber? |                              | □No       |
| b. secondary chamber combustion zone temperature equal to or greater than <b>1600°F</b> before the cr   |                              | NO        |
| process begins in the primary chamber?  |                              | □No       |
|   |                              | 1         |
| DADT V. ALLOWED MATERIALS   | (check ✓ box for each        | only one  |
| PART V: <u>ALLOWED MATERIALS</u>  | DUA TUI EACH                 | question) |
|   |                              |           |
|   |                              | 1         |
| 1. Besides animal remains and, if applicable, the bedding associated with the animals and appropriate   |                              |           |
| are any other materials, including biomedical wastes, incinerated in the unit?  |                              | ⊠No       |
|   |                              | ⊠No       |
| are any other materials, including biomedical wastes, incinerated in the unit?  |                              | ⊠No       |
| are any other materials, including biomedical wastes, incinerated in the unit?  | Yes                          | ⊠No       |

| PART VI: <u>EQUIPMENT MAINTEN</u>  | (check only one box for each question)   |   |                                   |  |  |  |
|--|--|---|-----------------------------------|--|--|--|
| 3. Does the crematory allow for a visit If no, skip a. – b. a. Was the flame characteristic visit b. Was the flame adjusted when ne  | addresses the operating proced operating proced operating proced on the flame character ally checked at least once duricessary?  | ng each operating shift?  | ⊠ Yes ⊠ Yes ⊠ Yes                 | No<br> No<br> No<br> No  |  |  |
| Facility Section (continued)   |  |   |                                   |  |  |  |
| SPECIAL CONDITIONS AND PRO   | CEDURES  |   | (check 🗹 box for each             |  |  |  |
| operations comprising the facility; of 2. If yes, did the facility provide written New or Modified Process Equipment of 3. Since the last registration form submaterial and a linear last installation of any new process. Alterations to existing process. Replacement of existing education of the compression of the compr | nip or with a physical relocation or any other similar minor admits an notification within 30 days or Change in Ownership:  mittal has there beeness equipment?ess equipment without replace uipment with equipment that is seen a new registration for the seen and the seen are seen as Yes, was a new registration for the seen and the seen are seen as Yes, was a new registration for the seen and the seen are seen as Yes, was a new registration for the seen and the seen are seen as Yes, was a new registration for the seen and the seen are seen as Yes, was a new registration for the seen and the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, was a new registration for the seen are seen as Yes, which was | n of the facility or any emissions uni inistrative change at the facility? of the change? | ts or Yes Yes Yes Yes Yes Yes Yes | <ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul> |  |  |
| Bill Rhodes  |  | 9/14/2012   |                                   |  |  |  |
| Inspector's Name (Please   | Print)   | Date of Inspection  |                                   |  |  |  |
|  |  | 9/14/2013   |                                   |  |  |  |
| Inspector's Signature  |  | Approximate Date of Next Insp   | pection                           |  |  |  |

**COMMENTS:** Bill Rhodes, with OCEPD, arrived at the site at approximately 8:45 AM to audit a VE on the crematory unit, a Crawford C-500P, scheduled for approximately 9:00 AM. Persons present at the time of the inspection were Terry McGlashan, President/Owner, and Ram Ramkumar, Technical Advisor, representing Universal Crematory Company, and Sara Greivell, Environmental Scientist, representing Grove Scientific & Engineering, the consultant. A 60-minute VE test was audited and the observed opacity was 0%, with no visible emissions or objectionable odors detected during the test. The machine is run by LPG gas, located in cylinders, behind the facility. Temperature charts were reviewed from January 2, 2012 to September 7, 2012, and all appeared to show temperatures exceeding 1600 degrees. Each start/stop/repair was dated and marked with the customers name or repair description. No chlorinated bags were used in the burning process. The chart recorder (Partlow MRC 5000) and the digital read-out were observed twice during the test and showed almost identical readings (1667 degrees/chart and 1666 degrees/digital and

1653 degrees/chart and 1651 degrees/digital). The last calibration performed on the equipment was by Jim Crawford, approximately 2-weeks ago. According to Mr. McGlashan, there has been no new equipment installed since the last inspection. All of the equipment appeared to be in good working condition and operating properly.