

## ANIMAL CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:	ANNUAL (INS1, INS2)	COMPLAINT/I ARMS COMPL	DISCOVERY (CI)	
AIRS ID#: 0950168 DAT	ГЕ: <u>12/28/2010</u>	ARRIVE: <u>8:39</u>	DEPAR	Г: <u>10:30</u>
FACILITY NAME: JAN	NCY PET BURIAL SERVICE			
FACILITY LOCATION	10200 LAUGHLIN RD			
	ZELLWOOD 32798			
OWNER/AUTHORIZEI Email: CONTACT NAME: Email: ENTITLEMENT PERIC	D REPRESENTATIVE: CAR DD: 7/14/2008 / 7/14/2013 (effective date) (end date)	L BEGLEY	PHONE: (407)884-7 Mobile: PHONE: Mobile:	'336
Facility Section				
PART I: INSPECTION COMPLIANCE STATUS (check				
	PART II: <u>ONSITE INTRODUCTORY MEETING</u>		(check $\mathbf{M}$ only one box for each question)	
1. Name(s) of facility repr	resentative(s): <u>Carl Begley</u>			
Brief Notes:				
2. Is the Authorized Repro If no, who is?:	esentative still CARL BEGLEY?	?		- XesNo
If different, did the faci 3. Is the facility contact st If no, who is?:	ility provide an administrative up till ?	odate within 30 days	?	
4. Will facility be conduct If yes, was the complia	ting VE test(s) during today's insuce authority notified at least 15	spection?		XesNo XesNo

## **Emissions Unit Section** <u>3 – ANIMAL CREMATOR UNIT #3</u>

PART I: FILE REVIEW PRIOR TO INSPECTION		(check ☑ box for each	only one question)
	<ul> <li>a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989?</li> </ul>	Yes	No
l	b. If yes, were design calculations provided then to confirm a sufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit?	X Yes	□No
3.	Manufacturer's recommended capacity: <u>80</u> $\square$ lbs for batch unit $\boxtimes$ lbs/hr for ram-charged unit. Crematory unit installed after February 1, 2007?	Yes	No
5.	Date of last inspection:       7/6/2009         Past Visible Emissions (VE) tests:		<b>—</b>
	<ul><li>a. Was a VE test performed within each of the past 4 calendar years?</li><li>b. Has a VE test been performed yet within the current calendar year?</li></ul>		∐No ⊠No
	<ul> <li>c. If first year of operation, was a VE test performed within 30 days of commencing operation? N/A</li> <li>d. Date of last VE test: 7/6/2009</li> </ul>	Yes	No
	<ul> <li>e. Was the VE test. <u>1/0/2009</u></li> <li>e. Was the VE test report filed with the compliance authority no later than 45 days after the test?</li> <li>f. Did the facility demonstrate compliance during the last VE test?</li> <li>If no, what was the problem (if known)?</li> </ul>		□No □No

PART II: <u>VISIBLE EMISSIONS TESTING</u>	(check 🗹 box for each	only one question)
<b>1. Was a visible emissions test conducted by the facility for this unit during this site visit?</b>	Xes Yes	No
b. Was the operating capacity greater than the manufacturer's recommended capacity?	⊠ Yes ⊠ Yes	□No □No
d. Was the visible emissions test conducted according to EPA Method 9? e. The visible emission test resulted in an opacity of $\underline{0}$ % for the highest six minute average.	Yes	
f. Did the visible emission test demonstrate compliance with the limit?	Yes in any one-hour)	No
<b>2. Was a visible emissions test conducted by the inspector during this site visit?</b>	Xes Yes	No
<ul><li>b. Was the operating capacity greater than the manufacturer's recommended capacity?</li><li>c. Was the test conducted with the unit operating at a capacity that is representative of normal operations?</li></ul>	=	⊠No □No
<ul> <li>d. Was the visible emissions test conducted according to EPA Method 9?</li> <li>e. The visible emission test resulted in an opacity of <u>0</u> % for the highest six minute average.</li> <li>f. Did the visible emission test demonstrate compliance with the limit?</li> </ul>	⊠ Yes	∐No □No
(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes		_
3. Is there any reason to ask for a special test to determine compliance with the PM and CO standar	ds? □ Yes	XNo
If yes, what reason?	_	

PART III: MONITORING/RECORDKEEPING REQUIREMENTS		(check 🗹 only one box for each 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)	
<ul> <li>2. Continuous Monitoring Systems –</li> <li>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?</li> <li>b Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at  1,800<sup>1</sup> □ 1,600<sup>2</sup> degrees was determined?</li></ul>	⊠ Yes ⊠ Yes	□No □No	
<ul> <li>c. Are the following records kept on file, available for inspection, for at least the past two years?</li> <li>(1) All temperature measurements</li></ul>	Yes	No	
<ul> <li>(2) All continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations</li></ul>	⊠ Yes - ⊠ Yes - ⊠ Yes	No No No No No	
<ul> <li>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 markingse. 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 automatication.</li> </ul>	☐ Yes cally	□No ⊠No	
<ul> <li>control combustion based on continuous in-stack opacity measurement?</li></ul>	/	□No □No	
accordance with the manufacturer's recommended maintenance schedule?	- Yes	No	
PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	(check ☑ box for each	only one question)	
<ol> <li>If the application to construct was <u>BEFORE</u> August 30, 1989 is the:         <ul> <li>a. actual operating temperature of the secondary chamber combustion zone no less than 1400°F throughout the combustion process in the primary chamber?</li> <li>b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crema process begins in the primary chamber?</li> </ul> </li> </ol>		□No □No	
<ul> <li>2. If the application to construct <u>ON</u> or <u>AFTER</u> August 30, 1989 is the:</li> <li>a. the actual operating temperature of the secondary chamber combustion zone no less than 1600°F throughout the combustion process in the primary chamber?</li></ul>	tion	□No	
process begins in the primary chamber?	_		
PART V: ALLOWED MATERIALS	(check ☑ box for each	only one question)	
<ol> <li>Besides animal remains and, if applicable, the bedding associated with the animals and appropriate co are any other materials, including biomedical wastes, incinerated in the unit?</li></ol>	- 🗌 Yes	⊠No ⊠No ⊠No	

PART VI: <u>EQUIPMENT MAINTENANCE</u>	(check ☑ box for each	
<ol> <li>Is the crematory unit maintained in accordance with the manufacturer's specifications?</li> <li>Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?</li></ol>	$\begin{array}{ c c }\hline & Yes \\ \hline & Yes \\ \hline & Yes \\ \hline \end{array}$	□No □No □No □No □No
PART VII: EU INSPECTION COMPLIANCE STATUS (check I only one box)         IN COMPLIANCE         MINOR Non-COMPLIANCE	IANCE	

## **Facility Section (continued)**

SPECIAL CONDITIONS AND PROCEDURES	(check ☑ box for each	only one question)
<ul> <li><u>Administrative Changes</u>:</li> <li>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</li> </ul>	s or	_
operations comprising the facility; or any other similar minor administrative change at the facility? 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 ⊠No
<ul> <li>3. Since the last registration form submittal has there been</li></ul>	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>	⊠No ⊠No ⊠No ⊠No ⊠No

Assefa Hailemariam

Inspector's Name (Please Print)

Date of Inspection

~11/2011

Inspector's Signature

Approximate Date of Next Inspection

12/28/2010

**COMMENTS:** Assefa Hailemariam met with consultant from Southern Envoromental Services on December 28,2010, to audit the compliance test for unit#3and review the records. This animal cremation unit has a strip chart recorder and digital temperature panel. The temperature was verified with a EPD fluke meter. Chart read 1750, digital 1726 and EPD fluke read 1724. The opacity observed was zero percent and operating capacity was at the manufacture's recommended rate.