

Florida Department of Environmental Protection

> Northwest District Branch Office 630-3 Capital Circle NE Tallahassee, Florida 32301

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

June 29, 2009

SENT VIA EMAIL <u>NSAHRECPT@embarqmail.com</u> <u>nfahcrm@embarqmail.com</u>

Randy Fullerton North Florida Animal Hospital 2701 North Monroe Street Tallahassee, Florida 32303-4029

Dear Dr. Fullerton:

A Department representative inspected your facility to determine compliance with the Air Quality Operating Permit. The permit expires on **November 4, 2012**. The program identification number for this facility is **0730076**. This letter applies only to activities covered by the Air Resource Management Program.

Based on the facility inspection results, the Tallahassee Branch Office reported a status of <u>In-Compliance</u> for your facility. Note that your facility compliance status may be subject to further examination by the District Program Office.

The assistance you provided is appreciated. You are encouraged to review the enclosed inspection checklist and its comments section. If you have any questions, your local contact is Tracy White at (850) 488-3704 or tracy.a.white@dep.state.fl.us.

Sincerely,

Marlane Castellanos Branch Manager

MC/tw Enclosures cc: Rick Bradburn, FDEP, Pensacola Mary Beth Curle, FDEP Erica Mitchell, FDEP



ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) Image: COMPLAINT/DISCOVERY (CI) RE-INSPECTION (FUI) Image: Complaint No:					
AIRS ID#: 0730076 DATE: 6/12/2009ARRIVE:DEPART:FACILITY NAME: NORTH FLORIDA ANIMAL HOSPITALFACILITY LOCATION:2701 N MONROE ST TALLAHASSEE 32303-4029OWNER/AUTHORIZED REPRESENTATIVE:RANDY FULLERTONPHONE: (850)385-5141CONTACT NAME:PHONE: (850)385-5141					
ENTITLEMENT PERIOD: 11/4/2007 / 11/4/2012 (effective date) (end date)					
PART I: INSPECTION COMPLIANCE STATUS (check only one box)					
PART II: <u>TESTING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))					
1. Were there any objectionable odor(s) detected? □ Yes ⊠ No 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					
 3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60 days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date? (Rule 62-296.401(6)(j), F.A.C.)					
 4. In order to demonstrate individual source compliance were the remaining applicable standards testing completed within 60 days prior to the AGP Notification form submission? (Rule 62-210.300(4), F.A.C.) ⊠Yes □No a) Carbon Monoxide (CO) emissions equal to or below the requirements of 100 parts per million by volume, dry basis, corrected to 7% O₂ on an hourly average basis and tested according to EPA Method 					
10 (Ref.: Chapter 62-297, F.A.C.)? [Yes] No b) Oxygen test performed according to EPA Method 3 (Ref.: Chapter 62-297, F.A.C.)? [Yes] No c) Particulate matter emissions test with results equal to or below the requirements of 0.080 grains per dry standard cubic foot (ft ³) of flue gas, corrected to 7% O ₂ and tested according to EPA Method 5					
(Ref.: Chapter62-297, F.A.C.)?					
capacity? ⊠Yes No 6. Was CO & PM compliance demonstrated by submission of a test report for an identical crematory unit? ⊠Yes No 7. Was the Department notified at least 15 days prior to the date of the last formal compliance test? ⊠Yes No 8. Was the required test report filed with the Department as soon as practical, but no longer than 45 days after the test was completed? ⊠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 to		
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?		∐ No
a) Do temperature probes seem to be properly placed?		No
b) Are the following records kept on file, available for inspection for at least two years following the rec	cording of	f such
measurements, maintenance, reports and records?		_
1) All measurements (including CEMS)	∐Yes	∐ No
2) Monitoring device	⊠Yes	∐ No
3) Performance Testing Measurements	⊠Yes	No 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 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:		
a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 1600°F?	Yes	No 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 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 tim	ne	
@ 1800° F?	Yes	□ No
b) the actual operating temperature of the secondary chamber combustion zone no less than 1600° 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 cremation		
process begins in the primary chamber?	Yes	□ No
5. Are appropriate leak-proof containers containing no more than 0.5 % (percent) by weight chlorinated		
plastics used during the cremation of dead animals?	Yes	No 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 of		
their use and for at least two years after their use?	Yes	□ No
b) If plastic bags are used for the cremation of animals are they non-chlorinated and no less than 3 mils		
thick?	Yes	□ No
c) Are dead animals, which have been used for medical or commercial experimentation, or other	L 103	
materials, including biomedical wastes (Rule 62-210.200, F.A.C.), incinerated at this location?	Yes	□ No
6. During this review period, was the largest batch load cremated 500 pounds per hour or less?	\boxtimes Yes	
 During this review period, was the targest batch load cremated 500 pounds per hour of ress. Have all crematory operators been trained and certified by a Department-approved training program? 	\boxtimes Yes	
a) Are copies of the training certificates all crematory operators kept on file at the facility for the duration		
of the operator's employment & for an additional two years after termination of employment?		🗌 No
of the operator's employment & for an additional two years after termination of employment?	105	

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

1	Since the last inspection has there been		
1.	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?	TYes	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
	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
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?	Yes Yes	□No □No

Tracy White

Inspector's Name (Please Print)

I may white

Inspector's Signature

6/22/2009

Date of Inspection

6-12 months

Approximate Date of Next Inspection

COMMENTS:

Inspection on 6/12/2009, 1:15 P.M.

I met with Alice Malone and J.J. Janowski, Crematory operator. I viewed the temperature charts records for 2008 and 2009. The records appeared to have the required information, except the operator's name was not present. I informed Mr. Janowski of the name requirement.

The crematory unit was not in operation. The unit appeared to be the same "Power-Pak Junior" as last time. It appeared to have an opacity monitor installed on it. Mr. Janowski said the monitor was routinely cleaned. Repair records for the unit were available. A "T/A baffle" was the most recent repair.

According to Ms. Malone, bag containers are used for the bodies. I requested a manufacturer's data sheet on the plastic composition. The last compliance test in Department records was on 10/30/2008. A 2009 compliance test is required.

Recommendations:

Please record the operator's name on the log sheets. Failure to maintain complete records may result in a non compliance status.

Please submit a manufacturer's data sheet on the composition of any plastic containers that are cremated.