

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION CARR BUILDING, SUITE 115

3800 COMMONWEALTH BLVD TALLAHASSEE, FLORIDA 32399 RICK SCOTT GOVERNOR

HERSCHEL T. VINYARD JR. SECRETARY

October 31, 2013

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

Email: <u>NSAHRECPT@embarqmail.com; nfahcrm@embarqmail.com</u>

Re: North Florida Hospital Facility Air ID 0730076 Leon County

Dear Dr. Fullerton:

Department personnel conducted a compliance inspection of the above-referenced facility on September 12, 2013. Based on the information provided during the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Tracy White at (850) 245-2960 or by via e-mail <u>tracy.a.white@dep.state.fl.us</u>.

Sincerely,

Mike Mathews Environmental Manager

MM/tw

Enclosures: Inspection report

c: Mary Beth Curle, Carol Melton (FDEP, Pensacola)



ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

| INSPECTION <u>TYPE</u> : | ANNUAL (INS1, INS2) RE-INSPECTION (FUI) | COMPLAINT/D | | Y (CI) |
|---|--|----------------------|--|---|
| AIRS ID#: 0730076 DA | TE: <u>9/12/2013</u> | ARRIVE: <u>10:10</u> | AM | DEPART: |
| FACILITY NAME: NO | ORTH FLORIDA ANIMAL | HOSPITAL | | |
| FACILITY LOCATION | N: 2701 N MONROE | ST | | |
| | TALLAHASSEE | 32303-4029 | | |
| OWNER/AUTHORIZE Email: CONTACT NAME: R Email: nfahalice@er ENTITLEMENT PERI | nbarqmail.com | 21/2017 | PHONE: Mobile: PHONE: Mobile: | (850)385-5141 (850)510-4076 (850)385-5141 |
| | | | | |

Facility Section

| PART I: INSPECTION COM | PLIANCE STATUS (check 🗹 onl | y one box) |
|------------------------|-----------------------------|----------------------------|
| IN COMPLIANCE | MINOR Non-COMPLIANCE | SIGNIFICANT Non-COMPLIANCE |

| | ART II: ONSITE INTRODUCTORY MEETING Name(s) of facility representative(s): David Gillette, Alice Malone | (check ☑ box for each | only one question) |
|----|---|--------------------------|-----------------------|
| 1. | Brief Notes: <u>Crematory Operator</u> | | |
| 2. | Is the Authorized Representative still RANDY FULLERTON? | 🛛 Yes | No |
| 3. | If different, did the facility provide an administrative update within 30 days? Is the facility contact still RANDY FULLERTON? | ☐ Yes ⊠ Yes | □No □No |
| 4. | Will facility be conducting VE test(s) during today's inspection? | | □No □No |

Emissions Unit Section <u>1 - CREMATORY INCINERATOR FOR ANIMAL REMAINS</u>

| PART I: FILE REVIEW PRIOR TO INSPECTION | | (check 🗹 | only one | | |
|---|---|--------------|-----------|--|--|
| | | box for each | question) | | |
| 1. | a. Complete AC application or, if no AC permit, initial GP registration received on or | _ | -1 | | |
| 1 | after August 30, 1989? | 🖂 Yes | No | | |
| | 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? | 🛛 Yes | No | | |
| 2. | Manufacturer's recommended capacity: I lbs for batch unit lbs/hr for ram-charged unit. | | | | |
| 3. | Crematory unit installed after February 1, 2007? | Yes | 🖾No | | |
| 4. | Date of last inspection: $\frac{7/22}{2011}$ | | | | |
| 5. | Past Visible Emissions (VE) tests: | | | | |
| | a. Was a VE test performed within each of the past 4 calendar years? | 🛛 Yes | No | | |
| | b. Has a VE test been performed yet within the current calendar year? | | No | | |
| | c. If first year of operation, was a VE test performed within 30 days of commencing | _ | | | |
| | operation? X N/A | Yes | No | | |
| | d. Date of last VE test: 9/14/2012 | | | | |
| | e. Was the VE test report filed with the compliance authority no later than 45 days after the test? | Yes | No | | |
| | | | No | | |
| | | | | | |
| | f. Did the facility demonstrate compliance during the last VE test? | | No | | |

| PART II: <u>VISIBLE EMISSIONS TESTING</u> | (check 🗹 box for each | only one question) |
|---|--------------------------|-----------------------|
| 1. Was a visible emissions test conducted by the facility for this unit during this site visit? | 🛛 Yes | No |
| a. Operating capacity during test? <u>78</u> 🖾 lbs for batch unit 🗌 lbs/hr for ram-charged unit b. Was the operating capacity greater than the manufacturer's recommended capacity? ☐ Yes 🖾No | | |
| c. Was the test conducted with the unit operating at a capacity that is representative of normal operations? d. Was the visible emissions test conducted according to EPA Method 9? e. The visible emission test resulted in an opacity of% for the highest six minute average. | | □No □No |
| f. Did the visible emission test demonstrate compliance with the limit? | | No |
| 2. Was a visible emissions test conducted by the inspector during this site visit? | Yes | ⊠No |
| Yes ⊥No C. Was the test conducted with the unit operating at a capacity that is representative of normal operations? d. Was the visible emissions test conducted according to EPA Method 9? Yes □No | Yes | No |
| e. The visible emission test resulted in an opacity of% for the highest six minute average. f. Did the visible emission test demonstrate compliance with the limit? | | No |
| 3. Is there any reason to ask for a special test to determine compliance with the PM and CO standar If yes, what reason? | rds? | XNo |

| PA | RT III: MONITORING/RECORDKEEPING REQUIREMENTS | (check \blacksquare 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: | | |
| | Wind direction - $\underline{1}$ Downwind odor level detected- $\underline{1}$ Upwind odor level detected- $\underline{1}$ Scale: 1-10 (w | vorst) | |
| | Continuous Monitoring Systems – Is a continuous temperature monitoring system installed on each unit to record temperatures in the | | |
| а | secondary chamber in accordance with the manufacturer's instructions? | Xes Yes | 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 \square 1,600 ² degrees was determined? | 🛛 Yes | No |
| | (Application of milital notification. Received on of anel 0.50,057, Received before 0.50,057 | | |
| c. | Are the following records kept on file, available for inspection, for at least the past two years? | | |
| | All temperature measurements All continuous monitoring systems, monitoring devices, and performance testing measurements; | 🛛 Yes | No |
| | monitoring system all continuous performance evaluations | - 🛛 Yes | No |
| | (3) All CEMS or monitoring device calibration checks (last performed on $\frac{9/12/13}{12}$) | | No |
| | (4) Adjustments(5) Preventive maintenance performed on systems/devices | | No No |
| | (6) Corrective maintenance performed on systems/devices(6) Corrective maintenance performed on systems/devices | \boxtimes 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 | 🛛 Yes | No |
| e. | Was the crematory unit installed after $2/1/07$? If no, skip e.(1) – (3) | Yes | 🖾No |
| | (1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatic control combustion based on continuous in-stack opacity measurement? | | No |
| | (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity | | 110 |
| | exceeds 15% opacity ? | Yes | No |
| | (3) Has the opacity measurement system been cleaned and checked for proper operation in | | |
| | | □ Yes | \Box No |
| | accordance with the manufacturer's recommended maintenance schedule? | | No |
| | accordance with the manufacturer's recommended maintenance schedule? | (check 🗹 | only one |
| PA | | | only one |
| | accordance with the manufacturer's recommended maintenance schedule? | (check 🗹 | only one |
| | accordance with the manufacturer's recommended maintenance schedule? RT IV: SECONDARY COMBUSTION ZONE TEMPERATURES If the application to construct was BEFORE August 30, 1989 is the: | (check 🗹 | only one |
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| 1. | accordance with the manufacturer's recommended maintenance schedule? | (check 🗹 box for each Ves ion Yes Xes ion | only one question) |
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| PART VI: <u>EQUIPMENT MAINTENANCE</u> | (check 🗹 box for each | 5 | | | |
|--|-------------------------------|---------------------------------|--|--|--|
| Is the crematory unit maintained in accordance with the manufacturer's specifications? Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? Does the crematory allow for a visible check on the flame characteristics? | - 🛛 Yes - 🗌 Yes - 🗌 Yes | □No □No □No □No □No | | | |
| PART VII: EU INSPECTION COMPLIANCE STATUS (check I only one box) IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE | | | | | |

Facility Section (continued)

| SPECIAL CONDITIONS AND PROCEDURES | (check ☑ box for each | only one question) |
|---|--------------------------|---------------------------------|
| <u>Administrative Changes</u>: 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 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? | s or Yes | ⊠No □No |
| <u>New or Modified Process Equipment or Change in Ownership</u>: 3. Since the last registration form submittal has there been a. Installation of any new process equipment? b. Alterations to existing process equipment without replacement? | Yes | ⊠No ⊠No ⊠No ⊠No ⊠No |

Tracy White

Inspector's Name (Please Print)

9/12/2103 Date of Inspection

I may to here

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: I met with David Gillette, Crematory Operator. Mr. Gillette provided operating records as requested. No issues were noted with the records. I gave the facility a copy of the crematory outreach poster. Charles Simmons was performing a Method 9 VE test on the crematory unit. No excessive opacity was noted (approximatly 0% opacity). Final test results will be reviewed by the District office.

I requested the chlorine-content manufacturer's data sheets for plastic bags combusted in the incineration process. Mr. Gillette did not have that information. I requested that he contact the bag company and obtain the information, and then submit it to my office.

Recommendations:

Please submit a copy of the manufacturer's plastic-content sheet for the body bags.