ASSIMPTION PROTECTION	HUMAN CREMATORY	
FLORIDA	COMPLIANCE INSPECTION CHECKLIST	Environmental
INSPECTION TYPE:	ANNUAL (INS1, INS2)	Compliance
	RE-INSPECTION (FUI) C ARMS COMPLAINT NO	
AIRS ID#: 1010349 D A	ATE: <u>10.19.2009</u> ARRIVE: <u>0845</u> DEPART: <u>134</u>	2
FACILITY NAME: DO	OBIES FUNERAL HOME	
FACILITY LOCATIO	N: 9944 HUDSON AVE	
	HUDSON 34669	
OWNER/AUTHORIZE	ED REPRESENTATIVE: THOMAS DOBIES PHONE: (727)937-7555	
CONTACT NAME: H	Bob Dodd/Dan Copeland/Chase Glasgo PHONE: (727)868-0762	
ENTITLEMENT PERI	IOD: 7/7/2007 / 7/7/2012 (effective date) (end date)	
	N <u>COMPLIANCE STATUS</u> (check \square only one box)	~~
IN COMPLIAN	NCE I MINOR Non-COMPLIANCE I SIGNIFICANT Non-COMPLIAN	CE
PART II: <u>TESTING/R</u> (check ☑ appropri	ECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. iate box(es))	
(check ☑ appropri 1. Were there any o	iate box(es)) bbjectionable odor(s) detected?	Yes 🗵 No
(check ☑ appropri1. Were there any o2. Was a visible em	iate box(es)) objectionable odor(s) detected?	
 (check appropri 1. Were there any o 2. Was a visible em 62-297, F.A.C.)? 3. In order to demon 	iate box(es)) objectionable odor(s) detected?	X Yes 🖵 No
 (check appropri 1. Were there any o 2. Was a visible em 62-297, F.A.C.)? 3. In order to demonsibility of the order of the order	iate box(es)) objectionable odor(s) detected?	X Yes No
 (check appropri 1. Were there any o 2. Was a visible em 62-297, F.A.C.)? 3. In order to demonwithin 30 days after 4. Was all visible en 	iate box(es)) objectionable odor(s) detected?	⊠ Yes □ No 2.)- ⊠Yes □ No
 (check appropri 1. Were there any o 2. Was a visible em 62-297, F.A.C.)? 3. In order to demonsible of the demonsion of the demonstrates of the demon	iate box(es)) objectionable odor(s) detected?	X Yes No C.)- XYes No ed XYes No XYes No
 (check appropri 1. Were there any o 2. Was a visible em 62-297, F.A.C.)? 3. In order to demon within 30 days after 4. Was all visible en capacity? 5. Was the Departm 6. Was the required 	iate box(es)) objectionable odor(s) detected?	····· ⊠ Yes □ No c.)- ⊠Yes □ No ed ····· ⊠Yes □ No ····· ⊠Yes □ No offer
 (check appropri 1. Were there any o 2. Was a visible em 62-297, F.A.C.)? 3. In order to demon within 30 days after 4. Was all visible en capacity? 5. Was the Departm 6. Was the required the test was comp 	iate box(es)) objectionable odor(s) detected?	····· ⊠ Yes □ No c.)- ⊠Yes □ No ed ····· ⊠Yes □ No ····· ⊠Yes □ No offer
 (check appropri 1. Were there any o 2. Was a visible em 62-297, F.A.C.)? 3. In order to demon within 30 days after 4. Was all visible en capacity? 5. Was the Departm 6. Was the required the test was comp 	iate box(es)) objectionable odor(s) detected?	····· ⊠ Yes □ No c.)- ⊠Yes □ No ed ····· ⊠Yes □ No ····· ⊠Yes □ No offer
 (check appropri 1. Were there any o 2. Was a visible em 62-297, F.A.C.)? 3. In order to demonwithin 30 days after 4. Was all visible en capacity? 5. Was the Department 6. Was the required the test was composed the test was composed by appropriation of the test of the test was composed by appropriation of the test of the test of the test was composed by appropriation of the test of tes	iate box(es)) b) jectionable odor(s) detected? nissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter ?	Yes No No After Yes No After No deter Modeling
 (check appropri 1. Were there any o 2. Was a visible em 62-297, F.A.C.)? 3. In order to demonwithin 30 days after 4. Was all visible encapacity? 5. Was the Departm 6. Was the required the test was comp PART III: OPERATING (check appropria Is there Continue primary and secondary 	iate box(es)) b) jectionable odor(s) detected?	····· ⊠ Yes □ No C.)- ⊠ Yes □ No Ad ····· ⊠ Yes □ No ····· ⊠ Yes □ No After ····· ⊠ es □ No d temperatures in the combustion zone in
 (check appropri 1. Were there any o 2. Was a visible em 62-297, F.A.C.)? 3. In order to demonwithin 30 days after 4. Was all visible encapacity? 5. Was the Department 6. Was the required the test was composited the test was composited appropria 1. Is there Continue primary and secondata accordance with the a) Do temperature probeby Are the follow 	iate box(es)) bijectionable odor(s) detected? bissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter constrate individual source compliance, was an annual visible emissions test conducted the unit has commenced operation and annually thereafter (Rule 62-296.401(5)(h), F.A.C missions testing conducted with the source operating at the manufacturers recommended the notified at least 15 days prior to the date of the last formal compliance test? d test report filed with the Department as soon as practical, but no longer than 45 days a upleted?	Yes No Mo Inter Ses No Inter
 (check appropri 1. Were there any o 2. Was a visible em 62-297, F.A.C.)? 3. In order to demonwithin 30 days after 4. Was all visible encapacity? 5. Was the Department 6. Was the required the test was composited the test was composited that the test was composited appropriation of the test was contained accordance with the test was the test was accordance with the test was used to the test was the test was accordance with the test was contained accordance with the test was used to the test was the test was accordance with the test was used to the test was the test was the test was test was accordance with the test was test was the test was test was test with the test was test	iate box(es)) bijectionable odor(s) detected? bissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter constrate individual source compliance, was an annual visible emissions test conducted the unit has commenced operation and annually thereafter (Rule 62-296.401(5)(h), F.A.C missions testing conducted with the source operating at the manufacturers recommende nent notified at least 15 days prior to the date of the last formal compliance test? test report filed with the Department as soon as practical, but no longer than 45 days a upleted?	Yes No Inter Yes No Inter Yes No Inter Yes No

PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. Cont.				
(check 🗹 appropriate box(es))				
2) Monitoring device X Yes 🗋 No				
3) Performance Testing Measurements No				
4) CEMS Performance Evaluation X Yes 🖵 No				
5) All CEMS or monitoring device calibration checks No				
6) Adjustments Xyes 🛛 No				
7) Preventive maintenance performed on systems/devices				
8) Corrective maintenance performed on systems/devices				
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) X ON or AFTER August 30, 1989? (If this box checked, skip #3 and continue on to #4)				
3. If constructed <u>BEFORE</u> 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?				
c) cremation in the primary chamber begun after the secondary chamber combustion zone temperature				
is equal to or greater than 1400°F? Ves 🛛 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 these condary chamber combustion zone according to the \Box N \Box N				
manufacturer's instructions \square Yes \square 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 time $\Box X = \Box X$				
@ 1800° F? <u>Measurements taken, will make determination</u> 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? \boxtimes Yes \Box No				
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation				
process begins in the primary chamber? \boxtimes Yes \square 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? No				
a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer that they 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? No				
b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at				
this location? \Box Yes \boxtimes No				

PART IV: EQUIPMENT MAINTENANCE – Rule 62-296.401, F.A.C.		
1. Is the crematory unit maintained in proper working order?	XYes	No
2. Are there maintenance record kept onsite?	×es	□No
3. Is there a written plan onsite which addresses the operating procedures during startup,		
shutdown and malfunction?	× Yes	\Box_{No}

PART V: <u>SPECIAL CONDITIONS AND PROCEDURES</u> – Rule 62-210.310(2), F.A.C. A. <u>New or Modified Process Equipment</u>		
 Since the last inspection has there been a) installation of any new process equipment? 	🗋 Ves	
b) alterations to existing process equipment without replacement?		
 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}

COMMENTS:

Arrived to facility and spoke with Dan Copeland, Crematory operator for the day. Mr. Copeland provided me with the documentation asked for in this checklist. During the inspection the owner Mr. Thomas Dobies came by to introduce himself. The VE test took place between 0913 and 1013. VE test passed. Observed records from 01/01/09 to 02/28/09 and 05/01/09 to 06/30/2009. The SWD crematory inspection checklist was completed and measurements of the unit were taken. I will provide this information to James Burkholder for his evaluation. As of now the facility seems to be in compliance. If the measurements prove the thermocouple was installed incorrectly the Department will move forward appropriately.

Joseph V. Panetta

Inspector's Name

10/19/2009

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection