ANIMAL CREMATORY

COMPLIANCE INSPECTION CHECKLIST

Environmental Compliance

INSPECTION TYPE: ANNUAL (INS1, INS2) ☒ COMPLAINT/DISCOVERY (CI) ☐

RE-INSPECTION (FUI) ☐ ARMS COMPLAINT NO:

AIRS ID#: 0610042 **DATE:** 11/22/2011 **ARRIVE:** 12:50 **DEPART:** 13:00

FACILITY NAME: SHADY OAK PET CREMATORY

FACILITY LOCATION: 5 5TH AVE

VERO BEACH 32962-3612

OWNER/AUTHORIZED REPRESENTATIVE: JOHN GIDEON **PHONE:** (772)664-0107
Email: **Mobile:** (772)559-3665
CONTACT NAME: JOHN GIDEON **PHONE:** (772)664-0107
Email: **Mobile:** (772)559-3665
ENTITLEMENT PERIOD: 4/9/2009 (effective date) / 4/9/2014 (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

(check ☑ only one box for each question)

1. Name(s) of facility representative(s): _____

   Brief Notes: _____

2. Is the Authorized Representative still JOHN GIDEON? ---------- ☐ Yes ☐ No
   If no, who is?: _____

   If different, did the facility provide an administrative update within 30 days? ---------- ☐ Yes ☐ No
3. Is the facility contact still JOHN GIDEON? ---------- ☐ Yes ☐ No
   If no, who is?: _____

4. Will facility be conducting VE test(s) during today's inspection? ---------- ☐ Yes ☐ No
   If yes, was the compliance authority notified at least 15 days in advance? ---------- ☐ Yes ☐ No

Emissions Unit Section

1 –Animal Crematory-primary/2ndary chmbrsw/afterburner,75#/hr

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 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: _____ ☐ 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: _____
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? ---------- ☐ Yes ☐..No
   c. If first year of operation, was a VE test performed within 30 days of commencing operation? ---------- ☐ N/A ☐ Yes ☐..No
   d. Date of last VE test: _____
   e. Was the VE test report filed with the compliance authority no later than 45 days after the test? ------ ☐ Yes ☐..No
   f. Did the facility demonstrate compliance during the last VE test? ---------- ☐ Yes ☐..No
   If no, what was the problem (if known)? _____

PART II: VISIBLE EMISSIONS TESTING

(check ☑ only one box for each 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? _____ ☐ 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? ☐ Yes ☐..No

d. Was the visible emissions test conducted according to EPA Method 9? ---------- ☐ 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? ---------- ☐ Yes ☐..No

□ (5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour)

2. Was a visible emissions test conducted by the inspector during this site visit? ---------- ☐ Yes ☐..No

a. Operating capacity during test? _____ ☐ 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? ☐ Yes ☐..No

d. Was the visible emissions test conducted according to EPA Method 9?□□□□□□□□□□□□□□□□□□□ ----------
------- ☐ 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? ---------- ☐ Yes ☐..No

□ (5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour)

3. Is there any reason to ask for a special test to determine compliance with the PM and CO standards?

☐ Yes ☐..No

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)

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? ---------- ☐ Yes ☐..No

b Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at ☐ 1,800[1] ☐ 1,600[2] degrees was determined? ---------- ☐ Yes ☐..No

(Application or initial notification: [1] received on or after 8/30/89; [2] received before 8/30/89)

c. Are the following records kept on file, available for inspection, for at least the past two years?

(1) All temperature measurements ---------- ☐ Yes ☐..No

(2) All continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations ---------- ☐ Yes ☐..No

(3) All CEMS or monitoring device calibration checks (last performed on _____) ---------- ☐ Yes ☐..No

(4) Adjustments ---------- ☐ Yes ☐..No

(5) Preventive maintenance performed on systems/devices ---------- ☐ Yes ☐..No

(6) Corrective maintenance performed on systems/devices ---------- ☐ 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 automatically control combustion based on continuous in-stack opacity measurement? ---------- ☐ Yes ☐..No

(2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ? ---------- ☐ Yes ☐..No

(3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? ---------- ☐ Yes ☐..No

PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES

(check ☑ only one box for each question)

1. If the application to construct was **BEFORE** 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? ---------- ☐ Yes ☐..No
   b. secondary chamber combustion zone temperature equal to or greater than **1400°F** before the cremation process begins in the primary chamber? ---------- ☐ Yes ☐..No
2. If the application to construct **ON** or **AFTER** August 30, 1989 is the:
   a. 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
   b. secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber? ---------- ☐ Yes ☐..No

PART V: ALLOWED MATERIALS

(check ☑ only one box for each question)

1. Besides animal remains and, if applicable, the bedding associated with the animals and appropriate containers, are any other materials, including biomedical wastes, incinerated in the unit? ---------- ☐ Yes ☐..No
   If yes, what other materials? _____

2. Do containers contain no more than 0.5 percent by weight chlorinated plastics as certified by the manufacturer? ---------- ☐ Yes ☐..No
   If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? ☐ Yes ☐..No

PART VI: EQUIPMENT MAINTENANCE (check ☑ only one box for each question)

1. Is the crematory unit maintained in accordance with the manufacturer's specifications? ----------	☐ Yes	☐..No
2. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? ----------	☐ Yes	☐..No
3. Does the crematory allow for a visible check on the flame characteristics? ----------	☐ Yes	☐..No
If no, skip a. – b.		
a. Was the flame characteristic visually checked at least once during each operating shift? ----------	☐ Yes	☐..No
b. Was the flame adjusted when necessary? ----------	☐ Yes	☐..No

PART VII: EU INSPECTION COMPLIANCE STATUS (check ☑ only one box)

☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE

Facility Section (continued)

SPECIAL CONDITIONS AND PROCEDURES (check ☑ only one box for each question)

Administrative Changes:

1. Were there any changes in the name, address, or phone number of the facility or authorized representative not associated with a change in ownership or with a physical relocation of the facility or any emissions units or operations comprising the facility; or any other similar minor administrative change at the facility? ----	☐ Yes	☐..No
2. If yes, did the facility provide written notification within 30 days of the change? ----------	☐ Yes	☐..No

New or Modified Process Equipment or Change in Ownership:

3. Since the last registration form submittal has there been ----------	☐ Yes	☐..No
a. Installation of any new process equipment? ----------	☐ Yes	☐..No
b. Alterations to existing process equipment without replacement? ----------	☐ Yes	☐..No
c. Replacement of existing equipment with equipment that is substantially different? ----------	☐ Yes	☐..No
d. A change in ownership? ----------	☐ Yes	☐..No
If the any answer to 3a. – d. is Yes , was a new registration form and the appropriate fee submitted 30 days prior to the change? ----------	☐ Yes	☐..No

Michael Young — Inspector's Name (Please Print)

November 22, 2011 — Date of Inspection

Michael Young

Digitally signed by Michael Young
DN: cn=Michael Young, o=Florida Department of Environmental Protection, ou=Air Complaince Section, email=Michael.Young@dep.state.fl.us, c=US
Date: 2011.11.23 12:26:52 -05'00'

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: At the time of the site inspection the facility was closed. The unit was still in the building and the place looked abandoned. The facility is no longer in operation.