

## <u>HUMAN CREMATORY</u> COMPLIANCE INSPECTION CHECKLIST



| INSPECTION TYPE: ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)                                                                                                                                                                                                                         |                                                                                                                                                              |                                                                                       |                                                     |                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------|--|
| RE-INSPECTION (FUI) ARMS COMPLAINT NO:                                                                                                                                                                                                                                                 |                                                                                                                                                              |                                                                                       |                                                     |                         |  |
| FACILITY: Lighthouse Funeral Services, LLC                                                                                                                                                                                                                                             |                                                                                                                                                              |                                                                                       | DISTRICT:                                           |                         |  |
| DBA/Site Name: Palm State Crematory Services                                                                                                                                                                                                                                           |                                                                                                                                                              |                                                                                       | Southwest                                           |                         |  |
| ΑI                                                                                                                                                                                                                                                                                     | <b>DDRESS:</b> 12660 34th Street No                                                                                                                          | rth Unit A-2                                                                          | CONTACT PHONI                                       | E:                      |  |
|                                                                                                                                                                                                                                                                                        | Clearwater, FL                                                                                                                                               |                                                                                       | 727-571-1726                                        |                         |  |
| AR                                                                                                                                                                                                                                                                                     | RMS NO:                                                                                                                                                      | PERMIT NO:                                                                            | <b>Expiration Date:</b>                             | 8/23/2017               |  |
|                                                                                                                                                                                                                                                                                        | 1030473 001                                                                                                                                                  | 1030473-008-AG                                                                        | Renewal Date: Test Date:                            | 7/24/2017<br>11/12/2000 |  |
| EMISSION UNIT DESCRIPTION: Human Crematory: B&L Cremation Systems, Model N-20 150 lb/hour (350 lb Batch). Required to operate at 1600 degrees.                                                                                                                                         |                                                                                                                                                              |                                                                                       |                                                     |                         |  |
| INS                                                                                                                                                                                                                                                                                    | SPECTION DATE:                                                                                                                                               | INSPECTION COMPLIANCE STATUS (ch                                                      | INSPECTION COMPLIANCE STATUS (check □ only one box) |                         |  |
| 4                                                                                                                                                                                                                                                                                      | 1/3/13                                                                                                                                                       | ☐ In Compliance; ☐ Minor Non-Compl                                                    | •                                                   | Non-Compliance          |  |
|                                                                                                                                                                                                                                                                                        |                                                                                                                                                              | PART I: General Review:                                                               | _                                                   | •                       |  |
| 1.                                                                                                                                                                                                                                                                                     | Permit File Review                                                                                                                                           |                                                                                       |                                                     | ⊠Yes □ No               |  |
| 2.                                                                                                                                                                                                                                                                                     | Introduction and Entry                                                                                                                                       |                                                                                       |                                                     | ⊠Yes □ No               |  |
|                                                                                                                                                                                                                                                                                        | Comments: Met with Mr. John Eric Kuge who provided records and answered questions.                                                                           |                                                                                       |                                                     |                         |  |
| 3.                                                                                                                                                                                                                                                                                     | Is the Authorized Representative st                                                                                                                          | ill: John Eric Kuge?                                                                  |                                                     | ⊠Yes □ No               |  |
|                                                                                                                                                                                                                                                                                        | Comments:                                                                                                                                                    |                                                                                       |                                                     |                         |  |
| 4                                                                                                                                                                                                                                                                                      | The e-mail address is: ekuge@veriz                                                                                                                           |                                                                                       |                                                     |                         |  |
| 4.                                                                                                                                                                                                                                                                                     | Is the facility contact still: John Eri <i>Comments</i> :                                                                                                    | c Kuge?                                                                               |                                                     | ⊠Yes □ No               |  |
|                                                                                                                                                                                                                                                                                        | The e-mail address is: ekuge@veriz                                                                                                                           | on.net                                                                                |                                                     |                         |  |
| 5. If the answer to 3 or 4 is "No", did the facility provide an administrative update within 30 days? Yes No [62-210.310(2)(d), F.A.C.]                                                                                                                                                |                                                                                                                                                              |                                                                                       |                                                     |                         |  |
|                                                                                                                                                                                                                                                                                        |                                                                                                                                                              | STING REQUIREMENTS – Rule 62-296. 40 x(es), if a shaded box is checked, this would in |                                                     | ce)                     |  |
| Compliance Demonstration [62-296.401(5)(h), F.A.C.]  1. New Facility / New Process Equipment— Did this facility demonstrate initial compliance no later than 30 days after beginning operation? Yes No                                                                                 |                                                                                                                                                              |                                                                                       |                                                     |                         |  |
| 2.                                                                                                                                                                                                                                                                                     | 2.   ■ Existing Facilities  Was an annual visible emissions compliance test conducted on each crematory unit for each calendar year:   ■ Yes   No            |                                                                                       |                                                     |                         |  |
| Test Reports  1. Does the submitted visible emission test(s) demonstrate compliance with the 5 percent opacity, sixminute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour period? [62-296.401(5)(b)1., F.A.C.] |                                                                                                                                                              |                                                                                       |                                                     |                         |  |
| 2.                                                                                                                                                                                                                                                                                     | Was the test conducted with the unit ope                                                                                                                     | rating at a capacity of one (1) adult-sized cada                                      | ver? [62-296.401(5)(g                               | )] 🛛 Yes 🔲 No           |  |
| 3.                                                                                                                                                                                                                                                                                     | Was the department notified at least 15                                                                                                                      | days prior to the test? [62-297.310(4)(a)9. F.A.                                      | C.]                                                 | X Yes No                |  |
| 4.                                                                                                                                                                                                                                                                                     | Was the required test report filed with the department as soon as practical, but no later than 45 days after the test was completed? [62-297.310(8)(b) ∑ Yes |                                                                                       |                                                     |                         |  |

| PART II: <u>TESTING REQUIREMENTS</u> – Rule 62-296. 401(5), F.A.C. (check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance) |                                                                                                                                                                                            |                  |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------|
| 5.                                                                                                                                                              | Was the facility visible emissions test(s) conducted according to EPA Method 9? [62-297.401(9)(c), F.A.C]                                                                                  |                  | □ No                      |
| 6.                                                                                                                                                              |                                                                                                                                                                                            |                  |                           |
| ٠.                                                                                                                                                              | a) The visible emission test resulted in an opacity of1.5% for the highest six minute average. b) Did the test indicate the facility is operating in compliance with the opacity standard? |                  |                           |
| 7.                                                                                                                                                              | Is there any reason to ask for a special test to determine compliance with the PM and CO standards?                                                                                        |                  |                           |
|                                                                                                                                                                 |                                                                                                                                                                                            |                  |                           |
|                                                                                                                                                                 | PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> (check $\square$ appropriate box(es), if a shaded box is checked, this would indicate noncompliance                                  | <u>;</u> )       |                           |
| 1.                                                                                                                                                              | Were there any objectionable odor(s) detected?                                                                                                                                             | Yes              | ⊠ No                      |
|                                                                                                                                                                 | An upwind/downwind survey of the facility was conducted. The observed parameters were:  Downwind odor level detected- 0; Wind direction - ESE Upwind odor level detected-0 (1-10)          |                  |                           |
| 2.                                                                                                                                                              | Continuous Monitoring System - [62-296.401(5)(i), F.A.C.]                                                                                                                                  |                  |                           |
|                                                                                                                                                                 | 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 $\boxtimes 1,800^1$ $\square 1,600^2$ degrees was determined?             | X Yes            | $\bigcap$ No              |
|                                                                                                                                                                 | c) Are the following records kept on file, available for inspection for at least two years following the recording of such measurements, maintenance, reports and records?                 |                  |                           |
|                                                                                                                                                                 | <ol> <li>All temperature measurements</li></ol>                                                                                                                                            | ⊠ Yes            | $\square$ No              |
|                                                                                                                                                                 | monitoring system all continuous performance evaluations                                                                                                                                   | 🛛 Yes            | $\square$ No              |
|                                                                                                                                                                 | 3) All CEMS or monitoring device calibration checks (last performed on 10/15/12                                                                                                            | ⊠ Yes            | $\bigcap_{N} No$          |
|                                                                                                                                                                 | 4) Adjustments5) Preventive maintenance performed on systems/devices                                                                                                                       |                  | $\square$ No $\square$ No |
|                                                                                                                                                                 | 6) Corrective maintenance performed on systems/devices                                                                                                                                     |                  | $\square$ No              |
|                                                                                                                                                                 | 7) Are the temperature charts properly documented with operator name, operator indication of                                                                                               | <b>-</b>         |                           |
|                                                                                                                                                                 | when cremation in the primary chamber was begun, date, time, and temperature markings8) Are all the above records available for at least 2 years?                                          | ⊠ Yes            | $\square$ No No           |
|                                                                                                                                                                 | a) Date range for records reviewed: From:6/1/201 To:2/28/1                                                                                                                                 |                  |                           |
|                                                                                                                                                                 | 9) Was the crematory unit installed after $2/1/07$ ? If yes, go to 9) a) $-$ c)                                                                                                            | Yes              | $\boxtimes$ No            |
|                                                                                                                                                                 | a) Is the crematory unit equipped and operated with a pollutant monitoring system to automatically control combustion based on continuous in-stack opacity measurement?                    | □ Yes            | $\bigcap$ No              |
|                                                                                                                                                                 | b) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity                                                                                             |                  |                           |
|                                                                                                                                                                 | exceeds 15% opacity?                                                                                                                                                                       | L Yes            | $\square$ No              |
|                                                                                                                                                                 | accordance with the manufacturer's recommended maintenance schedule?                                                                                                                       | Yes              | $\square$ No              |
|                                                                                                                                                                 | 1 – Application received on or after 8/30/89; 2 – Application received prior to 8/30/89                                                                                                    |                  |                           |
| 3.                                                                                                                                                              | a) BEFORE August 30, 1989? (If this box checked, continue on to #4 and skip #5)                                                                                                            |                  |                           |
|                                                                                                                                                                 | b) Mor AFTER August 30, 1989? (If this box checked, skip #4 and continue on to #5)                                                                                                         |                  |                           |
| 4.                                                                                                                                                              | If the application to construct was <u>BEFORE</u> August 30, 1989 is the:  a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ <b>1600°F</b> ?       | \( \text{Yes} \) | $\bigcap$ 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              | $\square$ No              |
|                                                                                                                                                                 | c) cremation in the primary chamber begun after the secondary chamber combustion zone temperature is equal to or greater than $1400^{\circ}F$ ?                                            | 🗌 Yes            | ☐ No                      |
| 5.                                                                                                                                                              | If the application to construct <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                                                                                  | _                |                           |
|                                                                                                                                                                 | @ 1800° F?b) actual operating temperature of the secondary chamber combustion zone no less than 1600°F                                                                                     | ⊠ Yes            | $\square$ No              |
|                                                                                                                                                                 | throughout the combustion process in the primary chamber?                                                                                                                                  | X Yes            | $\bigcap No$              |
|                                                                                                                                                                 | c) secondary chamber combustion zone temperature equal to or greater than $1600^{\circ}F$ before the cremation                                                                             |                  |                           |

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| PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> (check   appropriate box(es), if a shaded box is checked, this would indicate noncompliance) |                                                                                                                                                                                           |            |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|--|
|                                                                                                                                                    | process begins in the primary chamber?                                                                                                                                                    |            |  |  |
|                                                                                                                                                    | process begins in the primary chamber:                                                                                                                                                    | Ies I No   |  |  |
| 6.                                                                                                                                                 | Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated plastics used during the cremation of dead human bodies, as demonstrated by MSD sheet? | 🛛 Yes 🔲 No |  |  |
|                                                                                                                                                    |                                                                                                                                                                                           |            |  |  |
| PART IV: <u>Equipment Maintenance</u> (check   appropriate box(es), if a shaded box is checked, this would indicate noncompliance)                 |                                                                                                                                                                                           |            |  |  |
| Equipment Maintenance: – [62-296.401(5)(e), F.A.C.]                                                                                                |                                                                                                                                                                                           |            |  |  |
| 1.                                                                                                                                                 | Is the crematory unit maintained in accordance with the manufacturer's specifications?                                                                                                    | 🛛 Yes 🔲 No |  |  |
| 2.                                                                                                                                                 | Are there maintenance/repair/adjustment records kept onsite for at least 2 years?                                                                                                         | 🛛 Yes 🔲 No |  |  |
| <i>3</i> . <i>4</i> .                                                                                                                              | shutdown and malfunction?                                                                                                                                                                 |            |  |  |

| PART V: Special Conditions And Procedures                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| (check $\square$ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| Administrative Changes:  1. Were there any change 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? [62-210.310(2)(d), F.A.C.] Yes No |  |  |  |  |
| Permit Effective Period − [62-210.310(3)(a), F.A.C.]  1. Is the general permit for this facility still within the 5 year effective period?                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |
| New or Modified Process Equipment or Change in Ownership - [62-210.310 (2)(b)2, F.A.C]                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |
| C Since the last registration form submittal has there been  a) Installation of any new process equipment?                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |
| Noncompliance Notice: - [62-210.310(3)(i), F.A.C.]  1. Did the facility have any instances where they were unable comply with or will be unable to comply with any condition or limitation of the air general permit?                                                                                                                                                                                                                                                                        |  |  |  |  |

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| 1. A description of and cause of noncompliance? 2. Dates and times of noncompliance; or if not corrected, the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | urrence of the noncompliance? 🛛 Yes 🔲 No                   |  |  |  |  |
| PART VI: Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |  |  |  |  |
| A VE was conducted on both units while operating during inspecti standard.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | on. Both units appear to be in compliance with the opacity |  |  |  |  |
| Records were reviewed for the past 8 months. The charts were overall documented well with appropriate information. There was one instance found on 7/11/12 of an apparent power failure that occurred on both units during a cremation where the temperature appears to have dropped be below 1600 degrees for ~ 2minutes. This instance was not labeled on the chart and was not reported to PCAQD. I asked Mr. Kuge about the incident and he replied that he was instructed by inspector Ransom not to report these types of occurrences when it was due to an uncontrollable power glitch. He stated that he always did report such instances in the past but ceased when he was advised to by inspector Ransom. I informed him that I would verify with my supervisor if that was an acceptable policy. |                                                            |  |  |  |  |
| The maintenance records and logs appeared complete. The refractory was replaced on this unit on 10/15/12. Annual maintenance and calibration was performed on 11/5/12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |  |  |  |  |
| The operating procedures were on-site and easily accessible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            |  |  |  |  |
| There were no objectionable odors detected on-site.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |  |  |  |  |
| Exit Interview: I informed Mr. Kuge that it appeared that the facility is in compliance at this time. I told him that I would contact him if he needs to restart notifying PCAQD every instance when a power failure occurs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |  |  |  |  |
| 4/4/13- I spoke with Bill Froberg about the power surge/ self-reporting non-compliance issue. I then advised Mr. Kuge on 4/4/13 verbally via phone to report <i>any</i> instance of non-compliance even if it is a brief occurrence out of their control. Mr. Kuge agreed to restart notifying on any instance in the future.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |  |  |  |  |
| Brennan Farrington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _4/3/13                                                    |  |  |  |  |
| Inspector's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date of Inspection                                         |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ~4/2014                                                    |  |  |  |  |
| Inspector's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Approximate Date of Next Inspection                        |  |  |  |  |

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