



**FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION**

CENTRAL DISTRICT  
3319 MAGUIRE BOULEVARD, SUITE 232  
ORLANDO, FLORIDA 32803

RICK SCOTT  
GOVERNOR

HERSCHEL T. VINYARD JR.  
SECRETARY

August 21, 2013

William Atwell, Operator  
All Florida Crematory  
145 S. Highway 17-92  
DeBary, FL 32713  
[longfuneral@aol.com](mailto:longfuneral@aol.com)

Re: All Florida Crematory  
Air 1270169  
Volusia County  
OCD-CAP-13-2931

Dear Mr. Atwell:

Department personnel conducted a compliance inspection of the above-referenced facility on August 19, 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 Lauren Staly at (407)897-2957 or via e-mail at [Lauren.Staly@dep.state.fl.us](mailto:Lauren.Staly@dep.state.fl.us).

Sincerely,

A handwritten signature in black ink, appearing to read 'Reggie Phillips'.

Reggie Phillips, Manager  
Central District  
Florida Department of Environmental Protection

Enclosures: Inspection Report



# HUMAN CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

**INSPECTION TYPE:** ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)   
 RE-INSPECTION (FUI)  ARMS COMPLAINT NO: \_\_\_\_\_

<b>AIRS ID#:</b> 1270169	<b>DATE:</b> <u>8/20/13</u>	<b>ARRIVE:</b> _____	<b>DEPART:</b> _____
<b>FACILITY NAME:</b> ALL FLORIDA CREMATORY			
<b>FACILITY LOCATION:</b> 145 S HWY 17-92 DEBARY 32713			
<b>OWNER/AUTHORIZED REPRESENTATIVE:</b> WILLIAM ATWELL*		<b>PHONE:</b> (386)668-8880	
Email: longfuneral@aol.com		<b>Mobile:</b>	
<b>CONTACT NAME:</b> WILLIAM ATWELL*		<b>PHONE:</b> (386)668-8880	
Email: longfuneral@aol.com		<b>Mobile:</b>	
<b>ENTITLEMENT PERIOD:</b> 1/17/2013 / 1/17/2018 (effective date) (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): William Atwell

Brief Notes: The facility appeared to be in compliance. The 2012 VE report was not on site but the facility obtained copies of the report before the Department representatives left the facility.

2. Is the Authorized Representative still WILLIAM ATWELL\*? -----  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 WILLIAM ATWELL\*? -----  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 – Human Cremator Unit 1**

**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. Crematory unit installed after February 1, 2007? -----  Yes ..No
3. Date of last inspection: 12/15/09
4. 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: 3/15/12
  - 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. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver? -----  Yes ..No
    - b. Was the visible emissions test conducted according to EPA Method 9? -----  Yes ..No
    - c. The visible emission test resulted in an opacity of \_\_\_\_\_ % for the highest six minute average.
    - d. 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. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? -----  Yes ..No
    - b. Was the visible emissions test conducted according to EPA Method 9?  -----  Yes ..No
    - c. The visible emission test resulted in an opacity of \_\_\_\_\_ % for the highest six minute average.
    - d. Did the visible emission test demonstrate compliance with the limit? -----  Yes ..No
  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:  
 Downwind odor level detected- \_\_\_\_\_ Wind direction - \_\_\_\_\_ Upwind odor level detected- \_\_\_\_\_ (1-10)
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<sup>1</sup>  1,600<sup>2</sup> degrees was determined? -----  Yes ..No  
 (Application or initial notification: <sup>1</sup> received on or after 8/30/89; <sup>2</sup> received before 8/30/89)

**PART III: MONITORING/RECORDKEEPING REQUIREMENTS** (continued)

- 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 (06/2013) ) -----  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. 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. *Other than* human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit? -----  Yes ..No
2. Do cremation 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

Lauren Staly

8/19/2013

Inspector's Name (Please Print)

Date of Inspection

*Lauren Staly*  
Inspector's Signature

n/a

Approximate Date of Next Inspection

**COMMENTS:** The facility appeared to be in compliance during the site inspection. The 2012 VE test was not onsite but was faxed over by the consultant and a copy given to the Department representatives before the representatives left the facility.