



ANIMAL CREMATORY

COMPLIANCE INSPECTION CHECKLIST



INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI) ARMS COMPLAINT NO. 11235

AIRS ID#: 1010377 **DATE:** 01/20/2009 **ARRIVE:** 1444 **DEPART:** 1410

FACILITY NAME: PET CREMATION SERVICE - SPRING HILL FAC

FACILITY LOCATION: 15204 COUNTY LINE RD

SPRING HILL, 34610

OWNER/AUTHORIZED REPRESENTATIVE: DOROTHY FOSTER **PHONE:** (727)856-7566

CONTACT NAME: DOROTHY FOSTER **PHONE:** (727)856-7566

ENTITLEMENT PERIOD: 10/25/2012 / 10/25/2007
 (To) (From)

PART I: INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C.

(check appropriate box(es))

1. Were there any objectionable odor(s) detected?----- Yes No
2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)?----- Yes No
3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted within 30 days after the unit has commenced operation and annually thereafter (Rule 62-296.401(5)(h), F.A.C.)- Yes No
4. Was all visible emissions testing conducted with the source operating at the manufacturers recommended capacity?----- Yes No
5. Was the Department notified at least 15 days prior to the date of the last formal compliance test?----- Yes No
6. Was the required test report filed with the Department as soon as practical, but no longer than 45 days after the test was completed?----- Yes No

PART III: OPERATING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C.

(check appropriate box(es))

1. Is there **Continuous Emissions Monitoring System (CEMS)** equipment installed on each unit to record temperatures in the primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber combustion zone in accordance with the manufacturer's instructions?----- Yes No
 - a) Do temperature probes seem to be properly placed?----- Yes No
 - b) 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?
 - 1) All measurements (including CEMS)----- Yes No

PART III: OPERATING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. cont.

(check appropriate box(es))

- 2) Monitoring device----- Yes No
 - 3) Performance Testing Measurements----- Yes No
 - 4) CEMS Performance Evaluation----- Yes No
 - 5) All CEMS or monitoring device calibration checks----- Yes No
 - 6) Adjustments----- Yes No
 - 7) Preventive maintenance performed on systems/devices----- Yes No
 - 8) Corrective maintenance performed on systems/devices----- Yes No
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) **ON** or **AFTER** August 30, 1989? (If this box checked, skip #3 and continue on to #4)
3. If constructed **BEFORE** 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?----- Yes No
 - c) cremation in the primary chamber begun after the secondary chamber combustion zone temperature is equal to or greater than 1400°F?----- Yes 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 the secondary chamber combustion zone according to the manufacturer's instructions?----- Yes No
4. If constructed **ON** or **AFTER** 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?----- 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?----- Yes No
 - c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation process begins in the primary chamber?----- Yes No
5. Are appropriate leak-proof containers containing no more than 0.5 % (percent) by weight chlorinated plastics used during the cremation of dead animals?----- Yes 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?----- Yes No
 - b) If plastic bags are used for the cremation of animals are they non-chlorinated and no less than 3 mils thick?----- Yes No
 - c) Are dead animals, which have been used for medical or commercial experimentation, or other materials, including biomedical wastes (Rule 62-210.200, F.A.C.), incinerated at this location?----- Yes No
6. During this review period, was the largest batch load cremated 500 pounds per hour or less?----- Yes No

PART IV: EQUIPMENT MAINTENANCE – Rule 62-296.401, F.A.C.

1. Is the crematory unit maintained in proper working order?----- Yes No
2. Are there maintenance record kept onsite?----- Yes No
3. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?----- Yes No

PART V: SPECIAL CONDITIONS AND PROCEDURES – Rule 62-210.310(2), F.A.C.

A. New or Modified Process Equipment

1. Since the last inspection has there been
- a) installation of any new process equipment?----- Yes No
- b) alterations to existing process equipment without replacement?----- Yes No
- c) replacement of existing equipment substantially different than that noted on the most recent notification form?----- Yes No
- d) If you answered **YES** 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:

This inspection was prompted by a complaint forwarded by the Pasco Co. Health Department. The complaint is black smoke coming from crematory and the smell is terrible. Upon entering the facility I spoke with owner Dorothy Foster and explained the citizens concern. Since the date of the incident was not noted or contained in the complaint referral, I used the date the complaint record was printed (January 8) by the Pasco Co. Health Department as a reference point. Then I checked records two days before and two days after for inconsistencies. Inconsistencies were not noted at time of inspection. Ms. Foster was not aware of any problems with the operation of the 5 cremation units. Visible Emissions testing was performed and test was passed on 05/08/2008. Ms. Foster also checked with the operator those days and he was not aware of any problems those days. Complainant was called. Although I was only able to reach her son, Ted Fragano. Mr. Fragano stated his mother was in North Florida and He knows nothing of the complaint. I gave Mr. Fragano my name and number and asked him to have his mom call me if she needed more information.

Joseph V. Panetta

01/20/2009

Inspector's Name

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection



Charlie Crist
Governor

Compl # 11235

Ana M. Viamonte Ros, M.D., M.P.H.
Secretary of Health

10/0377

727-856-7566

*4/26/09 5/8/08 JK
1:44 - 2:10*

Pasco County Health Department
Environmental Health Services
7623 Little Road, Suite 100 B
New Port Richey, Florida 34654
(727) 841-4221
Fax (727) 841-4111

Dept. of Environmental Protection

JAN 14 2009

Southwest District

January 8, 2009

Department of Environmental Protection
Outdoor Air Division
13051 N. Telecom Parkway
Temple Terrace, Florida 33637-0926

SUBJECT: Attached Complaint #51-99-04309
Cremation & Memorial Society -15204 County Line Road

The attached complaint is being referred to your office for any possible assistance you may be able to provide. Please let our Department know your findings.

If we can be of further assistance to you in this matter, please contact us at the above listed telephone number or address.

Sincerely,

Greg Crampton
Environmental Supervisor II

GTC:llm
NPR-EH

Attachment:

Copy: Bill Angulo, Environmental Administrator
File



NUISANCE COMPLAINT RECORD WORKSHEET

Printed: January 8, 2009

FILE COMPLAINT # SITE SEQ NCR STAT
L 51-99-04309 W 5202 N - New Co Inspector 31010
Crumpton

APK

Date Reported: 1/8/09

Dept. of Environmental Protection

Taken By: Rose
Zone/Program OA

JAN 14 2009

Owner/Agent: **Cremation & Memorial Society**
Address: 15204 County Line Road
City: Spring Hill

Phone: 727 856-7566

Southwest District

Occupant: Phone:

Reported by: **Martha**
Address:
City: Spring Hill

Home Phone: 352 345-9584
Work Phone:

Name **Cremation & Memorial Society** Location: **15204 County Line Road - Spring Hill**

Complaint: Pet cremation service is emitting black smoke and the smell is terrible.

Directions:

Comments: *1/8/09 REC'D EV ATTACHED, PLEASE SEND REFF. LETTER TO DEP TO SEE WHAT ASSIST THEY MAY OFFER*

1/22/09 4:10 Spike with her brother TED FRAGANO. MARTHA IS IN North Florida. He knows nothing of the complaint

Search Again Show Map Generalized Building Schematic Estimate Taxes Frequently Asked Questions
 Other Agency Data: Tax Collector School Board Supervisor of Elections

| Data Current as Of: | | Weekly Archive - Saturday, January 03, 2009 | | | | | | | |
|--|-----------------------|---|----------------|--|--------------------------------|------------------|-----------|-----------------|---------|
| Parcel ID | | 01-24-17-0000-00100-0174 (Card: 001 of 001) | | | | | | | |
| Classification | | 11 - Retail Stores, One Story, All Types | | | | | | | |
| Mailing Address CREMATION AND MEMORIAL SOCIETY OF FLORIDA INC 15204 COUNTY LINE RD SPRING HILL, FL 346106769 | | | | Property Value Ag Land \$0 Land \$88,341 Building \$92,847 Extra Features \$6,849 | | | | | |
| Physical Address 15204 COUNTY LINE RD SPRING HILL, FL 34610-6769 | | | | Market Value \$188,037 Assessed (Save Our Homes) \$0 | | | | | |
| Legal Description (First 4 Lines) THE EAST 125.00 FT OF THE FOLL DESC PARCEL COM AT A POINT 400.00 FT SOUTH & 4115.94 FT WEST OF NE COR OF SEC 1 TH | | | | Taxable Value \$188,037 | | | | | |
| Land Detail (Card: 001 of 001) | | | | | | | | | |
| Line | Use | Description | Zoning | Units | Type | Price | Condition | Value* | |
| 1 | 1100 | STORE 1FLR | 00C2 | 11,000.00 | SF | \$3.22 | 0.95 | \$33,649 | |
| 2 | 1100 | STORE 1FLR | 00C2 | 31,500.00 | SF | \$1.82 | 0.95 | \$54,464 | |
| 3 | 1100 | STORE 1FLR | 00C2 | 1,250.00 | SF | \$1.82 | 0.10 | \$228 | |
| Additional Land Information | | | | | | | | | |
| Acres | 1.00 | Tax Area | 401B | FEMA Code | X | Residential Code | SBSDSTB | Commercial Code | MCLR2AA |
| Building Information - Use 48 - Warehouses,Block (Card: 001 of 001) | | | | | | | | | |
| Year Built | 1990 | | | Stories | 2.0 | | | | |
| Exterior Wall 1 | Concrete Block Stucco | | | Exterior Wall 2 | None | | | | |
| Roof Structure | Gable or Hip | | | Roof Cover | Asphalt or Composition Shingle | | | | |
| Interior Wall 1 | Masonry or Minimum | | | Interior Wall 2 | None | | | | |
| Flooring 1 | Finished Concrete | | | Flooring 2 | None | | | | |
| Fuel | None | | | Heat | None | | | | |
| A/C | None | | | Baths | 2.0 | | | | |
| Line | Description | Sq. Feet | Repl. Cost New | | | | | | |
| 1 | BAS | 2,400 | \$69,192 | | | | | | |
| 2 | AOF | 800 | \$49,588 | | | | | | |
| 3 | UST | 800 | \$11,532 | | | | | | |
| Extra Features (Card: 001 of 001) | | | | | | | | | |
| Line | Description | Year | Units | Value | | | | | |
| 1 | PAV ASP | 1990 | 15,078 | \$3,053 | | | | | |
| 2 | CLFENCE | 1990 | 3,104 | \$1,094 | | | | | |
| 3 | DCFENCE | 1990 | 2,352 | \$878 | | | | | |
| 4 | UTILITY | 1996 | 1 | \$540 | | | | | |
| 5 | SHED | 1990 | 1 | \$105 | | | | | |
| 6 | DWC | 1998 | 1,110 | \$1,179 | | | | | |
| Sales History | | | | | | | | | |
| Previous Owner | | UNITED STATES OF AMERICA | | | | | | | |

| Year | Month | Book/Page | Type | Amount |
|-------------|--------------|------------------|-------------|---------------|
| 2000 | 11 | 4484 / 1374 | US | \$0 |
| 2000 | 06 | 4410 / 1616 | FJ | \$0 |
| 1998 | 06 | 3962 / 0335 | WD | \$0 |

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ARMCA022

Cmp# 11235 Type * OTHER Office * SWD Cnty * 51 PASCO
 Status * OPEN Recv Dt * 01/15/2009 Cls Dt Inci Dt
 Desc Pet cremation service is emitting black smoke and the smell is terrible.
 Office hours Field hours Days Existed
 How Received 0 Recontact Reviewer * PANETTA_J
 Directions

Company or Person Lodging the Complaint

Company Name F MARTHA M Job Title L UNKNOWN Sfx
 Address Phone 352-345-9584 Ext
 City SPRINGHILL State FL Zip Country USA
 Fax/Email

Company or Person the Complaint is Lodged Against

Company Name F CREMATION & MEMORIAL SOCIETY OF FLA M Job Title L Sfx
 Address 15204 COUNTY LINE ROAD Phone 727-856-7566 Ext
 City SPRING HILL State FL Zip 34610 6769 Country USA
 Fax/Email

January 2009
6-7-8-9