A AND
FLORIDA

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:	ANNUAL (INS1, INS2)	COMPLAINT/DISCOVERY (ARMS COMPLAINT NO:	(CI)			
AIRS ID#: 0710207 DA FACILITY NAME: NE FACILITY LOCATION	EW HORIZONS PET SERVICES,	DRIVE Unit 8	DEPART: <u>11:40 a.m.</u>			
RESPONSIBLE OFFIC CONTACT NAME: REMITTANCE YEAR:	CIAL: WILLIAM BELKY ENTITLE	PHONE: CMENT PERIOD: 10/21/2005	239)851-3139 / 10/21/2010 (end date)			
(effective date) (end date) PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☑ IN COMPLIANCE IN MINOR Non-COMPLIANCE						
 (check ☑ appropria 1. Were there any of 2. Was a visible emi 62-297, F.A.C.)? 3. In order to demon days prior to the A 62-296.401(6)(j), 4. In order to demon completed withir a) Carbon Monor volume, dry basis 10 (Ref.: Chapter b) Oxygen test point 	te box(es)) ojectionable odor(s) detected? ssions test conducted during this s strate individual source compliance AGP Notification form submission F.A.C.)	ENTS – Rule 62-296.401, F.A.C. ite visit according to EPA Method ce, was an annual visible emissions n, and within 60 days prior to each ce were the remaining applicable st ation form submission? (Rule 62-2 elow the requirements of 100 parts average basis and tested according				

PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – 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 to		
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber co		
accordance with the manufacturer's instructions?		No No
a) Do temperature probes seem to be properly placed?		No No
b) Are the following records kept on file, available for inspection for at least two years following the rec	cording of	f such
measurements, maintenance, reports and records?		_
1) All measurements (including CEMS)	⊠Yes	No No
2) Monitoring device	⊠Yes	No No
3) Performance Testing Measurements	⊠Yes	No 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) <u>BEFORE</u> August 30, 1989? (If this box checked, continue on to #3 and skip #4)		
b) \square <u>ON</u> or <u>AFTER</u> 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?	TYes	□ No
b) actual operating temperature of the secondary chamber combustion zone no less than $1400^{\circ}F$	103	
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 <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 times a second secon		—
@ 1800° F?	⊠Yes	∐ No
b) the actual operating temperature of the secondary chamber combustion zone no less than $1600^{\circ}F$	<u> </u>	—
throughout the combustion process in the primary chamber?	⊠Yes	No 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 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 No
a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer that the		
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration of		_
their use and for at least two years after their use?		No 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 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 No
7. Have all crematory operators been trained and certified by a Department-approved training program?	Yes	No
a) Are copies of the training certificates all crematory operators kept on file at the facility for the duration		
of the operator's employment & for an additional two years after termination of employment?	⊠Yes	No No

PART IV: <u>SPECIAL CONDITIONS AND PROCEDURES</u> – Rule 62-296.401, F.A.C.

A.	<u>New or Modified Process Equipment</u>		
	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 <u>YES</u> to any of the above, did the owner submit a new and complete		
	notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEP or local program office?	Yes	No
	2. If a crematory unit has been modified to the extent that a Department air construction permit was required, have all operators been retrained to operate the modified unit?	□Yes	No
	3. In the case of new or modified equipment, where a Department air construction permit was required, has the owner submitted copies of all operator training certificates?	☐Yes ☐Yes	□No □No

ROBERT J. STEWART

Inspector's Name (Please Print)

08/24/2007

Date of Inspection

08/2008

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: