WHERTAL PROTECTION
John Manne
FLORIDA
FLORIDA

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:	ANNUAL (INS1, INS2)	COMPLAINT/D		
AIRS ID#: 0710207 DA	ATE: <u>08/29/08</u>	ARRIVE: <u>09:20</u>	DEPART:	
FACILITY NAME: NE	EW HORIZONS PET SERVICE	ES,INC.		
FACILITY LOCATIO	N: 1941 PARK MEADOW	V DRIVE Unit 8		
	FORT MYERS FL 33	3907-3703		
OWNER/AUTHORIZE	D REPRESENTATIVE: WI	LLIAM BELKY	PHONE: (239)851-3139	
CONTACT NAME:			PHONE:	
ENTITLEMENT PERI	OD: 10/21/2005 / 10/21/20 (effective date) (end date)	010		
PART I: INSPECTION	N COMPLIANCE STATUS (C		NIFICANT Non-COMPLIANCE	3
	ECORDKEEPING REQUIRE	<u>MENTS</u> – Rule 62-29	6.401, F.A.C.	
(check 🗹 appropria				
2. Was a visible emi	bjectionable odor(s) detected? issions test conducted during this	s site visit according to	EPA Method 9 (Ref.: Chapter	Yes No
				Yes No
days prior to the		on, and within 60 days	prior to each anniversary date? (1	Rule XYes 🗌 No
4. In order to demor	nstrate individual source complia	nce were the remaining	g applicable standards testing	
-	n 60 days prior to the AGP Notif xide (CO) emissions equal to or		n? (Rule 62-210.300(4), F.A.C.) s of 100 parts per million by	∐Yes ⊠No
10 (Ref.: Chapter				🗌 Yes 🔟 No
	erformed according to EPA Met atter emissions test with results e		2-297, F.A.C.)?	Tyes No
dry standard cubi	c foot (ft ³) of flue gas, corrected	to 7% O_2 and tested acc		- 🗌 Yes 🛛 No
5. Was all emissions	s testing conducted with the sour	ce operating at the mar	ufacturers recommended	
6. Was CO & PM co	ompliance demonstrated by subr	nission of a test report f		TYes 🛛 No
8. Was the required	test report filed with the Department	nent as soon as practica	formal compliance test? al, but no longer than 45 days afte	er
the test was comp	pleted?			- Yes No

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?						
a) Do temperature probes seem to be properly placed?						
a) Do temperature proces seen to be properly placed	cording o					
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?	Mv					
1) All measurements (including CEMS)	∐Yes					
2) Monitoring device	Yes	No No				
3) Performance Testing Measurements	Yes	No No				
4) CEMS Performance Evaluation	Yes	No No				
5) All CEMS or monitoring device calibration checks	Yes	No No				
6) Adjustments	Yes	No 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 <u>BEFORE</u> August 30, 1989 is the:		_				
a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 1600°F?	⊠Yes	No 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 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 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 tin	ne					
@ 1800° F?	Yes	No 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 No				
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic	on					
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	v					
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 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					
 During this force period, was the targest outer four elemated soo pounds per hour of less. Have all crematory operators been trained and certified by a Department-approved training program? 	\boxtimes Yes					
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				
of the operator is employment to for an additional two years after termination of employment (

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	_	<u></u>
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	⊠No ⊠N
a) submitted within the 15 day required window following the training?	<u>Yes</u>	No

Wayne Lewis

Inspector's Name (Please Print)

08/29/08

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: