

## **HUMAN CREMATORY**



## COMPLIANCE INSPECTION CHECKLIST

| INSPECTION TYPE: ANNUAL (INS1, INS2)   RE-INSPECTION (FUI)   ARMS COMPLAINT NO:   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| AIRS ID#: 0951289 DATE: <u>11/30/2011</u> ARRIVE: <u>12:30 PM</u> DEPART  | : <u>2:30 PM</u>                         |  |  |  |  |  |  |
| FACILITY NAME: COMMUNITY FUNERAL HOME&SUNSET CREMATIONS   |  |  |  |  |  |  |  |
| FACILITY LOCATION: 910 W MICHIGAN ST  |  |  |  |  |  |  |  |
| ORLANDO 32805-5404  |  |  |  |  |  |  |  |
| OWNER/AUTHORIZED REPRESENTATIVE: CHRISTOPHER HORA Email: scotthora@aol.com CONTACT NAME: CHRISTOPHER HORA Email: scotthora@aol.com ENTITLEMENT PERIOD: 9/29/2011 / 9/29/2016 (effective date) (end date)  PHONE: (407)841-44 PHONE: (407)841-44 Mobile: (407)489-63 | 26<br>24                                 |  |  |  |  |  |  |
| Facility Section  PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box)  ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| PART II: ONSITE INTRODUCTORY MEETING  1. Name(s) of facility representative(s): Chris Hora  Brief Notes:  | (check 🗹 only one box for each question) |  |  |  |  |  |  |
| 2. Is the Authorized Representative still CHRISTOPHER HORA? If no, who is?:   | ⊠ Yes □No                                |  |  |  |  |  |  |
| If different, did the facility provide an administrative update within 30 days?   | - ☐ Yes ☐No ☐ Yes ☐No                    |  |  |  |  |  |  |
| 4. Will facility be conducting VE test(s) during today's inspection?  |  |  |  |  |  |  |  |

## Emissions Unit Section 1 – Human Crematory-prim/2ndarychmbr,NG,tempM/R,opac.M,150lbs/hr

| PA  | ART I: FILE REVIEW PRIOR TO INSPECTION   | (check 🗹 box for each o               | only one<br>question) |  |
|---|--|---------------------------------------|-----------------------|--|
| 1.  | <ul> <li>a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989?</li> <li>b. If yes, were design calculations provided then to confirm a sufficient volume in the</li> </ul>   | ⊠ Yes                                 | □No                   |  |
| 3.  | secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit?  | ∑ Yes<br>□ Yes                        | □No<br>⊠No            |  |
| 4.  | Past Visible Emissions (VE) tests:  a. Was a VE test performed within each of the past 4 calendar years?  b. Has a VE test been performed yet within the current calendar year?  c. If first year of operation, was a VE test performed within 30 days of commencing   | ∑ Yes<br>□ Yes                        | □No<br>⊠No            |  |
|   | operation? N/A d. Date of last VE test: 10/20/2010 e. Was the VE test report filed with the compliance authority no later than 45 days after the test?   | ☐ Yes  ⊠ Yes                          | □No                   |  |
|   | f. Did the facility demonstrate compliance during the last VE test?  If no, what was the problem (if known)?   | _                                     | □No                   |  |
|   |  |                                       | 1                     |  |
| PA  | ART II: <u>VISIBLE EMISSIONS TESTING</u>   | (check <b>☑</b> box for each of       | only one<br>question) |  |
| 1.  | Was a visible emissions test conducted by the facility for this unit during this site visit?  a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver?  b. Was the visible emissions test conducted according to EPA Method 9?  | Xes                                   | □No<br>□No<br>□No     |  |
|   | <ul> <li>c. The visible emission test resulted in an opacity of 0.2 % for the highest six minute average.</li> <li>d. Did the visible emission test demonstrate compliance with the limit?</li> <li>(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes</li> </ul> |                                       | □No                   |  |
| 2.  | Was a visible emissions test conducted by the inspector during this site visit?  | <ul><li>∑ Yes</li><li>∑ Yes</li></ul> | □No<br>□No<br>□No     |  |
| 3.  | d. Did the visible emission test demonstrate compliance with the limit?  |                                       | □No                   |  |
|   | If yes, what reason?   | Yes                                   | ⊠No                   |  |
|   |  |                                       |                       |  |
| 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)                                |                       |  |
| a   | Continuous Monitoring Systems –  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                   |  |
| υ   | Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at $\boxed{1,800^1}$ $\boxed{1,600^2}$ degrees was determined?  | ⊠ Yes                                 | □No                   |  |

| 2) all continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations  | Yes Yes Yes Yes Yes Yes Yes Yes | NoNoNoNoNoNoNo            |
|---|---------------------------------|---------------------------|
| 1) All temperature measurements   | Yes<br>Yes<br>Yes<br>Yes<br>Yes | No<br>No<br>No<br>No      |
| 2) all continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations  | Yes<br>Yes<br>Yes<br>Yes<br>Yes | No<br>No<br>No<br>No      |
| monitoring system all continuous performance evaluations  3) All CEMS or monitoring device calibration checks (last performed on ( )  | Yes<br>Yes<br>Yes<br>Yes        | □No<br>□No<br>□No         |
| 3) All CEMS or monitoring device calibration checks (last performed on ( )  | Yes<br>Yes<br>Yes<br>Yes        | □No<br>□No<br>□No         |
| 4) Adjustments 5) Preventive maintenance performed on systems/devices 6) Corrective maintenance performed on systems/devices 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 e. Was the crematory unit installed after 2/1/07? If no, skip e.(1) – (3)   | Yes<br>Yes<br>Yes               | □No<br>□No                |
| 5) Preventive maintenance performed on systems/devices 6) Corrective maintenance performed on systems/devices 4. Corrective maintenance performed on systems/devices 4. 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 4. Was the crematory unit installed after 2/1/07? If no, skip e.(1) – (3) — — — — — — — — — — — — — — — — — — — | Yes<br>Yes                      |                           |
| 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  |                                 | □No                       |
| when cremation in the primary chamber was begun, date, time, and temperature markings  e. Was the crematory unit installed after 2/1/07? If no, skip e.(1) – (3) ———————————————————————————————————  | Yes                             |                           |
| e. Was the crematory unit installed after 2/1/07? If no, skip e.(1) – (3) — — — — — — — — — — — — — — — — — — —   | Yes                             |                           |
| (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<br>⊠No                |
| control combustion based on continuous in-stack opacity measurement? ————————————————————————————————————   | ies                             | △N0                       |
| exceeds 15% opacity?  | Yes                             | □No                       |
| (c) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? ————————————————————————————————————   | • •                             |                           |
| PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES  (cl box  1. If the application to construct was BEFORE 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                       |
| PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES  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                       |
| 1. If the application to construct was <b>BEFORE</b> August 30, 1989 is the:  a. actual operating temperature of the secondary chamber combustion zone no less than <b>1400°F</b> throughout the combustion zone temperature equal to or greater than <b>1400°F</b> before the cremation process begins in the primary chamber? ————————————————————————————————————  |                                 |                           |
| 1. If the application to construct was <b>BEFORE</b> August 30, 1989 is the:  a. actual operating temperature of the secondary chamber combustion zone no less than <b>1400°F</b> throughout the combustion zone temperature equal to or greater than <b>1400°F</b> before the cremation process begins in the primary chamber? ————————————————————————————————————  | eck 🗹                           | only one                  |
| a. actual operating temperature of the secondary chamber combustion zone no less than 1400°F throughout the combustion process in the primary chamber?  | for each o                      |                           |
| a. actual operating temperature of the secondary chamber combustion zone no less than 1400°F throughout the combustion process in the primary chamber?  |                                 |                           |
| throughout the combustion process in the primary chamber? ————————————————————————————————————  |                                 |                           |
| b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the cremation process begins in the primary chamber?  |                                 |                           |
| 2. If the application to construct ON or AFTER August 30, 1989 is the:  a. the actual operating temperature of the secondary chamber combustion zone no less than 1600°F throughout the combustion process in the primary chamber?  | Yes                             | l INo                     |
| a. 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                       |
| throughout the combustion process in the primary chamber?   | Yes<br>Yes                      | □No                       |
| b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation process begins in the primary chamber?  |                                 |                           |
| PART V: ALLOWED MATERIALS (cl   | Yes                             | No                        |
| PART V: ALLOWED MATERIALS (cl   |                                 |                           |
|   | Yes                             | No                        |
|   | Yes<br>Yes                      | No                        |
|   | Yes<br>Yes                      | No                        |
| box   | Yes Yes Yes                     | No                        |
| 1. Other than hymnon on fotal nameing with appropriate and time and all things are accountable.   | Yes Yes Yes                     | No                        |
|   | Yes Yes Yes eck ☑               | No                        |
| merading elementar wastes, incinctured in the unit.   | Yes Yes Yes eck 🗹 for each o    | NoNoNo only one question) |
| 2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated   | Yes Yes Yes eck ☑               | No                        |
| plastics as certified by the manufacturer?  | Yes Yes Yes eck 🗹 for each o    | NoNoNo only one question) |
| 1. Other than human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit?  2. Decrease in a containing containing and the of 5 % (contact) by which the circuit.   | Yes Yes Yes eck ☑               | No                        |

|   |   | <u>_</u>   |   |
|---|---|--|---|
| PART VI: <u>EQUIPMENT MAINTENANCE</u>   |   | (check <b>v</b> box for each                         | •   |
| 1. Is the crematory unit maintained in accordance with the r  | manufacturer's specifications?  | X Yes  | □No   |
| 2. Is there a written plan onsite which addresses the operation shutdown and malfunction?   |   |  | □No   |
| 3. Does the crematory allow for a visible check on the flam If no, skip a. – b.   |   |  | □No   |
| a. Was the flame characteristic visually checked at least     b. Was the flame adjusted when necessary?   |   | □No<br>□No   |   |
| PART VII: EU INSPECTION COMPLIANCE STATUS   | § (check ☑ only one box)  |  |   |
| ☐ IN COMPLIANCE ☐ MINOR Non-COMPL   | JANCE SIGNIFICANT Non-COM   | (PLIANCE   |   |
| <b>T</b>  | N   |  |   |
| Facility S  | Section (continued)   |  |   |
| SPECIAL CONDITIONS AND PROCEDURES   |   | (check 🗹   | only one ch question)   |
| <ol> <li>Administrative Changes:</li> <li>Were there any changes in the name, address, or phone n associated with a change in ownership or with a physical operations comprising the facility; or any other similar megas.</li> <li>If yes, did the facility provide written notification within New or Modified Process Equipment or Change in Ownersh.</li> <li>Since the last registration form submittal has there been a. Installation of any new process equipment?b. Alterations to existing process equipment without c. Replacement of existing equipment with equipment.</li> </ol> | I relocation of the facility or any emissions ninor administrative change at the facility?  30 days of the change?  nip:  ut replacement? | units or Yes | <ul><li>□No</li><li>□No</li><li>□No</li><li>□No</li><li>□No</li><li>□No</li><li>□No</li></ul> |
| d. A change in ownership?  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?   |   |  |   |
| Bill Rhodes   | 11/30/2011  |  |   |
| Inspector's Name (Please Print)   | Date of Inspection  |  |   |
|   |   |  |   |
|   | 11/30/2012  |  |   |

**COMMENTS:** Bill Rhodes met with Scott Hora, Funeral Director, of A Community Funeral Home & Sunset Cremations, as well as Mr. Bill Arlington, the consultant, representing Arlington Environmental Services, Inc. A records review and a VE compliance test were conducted on this date. The facility uses a Matthews IEE Power Pak II human cremation unit, which is approximately 4-years old, and is equipped with an opacity monitor. The unit was charged with a 170 pound male body. The temperature was verified to be 1746 degrees F from the M-Pyre digital panel read-out. The Partlow MRC-5000 strip chart recorder had a temperature of 1750 degrees F. Scott Hora performs the daily, weekly, and monthly maintenance on the cremation unit. Records are kept on file and were available for review. A 1-hour VE was performed with an observed opacity of 0.2%. It should be noted that on September 22nd, 2010, a Fluke meter check was performed by Ilka Bundy & Bill Rhodes with OCEPD with acceptable results. There were no noticeable odors present at the time of the inspection.