NUMBERIA PROTECTION	
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FLORIDA	

## ANIMAL CREMATORY



## **COMPLIANCE INSPECTION CHECKLIST**

<b>INSPECTION TYPE:</b> ANNUAL (INS1, INS RE-INSPECTION (F		
AIRS ID#: 1110130 DATE: <u>5/22/08</u>	ARRIVE: <u>1045</u> DEPART: <u>1155</u>	
FACILITY NAME: ALL HEAVENLY CREA	ATURES	
FACILITY LOCATION: 7664 S FEDER	RAL HIGWAY # 1	
PORT ST. LUG	CIE 34952	
OWNER/AUTHORIZED REPRESENTATIV	<b>VE:</b> TAMMY NICASTRO <b>PHONE:</b> (772)342-1465	
CONTACT NAME:	PHONE:	
	6/14/2012 (end date)	
PART I: INSPECTION COMPLIANCE STA         IN COMPLIANCE         IN COMPLIANCE	arus (check ⊯ only one box)	3
PART II: <u>TESTING/RECORDKEEPING RE</u> (check ☑ appropriate box(es))	EQUIREMENTS – Rule 62-296.401, F.A.C.	
<ul><li>(check ☑ appropriate box(es))</li><li>1. Were there any objectionable odor(s) determined and the second s</li></ul>	tected?	🗌 Yes 🖾 No
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) deta</li> <li>2. Was a visible emissions test conducted data</li> </ul>		□Yes ⊠No ⊠Yes □No
<ul> <li>(check  appropriate box(es))</li> <li>1. Were there any objectionable odor(s) deta</li> <li>2. Was a visible emissions test conducted du 62-297, F.A.C.)?</li></ul>	tected? luring this site visit according to EPA Method 9 (Ref.: Chapter e compliance, was an annual visible emissions test conducted 60	∐Yes ☐ No
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) deta</li> <li>2. Was a visible emissions test conducted du 62-297, F.A.C.)?</li></ul>	tected? luring this site visit according to EPA Method 9 (Ref.: Chapter e compliance, was an annual visible emissions test conducted 60 submission, and within 60 days prior to each anniversary date? (	∐Yes ☐ No
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) deta</li> <li>2. Was a visible emissions test conducted du 62-297, F.A.C.)?</li></ul>	tected?	└── └─ No ⊠Yes □ No Rule ⊠Yes □ No
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) deta</li> <li>2. Was a visible emissions test conducted du 62-297, F.A.C.)?</li></ul>	tected?	└── └─ No ⊠Yes □ No Rule ⊠Yes □ No
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) deta</li> <li>2. Was a visible emissions test conducted da 62-297, F.A.C.)?</li></ul>	tected?	└── ── ── ── ── ── ── ── ── ── ── No Rule ◯Yes □─ No ◯Yes □─ No
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) deta</li> <li>2. Was a visible emissions test conducted da 62-297, F.A.C.)?</li> <li>3. In order to demonstrate individual source days prior to the AGP Notification form a 62-296.401(6)(j), F.A.C.)</li> <li>4. In order to demonstrate individual source completed within 60 days prior to the AGP a) Carbon Monoxide (CO) emissions equivalent of the AGP and Carbon Monoxide (CO) emissions equivalent, dry basis, corrected to 7% O<sub>2</sub> or 10 (Ref.: Chapter 62-297, F.A.C.)?b) Oxygen test performed according to E c) Particulate matter emissions test with</li> </ul>	tected?	└── └─ No Rule ⊠Yes □ No ⊠Yes □No
<ul> <li>(check d appropriate box(es))</li> <li>1. Were there any objectionable odor(s) deta</li> <li>2. Was a visible emissions test conducted du 62-297, F.A.C.)?</li></ul>	tected?	Yes □ No     Rule   No     ⊠Yes □ No
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) deta</li> <li>2. Was a visible emissions test conducted du 62-297, F.A.C.)?</li></ul>	tected?	
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## 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	temperatu	res in the
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber of		
accordance with the manufacturer's instructions?		
a) Do temperature probes seem to be properly placed?		$\square$ No
b) Are the following records kept on file, available for inspection for at least two years following the re		
measurements, maintenance, reports and records?	Jorung o	i such
1) All measurements (including CEMS)	⊠Yes	□ No
<ul><li>2) Monitoring device</li></ul>	$\boxtimes$ Yes	
3) Performance Testing Measurements	$\boxtimes$ Yes	
4) CEMS Performance Evaluation	$\boxtimes$ Yes	
5) All CEMS or monitoring device calibration checks	$\boxtimes$ Yes	
<ul><li>6) Adjustments</li></ul>	$\boxtimes$ Yes	
<ul><li>7) Preventive maintenance performed on systems/devices</li></ul>	$\boxtimes$ Yes	
<ul> <li>8) Corrective maintenance performed on systems/devices</li> </ul>	$\boxtimes$ Yes	
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) 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?	TYes	□ 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 <b>1400</b> °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:		
<ul> <li>a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence tir</li> <li>@ 1800° F?</li></ul>		
	⊠Yes	∐ No
b) the actual operating temperature of the secondary chamber combustion zone no less than <b>1600°F</b>	⊠Yes	□ No
throughout the combustion process in the primary chamber?		
c) secondary chamber combustion zone temperature equal to or greater than <b>1600°F</b> before the crematic		
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 the $1000$ for the data in the last of $1000$ for the data in the second sec		
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 No
6. During this review period, was the largest batch load cremated 500 pounds per hour or less?	⊠Yes	
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 durati		
of the operator's employment & for an additional two years after termination of employment?	⊠Yes	∐ 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 $\underline{YES}$ 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
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	No
a) submitted within the 15 day required window following the training?	Yes	No

Robert J Duke

Inspector's Name (Please Print)

5/22/08

Date of Inspection

5/10/09

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Very good operation, well maintained