

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:	ANNUAL (INS1, INS2)	COMPLAINT/DISCOVER	Y (CI)
	RE-INSPECTION (FUI)	ARMS COMPLAINT NO:	
AIRS ID#: 1110130 DA	TE: <u>11-08-2012</u>	ARRIVE: <u>2:50 PM</u>	DEPART: <u>3:55 PM</u>
FACILITY NAME: AL	L HEAVENLY CREATURES P	ET CREMATORY	
FACILITY LOCATION	N: 8555 S US HWY 1		
	PORT ST LUCIE 3495	52-3347	
OWNER/AUTHORIZE Email: loriledea@ho CONTACT NAME: T		IMY NICASTRO* PHONE: Mobile: PHONE:	(772)316-33
Email: loriledea@ho ENTITLEMENT PERIO		Mobile:	(772)323-1633

Facility Section

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

	ART II: ONSITE INTRODUCTORY MEETING Name(s) of facility representative(s): Fran Ditroia	(check 🗹 box for each	2
	Brief Notes: Operator		
2.	Is the Authorized Representative still TAMMY NICASTRO*?	🛛 Yes	No
3.	If different, did the facility provide an administrative update within 30 days? Is the facility contact still TAMMY NICASTRO*? If no, who is?:	☐ Yes ⊠ Yes	□No □No
4.	Will facility be conducting VE test(s) during today's inspection?		□No □No

Emissions Unit Section <u>1 – Animal Crematory-prim/2ndarychmbr,NG,tempM&R,opacM,100lbs/hr</u>

PART I: FILE REVIEW PRIOR TO INSPECTION		(check 🗹	only one
1	1 a Complete AC application or if no AC normit initial CP registration received on or		question)
1.	a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989?	Yes	No
	b. If yes, were design calculations provided then to confirm a sufficient volume in the	_	_
	secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit?	X Yes	□No
2.	Manufacturer's recommended capacity: 100 \Box lbs for batch unit \boxtimes lbs/hr for ram-charged unit.		
3.	Crematory unit installed after February 1, 2007?	🛛 Yes	No
4.	Date of last inspection: $4-16-2010$		
	Past Visible Emissions (VE) tests:		
	a. Was a VE test performed within each of the past 4 calendar years?		No
	b. Has a VE test been performed yet within the current calendar year?	Yes	🖾No
	c. If first year of operation, was a VE test performed within 30 days of commencing	—	
	operation? N/A	Yes	🖾No
	d. Date of last VE test: $4-16-2010$		
	e. Was the VE test report filed with the compliance authority no later than 45 days after the test?	🛛 Yes	No
	f. Did the facility demonstrate compliance during the last VE test?	🛛 Yes	L.No
	If no, what was the problem (if known)?		

PART II: <u>VISIBLE EMISSIONS TESTING</u>	(check 🗹	only one
	box for each	question)
1. Was a visible emissions test conducted by the facility for this unit during this site visit? a. Operating capacity during test? <u>110</u> \boxtimes lbs for batch unit \square lbs/hr for ram-charged unit	Xes Yes	No
b. Was the operating capacity greater than the manufacturer's recommended capacity?	Yes	🖾No
c. Was the test conducted with the unit operating at a capacity that is representative of normal operations?	Yes Yes	No
d. Was the visible emissions test conducted according to EPA Method 9?	🛛 Yes	No
e. The visible emission test resulted in an opacity of $\underline{0}$ % for the highest six minute average.		
f. Did the visible emission test demonstrate compliance with the limit?	Yes Yes	No
(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes	in any one-hour)	
2. Was a visible emissions test conducted by the inspector during this site visit?	Yes	🖾No
b. Was the operating capacity greater than the manufacturer's recommended capacity?	Yes	No
c. Was the test conducted with the unit operating at a capacity that is representative of normal operations?	Yes	No
d. Was the visible emissions test conducted according to EPA Method 9?	∐ Yes	L.No
e. The visible emission test resulted in an opacity of% for the highest six minute average.		
f. Did the visible emission test demonstrate compliance with the limit?	∐ Yes	LNo
(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes	in any one-hour)	
3. Is there any reason to ask for a special test to determine compliance with the PM and CO standar	ds? □ Yes	⊠No
If yes, what reason?		

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 we	
Wind direction - \underline{N} Downwind odor level detected - $\underline{1}$ Upwind odor level detected - $\underline{1}$ S	Scale: 1-10 (worst)
2. Continuous Monitoring Systems –	·
a Is a continuous temperature monitoring system installed on each unit to record temperatur secondary chamber in accordance with the manufacturer's instructions?b Is the temperature probe properly placed, at least at the distance where the 1.0 second gas	YesNo
time at \square 1,800 ¹ \boxtimes 1,600 ² degrees was determined?	YesNo
 c. Are the following records kept on file, available for inspection, for at least the past two ye (1) All temperature measurements	YesNo
 (2) All continuous monitoring systems, monitoring devices, and performance testing mea monitoring system all continuous performance evaluations (2) All CENTS 	YesNo
 (3) All CEMS or monitoring device calibration checks (last performed on <u>11-8-12</u>) (4) Adjustments 	YesNo YesNo
 (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)	
(1) Is the crematory unit equipped and operated with a pollutant monitoring system control combustion based on continuous in-stack opacity measurement?	to automatically Yes XNo
 (2) Is the system calibrated to restrict combustion in the primary chamber whenever exceeds 15% opacity ?	YesNo
(3) Has the opacity measurement system been cleaned and checked for proper opera accordance with the manufacturer's recommended maintenance schedule?	
	(check ☑ only one box for each question)
PART IV: <u>SECONDARY COMBUSTION ZONE TEMPERATURES</u>	box for each question)
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 1	
throughout the combustion process in the primary chamber?	
b. secondary chamber combustion zone temperature equal to or greater than 1400°F before process begins in the primary chamber?	
 If the application to construct <u>ON</u> or <u>AFTER</u> August 30, 1989 is the: a. the actual operating temperature of the secondary chamber combustion zone no less that 	an 1600°F
throughout the combustion process in the primary chamber?	
b. secondary chamber combustion zone temperature equal to or greater than 1600°F before	
process begins in the primary chamber?	YesNo
	(check 🗹 only one
PART V: ALLOWED MATERIALS	box for each question)
	× ′
1. Besides animal remains and, if applicable, the bedding associated with the animals and ap	
are any other materials, including biomedical wastes, incinerated in the unit?	Yes 🖾No
If yes, what other materials?	
2. Do containers contain no more than 0.5 percent by weight chlorinated plastics	
 Do containers contain no more than 0.5 percent by weight chlorinated plastics as certified by the manufacturer?	Yes □No urs from use? ⊠ Yes □No

PART VI: <u>EQUIPMENT MAINTENANCE</u>	(check 🗹 box for each	2		
 Is the crematory unit maintained in accordance with the manufacturer's specifications? Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? Does the crematory allow for a visible check on the flame characteristics?	- 🛛 Yes - 🖾 Yes - 🖾 Yes	 No No No No No 		
PART VII: EU INSPECTION COMPLIANCE STATUS (check 🗹 only one box)				
IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE				

Facility Section (continued)

SPECIAL CONDITIONS AND PROCEDURES	(check ☑ box for each	only one question)
 <u>Administrative Changes</u>: Were there any changes in the name, address, or phone number of the facility or authorized representati associated with a change in ownership or with a physical relocation of the facility or any emissions unit operations comprising the facility; or any other similar minor administrative change at the facility? If yes, did the facility provide written notification within 30 days of the change? 	s or Yes	⊠No □No
 <u>New or Modified Process Equipment or Change in Ownership</u>: 3. Since the last registration form submittal has there been a. Installation of any new process equipment? b. Alterations to existing process equipment without replacement? c. Replacement of existing equipment with equipment that is substantially different?	Yes	□No □No □No □No □No

Scott D. Trainor

Inspector's Name (Please Print)

11-08-2012

Date of Inspection

11-08-2013

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: All things were in compliance for this inspection, however the facility was operating since the end of June without a VE test that was required 30 days after startup.