



**HUMAN CREMATORY  
COMPLIANCE INSPECTION CHECKLIST**



**INSPECTION TYPE:** ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)   
 RE-INSPECTION (FUI)  ARMS COMPLAINT NO: \_\_\_\_\_

<b>FACILITY:</b> Richard E. Sorensen Funeral Home, Inc.		<b>DISTRICT:</b>
<b>DBA/Site Name:</b> <b>Gee &amp; Sorensen Funeral Home and Crematory Services</b>		Southwest
<b>ADDRESS:</b> 3180 30th. Avenue North St. Petersburg, FL		<b>CONTACT PHONE:</b> 727-323-5111
<b>ARMS NO:</b> 1030516 002	<b>PERMIT NO:</b> 1030516-003-AG	<b>Expiration Date:</b> 4/5/2017 <b>Renewal Date:</b> 3/6/2017 <b>Test Date:</b> 7/24/2000

**EMISSION UNIT DESCRIPTION:** Human Crematory: Matthews Model IE43-PPII. Must operate at 1,600 degrees F. in the secondary chamber. Nominal batch weight of 300 pounds. Larger weights require special operating procedures.

**INSPECTION DATE:** 11-8-2012  
**INSPECTION COMPLIANCE STATUS (check  only one box)**  
 In Compliance;  Minor Non-Compliance;  Significant Non-Compliance

**PART I: General Review:**

1.	Permit File Review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Introduction and Entry  <b>Comments: This emission unit was inspected to determine the annual compliance status. I met with the crematory manager, Mr. Eric Drew's and the owner, Richard Sorenson for the inspection of the facility and emission unit.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is the Authorized Representative still: <u>Richard Sorensen</u> ? <b>Comments: Mr. Sorensen stills the Authorized Representative for the facility.</b> The e-mail address is: captscaf@aol.com	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the facility contact still: Richard Sorensen? <b>Comments: Mr. Sorenson stills the facility contact.</b> The e-mail address is: captscaf@aol.com	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	<b>If the answer to 3 or 4 is "No", did the facility provide an administrative update within 30 days?</b> [62-210.310(2)(d), F.A.C.]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**PART II: TESTING REQUIREMENTS – Rule 62-296. 401(5), F.A.C.**  
 (check  appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

**Compliance Demonstration [62-296.401(5)(h), F.A.C.]**

1.	<input type="checkbox"/> <b>New Facility / <input type="checkbox"/> New Process Equipment</b> — Did this facility demonstrate initial compliance no later than 30 days after beginning operation?-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> <b>Existing Facilities</b> Was an annual visible emissions compliance test conducted on each crematory unit for each calendar year: -----	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Test Reports</b>		
1.	Does the submitted visible emission test(s) demonstrate compliance with the 5 percent opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour period? [62-296.401(5)(b)1., F.A.C.]----- The last visible emission test resulted in an opacity of <u>0</u> % for the highest six minute average.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? [62-296.401(5)(g)]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Was the department notified at least 15 days prior to the test? [62-297.310(4)(a)9. F.A.C.]-----	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Was the required test report filed with the department as soon as practical, but no later than 45 days after the test was completed? [62-297.310(8)(b) -----	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**PART II: TESTING REQUIREMENTS – Rule 62-296. 401(5), F.A.C.**  
 (check  appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

5. Was the facility visible emissions test(s) conducted according to EPA Method 9? [62-297.401(9)(c), F.A.C.]-----  Yes  No
6. Was a visible emissions test(s) conducted by the inspector during this site visit according to EPA Method 9?-----  Yes  No  
 a) The visible emission test resulted in an opacity of 15% for the highest six minute average.  
 b) Did the test indicate the facility is operating in compliance with the opacity standard? -----  Yes  No
7. Is there any reason to ask for a special test to determine compliance with the PM and CO standards? -----  Yes  No

**PART III: OPERATING/RECORDKEEPING REQUIREMENTS**  
 (check  appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

1. Were there any objectionable odor(s) detected? -----  Yes  No  
 An upwind/downwind survey of the facility was conducted. The observed parameters were:  
 Downwind odor level detected- 4; Wind direction - NE Upwind odor level detected-0 (1-10)

**Note: I detected moderate (4) Burnt-like odor off Gee & Sorensen incinerator on southwest side of the facility at ~11:45 AM.**

2. **Continuous Monitoring System** – [62-296.401(5)(i), F.A.C.]
- a) 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
- b) Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at  1,800<sup>1</sup>  1,600<sup>2</sup> degrees was determined? -----  Yes  No
- c) 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?
- 1) All temperature measurements -----  Yes  No
- 2) All continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations -----  Yes  No
- 3) All CEMS or monitoring device calibration checks (last performed on 2/20/12) -----  Yes  No
- 4) Adjustments-----  Yes  No
- 5) Preventive maintenance performed on systems/devices -----  Yes  No
- 6) Corrective maintenance performed on systems/devices -----  Yes  No
- 7) 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 -----  Yes  No
- 8) Are all the above records available for at least 2 years?-----  Yes  No  
 a) Date range for records reviewed: From: 11-1-11 To: 11-8-12
- 9) Was the crematory unit installed after 2/1/07? If yes, go to 9) a) – c)-----  Yes  No  
 a) 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  
 b) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity 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? -----  Yes  No

1 – Application received on or after 8/30/89; 2 – Application received prior to 8/30/89

3. Was this crematory unit application to construct: [62-296.401(5)(c), F.A.C.] (check only one  box)  
 a)  **BEFORE** August 30, 1989? (If this box checked, continue on to #4 and skip #5)  
 b)  **ON** or **AFTER** August 30, 1989? (If this box checked, skip #4 and continue on to #5)
4. If the application to construct was **BEFORE** August 30, 1989 is the:  
 a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ **1600°F**? -----  Yes  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
5. If the application to construct **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 time @ **1800°F**? -----  Yes  No  
 b) actual operating temperature of the secondary chamber combustion zone no less than **1600°F** throughout the combustion process in the primary chamber? -----  Yes  No

**PART III: OPERATING/RECORDKEEPING REQUIREMENTS**

(check  appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

- c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation process begins in the primary chamber? -----  Yes  No
  
- 6. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated plastics used during the cremation of dead human bodies, as demonstrated by MSD sheet? -----  Yes  No  
[62-296.401(5)(d), F.A.C.]
  - a) If the answer to question 6 above is YES, is certifying documentation from the manufacturer that they 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) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at this location? -----  Yes  No

**PART IV: Equipment Maintenance**

(check  appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

**Equipment Maintenance:** – [62-296.401(5)(e), F.A.C.]

- 1. Is the crematory unit maintained in accordance with the manufacturer’s specifications? -----  Yes  No
- 2. Are there maintenance/repair/adjustment records kept onsite for at least 2 years? -----  Yes  No
- 3. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? -----  Yes  No
- 4. Does the crematory allow for a visible check on the flame characteristics?-----  Yes  No  
If yes go to a) – b)
  - a) Was the flame characteristic visually checked at least once during each operating shift?-----  Yes  No
  - b) Was the flame adjusted when necessary? -----  Yes  No

**PART V: Special Conditions And Procedures**

(check  appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

**Administrative Changes:**

- 1. Were there any change in the name, address, or phone number of the facility or authorized representative not associated with a change in ownership or with a physical relocation of the facility or any emissions units or operations comprising the facility; or any other similar minor administrative change at the facility -----  Yes  No
- 2. If yes, did the facility provide written notification within 30 days of the change? [62-210.310(2)(d), F.A.C.] -----  Yes  No

**Permit Effective Period** – [62-210.310(3)(a), F.A.C.]

- 1. Is the general permit for this facility still within the 5 year effective period? -----  Yes  No
- 2. Did the facility submit the new re-registration form at least 30 days prior to permit expiration? -----  Yes  No

**New or Modified Process Equipment or Change in Ownership** - [62-210.310 (2)(b)2, F.A.C]

- C.. Since the last registration form submittal 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 with equipment that is substantially different? -----  Yes  No
  - d) A change in ownership? -----  Yes  NoIf the any of the answers to 1a) – 1d) is **Yes** to any, a new registration form and appropriate fee should have been submitted 30 days prior to the change.-----  Yes  No

**Noncompliance Notice:** - [62-210.310(3)(i), F.A.C.]

- 1. Did the facility have any instances where they were unable comply with or will be unable to comply with any condition or limitation of the air general permit? -----  Yes  No  
If the answer is **Yes**, proceed to a) and b).
  - a) Did the owner or operator provide immediate notification to the Department? -----  Yes  No

b) Did the notification include:

1. A description of and cause of noncompliance?-----  Yes  No
2. Dates and times of noncompliance; or if not corrected, the anticipated time noncompliance is expected to continue and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance? -----  Yes  No

**PART VI: Comments**

A thirty (30) minutes Visible Emissions (VE) test was performed during the cremation of human remain from 12:15 PM to 12:45 PM.

The highest running-six minute average was 15%, the maximum allowed by the standard is 5% opacity per 62-297.620 (4), F.A.C.. I

inquired as to why the crematory incinerator caused the excess emissions. Mr. Eric Drew's the operator stated he had opened the

incinerator and placed a one hundred ninety pounds human remain inside the unit ~12:00 PM. Mr. Richard Sorenson the owner,

became furious and stated his Incinerator does not cause any smoke. I detected moderate (4) Burnt-like odor off Gee & Sorenson

incinerator on southwest side of the facility at ~12:00 PM. Reviewed of temperature charts for the months of 11/01/2011 through

11/08/2012 indicated emission unit in compliance. Moderate (4) burnt like odors, with the same characteristics detected when

inspector was present onsite, ~ 3 feet from the emissions units. Certifying documentation from the manufacturer that cremation

container are composed of 0.5% or less by weight chlorinated plastic was kept onsite. The emission unit was calibrated on 2-20-12.

See attached calibration data sheets.

**Exit Interview:** During the closing conference, I informed Mr. Richard Sorensen, the highest running-six minute average was 15%,

the maximum allowed by the standard is 5% opacity per [62-296.401(5)(b)1, F.A.C.. This is a non-compliance with [62-

296.401(5)(b)1, F.A.C... I explained to Mr. Sorensen that I detected moderate (4) Burnt-like odor off his emission units.

I explained to Mr. Sorensen the emission unit appears to be in-non compliance at this time. He stated he would challenge the veracity

of the Visible Emissions (VE) test.

Mike Ojo Thomas

**Inspector's Name**

11-8-12

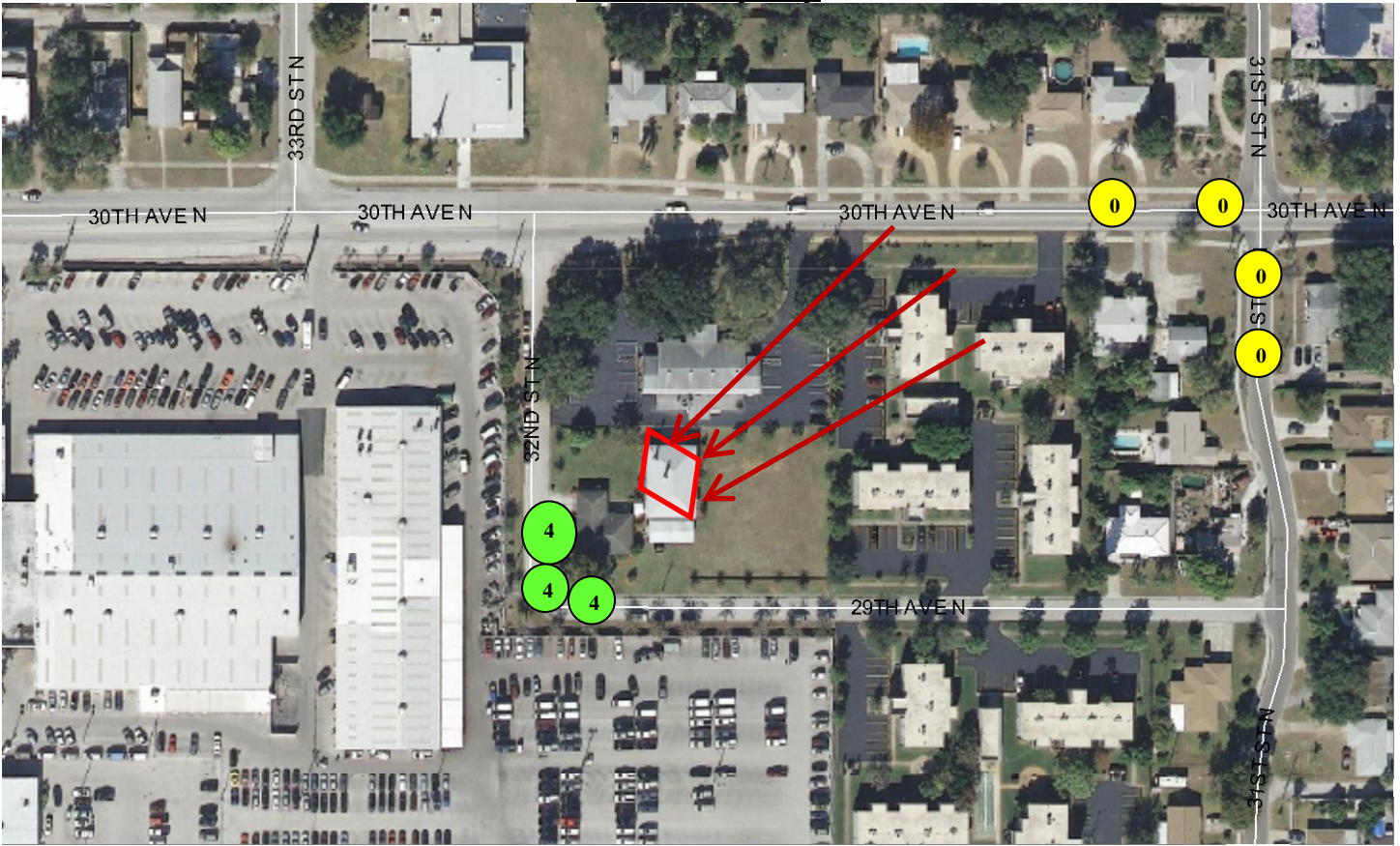
**Date of Inspection**

**Inspector's Signature**

**Approximate Date of Next Inspection**

H:\users\wpdocs\airqual\Air\_Compliance\AQI\1030516 002 84671.doc

# Odor Survey Map



**Comments:** Odor survey conducted by inspector Mike Ojo Thomas on 11/8/12 beginning at approximately 11:30 AM and ending at 12:00 PM. I detected moderate (4) burnt-like odor off Gee & Sorensen crematory incinerator property on south west of the facility at ~11:45 AM.

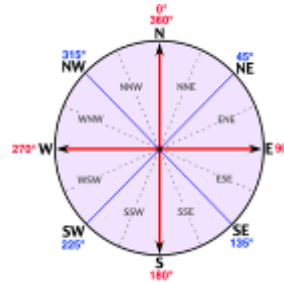
**Complainant**

**Respondent**

**Wind Direction**

**Odor Intensity**

**No Odor Detected**



**Pinellas County Air Quality Division  
Gee & Sorensen crematory facility.**



Photo #1



Photo #2



Photo#3

**Inspector:** Mike Ojo Thomas

**Inspection Date:** 11-8-12

**Respondent:** Gee & Sorensen Funeral Home

**Photo Description:** - Photograph #1 show opacity read during VE testing exiting the crematory incinerator stack outlet #2. Visible emissions observed for thirty minutes.

**Left:** Photograph #2 shows two crematory incinerator stacks. **Right:** Photograph #3 shows interior of the crematory facility.

H:\users\wpdocs\airqual\Air\_Compliance\AQI\1030516 002 84671.doc

# NOV Processing Checklist

**Respondent:** Richard E. Sorensen Funeral Home, Inc.

**Enf Proj Id:** \_\_\_\_\_

**DBA:** Gee & Sorensen Funeral Home and Crematory Services

**Inspection Date:** 11/8/2012

**Permit No:** 1030516-003-AG

**Consent Order:** \_\_\_\_\_

Initial	Date		✓	<b>Initial, date, and check each step as completed</b>
MT	11-09 -12	<b>INSPECTOR</b>	0	<b>Standup Meeting.</b> Discuss potential case with EPM and SES. EPM approves Case.
MT	N/A		1	Complete chain of custody forms. Submit environmental samples for analysis, Analysis Completion Date: _____
MT	11/15/12		2	Supporting documents (circle all that apply): Photos, Log sheets, Continuous records, Memo to File, Sample Analysis, None. Other: _____
MT	11/15/12		3	<b>Create an Info record in AQ Access.</b> Accounts for enforcement related activities
MT	11/15/12			<b>Duplicate Info as an ENF record</b> under SES ID in AQ Access.
MT	11/15/12			<b>Print <u>NOV Processing Checklist</u></b> and forward Inspection report to SES.
			Inspection Day Zero	
		<b>SES</b>	4	<b>Review Facility Violation History report.</b> Repeat Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No
			5	<b>Review case compliance documentation for completeness</b> (select all that apply): <input type="checkbox"/> Violation(s) established <input type="checkbox"/> Edits required <input type="checkbox"/> Additional Information required.
			6	<b>Complete QA Case Review Form; forward copy to EPM</b> (optional)
			7	Date request for edits / additional information: _____ Date returned to SES: _____
			8	<b>Schedule Case Review meeting</b> with Inspector if required <input type="checkbox"/> Not Required
				<b>Meet with EPM</b> and provide all compliance documentation to verify the violation(s).
			10	<b>Confirm compliance status in inspection/complaint detail</b> <input type="checkbox"/> In <input type="checkbox"/> MNC <input type="checkbox"/> SNC
			10	<b>ENFORCEMENT STATUS RECOMMENDATION</b> <input type="checkbox"/> AL <input type="checkbox"/> WL <input type="checkbox"/> NOV
			0	<b>Enf Day Zero.</b> (Day compliance documentation is complete: 10-32 days) Date: _____
			1	<b>Draft WL/NOV</b> , and create green enforcement file.
		3	<b>Complete Penalty Calculation:</b> New penalty needed in Violation Table? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comment :</i> _____	
		4	<b>Submit enforcement file to EPM for approval</b> within 4 business days of day zero.	
		<b>EPM</b>	6	<b>Review enforcement file and forward to EPC.</b> Penalty : <input type="checkbox"/> Approved <input type="checkbox"/> Revised NOV : <input type="checkbox"/> Approved <input type="checkbox"/> Revised
			<b>EPC</b>	7

<i>Initial</i>	<i>Date</i>		✓	<b><i>Initial, date, and check each step as completed</i></b>
		<b>AQD Manager</b>	8	<b>Review final enforcement file</b> Revised Penalty: <input type="checkbox"/> Approved <input type="checkbox"/> NOV red-lined to reflect penalty revision? <input type="checkbox"/> Yes <input type="checkbox"/> n/a Return to EPC if a NEW PENALTY was approved, otherwise to Clerical.
		<b>EPC</b>	8	<b>Update Violation Table and</b> reprint Penalty Calc Sheet <input type="checkbox"/> Yes <input type="checkbox"/> n/a.

H:\users\wpdocs\airqual\Air\_Compliance\AQI\1030516 002 84671.doc



