



Florida Department of Environmental Protection

Northwest District Office
2353 Jenks Avenue
Panama City, Florida 32405-4389

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard, Jr.
Secretary

April 5, 2011

BY ELECTRONIC MAIL
mpeavy@fairpoint.net

Mr. Marlon Peavy
Peavy Funeral Home Omega Crematory
20367 NW Evans Avenue
Blountstown, Florida 32424

Dear Mr. Peavy:

On March 18, 2011 a Department representative with the Air Resource Management Program inspected the Peavy Funeral Home Omega Crematory facility ID 0130010. A copy of the inspection report is enclosed. The inspection and a review of Department records indicate the facility was in compliance at the time of the inspection for those items specifically noted in the inspection report.

This letter applies only to activities covered by the Air Resource Management Program. If you have any questions, please contact C. Mark Sumner at 850/767-0046, or mark.c.sumner@dep.state.fl.us.

Sincerely,

Sally M. Cooley
Panama City Branch Administrator

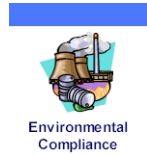
SMC/ms

Enclosure

c: Ms. Mary Beth Curle, FDEP Pensacola (mary.beth.curle@dep.state.fl.us)
Ms. Carol Melton, FDEP Pensacola (carol.melton@dep.state.fl.us)



HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) ☒ COMPLAINT/DISCOVERY (CI) ☐
RE-INSPECTION (FUI) ☐ ARMS COMPLAINT NO:

AIRS ID#: 0130010 **DATE:** 3/18/2011 **ARRIVE:** 8:02 **DEPART:** 9:35

FACILITY NAME: PEAVY FUNERAL HOME OMEGA CREMATORY

FACILITY LOCATION: 20367 NE Evans Ave
BLOUNTSTOWN 32424

OWNER/AUTHORIZED REPRESENTATIVE: MARLON PEAVY

PHONE: (850)674-2266

Email: mpeavy@fairpoint.net

Mobile:

CONTACT NAME: Marlon Peavy

PHONE:

Email: mpeavy@fairpoint.net

Mobile:

ENTITLEMENT PERIOD: 6/1/2007 / 6/1/2012
(effective date) (end date)

Facility Section

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

☒ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE

PART II: ONSITE INTRODUCTORY MEETING

(check ☒ only one box for each question)

1. Name(s) of facility representative(s): Marlon Peavy

Brief Notes: I met Mr. Peavy and he provided access to the facility and all requested records at the time of this inspection.

2. Is the Authorized Representative still MARLON PEAVY? ----- ☒ Yes ☐..No
If no, who is?: n/a

3. Is the facility contact still ? ----- ☒ Yes ☐..No
If no, who is?: n/a

4. Will facility be conducting VE test(s) during today's inspection? ----- ☒ Yes ☐..No
If yes, was the compliance authority notified at least 15 days in advance? ----- ☒ Yes ☐..No

Emissions Unit Section

PART I: FILE REVIEW PRIOR TO INSPECTION

(check ☒ only one box for each 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? ----- ☒ Yes ☐..No
2. Crematory unit installed after February 1, 2007? ----- ☒ Yes ☐..No
3. Date of last inspection: 3/19/2010
4. Past Visible Emissions (VE) tests:
 - a. Was a VE test performed within each of the past 4 calendar years? ----- ☒ Yes ☐..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: 3/18/2011
 - 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 ☐..No

If no, what was the problem (if known)? n/a

PART II: VISIBLE EMISSIONS TESTING

(check ☒ only one box for each question)

1. **Was a visible emissions test conducted by the facility for this unit during this site visit?** ----- ☒ Yes ☐..No
 - a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver? ----- ☒ Yes ☐..No
 - b. Was the visible emissions test conducted according to EPA Method 9? ----- ☒ Yes ☐..No
 - c. The visible emission test resulted in an opacity of 0 % for the highest six minute average.
 - d. Did the visible emission test demonstrate compliance with the limit? ----- ☒ 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
 - a. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? ----- ☐ Yes ☐..No
 - b. Was the visible emissions test conducted according to EPA Method 9? ----- ☐ Yes ☐..No
 - c. The visible emission test resulted in an opacity of n/a % for the highest six minute average.
 - d. Did the visible emission test demonstrate compliance with the limit? ----- ☐ Yes ☐..No
3. **Is there any reason to ask for a special test to determine compliance with the PM and CO standards?** ----- ☐ Yes ☒..No

If yes, what reason? n/a

Note: Part II 2. a.b.c.d. are not applicable for this facility at this time.

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- 0 Wind direction - none Upwind odor level detected-0 (1-10)
2. **Continuous Monitoring Systems –**
 - 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 ☒ 1,800¹ ☐ 1,600² degrees was determined? ----- ☒ Yes ☐..No

(Application or initial notification: ¹ received on or after 8/30/89; ² received before 8/30/89)

PART III: MONITORING/RECORDKEEPING REQUIREMENTS (continued)

- c. Are the following records kept on file, available for inspection, for at least the past two years?
- | | | |
|---|---|-------------------------------|
| 1) All temperature measurements ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 2) all continuous monitoring systems, monitoring devices, and performance testing measurements;
monitoring system all continuous performance evaluations ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 3) All CEMS or monitoring device calibration checks (last performed on (n/a)) ----- | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 4) Adjustments ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 5) Preventive maintenance performed on systems/devices ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 6) Corrective maintenance performed on systems/devices ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
- 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 -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- e. Was the crematory unit installed after **2/1/07**? If no, skip e.(1) – (3) -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- (1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatically control combustion based on continuous in-stack opacity measurement? -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ? -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- (3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|

PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES(check ☒ only one 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 1400°F throughout the combustion process in the primary chamber? ----- | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the cremation process begins in the primary chamber? ----- | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
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? ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation process begins in the primary chamber? ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |

Note: Part IV 1. a.b. is not applicable for this facility at this time.**PART V: ALLOWED MATERIALS**(check ☒ only one box for each question)

1. *Other than* human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit? -----
- | | | |
|--|------------------------------|--|
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..No |
|--|------------------------------|--|
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer? -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? -----
- | | | |
|--|---|-------------------------------|
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|

PART VI: EQUIPMENT MAINTENANCE(check ☒ only one
box for each question)

1. Is the crematory unit maintained in accordance with the manufacturer's specifications? ----- ☒ Yes ☐..No
2. Is there a written plan onsite which addresses the operating procedures during startup,
shutdown and malfunction? ----- ☒ Yes ☐..No
3. Does the crematory allow for a visible check on the flame characteristics? ----- ☒ Yes ☐..No
If no, skip 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 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 ☒ only one
box for each question)Administrative Changes:

1. Were there any changes 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? ----- ☒ N/A ☐ Yes ☐..No

New or Modified Process Equipment or Change in Ownership:

3. Since the last registration form submittal has there been ----- ☐ Yes ☒..No
 - 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 ☒..No
- 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? ----- ☒ N/A ☐ Yes ☐..No

C, Mark Sumner

3/18/2011

Inspector's Name (Please Print)

Date of Inspection



March 2011

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Mr Marlon Peavy, owner and Mr Bill Arlington of Arlington Environmental were on site at the time of this inspection.

Mr Arlington conducted the visual emission test for the crematory, and a review of the results of this VE test revealed a 0% opacity observed for the duration of the test.

The crematory unit at Peavy Funeral Home was installed by Keller Mechanical and Engineering in 2007.

The previous VE test was performed by Environmental Consulting Services on 3/19/2010, and was submitted to the department on 4/2/2010.

The cremation unit is equipped with a temperature probe and a continuous reading chart recorder. At the time of this inspection the chart recorder appeared to be documenting the temperature. During the cremation that occurred at the time of this inspection the temperature was 1675 degrees as registered on the probe. Copies of the temperature charts for all cremations are kept on file and were available for review.

All the containers used at this facility are now sold by Starmark (Valley Converting Manufacturer and Converter of 100% Recycled Paperboard), and the records were available to certify the boxes contain less than 0.5% by weight chlorinated plastics.

The certificates were displayed for both Marlon Peavy and Travis Peavy's crematory training on 1/26/2007.

Since its installation there have been no alterations to the existing equipment, and nothing has been replaced that was substantially different than the original equipment. The maintenance has been limited to replacement of parts with identical equipment. It was recommended to maintain a log book for the maintenance on the crematory unit.

At the time of this inspection no visible emissions were observed, and no objectionable odors were detected.