

## ANIMAL CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:       ANNUAL (INS1, INS2)         RE-INSPECTION (FUI)	COMPLAINT/DISCOVER	Y (CI)	
AIRS ID#: 0150090 DATE: <u>10/11/10</u>	ARRIVE: <u>8:45 a.m.</u>	DEPART: <u>10:30 a.m.</u>	
FACILITY NAME: HARBOUR HEIGHTS			
FACILITY LOCATION: 2620 Highlands Road, Sui	ite A		
HARBOUR HEIGHTS	33983-3167		
OWNER/AUTHORIZED REPRESENTATIVE: RON Email: CONTACT NAME: Email: ENTITLEMENT PERIOD: 4/29/2007 / 4/29/2012 (effective date) (end date)	NICHOLS PHONE: Mobile: PHONE: Mobile:	(239)209-7472	
Facility Section         PART I: INSPECTION COMPLIANCE STATUS (check I only one box)         IN COMPLIANCE       MINOR Non-COMPLIANCE       SIGNIFICANT Non-COMPLIANCE			
PART II: ONSITE INTRODUCTORY MEETING         1. Name(s) of facility representative(s): Ron Nichols         Brief Notes:		(check 🗹 only one box for each question)	
<ol> <li>Is the Authorized Representative still RON NICHOLS?</li> <li>If no, who is?:</li> </ol>		YesNo	
If different, did the facility provide an administrative up 3. Is the facility contact still ? If no, who is?:			
<ol> <li>Will facility be conducting VE test(s) during today's ins If yes, was the compliance authority notified at least 15</li> </ol>	pection? days in advance?	XesNo YesNo	

## Emissions Unit Section <u>1-Animal Crematory</u>

PART I: FILE REVIEW PRIOR TO INSPECTION	(check 🗹	only one
1. a. Complete AC application or, if no AC permit, initial GP registration received on or	box for each	question)
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. Manufacturer's recommended capacity: $300$ 🛛 lbs for batch unit 🗌 lbs/hr for ram-charged unit.		
3. Crematory unit installed after February 1, 2007?	Yes	No
4. Date of last inspection: $5/8/09$		
5. 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? $\bigotimes$ N/A	Yes	No
d. Date of last VE test: 5/8/09	_	_
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?		□No
If no, what was the problem (if known)?		

PART II: VISIBLE EMISSIONS TESTING	(check 🗹	only one
	box for each	question)
<b>1. Was a visible emissions test conducted by the facility for this unit during this site visit?</b> a. Operating capacity during test? $220$ 🖾 lbs for batch unit 🗌 lbs/hr for ram-charged unit	Xes Yes	DNo
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?	TYes	🖾No
d. Was the visible emissions test conducted according to EPA Method 9?	🛛 Yes	DNo
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	□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? a. Operating capacity during test? [] lbs for batch unit [] lbs/hr for ram-charged unit	Xes	□No
b. Was the operating capacity greater than the manufacturer's recommended capacity?	Yes	L.No
c. Was the test conducted with the unit operating at a capacity that is representative of normal operations?	Yes	L.No
d. Was the visible emissions test conducted according to EPA Method 9?	Yes	LNo
<ul> <li>e. The visible emission test resulted in an opacity of% for the highest six minute average.</li> <li>f. 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>	Yes	No
(576 opacity, six minute average, except that visible emissions not exceeding 1576 opacity shall be anowed for up to six minutes	in any one nour)	
3. Is there any reason to ask for a special test to determine compliance with the PM and CO standar		<u></u>
If yes, what reason?	L Yes	⊠No

PART III: MONITORING/RECORDKEEPING REQUIREMENTS	(check $\square$ 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: Wind direction Downwind odor level detected Upwind odor level detected	Scale: 1-10 (	(worst)
<ul> <li>2. Continuous Monitoring Systems –</li> <li>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?</li> <li>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?</li></ul>	⊠ Yes ⊠ Yes	□No □No
<ul> <li>c. Are the following records kept on file, available for inspection, for at least the past two years?</li> <li>(1) All temperature measurements</li></ul>	Xes Yes	No
<ul> <li>monitoring system all continuous performance evaluations</li></ul>	☐ Yes - ☐ Yes - ☐ Yes	⊠No ⊠No ⊠No ⊠No ⊠No
<ul> <li>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</li> <li>e. Was the crematory unit installed after 2/1/07? If no, skip e.(1) - (3)</li> <li>(1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatic</li> </ul>	Yes Yes	□No □No
<ul> <li>control combustion based on continuous in-stack opacity measurement?</li></ul>	/	□No □No
accordance with the manufacturer's recommended maintenance schedule?	- 🗌 Yes	🖾No
PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	(check ☑ box for each	only one question)
<ol> <li>If the application to construct was <b>BEFORE</b> August 30, 1989 is the:         <ul> <li>a. actual operating temperature of the secondary chamber combustion zone no less than <b>1400°F</b> throughout the combustion process in the primary chamber?</li> <li>b. secondary chamber combustion zone temperature equal to or greater than <b>1400°F</b> before the crema process begins in the primary chamber?</li> </ul> </li> </ol>	tion Yes	□No □No
<ul> <li>2. If the application to construct <u>ON</u> or <u>AFTER</u> August 30, 1989 is the:</li> <li>a. the actual operating temperature of the secondary chamber combustion zone no less than 1600°F throughout the combustion process in the primary chamber?</li></ul>		□No ⊠No
	(check 🗹	only one
PART V: <u>ALLOWED MATERIALS</u>	box for each	
<ol> <li>Besides animal remains and, if applicable, the bedding associated with the animals and appropriate con are any other materials, including biomedical wastes, incinerated in the unit?</li></ol>		⊠No
<ol> <li>Do containers contain no more than 0.5 percent by weight chlorinated plastics as certified by the manufacturer?</li></ol>	? 🗌 Yes	⊠No □No

PART VI: <u>EQUIPMENT MAINTENANCE</u>	(check 🗹 box for each	
<ol> <li>Is the crematory unit maintained in accordance with the manufacturer's specifications?</li> <li>Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?</li> <li>Does the crematory allow for a visible check on the flame characteristics?</li> <li>If no, skip a b.         <ul> <li>a. Was the flame characteristic visually checked at least once during each operating shift?</li> <li>b. Was the flame adjusted when necessary?</li> </ul> </li> </ol>	☐ Yes - ☐ Yes - ☐ Yes	□No ⊠No □No □No
PART VII: EU INSPECTION COMPLIANCE STATUS (check 🗹 only one box)		

$\boxtimes$	IN COMPLIANCE
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MINOR Non-COMPLIANCE

SIGNIFICANT Non-COMPLIANCE

## Facility Section (continued)

SPECIAL CONDITIONS AND PROCEDURES	(check ☑ box for each	only one question)
<ul> <li><u>Administrative Changes</u>:</li> <li>1. 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?</li> <li>2. If yes, did the facility provide written patification within 30 days of the change?</li> </ul>	s or Yes	⊠No
<ol> <li>If yes, did the facility provide written notification within 30 days of the change?</li> <li>New or Modified Process Equipment or Change in Ownership:</li> <li>Since the last registration form submittal has there been         <ul> <li>a. Installation of any new process equipment?</li> <li>b. Alterations to existing process equipment without replacement?</li> <li>c. Replacement of existing equipment with equipment that is substantially different?</li></ul></li></ol>	Yes Yes Yes	<ul> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> <li>No</li> </ul>

Sherrill Culliver

Inspector's Name (Please Print)

10/11/10

Date of Inspection

10/11/11

Inspector's Signature

**COMMENTS:** 

Approximate Date of Next Inspection