

EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)
 Method 203A 203B Other: _____

Company Name
OAK HAMMOCK CREMATORY
 Facility Name
 Street Address
16001 SW CARRIER ST
 City INDIAN TOWN State FL Zip 34956

Process HUMAN CREMATORY Unit # _____ Operating Mode _____
 Control Equipment AFTER BURNER Operating Mode _____

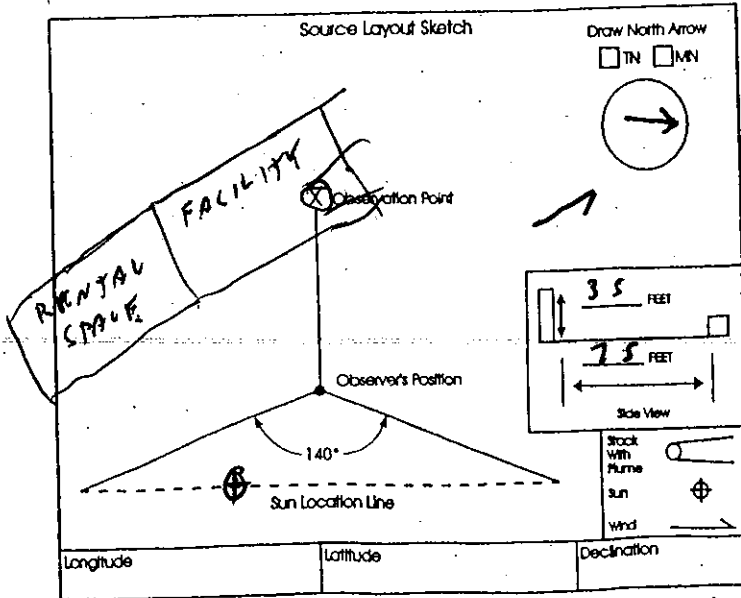
Describe Emission Point
HUMAN CREMATORY
 STACK

Height of Emiss. Pt. Height of Emiss. Pt. Rel. to Observer
 Start 35 End _____ Start 35 End _____
 Distance to Emiss. Pt. Direction to Emiss. Pt. (Degrees)
 Start 75' End _____ Start 285 End _____

Vertical Angle to Obs. Pt. Direction to Obs. Pt. (Degrees)
 Start 18 End _____ Start 285 End _____
 Distance and Direction to Observation Point from Emission Point
 Start 75', 105° End _____

Describe Emissions
 Start HEAVY End _____
 Emission Color _____ Water Droplet Plume _____
 Start CLEAR End _____ Attached Detached None

Describe Plume Background
 Start _____ End _____
 Background Color _____ Sky Conditions BROKEN CLOUDS
 Start BLUE/GREEN End _____ Start _____ End _____
 Wind Speed _____ Wind Direction SE End _____
 Ambient Temp. _____ Wet Bulb Temp. _____ RH Percent _____
 Start _____ End _____



Longitude _____ Latitude _____ Declination _____
 Additional Information _____

Form Number _____ Page _____ of _____
 Continued on VEO Form Number _____

| Observation Date | | Time Zone | | | | Start Time | End Time |
|------------------|---|-----------|----|----|---------|------------------|----------|
| 8/22/08 | | | | | | 10:24 | 10:55 |
| Sec | 0 | 15 | 30 | 45 | Comment | | |
| Min | | | | | | | |
| 1 | 0 | 0 | 0 | 0 | | | |
| 2 | 0 | 0 | 0 | 0 | | | |
| 3 | 0 | 0 | 0 | 0 | | | |
| 4 | 0 | 0 | 0 | 0 | | | |
| 5 | 0 | 0 | 0 | 0 | | | |
| 6 | 0 | 0 | 0 | 0 | | | |
| 7 | 0 | 0 | 5 | 0 | | | |
| 8 | 0 | 0 | 0 | 0 | | | |
| 9 | 0 | 0 | 0 | 0 | | | |
| 10 | 0 | 0 | 0 | 0 | | CREMATION BURNER | |
| 11 | 0 | 0 | 0 | 0 | | | |
| 12 | 0 | 0 | 0 | 0 | | | |
| 13 | 0 | 0 | 0 | 0 | | | |
| 14 | 0 | 0 | 0 | 0 | | | |
| 15 | 0 | 0 | 0 | 0 | | | |
| 16 | 0 | 0 | 0 | 0 | | | |
| 17 | 0 | 0 | 0 | 0 | | | |
| 18 | 0 | 0 | 0 | 0 | | | |
| 19 | 0 | 0 | 0 | 0 | | | |
| 20 | 0 | 0 | 0 | 0 | | | |
| 21 | 0 | 0 | 0 | 0 | | | |
| 22 | 0 | 0 | 0 | 0 | | | |
| 23 | 0 | 0 | 0 | 0 | | | |
| 24 | 0 | 0 | 0 | 0 | | | |
| 25 | 0 | 0 | 0 | 0 | | | |
| 26 | 0 | 0 | 0 | 0 | | | |
| 27 | 0 | 0 | 0 | 0 | | | |
| 28 | 0 | 0 | 0 | 0 | | | |
| 29 | 0 | 0 | 0 | 0 | | | |
| 30 | 0 | 0 | 0 | 0 | | | |

Observer's Name (Print) J. VINCENT
 Observer's Signature [Signature] Date 8/22/08
 Organization FDEP
 Certified By FPA Date 7/8/08



HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0850150 **DATE:** 8/22/08 **ARRIVE:** 9:55 **DEPART:** 11:40

FACILITY NAME: OAK HAMMOCK CREMATORY

FACILITY LOCATION: 16001 SW CARRIER ST
INDIANTOWN 34956

OWNER/AUTHORIZED REPRESENTATIVE: WILLIAM TAYLOR **PHONE:** (561)744-2030

CONTACT NAME: KEVIN KING **PHONE:** 772-597-1190

ENTITLEMENT PERIOD: 1/5/2008 / 1/5/2013
(effective date) (end date)

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

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C.
(check appropriate box(es))

1. Were there any objectionable odor(s) detected?----- Yes No
2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)?----- Yes No
3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60 days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date? (Rule 62-296.401(5)(i), F.A.C.)----- Yes No
4. In order to demonstrate individual source compliance were the remaining applicable standards testing completed within 60 days prior to the AGP Notification form submission? (Rule 62-210.300(4), F.A.C.)
 - a) Carbon Monoxide (CO) emissions equal to or below the requirements of 100 parts per million by volume, dry basis, corrected to 7% O₂ on an hourly average basis and tested according to EPA Method 10 (Ref.: Chapter 62-297, F.A.C.)?----- Yes No
 - b) Oxygen test performed according to EPA Method 3 (Ref.: Chapter 62-297, F.A.C.)?----- Yes No
 - c) Particulate matter emissions test with results equal to or below the requirements of 0.080 grains per dry standard cubic foot (ft³) of flue gas, corrected to 7% O₂ and tested according to EPA Method 5 (Ref.: Chapter 62-297, F.A.C.)?----- Yes No
5. Was all emissions testing conducted with the source operating at the manufacturers recommended capacity?----- Yes No
6. Was CO & PM compliance demonstrated by submission of a test report for an identical crematory unit? Yes No
7. Was the Department notified at least 15 days prior to the date of the last formal compliance test?----- Yes No
8. Was the required test report filed with the Department as soon as practical, but no longer than 45 days after the test was completed?----- Yes No

PART III: OPERATING/RECORDKEEPING REQUIREMENTS – 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 temperatures in the primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber combustion zone in accordance with the manufacturer's instructions?----- Yes No
 - a) Do temperature probes seem to be properly placed?----- Yes No
 - b) 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 measurements (including CEMS)----- Yes No
 - 2) Monitoring device----- Yes No
 - 3) Performance Testing Measurements ----- Yes No
 - 4) CEMS Performance Evaluation----- Yes No
 - 5) All CEMS or monitoring device calibration checks----- Yes No
 - 6) Adjustments----- Yes No
 - 7) Preventive maintenance performed on systems/devices----- Yes No
 - 8) Corrective maintenance performed on systems/devices----- Yes No
2. Was this crematory unit constructed: (check only one box)
 - a) **BEFORE** 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 **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
 - 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 **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) the actual operating temperature of the secondary chamber combustion zone no less than 1600°F throughout the combustion process in the primary chamber?----- Yes No
 - c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation process begins in the primary chamber?----- Yes No
5. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated plastics used during the cremation of dead human bodies?----- Yes No
 - a) If the answer to question 4 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
6. Have all crematory operators been trained and certified by a Department-approved training program?
 - a) Are copies of the training certificates for all crematory operators kept on file at the facility for the duration of the operator's employment & for an additional two years after termination of employment?----- Yes No

PART IV: SPECIAL CONDITIONS AND PROCEDURES – Rule 62-296.401, F.A.C.

A. New or Modified Process Equipment

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 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

JEREMY VINCENT

Inspector's Name (Please Print)

8/22/08

Date of Inspection



Inspector's Signature

8/22/09

Approximate Date of Next Inspection

COMMENTS:

INSPECTED NEW FACILITY, OAK HAMMOCK CREMATORY, WITH KAYE ARLINGTON OF ARLINGTON ENVIRONMENTAL. FACILITY WAS CLEAN WITH NO OBJECTIONABLE ODORS. KEVIN KING, FUNERAL DIRECTOR, CONDUCTED A CREMATION FOR THE VISUAL EMISSIONS TEST. NO EMISSIONS OTHER THAN HEAT WERE OBSERVED AND FACILITY IS IN COMPLIANCE.