

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPE	CTION TYPE:	ANNUAL (INS1, INS2) RE-INSPECTION (FUI)		MPLAINT/E	DISCOVERY AINT NO:	(CI) [
AIRS I	D#: 0210113 DA	ΓΕ: <u>2/2/12</u>	ARRI	VE: <u>10:30</u>	<u>am</u>	DEPART: <u>11:45</u>	am	
FACILITY NAME: FULLER PET FUNERAL SERVICES								
FACIL	ITY LOCATION	: 4424 TAMIAMI T	RAIL E					
		NAPLES 34112-	6722					
Ema CONT. Ema	ail: ACT NAME:	D REPRESENTATIVE: DD: 4/4/2008 / 4/4/20 (effective date) (end d	013	TULLER	PHONE: Mobile: PHONE: Mobile:	(239)592-1611 (239)571-5451		
Facility Section PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE								
D. I. D. III								
1. Nan		resentative(s):	<u>G</u>			,		only one question)
	ne Authorized Repro, who is?:	esentative still MICHAEL	FULLER?			×	Yes	□No
3. Is th	fferent, did the fac ne facility contact s o, who is?:	ility provide an administrat till ?	tive update wit	thin 30 days	?		Yes Yes	□No □No
4. Wil	I facility be conduc	ting VE test(s) during toda ance authority notified at le					Yes Yes	□No □No

Emissions Unit Section 1 -Pet Crematory

PART I: FILE REVIEW PRIOR TO INSPECTION	(check ✓ box for each	only one question)
a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? b. If yes, were design calculations provided then to confirm a sufficient volume in the	X Yes	□No
secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit?		□No
 Manufacturer's recommended capacity: 200 ∑ lbs for batch unit ☐ lbs/hr for ram-charged unit. Crematory unit installed after February 1, 2007?		⊠No
5. Past Visible Emissions (VE) tests: a. Was a VE test performed within each of the past 4 calendar years? b. Has a VE test been performed yet within the current calendar year? c. If first year of operation, was a VE test performed within 30 days of commencing		□No □No
operation? \boxtimes N/A d. Date of last VE test: $3/14/11$		□No
e. Was the VE test report filed with the compliance authority no later than 45 days after the test? f. Did the facility demonstrate compliance during the last VE test? If no, what was the problem (if known)?		□No □No
PART II: VISIBLE EMISSIONS TESTING	(check ☑	only one
	box for each	•
1. Was a visible emissions test conducted by the facility for this unit during this site visit?a. Operating capacity during test? 190 ⊠ lbs for batch unit □ lbs/hr for ram-charged unit	_	□No
b. Was the operating capacity greater than the manufacturer's recommended capacity?c. Was the test conducted with the unit operating at a capacity that is representative of normal operation.	ons? Xes	⊠No □No
 d. Was the visible emissions test conducted according to EPA Method 9? e. The visible emission test resulted in an opacity of <u>0</u> % for the highest six minute average. f. Did the visible emission test demonstrate compliance with the limit? 		□No
(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six mi		_
2. Was a visible emissions test conducted by the inspector during this site visit?a. Operating capacity during test? 190 \times \text{lbs for batch unit } \times \text{lbs/hr for ram-charged unit}	X Yes	□No
b. Was the operating capacity greater than the manufacturer's recommended capacity?c. Was the test conducted with the unit operating at a capacity that is representative of normal operation.	ons? Xes	□No □No
d. Was the visible emissions test conducted according to EPA Method 9?e. The visible emission test resulted in an opacity of $\underline{0}$ % for the highest six minute average.		□No
f. Did the visible emission test demonstrate compliance with the limit?(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minute.		□No
3. Is there any reason to ask for a special test to determine compliance with the PM and CO star		⊠No
If yes, what reason?	∐ Yes	☑110

PART III: MONITORING/RECORDKEEPING REQUIREMENTS		(check ☑ only one box for each question)	
	1	ŕ	
1. Were there any objectionable odors detected?		No	
An upwind/downwind survey of the facility was conducted. The observed paramete Wind direction Downwind odor level detected Upwind odor level		st)	
2. Continuous Monitoring Systems –			
a Is a continuous temperature monitoring system installed on each unit to record temperature secondary chamber in accordance with the manufacturer's instructions?]No	
b Is the temperature probe properly placed, at least at the distance where the 1.0 secontime at \(\sum 1,800^1 \subseteq 1,600^2 \) degrees was determined?	Yes]No	
c. Are the following records kept on file, available for inspection, for at least the past to (1) All temperature measurements]No	
 (2) All continuous monitoring systems, monitoring devices, and performance testing monitoring system all continuous performance evaluations (3) All CEMS or monitoring device calibration checks (last performed on 7/8/11)]No]No	
(4) Adjustments	Yes	No	
(5) Preventive maintenance performed on systems/devices		No	
(6) Corrective maintenance performed on systems/devices		No	
 d. Are the temperature charts properly documented with operator name, operator indication when cremation in the primary chamber was begun, date, time, and temperature mare. e. Was the crematory unit installed after 2/1/07? If no, skip e.(1) – (3)	rkings]No]No	
 (1) Is the crematory unit equipped and operated with a pollutant monitoring sy control combustion based on continuous in-stack opacity measurement? (2) Is the system calibrated to restrict combustion in the primary chamber whe 	Yes]No	
exceeds 15% opacity? (3) Has the opacity measurement system been cleaned and checked for proper	Yes]No	
accordance with the manufacturer's recommended maintenance schedule?		No	
	(check ☑ onl	y one	
PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	box for each ques	stion)	
If the application to construct was <u>BEFORE</u> August 30, 1989 is the: a. actual operating temperature of the secondary chamber combustion zone no less t			
throughout the combustion process in the primary chamber?b. secondary chamber combustion zone temperature equal to or greater than 1400°F		No	
process begins in the primary chamber?]No	
 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 lethoughout the combustion process in the primary chamber?]No	
process begins in the primary chamber?		No	
		y one	
PART V: <u>ALLOWED MATERIALS</u>	box for each ques	-	
Besides animal remains and, if applicable, the bedding associated with the animals are any other materials, including biomedical wastes, incinerated in the unit? If yes, what other materials?]No	
Do containers contain no more than 0.5 percent by weight chlorinated plastics as certified by the manufacturer? If yes, is the certifying documentation from the manufacturer kept on file for at least]No No	

PART VI: EQUIPMENT MAINTENANCE	(check ☑ only one box for each question)				
Is the crematory unit maintained in accordance with the manu Is there a written plan onsite which addresses the operating pr shutdown and malfunction? Does the crematory allow for a visible check on the flame cha If no, skip a. – b. a. Was the flame characteristic visually checked at least once b. Was the flame adjusted when necessary? PART VII: EU INSPECTION COMPLIANCE STATUS (ch	Yes Yes	□No □No □No □No □No			
☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANO	CE SIGNIFICANT Non-COMPL	JANCE			
Facility Section (continued)					
SPECIAL CONDITIONS AND PROCEDURES		(check 🗹 box for each	only one question)		
Administrative Changes: 1. Were there any changes in the name, address, or phone number associated with a change in ownership or with a physical reloc operations comprising the facility; or any other similar minor 2. If yes, did the facility provide written notification within 30 days New or Modified Process Equipment or Change in Ownership: 3. Since the last registration form submittal has there been	cation of the facility or any emissions unitadministrative change at the facility? ays of the change? blacement? hat is substantially different?	ts or Yes Yes Yes Yes Yes Yes Yes Yes Yes	□No		
Sherrill Culliver Inspector's Name (Please Print)	2/2/12 Date of Inspection				
Inspector's Signature	pection				
COMMENTS:					