HUMAN CREMATORY

COMPLIANCE INSPECTION CHECKLIST

Environmental Compliance

INSPECTION TYPE: ANNUAL (INS1, INS2) ☒ COMPLAINT/DISCOVERY (CI) ☐

RE-INSPECTION (FUI) ☐ ARMS COMPLAINT NO:

AIRS ID#: 0510031 **DATE:** 11/12/10 **ARRIVE:** 08:00 **DEPART:** 09:30

FACILITY NAME: LABELLE FACILITY

FACILITY LOCATION: 560 E HICKPOCHEE AVE

LABELLE 33935-5072

OWNER/AUTHORIZED REPRESENTATIVE: DANIEL AKIN **PHONE:** (863)675-2125
Email: **Mobile:**
CONTACT NAME: DANIEL AKIN **PHONE:** (863)675-2125
Email: **Mobile:**
ENTITLEMENT PERIOD: 6/15/2009 (effective date) / 6/15/2014 (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): Daniel Akin

   Brief Notes: initial contact was on Wednesday Facility in operation a little over a year no initial test

2. Is the Authorized Representative still DANIEL AKIN? ---------- ☒ Yes ☐ No
   If no, who is?: _____
   If different, did the facility provide an administrative update within 30 days? ---------- ☐ Yes ☐ No
3. Is the facility contact still DANIEL AKIN? ---------- ☒ Yes ☐ No
   If no, who is?: _____
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

1 – Human Crematory-prim/2ndary chambers, NG fired, 150#/hr

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: 11/12/10
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: 11/12/10
   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)?

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 0 % 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?

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- Wind direction - Upwind odor level detected- (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 ☒ 1,800[1] ☐ 1,600[2] 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	☒ 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 ( )	☒ Yes	☐..No
4) Adjustments	☐ Yes	☐..No
5) Preventive maintenance performed on systems/devices	☐ Yes	☐..No
6) Corrective maintenance performed on systems/devices	☐ Yes	☐..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	☒ Yes	☐..No
e. Was the crematory unit installed after **2/1/07**? If no, skip e.(1) – (3)	☒ Yes	☐..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?	☐ Yes	☐..No
(2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ?	☐ Yes	☐..No
(3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule?	☐ Yes	☐..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?	☐ Yes	☐..No
b. secondary chamber combustion zone temperature equal to or greater than **1400°F** before the cremation process begins in the primary chamber?	☐ Yes	☐..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?	☒ Yes	☐..No
b. secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber?	☒ Yes	☐..No

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?	☐ Yes	☒..No
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer?	☒ Yes	☐..No
If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use?	☐ Yes	☐..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? ----------	☐ 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? ----------	☐ Yes	☐..No

Wayne Lewis
Inspector's Name (Please Print)

11/12/10
Date of Inspection

Inspector's Signature

11/12/11
Approximate Date of Next Inspection

COMMENTS: Initial inspection was 11/10/10 Facility failed to do initial inspection Facility set to do a cremation 11/12/10 so a consultant was called and test was arranged.