

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) RE-INSPECTION (FUI		Y (CI)
AIRS ID#: 0610095 DATE: <u>11/22/2010</u>	ARRIVE: <u>13:50</u>	DEPART: <u>14:20</u>
FACILITY NAME: VERO BEACH FACILITY		
FACILITY LOCATION: 1126 OLD DIXIN	EHWY	
VERO BEACH	32960-4369	
	Mobile:	(772)226-0876 (772)473-8416 (772)226-0876 (772)473-8416

Facility Section

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

 ☑ IN COMPLIANCE
 ☑ MINOR Non-COMPLIANCE
 ☐ SIGNIFICANT Non-COMPLIANCE

	SIGNIFICANT NOII-COWIT LIANCE

PA	ART II: <u>ONSITE INTRODUCTORY MEETING</u>	(check 🗹	
1.	Name(s) of facility representative(s): <u>TIM MYERS</u>	box for each	question)
	Brief Notes:		
2.	Is the Authorized Representative still TIM MYERS?	Xes Yes	□No
3.	If different, did the facility provide an administrative update within 30 days? Is the facility contact still TIM MYERS? If no, who is?:	☐ Yes ⊠ Yes	□No □No
4.	Will facility be conducting VE test(s) during today's inspection?	Yes Yes	⊠No □No

Emissions Unit Section <u>1 – Animal Crematory-prim/2ndarychmbrw/opac&temp monitor,150#/hr</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?		X 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
3. Crematory unit installed after February 1, 2007?		X Yes	No
4. Date of last inspection:			
5. Past Visible Emissions (VE) tests:		_	
a. Was a VE test performed within each of the past 4 calendar years?			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		<u> </u>	
operation? N/	/A	🛛 Yes	No
d. Date of last VE test: $\frac{8/26/2011}{2010}$			
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: <u>VISIBLE EMISSIONS TESTING</u>	(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. Operating capacity during test?	_	—	
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?	Yes	No	
d. Was the visible emissions test conducted according to EPA Method 9?	Yes	No	
e. The visible emission test resulted in an opacity of% 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			
2. Was a visible emissions test conducted by the inspector during this site visit?	Yes	🖾No	
b. Was the operating capacity greater than the manufacturer's recommended capacity?	T Yes	No	
c. Was the test conducted with the unit operating at a capacity that is representative of normal operations?		\square No	
	☐ Yes		
d. Was the visible emissions test conducted according to EPA Method 9?		No	
e. The visible emission test resulted in an opacity of% 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)		
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: Wind direction Downwind odor level detected Upwind odor level detected	Scale: 1-10	(worst)
 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? 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 ⊠ Yes	□No □No
 c. Are the following records kept on file, available for inspection, for at least the past two years? (1) All temperature measurements		□No
 (3) All CEMS or monitoring device calibration checks (last performed on)	Yes	No No No
 (5) Preventive maintenance performed on systems/devices (6) Corrective maintenance performed on systems/devices 		□No □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 e. Was the crematory unit installed after 2/1/07? If no, skip e.(1) - (3)	🛛 Yes	□No □No
control combustion based on continuous in-stack opacity measurement?(2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity	🕅 Yes	No
 exceeds 15% opacity ? (3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? 		□No □No
	(check 🗹	only one
PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	box for each	1 question)
 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 than 1400°F throughout the combustion process in the primary chamber? b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crema process begins in the primary chamber? 	tion	□No
 2. If the application to construct <u>ON</u> or <u>AFTER</u> 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?	tion	No
process begins in the primary chamber?	Xes Yes	No
	(check 🗹	only one
PART V: <u>ALLOWED MATERIALS</u>	box for each	i question)
 Besides animal remains and, if applicable, the bedding associated with the animals and appropriate co are any other materials, including biomedical wastes, incinerated in the unit?	ntainers, - 🗌 Yes	⊠No
 Do containers contain no more than 0.5 percent by weight chlorinated plastics as certified by the manufacturer?	? 🛛 Yes ? 🖾 Yes	□No □No

PART VI: <u>EQUIPMENT MAINTENANCE</u>	(check 🗹 box for each	2	
 Is the crematory unit maintained in accordance with the manufacturer's specifications? Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? Does the crematory allow for a visible check on the flame characteristics?	- 🛛 Yes - 🗌 Yes - 🗌 Yes	□No □No □No □No □No	
PART VII: EU INSPECTION COMPLIANCE STATUS (check I only one box) IN COMPLIANCE IN COMPLIANCE IN COMPLIANCE			

Facility Section (continued)

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

Michael Young

Inspector's Name (Please Print)

November 22, 2011

Date of Inspection

3/30/2012

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: At time of inspection did not see the machine. Will plan a second trip to see the machine in 2012