



# HUMAN CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

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

<b>AIRS ID#:</b> 0850154	<b>DATE:</b> <u>1-25-2013</u>	<b>ARRIVE:</b> <u>1:05 PM</u>	<b>DEPART:</b> <u>2:25 PM</u>
<b>FACILITY NAME:</b> TREASURE COAST SEAWINDS CREMATORY			
<b>FACILITY LOCATION:</b> 950 SE MONTEREY RD STUART 34994-4509			
<b>OWNER/AUTHORIZED REPRESENTATIVE:</b> JAMES YOUNG*		<b>PHONE:</b> (772)562-2365	
<b>Email:</b>		<b>Mobile:</b>	
<b>CONTACT NAME:</b>		<b>PHONE:</b>	
<b>Email:</b>		<b>Mobile:</b>	
<b>ENTITLEMENT PERIOD:</b> 11/11/2011 / 11/11/2016 (effective date) (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): Stan Cooperider, Funeral Director and Rich Cimino, Operator

Brief Notes: Rich Cimino answered questions regarding the crematory.

2. Is the Authorized Representative still JAMES YOUNG\*? -----  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 ? -----  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/2ndarychmbrNGfiredtempM&RopacM,200lbs/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: 1-12-2012
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: 1-12-2012
  - 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)? N/A

#### **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?**

If yes, what reason?

 Yes ..No

#### **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<sup>1</sup>  1,600<sup>2</sup> degrees was determined? -----  Yes ..No  
(Application or initial notification: <sup>1</sup> received on or after 8/30/89; <sup>2</sup> 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 (1/23/2013) ) -----  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

Scott D. Trainor

1-25-2013

Inspector's Name (Please Print)

Date of Inspection

*Scott D. Trainor*  
Inspector's Signature

1-25-2014

Approximate Date of Next Inspection

**COMMENTS:** Conducted a 12 minute VE test alongside the consultant conducting the VE for the facility. No emissions were visible. No compliance issues were noted at the facility.

# EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)  
 Method 9      203A      203B      Other: \_\_\_\_\_

Form Number \_\_\_\_\_ Page 1 Of 1  
 Continued on VEO Form Number \_\_\_\_\_

Company Name  
*Treasure Coast Seawinds Funeral Home Crematory*

Facility Name  
*Treasure Coast Seawinds Funeral Home Crematory*

Street Address  
*950 SE Monterey Rd.*

City *Stuart* State *FL* Zip *34994*

Process *Human Crematory ~110lb* Unit # *1* Operating Mode *Cremation >1600°*

Control Equipment *Secondary chamber (afterburner)* Operating Mode *on >1600°*

Describe Emission Point  
*Only stack, brown toward east side of building*

Height of Emiss. Pt. Start *~30* End *Same* Height of Emiss. Pt. Rel. to Observer Start *~26* End *Same*

Distance to Emiss. Pt. Start *~170'* End *Same* Direction to Emiss. Pt. (Degrees) Start *15°* End *Same*

Vertical Angle to Obs. Pt. Start *26° 23°* End *Same* Direction to Obs. Pt. (Degrees) Start *15°* End *Same*

Distance and Direction to Observation Point from Emission Point  
Start *Same point* End

Describe Emissions  
Start *black smoke* End *Same*

Emission Color Start *black* End *same* Water Droplet Plume Attached  Detached  None

Describe Plume Background  
Start *blue sky* End *Same*

Background Color Start *blue* End *Same* Sky Conditions Start *clear* End *Same*

Wind Speed Start *7* End *Same* Wind Direction Start *NE* End *Same*

Ambient Temp. Start *73° F* End *Same* Wet Bulb Temp. RH Percent *38%*

Source Layout Sketch

Draw North Arrow  TN  MN

Observer's Position

140°

Sun Location Line

~28 FEET

FEET

Side View

Stack With Plume

Sun

Wind

Longitude *-80.23928* Latitude *27.17478* Declination

Observation Date	Time Zone	Start Time	End Time					
<i>1/25/2013</i>	<i>Eastern</i>	<i>2:05</i>	<i>2:17</i>					
Min \ sec	0	15	30	45	Comments			
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	0	0				
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Additional Information  
*see attached aerial photo*

Observer's Name (Print) *Scott Trainor*

Observer's Signature \_\_\_\_\_ Date *1/25/2013*

Organization *FDEP*

Certified By \_\_\_\_\_ Date \_\_\_\_\_





