

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) RE-INSPECTION (FUI)	COMPLAINT/DISC ARMS COMPLAIN	· · · · 					
AIRS ID#: 0850154 DATE: 4/01/2014	ARRIVE: <u>9:40</u>	DEPART: <u>10:34</u>					
FACILITY NAME: TREASURE COAST SEAW	INDS CREMATORY						
FACILITY LOCATION: 950 SE MONTER	EY RD						
STUART 34994	-4509						
OWNER/AUTHORIZED REPRESENTATIVE: Email: CONTACT NAME: Email: ENTITLEMENT PERIOD: 11/11/2011 / 11/ (effective date) (end of	Мо РН Мо /11/2016	HONE: (772)562-2365 obile: HONE: obile:					
Facility Section PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE							
DADE H. ONGVER INTERODUCTION VINETIN							
PART II: ONSITE INTRODUCTORY MEETIN 1. Name(s) of facility representative(s): Brief Notes:	<u>G</u>	(check ✓ box for each	only one question)				
2. Is the Authorized Representative still JAMES YO If no, who is?:	OUNG*?	\(\sum \text{Yes}\)	□No				
If different, did the facility provide an administra 3. Is the facility contact still? If no, who is?: Rich Chimino			□No □No				
4. Will facility be conducting VE test(s) during toda If yes, was the compliance authority notified at least			□No □No				

$Emissions\ Unit\ Section \\ {\bf 1-HumanCrematory-prim/2ndarychmbrNGfiredtempM\&RopacM,200lbs/hr}$

PA	RT I: FILE REVIEW PRIOR TO INSPECTION	(check ☑	only one	
			box for each question)	
		DON TOT CUCH	question,	
1.	a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989?	□ Vac	□ Ma	
	b. If yes, were design calculations provided then to confirm a sufficient volume in the	∐ Yes	∐No	
	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	
	Date of last inspection: 1/25/2013	Z 105	LJ10	
	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: 1/25/2013		_	
	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)?			
PA	RT II: <u>VISIBLE EMISSIONS TESTING</u>	(check ☑	only one	
		box for each		
4	***		_	
1.	Was a visible emissions test conducted by the facility for this unit during this site visit?		∐No	
	a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver?b. Was the visible emissions test conducted according to EPA Method 9?		□No □No	
	b. Was the visible emissions test conducted according to EPA Method 9?	i les	□N0	
	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			
		_		
2.	Was a visible emissions test conducted by the inspector during this site visit?		□No	
	a. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver?		□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.		□ N.	
2	d. Did the visible emission test demonstrate compliance with the limit?		□No	
Э.	is there any reason to ask for a special test to determine compnance with the FWI and CO standa.	Yes	⊠No	
	If yes, what reason?		2310	
	11 yes,			
D۸	RT III: MONITORING/RECORDKEEPING REQUIREMENTS		1	
IA	AT III. MONTORING/RECORDREET ING REQUIREMENTS	(check ☑ box for each	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- 1 Wind direction - Upwind odor level detected-	(1-10)		
_	1			
	•			
	Continuous Monitoring Systems –			
	Continuous Monitoring Systems – Is a continuous temperature monitoring system installed on each unit to record temperatures in the	∇ v _{aa}	□ No	
a	Continuous Monitoring Systems — 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	
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a	Continuous Monitoring Systems — 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 ✓ Yes	□No	

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P	ART 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	\square	Yes	□No
	2) all continuous monitoring systems, monitoring devices, and performance testing measurements;	لكا	105	
	monitoring system all continuous performance evaluations	\boxtimes	Yes	ПNо
	3) All CEMS or monitoring device calibration checks (last performed on (installati)	_	Yes	□No
	4) Adjustments	-	Yes	□No
	5) Preventive maintenance performed on systems/devices	\forall	Yes	□No
	6) Corrective maintenance performed on systems/devices		Yes	□No
	6) Corrective mannenance performed on systems/devices	\square	168	□110
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	\boxtimes	Yes	□No
e.	Was the crematory unit installed after $2/1/07$? If no, skip e.(1) – (3)		Yes	□No
l	(1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatical			
	control combustion based on continuous in-stack opacity measurement?		Yes	□No
l	(2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity	_		
	exceeds 15% opacity?	\boxtimes	Yes	□No
l	(3) Has the opacity measurement system been cleaned and checked for proper operation in	_		
l	accordance with the manufacturer's recommended maintenance schedule?	\boxtimes	Yes	□No
_				
		. 1	- 🖂	. 1
PA	ART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	,	heck 🗹	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
İ	b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic	on		
	process begins in the primary chamber?		Yes	□No
12	If the application to construct ON or AFTED August 30, 1080 is the			
۷.	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			
İ				iii
1	throughout the combustion process in the primary champer/	∇	Vac	\square No
ļ	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 crematic	on		
		on		□No
	b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic	on		
	b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic	on		
P/	b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic process begins in the primary chamber?	on 🖂	Yes	
PA	b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic	on 	Yes heck ☑	□No
PA	b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic process begins in the primary chamber?	on 	Yes	□No
	b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic process begins in the primary chamber?	on 	Yes heck ☑	□No
	b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic process begins in the primary chamber?	on (cl box	Yes heck for each o	only one question)
	b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic process begins in the primary chamber?	on (cl box	Yes heck ☑	□No
1.	b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic process begins in the primary chamber?	on (cl box	Yes heck for each o	only one question)
1.	b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic process begins in the primary chamber?	(cl box	Yes heck for each of Yes	only one question)

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			
 Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?	⊠ Yes	No No No No			
PART VII: EU INSPECTION COMPLIANCE STATUS (check ✓ only one box) ☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE	IANCE				
Facility Section (continued)					
SPECIAL CONDITIONS AND PROCEDURES	(check 🗹 box for each	only one			
Administrative Changes: 1. Were there any changes in the name, address, or phone number of the facility or authorized represental associated with a change in ownership or with a physical relocation of the facility or any emissions uni operations comprising the facility; or any other similar minor administrative change at the facility? 2. If yes, did the facility provide written notification within 30 days of the change? New or Modified Process Equipment or Change in Ownership: 3. Since the last registration form submittal has there been	ts or Yes Yes Yes	⊠No ⊠No ⊠No			
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? d. A change in ownership?	Yes Yes Yes Yes	NoNoNoNoNo			
Patricia Tampas 4/01/2014					
Inspector's Name (Please Print) Date of Inspection					
4/1/2019					
Inspector's Signature Approximate Date of Next Insp	pection				
COMMENTS: Inspector witnessed the 2014 VE compliance test conducted by A1 Environmental. on a inspector and reviewed paperwork. There were no violations witnessed.	185 pound cha	arge the			