



# HUMAN CREMATORY

## COMPLIANCE INSPECTION CHECKLIST



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

**AIRS ID#:** 0250944 **DATE:** 8/17/2010 **ARRIVE:** 09:40AM **DEPART:** 11:30AM

**FACILITY NAME:** ALLEN & SHAW-OPA LOCKA FACILITY

**FACILITY LOCATION:** 13931 NW 20TH CT  
OPA-LOCKA 33054-4117

**OWNER/AUTHORIZED REPRESENTATIVE:** VERL SHAW

**PHONE:** (305)681-1426

**Email:**

**Mobile:**

**CONTACT NAME:** VERL SHAW

**PHONE:** (305)681-1426

**Email:**

**Mobile:**

**ENTITLEMENT PERIOD:** 5/31/2009 / 5/31/2014  
(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): Verl Shaw

Brief Notes: Emission Unit number 1 does not exist. Please see comments.

2. Is the Authorized Representative still VERL SHAW? ----- ☒ 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 VERL SHAW? ----- ☒ 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-primary&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: 1/30/2008
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: 6/23/2009
- 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- No Wind direction - Upwind odor level detected-No (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 -----   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 2) all continuous monitoring systems, monitoring devices, and performance testing measurements;<br>monitoring system all continuous performance evaluations ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 3) All CEMS or monitoring device calibration checks (last performed on (     ) ) -----  | <input type="checkbox"/> Yes            | <input type="checkbox"/> ..No |
| 4) Adjustments -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 5) Preventive maintenance performed on systems/devices -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 6) Corrective maintenance performed on systems/devices -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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 -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- e. Was the crematory unit installed after **2/1/07**? If no, skip e.(1) – (3) -----
- |  |                              |  |
|--|------------------------------|--|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..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? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- (3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- b. secondary chamber combustion zone temperature equal to or greater than **1400°F** before the cremation process begins in the primary chamber? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- b. secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |                              |  |
|--|------------------------------|--|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..No |
|--|------------------------------|--|
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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

**Emissions Unit Section**  
**2 – Human Crematory-primary&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: 1/30/2008
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: 6/23/2009
- 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- No Wind direction - Upwind odor level detected-No (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 -----   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 2) all continuous monitoring systems, monitoring devices, and performance testing measurements;<br>monitoring system all continuous performance evaluations ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 3) All CEMS or monitoring device calibration checks (last performed on (     ) ) -----  | <input type="checkbox"/> Yes            | <input type="checkbox"/> ..No |
| 4) Adjustments -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 5) Preventive maintenance performed on systems/devices -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 6) Corrective maintenance performed on systems/devices -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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 -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- e. Was the crematory unit installed after **2/1/07**? If no, skip e.(1) – (3) -----
- |  |                              |  |
|--|------------------------------|--|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..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? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- (3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- b. secondary chamber combustion zone temperature equal to or greater than **1400°F** before the cremation process begins in the primary chamber? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- b. secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |                              |  |
|--|------------------------------|--|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..No |
|--|------------------------------|--|
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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

**Emissions Unit Section**  
**3 – Human Crematory-primary&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: 1/30/2008
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: 6/23/2009
- 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 % 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- No Wind direction - Upwind odor level detected-No (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 -----   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 2) all continuous monitoring systems, monitoring devices, and performance testing measurements;<br>monitoring system all continuous performance evaluations ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 3) All CEMS or monitoring device calibration checks (last performed on (     ) ) -----  | <input type="checkbox"/> Yes            | <input type="checkbox"/> ..No |
| 4) Adjustments -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 5) Preventive maintenance performed on systems/devices -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 6) Corrective maintenance performed on systems/devices -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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 -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- e. Was the crematory unit installed after **2/1/07**? If no, skip e.(1) – (3) -----
- |  |                              |  |
|--|------------------------------|--|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..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? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- (3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- b. secondary chamber combustion zone temperature equal to or greater than **1400°F** before the cremation process begins in the primary chamber? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- b. secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |                              |  |
|--|------------------------------|--|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..No |
|--|------------------------------|--|
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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

**Emissions Unit Section**  
**4 – Human Crematory-primary&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: 1/30/2010
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: 6/23/2009
  - 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 ☐..NoIf 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- No      Wind direction -      Upwind odor level detected-No (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 -----   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 2) all continuous monitoring systems, monitoring devices, and performance testing measurements;<br>monitoring system all continuous performance evaluations ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 3) All CEMS or monitoring device calibration checks (last performed on (     ) ) -----  | <input type="checkbox"/> Yes            | <input type="checkbox"/> ..No |
| 4) Adjustments -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 5) Preventive maintenance performed on systems/devices -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 6) Corrective maintenance performed on systems/devices -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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 -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- e. Was the crematory unit installed after **2/1/07**? If no, skip e.(1) – (3) -----
- |  |                              |  |
|--|------------------------------|--|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..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? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ? -----
- |  |                              |  |
|--|------------------------------|--|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..No |
|--|------------------------------|--|
- (3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- b. secondary chamber combustion zone temperature equal to or greater than **1400°F** before the cremation process begins in the primary chamber? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- b. secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |                              |  |
|--|------------------------------|--|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..No |
|--|------------------------------|--|
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..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

**Emissions Unit Section**  
**5 – Human Crematory-primary&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: 1/30/2008
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: 6/23/2009
  - 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 ☐..NoIf 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- No      Wind direction -      Upwind odor level detected-No (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 -----   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 2) all continuous monitoring systems, monitoring devices, and performance testing measurements;<br>monitoring system all continuous performance evaluations ----- | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 3) All CEMS or monitoring device calibration checks (last performed on (     ) ) -----  | <input type="checkbox"/> Yes            | <input type="checkbox"/> ..No |
| 4) Adjustments -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 5) Preventive maintenance performed on systems/devices -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
| 6) Corrective maintenance performed on systems/devices -----  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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 -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- e. Was the crematory unit installed after **2/1/07**? If no, skip e.(1) – (3) -----
- |  |                              |  |
|--|------------------------------|--|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..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? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ? -----
- |  |                              |  |
|--|------------------------------|--|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..No |
|--|------------------------------|--|
- (3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|------------------------------|-------------------------------|
- b. secondary chamber combustion zone temperature equal to or greater than **1400°F** before the cremation process begins in the primary chamber? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- b. secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..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? -----
- |  |                              |  |
|--|------------------------------|--|
|  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> ..No |
|--|------------------------------|--|
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer? -----
- |  |   |                               |
|--|---|-------------------------------|
|  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> ..No |
|--|---|-------------------------------|
- If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? -----
- |  |                              |                               |
|--|------------------------------|-------------------------------|
|  | <input type="checkbox"/> Yes | <input type="checkbox"/> ..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

MARUFUL MALIK

08/17/2010

\_\_\_\_\_  
Inspector's Name (Please Print)\_\_\_\_\_  
Date of Inspection

08/17/2011

\_\_\_\_\_  
Inspector's Signature\_\_\_\_\_  
Approximate Date of Next Inspection

**COMMENTS:** On August 17, 2010 I visited this facility to conduct the annual compliance inspection and to attend the visible emissions test. On site I met Verl Shaw, the owner of the facility. Dale Wingler, Southern Environmental Services, conducted an one hour VE test on incinerators 2, 3 & 4. Todd Clark from the same company conducted VE test on incinerators 5 & 6. Incinerator numbers are 2, 3, 4, 5 & 6. The temperature of secondary chamber was as follows during the tests : Incinerator # 2 at 1656 degrees F, # 3 at 1651, # 4 at 1655, # 5 1652, 1nd # 6 at 1650. No emissions were observed from the stacks during the tests. There were no objectionable odors in or around the facility. Paul S. Nowak, the Crematory operator, was certified.