



HUMAN CREMATORY COMPLIANCE INSPECTION CHECKLIST



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

FACILITY: Lighthouse Funeral Services, LLC DBA/Site Name: Palm State Crematory Services ADDRESS: 12660 34th Street North #A-2 Clearwater, FL ARMS NO: 1030473 001 PERMIT NO: 1030473-007-AG DISTRICT: Southwest CONTACT PHONE: 727-571-1726 Expiration Date: 11/3/2012 Renewal Date: 10/3/2012 Test Date: 9/29/2000

EMISSION UNIT DESCRIPTION: Human Crematory: B&L Cremation Systems, Model N-20 150 lb/hour (350 lb Batch). Required to operate at 1600 degrees.

INSPECTION DATE: 5/4/10 INSPECTION COMPLIANCE STATUS (check [] only one box) [X] In Compliance; [] Minor Non-Compliance; [] Significant Non-Compliance

PART I: General Review:

Table with 5 rows for general review items including Permit File Review, Introduction and Entry, and administrative update questions.

PART II: TESTING REQUIREMENTS - Rule 62-296. 401(5), F.A.C.

(check [] appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Compliance Demonstration [62-296.401(5)(h), F.A.C.]

- 1. [] New Facility / [] New Process Equipment- Did this facility demonstrate initial compliance no later than 30 days after beginning operation? [] Yes [] No
2. [X] Existing Facilities Was an annual visible emissions compliance test conducted on each crematory unit for each calendar year: [X] Yes [] No
Test Reports
1. Does the submitted visible emission test(s) demonstrate compliance with the 5 percent opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour period? [X] Yes [] No
2. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? [X] Yes [] No
3. Was the department notified at least 15 days prior to the test? [X] Yes [] No
4. Was the required test report filed with the department as soon as practical, but no later than 45 days after the test was completed? [X] Yes [] No
5. Was the facility visible emissions test(s) conducted according to EPA Method 9? [X] Yes [] No
6. Was a visible emissions test(s) conducted by the inspector during this site visit according to EPA Method 9? [] Yes [X] No

PART II: TESTING REQUIREMENTS – Rule 62-296. 401(5), F.A.C.
 (check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

- a) The visible emission test resulted in an opacity of _____% for the highest six minute average.
 b) Did the test indicate the facility is operating in compliance with the opacity standard? ----- Yes No
7. Is there any reason to ask for a special test to determine compliance with the PM and CO standards? ----- Yes No

PART III: OPERATING/RECORDKEEPING REQUIREMENTS
 (check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

1. Were there any objectionable odor(s) detected? ----- Yes No
 An upwind/downwind survey of the facility was conducted. The observed parameters were:
 Downwind odor level detected- 0; Wind direction - W Upwind odor level detected- 0 (1-10)
2. **Continuous Monitoring System** – [62-296.401(5)(i), F.A.C.]
- 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 1,800¹ 1,600² degrees was determined? ----- Yes No
- c) Are the following records kept on file, available for inspection for at least two years following the recording of such measurements, maintenance, reports and records?
- 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 9/30/08) ----- Yes No
- 4) Adjustments ----- Yes No
- 5) Preventive maintenance performed on systems/devices ----- Yes No
- 6) Corrective maintenance performed on systems/devices ----- Yes No
- 7) 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
- 8) Are all the above records available for at least 2 years? ----- Yes No
 a) Date range for records reviewed: From: June 25, 2009 To: April 30, 2010
- 9) Was the crematory unit installed after 2/1/07? If yes, go to 9) a) – c) ----- Yes No
- a) 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
- b) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity? ----- Yes No
- c) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer’s recommended maintenance schedule? ----- Yes No
- 1 – Application received on or after 8/30/89; 2 – Application received prior to 8/30/89
3. Was this crematory unit application to construct: [62-296.401(5)(c), F.A.C.] (check only one box)
- a) **BEFORE** August 30, 1989? (If this box checked, continue on to #4 and skip #5)
- b) **ON** or **AFTER** August 30, 1989? (If this box checked, skip #4 and continue on to #5)
4. If the application to construct was **BEFORE** August 30, 1989 is the:
- a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ **1600°F**? ----- Yes No
- b) actual operating temperature of the secondary chamber combustion zone no less than **1400°F** throughout the combustion process in the primary chamber? ----- Yes No
- c) cremation in the primary chamber begun after the secondary chamber combustion zone temperature is equal to or greater than **1400°F**? ----- Yes No
5. If the application to construct **ON** or **AFTER** August 30, 1989 is the:
- a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence time @ **1800°F**? ----- Yes No
- b) actual operating temperature of the secondary chamber combustion zone no less than **1600°F** throughout the combustion process in the primary chamber? ----- Yes No
- c) secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber? ----- Yes No

PART III: OPERATING/RECORDKEEPING REQUIREMENTS

(check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

6. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated plastics used during the cremation of dead human bodies, as demonstrated by MSD sheet? ----- Yes No
[62-296.401(5)(d), F.A.C.]
- a) If the answer to question 6 above is YES, is certifying documentation from the manufacturer that they are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration of their use and for at least two years after their use? ----- Yes No
- b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at this location? ----- Yes No

PART IV: Equipment Maintenance

(check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Equipment Maintenance: – [62-296.401(5)(e), F.A.C.]

1. Is the crematory unit maintained in accordance with the manufacturer’s specifications? ----- Yes No
2. Are there maintenance/repair/adjustment records kept onsite for at least 2 years? ----- Yes No
3. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? ----- Yes No
4. Does the crematory allow for a visible check on the flame characteristics?----- Yes No
If yes go to 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 V: Special Conditions And Procedures

(check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Administrative Changes:

1. Were there any change 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? [62-210.310(2)(d), F.A.C.] ----- Yes No

Permit Effective Period – [62-210.310(3)(a), F.A.C.]

1. Is the general permit for this facility still within the 5 year effective period? ----- Yes No
2. Did the facility submit the new re-registration form at least 30 days prior to permit expiration? ----- Yes No

New or Modified Process Equipment or Change in Ownership - [62-210.310 (2)(b)2, F.A.C]

- C.. Since the last registration form submittal has there been
- 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 of the answers to 1a) – 1d) is **Yes** to any, a new registration form and appropriate fee should have been submitted 30 days prior to the change.----- Yes No

Noncompliance Notice: - [62-210.310(3)(i), F.A.C.]

1. Did the facility have any instances where they were unable comply with or will be unable to comply with any condition or limitation of the air general permit? ----- Yes No
- If the answer is **Yes**, proceed to a) and b).
- a) Did the owner or operator provide immediate notification to the Department? ----- Yes No
- b) Did the notification include:
1. A description of and cause of noncompliance?----- Yes No
2. Dates and times of noncompliance; or if not corrected, the anticipated time noncompliance is expected to continue and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance? ----- Yes No

PART VI: Comments

Mr. Kuge provided me with all the pertinent records for the facility. All incidents of noncompliance for temperature drops, etc. were reported to our office and well documented. There does not appear to be any violations at this time.

Exit Interview: I informed Mr. Kuge that the facility appeared to be in compliance at this time with the exception of one trace for unit 02 where there was no documentation of operator's initials, but that would likely be determined to be quite minor by my management. Per Wayne Martin, there is no violation.

Shannon Ransom

Inspector's Name

5/4/10

Date of Inspection

Inspector's Signature

~ 4/2011

Approximate Date of Next Inspection

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