

FLORIDA DEPARTMENT OF

**ENVIRONMENTAL PROTECTION** 

NORTHWEST DISTRICT OFFICE 470 HARRISON AVENUE PANAMA CITY, FLORIDA 32401 RICK SCOTT GOVERNOR

JENNIFER CARROLL LT. GOVERNOR

HERSCHEL T. VINYARD JR. SECRETARY

February 15, 2013

BY ELECTRONIC MAIL riemerme@flcjn.net

Mr. Matthew Riemer Captain City of Lynn Haven 1412 Pennsylvania Avenue Lynn Haven, Florida 32444

Dear Mr. Riemer:

On February 14 2013, a Department representative with the Air Resource Management Program inspected the Lynn Haven Animal Control crematory ID 0050078. A copy of the inspection report is enclosed. The inspection and a review of Department records indicate the facility was in compliance at the time of the inspection for those items specifically noted in the inspection report.

This letter applies only to activities covered by the Air Resource Management Program. If you have any questions, please contact C. Mark Sumner at 850/767-0046, or *mark.c.sumner@dep.state.fl.us*.

Sincerely,

Michael Mathews Environmental Manager

MM/ms

Enclosure

 c: Ms. Mary Beth Curle, FDEP Pensacola (<u>mary.beth.curle@dep.state.fl.us</u>) Ms. Carol Melton, FDEP Pensacola (<u>carol.melton@dep.state.fl.us</u>) Mr. John B. Lynch, City of Lynn Haven (<u>citymanager@cityoflynnhaven.com</u>)

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## ANIMAL CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

| INSPECTION TYPE: ANNUAL (INS1, INS2)<br>RE-INSPECTION (FUI)  | COMPLAINT/DISC                            |  |  |
|--|---|--|--|
| AIRS ID#: 0050078 DATE: <u>2/14/13</u>   | ARRIVE: <u>10:15</u>                      | DEPART: <u>11:25</u>   |  |
| FACILITY NAME: LYNN HAVEN ANIMAL SHI   | ELTER                                     |  |  |
| FACILITY LOCATION: 1750 RECREATION   | N DR                                      |  |  |
| LYNN HAVEN 3   | 2444                                      |  |  |
| OWNER/AUTHORIZED REPRESENTATIVE:<br>Email: riemerme@flcjn.net<br>CONTACT NAME: CINDY VANN<br>Email: cvann@cityoflynnhaven.com<br>ENTITLEMENT PERIOD: 3/11/2012 / 3/11/2<br>(effective date) (end date) | M<br>PI<br>M<br>2017                      | HONE: (850)265-1112<br>Iobile:<br>HONE: (850)265-1112<br>Iobile: |  |
| Facility Section   |   |  |  |
| PART I: INSPECTION COMPLIANCE STATUS (check I only one box)         IN COMPLIANCE       IN MINOR Non-COMPLIANCE         IN COMPLIANCE       IN MINOR Non-COMPLIANCE                                    |   |  |  |
|  |   |  |  |
| PART II: ONSITE INTRODUCTORY MEETING           1. Name(s) of facility representative(s): Ramona Bib  |   | (check $\square$ only one<br>box for each question)              |  |
| Brief Notes: <u>I met with Ramona Bibbs and she pr</u>   | rovided me with access to the             | facility and the required records.                               |  |
| 2. Is the Authorized Representative still MATTHEW<br>If no, who is?: <u>NA</u>   | ' REIMER?                                 | YesNo  |  |
| If different, did the facility provide an administrati<br>3. Is the facility contact still CINDY VANN?<br>If no, who is?: <u>NA</u>  | ve update within 30 days?                 | N/A YesNo  |  |
| 4. Will facility be conducting VE test(s) during today<br>If yes, was the compliance authority notified at lea   | /'s inspection?<br>st 15 days in advance? | Yes XNo<br>N/A YesNo   |  |

## Emissions Unit Section <u>1 – AnimalCrematory-prim/2ndarychmbr,NG,tempM&R,opacM,75lbs/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?  | 🛛 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? N/A   | 🖂 Yes        | No        |
| 2. Manufacturer's recommended capacity: $\underline{120} \boxtimes$ lbs for batch unit $\square$ lbs/hr for ram-charged unit. | _            |           |
| 3. Crematory unit installed after February 1, 2007?   | 🗌 Yes        | 🖾No       |
| 4. Date of last inspection: $2/13/2012$   |              |           |
| 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   |              |           |
| operation? 🛛 N/A  | Yes          | No        |
| d. Date of last VE test: $\frac{4/25/2012}{2}$  |              |           |
| e. Was the VE test report filed with the compliance authority no later than 45 days after the test?                           |              | No        |
| f. Did the facility demonstrate compliance during the last VE test?   | 🛛 Yes        | No        |
| If no, what was the problem (if known)? <u>NA</u>   |              |           |

| PART II: <u>VISIBLE EMISSIONS TESTING</u>   | (check 🗹                              | only one   |
|---|---------------------------------------|------------|
|   | box for each                          |            |
|   |                                       | 1          |
| 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>—</b>                              | <b>—</b>   |
| b. Was the operating capacity greater than the manufacturer's recommended capacity?   |                                       | <u></u> No |
| c. Was the test conducted with the unit operating at a capacity that is representative of normal operations?                    |                                       | es 🗌 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 | in any one-hour)                      |            |
|   | , , , , , , , , , , , , , , , , , , , |            |
| 2. Was a visible emissions test conducted by the inspector during this site visit?  | Yes                                   | 🖾No        |
| a. Operating capacity during test?  |                                       |            |
| b. Was the operating capacity greater than the manufacturer's recommended capacity? $\bigotimes$ N/A                            | 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 |                                       |            |
|   | · · · · ·                             |            |
| 3. Is there any reason to ask for a special test to determine compliance with the PM and CO standar                             | ds?                                   |            |
| or is viere any reason to use for a special test to acternine compliance with the rate and co standar                           | T Yes                                 | 🖾No        |
| If yes, what reason? NA   |                                       |            |
| II yes, what reason: <u>IVA</u>   |                                       |            |
|   |                                       |            |

| PART III: MONITORING/RECORDKEEPING REQUIREMENTS  | (check 🗹<br>box for each |             |
|--|--------------------------|-------------|
| 1. Were there any objectionable odors detected?  | - 🗌 Yes                  | 🖾No         |
| An upwind/downwind survey of the facility was conducted. The observed parameters were:   |                          |             |
| Wind direction - <u>NW</u> Downwind odor level detected <u>0</u> Upwind odor level detected <u>0</u> Scale: 1-1  | 0 (worst)                |             |
| 2. Continuous Monitoring Systems –   |                          |             |
| <ul><li>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?</li><li>b Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence</li></ul> | Yes                      | □No         |
| time at $\boxtimes$ 1,800 <sup>1</sup> $\square$ 1,600 <sup>2</sup> degrees was determined?  | 🛛 Yes                    | DNo         |
| <ul> <li>c. Are the following records kept on file, available for inspection, for at least the past two years?</li> <li>(1) All temperature measurements</li> </ul>  | - 🖂 Yes                  | No          |
| <ul><li>(1) All continuous monitoring systems, monitoring devices, and performance testing measurements;</li></ul>   |                          | NO          |
| monitoring system all continuous performance evaluations   | 🛛 Yes<br>🕅 Yes           | No          |
| <ul> <li>(3) All CEMS or monitoring device calibration checks (last performed on <u>3/1/12</u>)</li></ul>  | - 🛛 Yes<br>- 🕅 Yes       | No<br>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   |                          | <b>—</b>    |
| when cremation in the primary chamber was begun, date, time, and temperature markings<br>e. Was the crematory unit installed <b>after <math>2/1/07</math></b> ? If no, skip e.(1) – (3)  |                          | ∐No<br>⊠No  |
| <ul> <li>(1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatic control combustion based on continuous in-stack opacity measurement?</li></ul>  | cally                    | No          |
| (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacit<br>exceeds 15% opacity ?  | у                        | No          |
| (3) Has the opacity measurement system been cleaned and checked for proper operation in<br>accordance with the manufacturer's recommended maintenance schedule?  | Yes                      | □No         |
|  |                          |             |
| DADT IV. SECONDADY COMPLICTION ZONE TEMPEDATURES   | (check ☑<br>box for each |             |
| PART IV: <u>SECONDARY COMBUSTION ZONE TEMPERATURES</u>   |                          | question)   |
|  |                          |             |
| <ol> <li>If the application to construct was <u>BEFORE</u> August 30, 1989 is the:</li> <li>a. actual operating temperature of the secondary chamber combustion zone no less than 1400°F</li> </ol>  |                          |             |
| <ul> <li>actual operating temperature of the secondary enamper combustion zone no less than 1400 F</li> <li>throughout the combustion process in the primary chamber?</li></ul>  |                          | No          |
| process begins in the primary chamber? N/A   |                          | 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 <b>1600°F</b> throughout the combustion process in the primary chamber?  | - 🛛 Yes                  | No          |
| b. secondary chamber combustion zone temperature equal to or greater than <b>1600°F</b> before the crema   | ation                    | NU          |
| process begins in the primary chamber?   |                          | No          |
|  | (check 🗹                 | only one    |
| PART V: <u>ALLOWED MATERIALS</u>   | box for each             | n question) |
|  |                          |             |
| 1. Besides animal remains and, if applicable, the bedding associated with the animals and appropriate co   | ontainers,               |             |
| are any other materials, including biomedical wastes, incinerated in the unit?   |                          | ⊠No         |
| 2. Do containers contain no more than 0.5 percent by weight chlorinated plastics   |                          |             |
| as certified by the manufacturer?  | - 🛛 Yes<br>? 🖾 Yes       | □No<br>□No  |

| PART VI: <u>EQUIPMENT MAINTENANCE</u>  | (check 🗹<br>box for each |                                 |
|--|--------------------------|---------------------------------|
| <ol> <li>Is the crematory unit maintained in accordance with the manufacturer's specifications?</li> <li>Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?</li></ol> | - Xes<br>- Yes<br>A Yes  | □No<br>□No<br>□No<br>□No<br>□No |
| PART VII: <u>EU INSPECTION COMPLIANCE STATUS</u> (check 🗹 only one box)  |                          |                                 |

## **Facility Section (continued)**

MINOR Non-COMPLIANCE

| SPECIAL CONDITIONS AND PROCEDURES  | (check ☑<br>box for each | only one question)              |
|--|--------------------------|---------------------------------|
| Administrative Changes:  |                          |                                 |
| <ol> <li>Were there any changes in the name, address, or phone number of the facility or authorized representation 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?</li> <li>If yes, did the facility provide written notification within 30 days of the change?</li></ol>  | ts or<br>Ves             | ⊠No<br>□No                      |
| New or Modified Process Equipment or Change in Ownership:  |                          |                                 |
| <ul> <li>3. Since the last registration form submittal has there been <ul> <li>a. Installation of any new process equipment?</li> <li>b. Alterations to existing process equipment without replacement?</li> <li>c. Replacement of existing equipment with equipment that is substantially different?</li> <li>d. A change in ownership?</li> <li>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?</li></ul></li></ul> | Yes                      | ⊠No<br>⊠No<br>⊠No<br>⊠No<br>□No |

C. Mark Sumner

IN COMPLIANCE

Inspector's Name (Please Print)

Mark Sen

Inspector's Signature

2/14/2013

Date of Inspection

February 2014

Approximate Date of Next Inspection

SIGNIFICANT Non-COMPLIANCE

**COMMENTS:** The bags used at this facility are manufactured by Fortune Plastics, and the facility has a letter from the manufacture stating that there are no clorinated plastics in their products.

The facility operator (Ramona Bibbs) received training on the cremarory unit on 11/2/2000.

The VE test was performed on 4/25/2012 with the crematory operating with approximatly 120lbs. (Full Capacity), and the VE result was 0% opacity. The department was notified on 3/19/2012 that the VE testing would be performed. This report was submitted timely to The Department.

The temperature recording charts are maintained and avaliable for inspection. A review of these charts revealed that the unit appears to operate at 1650 degrees during all cremations.

The maintenance log for the crematory was avaliable for review.

According to the operator the crematory received a major overhaul from All American Cremation from 2/28/2012 to 3/3/2012.