CHARTER PROTECTION
Same Carles
FLORIDA

## HUMAN CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:       ANNUAL (INS1, INS2)       COMPLAINT/DISCOVERY (CI)         RE-INSPECTION (FUI)       ARMS COMPLAINT NO:	
AIRS ID#: 1270034 DATE: <u>12/15/09</u> ARRIVE: <u>10:57am</u> DEPART: <u>11:42a</u>	<u>ım</u>
FACILITY NAME: MID-FLORIDA CREMATORY	
<b>FACILITY LOCATION:</b> 126 E NEW YORK AVE	
DELAND 32724	
<b>OWNER/AUTHORIZED REPRESENTATIVE:</b> ERNEST PARKER <b>PHONE:</b> (386)734-4663	
CONTACT NAME: Barbara Parker, Head Crematory Operator PHONE:	
ENTITLEMENT PERIOD: 3/9/2009 / 3/9/2014 (effective date) (end date)	
PART I: INSPECTION COMPLIANCE STATUS (check 🗹 only one box)	
IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE	
N COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE          PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))	
<ul> <li>PART II: <u>TESTING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) detected?</li> <li>2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter</li> </ul>	☐ Yes ⊠ No
<ul> <li>PART II: <u>TESTING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) detected?</li> <li>2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)?</li></ul>	
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<ul> <li>PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) detected?</li></ul>	<ul> <li>Yes ⋈ No</li> </ul>

## PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))

1. Is there <b>Continuous Emissions Monitoring System</b> (CEMS) equipment installed on each unit to record a primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber control of the second sec	ombustion zone in
accordance with the manufacturer's instructions?	Yes 📙 No
a) Do temperature probes seem to be properly placed?	
b) Are the following records kept on file, available for inspection for at least two years following the rec	cording of such
measurements, maintenance, reports and records?	
1) All measurements (including CEMS)	🗌 Yes 🗌 No
2) Monitoring device	🗌 Yes 🗌 No
3) Performance Testing Measurements	🗌 Yes 🗌 No
4) CEMS Performance Evaluation	🗌 Yes 🗌 No
5) All CEMS or monitoring device calibration checks	🗌 Yes 🗌 No
6) Adjustments	Yes No
7) Preventive maintenance performed on systems/devices	Yes No
8) Corrective maintenance performed on systems/devices	Yes No
2. Was this crematory unit constructed: (check only one 🗹 box)	
a) BEFORE August 30, 1989? (If this box checked, continue on to #3 and skip #4)	
b) ON or AFTER August 30, 1989? (If this box checked, skip #3 and continue on to #4)	
3. If constructed <b>BEFORE</b> 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
d) required monitoring equipment installed and operational, and providing continuous monitoring to	
record the temperature at the point or beyond where 1.0 second gas residence time is obtained in the	
secondary chamber combustion zone according to the manufacturer's instructions?	🗌 Yes 🗌 No
4. If constructed <u>ON</u> or <u>AFTER</u> 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) the actual operating temperature of the secondary chamber combustion zone no less than $1600^{\circ}F$	
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 crematic	
process begins in the primary chamber?	🛛 Yes 🗌 No
5. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated	
plastics used during the cremation of dead human bodies?	🛛 Yes 🗌 No
a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer that the	
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
6. Have all crematory operators been trained and certified by a Department-approved training program?	🛛 Yes 🗌 No
a) Are copies of the training certificates for all crematory operators kept on file at the facility for the due	
of the operator's employment & for an additional two years after termination of employment?	🖾 Yes 🗌 No

## PART IV: <u>SPECIAL CONDITIONS AND PROCEDURES</u> – Rule 62-296.401, F.A.C.

A. <u>New or Modified Process Equipment</u>		
1. Since the last inspection 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 substantially different than that noted on the most recent notification form?	Yes	No
d) If you answered <u>YES</u> to any of the above, did the owner submit a new and complete		
notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEP or		
local program office?	Yes	No
2. If a crematory unit has been modified to the extent that a Department air construction permit		
was required, have all operators been retrained to operate the modified unit?	Yes	No
3. In the case of new or modified equipment, where a Department air construction permit was		
required, has the owner submitted copies of all operator training certificates?	Yes	No
a) submitted within the 15 day required window following the training?	Yes	No

Danielle D. Owens

Inspector's Name (Please Print)

December 15, 2009

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: On December 15, 2009, Ms. Danielle Owens and Ms. Wanda Parker-Garvin of FDEP visited the subject facility to conduct a level 2 compliance inspection. Contact was made with Ms. Barbara Parker, Crematory Operator.
1. An inspection of the crematory unit (Power Pak II, serial #384329, model #IE43-PPII) was conducted. The location of the thermocouple was identified and documented as being located approximately 1 ft below the loading door.
2. The temperature readings from the program logic controller (PLC), analog temperature chart, and the Department's digital thermometer appeared to be in agreement with each other. The following temperature readings were documented: Program Logic Controller = 1674 degrees F; Analog Temperature Chart = 1675degrees F; Digital Thermometer = 1675 degrees F.
3. The opacity reader was located inside the unit's housing and was not visible for observation. The stack for this unit was observed. No visible emissions were observed; a Method 9 evaluation was not necessary. No objectionable odors were detected.
4. Temperature charts, maintanence records, and MSDS sheets were reviewed. The temperature charts indicated cremations were conducted at temperatures above 1600 degrees F. Maintenance records indicated the floor and dividing wall of the unit were rebricked on September 1, 2009. MSDS sheets indicated no chlorinated plastics were contained in the body bags.
5. Questions 4 and 6 in Part II, questions 1b, and 3 in Part III, and questions 1d, 2, and 3 in Part IV are not applicable.