



# HUMAN CREMATORY

## COMPLIANCE INSPECTION CHECKLIST



**INSPECTION TYPE:** ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)   
 RE-INSPECTION (FUI)  ARMS COMPLAINT NO. \_\_\_\_\_

**AIRS ID#:** 1050428 **DATE:** 12142009 **ARRIVE:** 0828 **DEPART:** 1238

**FACILITY NAME:** OAKRIDGE CREMATION SERVICES LLC

**FACILITY LOCATION:** 2175 S 30TH ST  
HAINES CITY 33844-8705

**OWNER/AUTHORIZED REPRESENTATIVE:** DAVID HOLT **PHONE:** (863)293-4127

**CONTACT NAME:** David Holt **PHONE:** 8632934127

**ENTITLEMENT PERIOD:** 11/17/2008 / 11/17/2013  
(effective date) (end date)

**PART I: INSPECTION COMPLIANCE STATUS** (check  only one box)

IN COMPLIANCE  MINOR Non-COMPLIANCE  SIGNIFICANT Non-COMPLIANCE

**PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C.**  
(check  appropriate box(es))

1. Were there any objectionable odor(s) detected?-----  Yes  No
2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)?-----  Yes  No
3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted within 30 days after the unit has commenced operation and annually thereafter (Rule 62-296.401(5)(h), F.A.C.)-  Yes  No
4. Was all visible emissions testing conducted with the source operating at the manufacturers recommended capacity?-----  Yes  No
5. Was the Department notified at least 15 days prior to the date of the last formal compliance test?-----  Yes  No
6. Was the required test report filed with the Department as soon as practical, but no longer than 45 days after the test was completed?-----  Yes  No

**PART III: OPERATING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C.**  
(check  appropriate box(es))

1. Is there **Continuous Emissions Monitoring System (CEMS)** equipment installed on each unit to record temperatures in the primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber combustion zone in accordance with the manufacturer’s instructions?----- **Under Review, see notes**-----  Yes  No
  - a) Do temperature probes seem to be properly placed?----- **Under Review, see notes** -----  Yes  No
  - b) 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 measurements (including CEMS)-----  Yes  No

(check  appropriate box(es))

- 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 **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
  - 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 **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?----- Under Review, see notes -----  Yes  No
  - b) the 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
5. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated plastics used during the cremation of dead human bodies?-----does not use plastic bags-----  Yes  No
- a) If the answer to question 4 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?----- does not use plastic bags -----  Yes  No

**PART IV: EQUIPMENT MAINTENANCE – Rule 62-296.401, F.A.C.**

- 1. Is the crematory unit maintained in proper working order?-----  Yes  No
- 2. Are there maintenance record kept onsite?-----  Yes  No
- 3. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?-----  Yes  No

**PART V: SPECIAL CONDITIONS AND PROCEDURES – Rule 62-210.310(2), F.A.C.**

**A. New or Modified Process Equipment**

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 **YES** 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

**COMMENTS:** 12/14/2009 Visited facility to audit VE, perform a routine inspection, and crematory initiative inspection. VE was performed by staff from Southern Environmental Services and audited by the Department. Charts from 11/19/08 through 1/10/09, 05/04/09 through 07/04/2009 and from 10-29-09 through 12/13/09 were checked for correct markings. Using this checklist facility seems to be in compliance at time of inspection. The crematory initiative inspection may or may not prove that the thermocouple(s) may not be properly placed. That will be addressed after the measurements are reviewed by Department Staff.

Joseph V. Panetta

Inspector's Name

Inspector's Signature

12 | 14 | 2009  
Date of Inspection

Approximate Date of Next Inspection

VISIBLE EMISSIONS EVALUATION

COMPANY **OAKridge Cremation SERVICES LLC**  
 UNIT **Cremation Unit**  
 ADDRESS **2175 S. 30th St. Haines City 33844**  
 PERMIT NO. **1050428-001-46** COMPLIANCE **(YES)** NO -  
 AIRS NO. **105048** EU NO. **001**  
 PROCESS RATE **75 lb/hr** PERMITTED RATE **Adult Human**  
 PROCESS EQUIPMENT **BELN20AA**  
 CONTROL EQUIPMENT **APTech**  
 OPERATING MODE **Natural Gas** AMBIENT TEMP (BF) START **72°** STOP **76°**  
 HEIGHT ABOVE GROUND LEVEL START **30'** STOP **25'** HEIGHT RELATIVE TO OBSERVER START **25'** STOP **25'**  
 DISTANCE FROM OBSERVER START **100'** STOP **---** DIRECTION FROM OBSERVER START **340°** STOP **---**  
 EMISSION COLOR **black** PLUME TYPE CONTIN. - **INTERMITTENT**  
 WATER DROPLETS PRESENT? **0** YES - IS WATER DROPLET PLUME ATTACHED - **UNATTACHED**  
 POINT IN PLUME AT WHICH OPACITY WAS DETERMINED START **Stack exit** STOP **---**  
 DESCRIBE BACKGROUND START **SKY** STOP **---**  
 BACKGROUND COLOR START **Backd** STOP **Blue** SKY CONDITIONS START **Backd** STOP **---**  
 WIND SPEED (MPH) START **0-2 mph** STOP **---** WIND DIRECTION START **---** STOP **---**  
 AVERAGE OPACITY FOR HIGHEST PERIOD **1.458%** RANGE OF OPACITY READINGS MIN. **0** MAX. **20**

SOURCE LAYOUT SKETCH

COMMENTS

OBSERVATION DATE <b>12/14/09</b>					START TIME <b>0922</b>					STOP TIME <b>0933</b>				
SEC	MIN				SEC	MIN								
	0	15	30	45		1	15	30	45					
0	0	0	0	10	30									
1	20	5	0	0	31									
2	0	0	0	0	32									
3	0	0	0	0	33									
4	0	0	0	0	34									
5	0	0	0	0	35									
6	0	0	0	0	36									
7	0	0	0	0	37									
8	0	0	0	0	38									
9	0	0	0	0	39									
10	0	0	0	0	40									
11	0	0	0	0	41									
12					42									
13					43									
14					44									
15					45									
16					46									
17					47									
18					48									
19					49									
20					50									
21					51									
22					52									
23					53									
24					54									
25					55									
26					56									
27					57									
28					58									
29					59									

Observers Signature: *[Signature]*  
 Date: **12/14/10**  
 Observers Organization: Florida Department of Environmental Protection  
 Observer Name and Certified By:

**EASTERN TECHNICAL ASSOCIATES**  
**JOSEPH PANETTA**  
 PAN716659 STUDENT ID NUMBER  
 met the specifications of Federal Reference Method 9 and qualifies as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue and expires on the date below.

TAMPA, FL 8/12/2009 375621  
 SCHOOL LOCATION DATE OF SCHOOL CERT NUMBER  
 TMPS09 2/11/2010  
 LAST LECTURE CERTIFICATION EXP DATE BEARER

# Southern Environmental Sciences, Inc.

1204 North Wheeler Street □ Plant City, Florida 33563 □ (813) 752-5014, Fax (813) 752-2475

## VISIBLE EMISSIONS EVALUATION

COMPANY <i>Oakridge Cremation Services</i>	
UNIT <i>Human Crematorium</i>	
ADDRESS <i>2175 S 30th St, Haines City, FL 33844</i>	
PERMIT NO. <i>1050425-001-AK</i>	COMPLIANCE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
AIRS NO. <i>1050425</i>	EU NO. <i>001</i>
PROCESS RATE <i>~120 lb body</i>	PERMITTED RATE <i>1 adult size body</i>
PROCESS EQUIPMENT <i>B-L N20 AA Refurb</i>	
CONTROL EQUIPMENT <i>Afterburner</i>	
OPERATING MODE <i>natural gas</i>	AMBIENT TEMP. (°F) START <i>71°</i> STOP <i>74°</i>
HEIGHT ABOVE GROUND LEVEL START <i>~30</i> STOP <i>~30</i>	HEIGHT RELATIVE TO OBSERVER START <i>~30</i> STOP <i>~30</i>
DISTANCE FROM OBSERVER START <i>~100</i> STOP <i>~100</i>	DIRECTION FROM OBSERVER START <i>338°</i> STOP <i>338°</i>
EMISSION COLOR <i>black</i>	PLUME TYPE CONTIN. <input type="checkbox"/> INTERMITTENT <input checked="" type="checkbox"/>
WATER DROPLETS PRESENT? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	IS WATER DROPLET PLUME ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/> <i>N/A</i>
POINT IN PLUME AT WHICH OPACITY WAS DETERMINED START <i>stack exit</i> STOP <i>stack exit</i>	
DESCRIBE BACKGROUND START <i>sky</i> STOP <i>sky</i>	
BACKGROUND COLOR START <i>h/g</i> STOP <i>same</i>	SKY CONDITIONS START <i>brkn</i> STOP <i>same</i>
WIND SPEED (MPH) START <i>calm</i> STOP <i>calm</i>	WIND DIRECTION START <i>calm</i> STOP <i>same</i>
AVERAGE OPACITY FOR HIGHEST PERIOD <i>1.46%</i>	RANGE OF OPACITY READINGS MIN. <i>0</i> MAX. <i>20</i>
SOURCE LAYOUT SKETCH Draw North Arrow	
Comments <i>Steph/Rob FL DEP</i>	

OBSERVATION DATE <i>12/19/09</i>		START TIME <i>0922</i>				STOP TIME <i>1022</i>			
SEC	0	15	30	45	SEC	0	15	30	45
MIN	0	15	30	45	MIN	0	15	30	45
0	0	0	0	10	30	0	0	0	0
1	20	5	0	0	31	0	0	0	0
2	0	0	0	0	32	0	0	0	0
3	0	0	0	0	33	0	0	0	0
4	0	0	0	0	34	0	0	0	0
5	0	0	0	0	35	0	0	0	0
6	0	0	0	0	36	0	0	0	0
7	0	0	0	0	37	0	0	0	0
8	0	0	0	0	38	0	0	0	0
9	0	0	0	0	39	0	0	0	0
10	0	0	0	0	40	0	0	0	0
11	0	0	0	0	41	0	0	0	0
12	0	0	0	0	42	0	0	0	0
13	0	0	0	0	43	0	0	0	0
14	0	0	0	0	44	0	0	0	0
15	0	0	0	0	45	0	0	0	0
16	0	0	0	0	46	0	0	0	0
17	0	0	0	0	47	0	0	0	0
18	0	0	0	0	48	0	0	0	0
19	0	0	0	0	49	0	0	0	0
20	0	0	0	0	50	0	0	0	0
21	0	0	0	0	51	0	0	0	0
22	0	0	0	0	52	0	0	0	0
23	0	0	0	0	53	0	0	0	0
24	0	0	0	0	54	0	0	0	0
25	0	0	0	0	55	0	0	0	0
26	0	0	0	0	56	0	0	0	0
27	0	0	0	0	57	0	0	0	0
28	0	0	0	0	58	0	0	0	0
29	0	0	0	0	59	0	0	0	0

**EASTERN TECHNICAL ASSOCIATES**

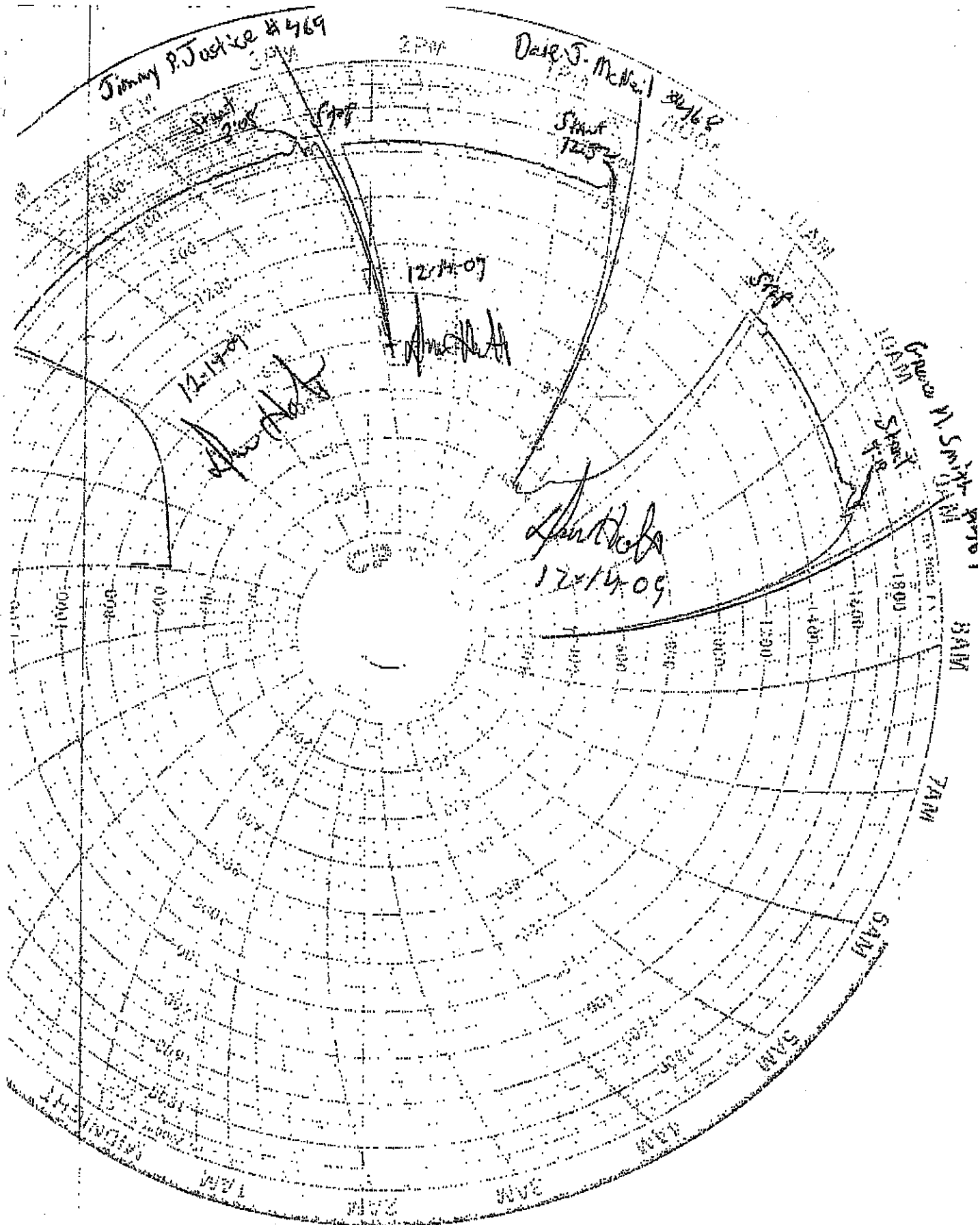
**STEPHEN SCHWEBKE**  
SCH404873 - STUDENT ID NUMBER

met the specifications of Federal Reference Method 9 and qualifies as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, NC. This certificate is valid for six months from date of issue and expires on the date below.

TAMPA, FL	8/12/2009	375449
SCHOOL LOCATION	DATE OF SCHOOL	CERT NUMBER
TMPS09	2/11/2010	<i>Steph Schwebke</i>
LAST LECTURE	CERTIFICATION EXP DATE	BEARER

I certify that all data provided to the person conducting the test was true and correct to the best of my knowledge:

Signature: *[Signature]* Title: *Owner*



Inspection list for Crematories

Facility Name: OAK Ridge Cremation Service LLC  
Facility ID No: 10 50428

*Japhel Reed*  
12/14/09

Crematory Unit Number  01

Crematory Unit Information:	
Emission Unit No.	001
Specifications:	B&L N20 AIA 150 LB/HR SN: 1160-943-08
Thermocouple Location:	Diagram/Description:  See ATTACHED DRAWING
Afterburner Location:	Diagram/Description:  See ATTACHED DRAWING

Inspection list for Crematories

Facility Name: **OAK Ridge**  
 Facility ID No: **1050428**

<b>Chart and Digital Logic Controller:</b>	
Chart Make & Model:	<b>Future Design DR 5000</b>
Digital Logic Controller Make & Model:	<b>Future Design: FDC 2010</b>  <b>SN: 08033379</b>
Chart Specifications:	<b>0-2000</b>
Digital Logic Controller Specifications:	<b>370 MA @ 24VDC</b>
Check for agreement between Chart & Digital Logic Controller	Agreement: <input checked="" type="radio"/> YES Agreement: NO If NO, provide comments:
Chart Calibration:	Date of Last Calibration: <b>8-26-09</b> Calibration Performed by: <b>B&amp;L Systems</b> Results of Calibration: <b>See Attached</b>
Digital Logic Controller Calibration:	Date of Last Calibration: <b>8-26-09</b> Calibration Performed by: <b>B&amp;L</b> Results of Calibration: <b>See Attached</b>
Digital Logic Controller Bias	Details of Bias: <b>n/a</b>  Chart Recorder reading at Bias determination:



Inspection list for Crematories

Facility Name: OAK Ridge

Facility ID No: 1050428

	<p>Comparison:</p> <p>If bias is found, request information of previous calibrations to determine when it was put in and by whom.</p> <p>Obtain copies of the recorder charts, during and after the check.</p>
Chart Recorder	Scan in 2 years of temperature charts
<b>Unit Maintenance</b>	
Date of Last Service	
Name of Company Servicing Unit:	<p>Name/ Address/Phone #/email and/or fax #</p> <p align="center"><u>BEL Cremation</u></p> <p align="center"><u>LARGO FL</u>      <u>1-800-622-5411</u></p>
Description of repairs/adjustments:	<u>See Attached Report</u>
Maintenance Log:	<input checked="" type="radio"/> YES                      NO
Maintained Routinely:	<input checked="" type="radio"/> YES                      NO <p>If NO, provide comments.</p>

Inspection list for Crematories

Facility Name:

OAK Ridge

Facility ID No:

1050428

Repair Records 62-296.401(5&6)(e), FAC:	2 years of records on-site: YES <input checked="" type="radio"/> NO If NO, provide comments. opened A Little OVER A YEAR Ago.
<b>62-210.310 (3), FAC - General Conditions:</b>	
Permit	Issuance Date: 11/17/2008 Expiration Date: 11/17/2013
Owner:	Same as permit: <input checked="" type="radio"/> YES NO If NO, provide current owner information:
<b>62-296.401(5&amp;6), FAC - Specific Conditions Human and Animal Crematories</b>	
Visible Emissions	YES
Particulate Matter Emissions	Not Required
Carbon Monoxide (CO) Emissions	" "

Inspection list for Crematories

Facility Name:

OAK Ridge

Facility ID No:

1050428

Operating Temperatures	
Allowed Material	
Operating Procedures for start-up, shutdown and malfunction	YES in Manual
Air-to-Fuel Ration	NATURAL GAS @ 7 in WC (1.7 kPa)

Retention Time Calculations and Thermocouple Location:

*NOTE If the temperatures cannot be met at the point or beyond where 1.0 second gas residence time is obtained in the secondary chamber combustion zone, then both the closer thermocouple location and bias would compensate for it.*

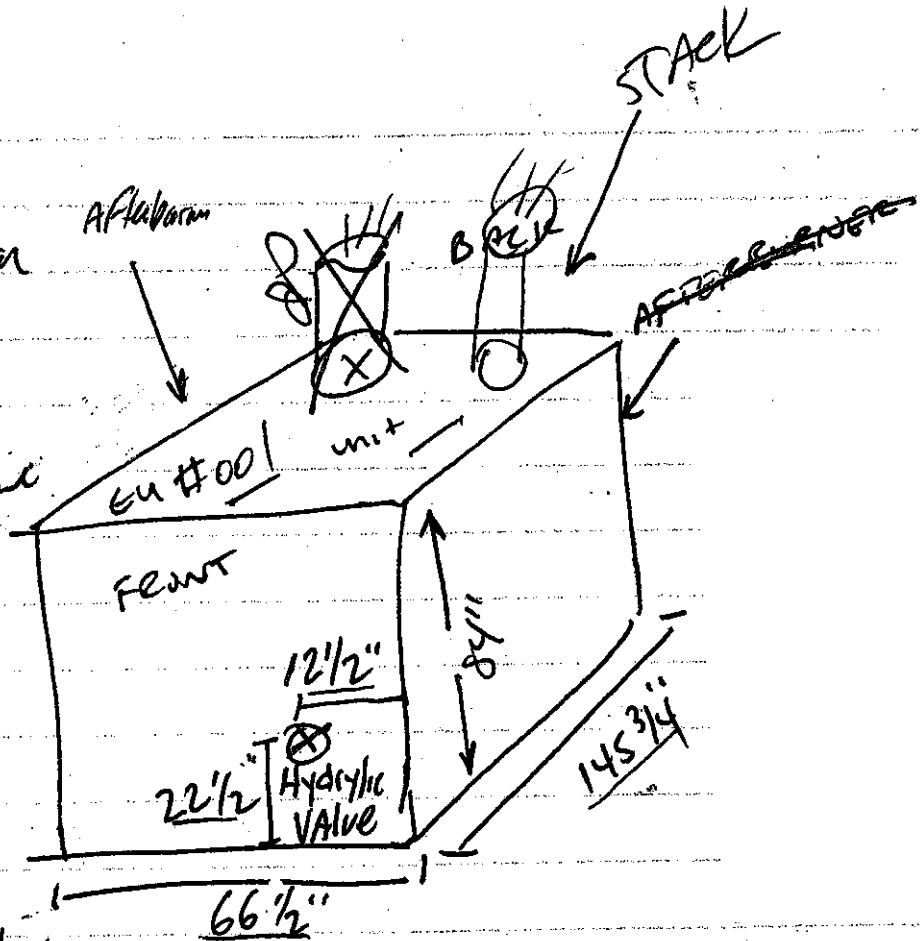
OAK Ridge

1050 428

Japhil Paul

12-14-09

Thermo couple  
48" From Rear  
14" High  
Left Side of Machine



2.0" from charge door to front +  
9.0" from wall/secondary chamber to front



*Jamie*  
**Cremation Systems, Inc.**

7205 - 114th Avenue North ♦ Largo, Florida 33773  
 1-800-622-5411 ♦ 727-541-4666 ♦ Facsimile 727-547-0669  
 www.blcremationsystems.com

# SERVICE ORDER

Job number 5902  
 Date Ordered 4/2/07  
 Technician Joe Smith  
 Date Started 4/2/07  
 Date Finished \_\_\_\_\_  
 Shop Time Out 2:00  
 Job Time In 10:00  
 Job Time Out 1:30  
 Shop Time In \_\_\_\_\_

Customer \_\_\_\_\_  
 OAKRIDGE CREMATION SERVICES, L.L.C.  
 Mr. Dave Holt  
 2175-South 30th Street  
 Haines City, FL 33844  
 Ph: 863-422-3933  
 Contact \_\_\_\_\_

Problem Reported Power failure - work at the site. Tech. Replaced  
to pilot system. No more problems.

Worked Performed General working on the system. Found a bad connection  
on the power line. Replaced the connection. System is now working.  
System is now working. All systems are now working.  
System is now working. All systems are now working.  
System is now working. All systems are now working.

Parts Used \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parts Ordered \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**The above described work has been completed to my satisfaction.**  
 X Joe Smith Customer's Authorized Signature  
 X 7-24-2007 Date



# Cremation Systems, Inc.

7205 - 114th Avenue North ♦ Largo, Florida 33773  
1-800-622-5411 ♦ 727-541-4666 ♦ Facsimile 727-547-0669  
www.blcremationsystems.com

## SERVICE ORDER

Job number	<u>8926</u>	Customer	_____
Date Ordered	<u>11/10</u>		
Technician	<u>W. J. Taylor</u>		
Date Started	<u>11/10/09</u>		
Date Finished	<u>11/10/09</u>		
Shop Time Out	_____		
Job Time In	<u>10:00</u>		
Job Time Out	<u>11:00</u>		
Shop Time In	_____	Contact	_____

Oak Ridge Funeral Care  
Mr. Dave Holt  
2175-South 30th Street  
Haines City, FL 33844  
Ph: 863-422-3933

Problem Reported Flame up door at work

Worked Performed Inspected Ser Chamber, replaced Air burner & Gas burner ignitors, replaced gas thermocouple (had customer spare). Adjusted scrubroom time preset service counter. Calibrated Chart Rec. Replaced Hearch Air danger sensor. Inspected door for problem, checked gas fair sensing & flame length. Machine need door dragging problem addressed.

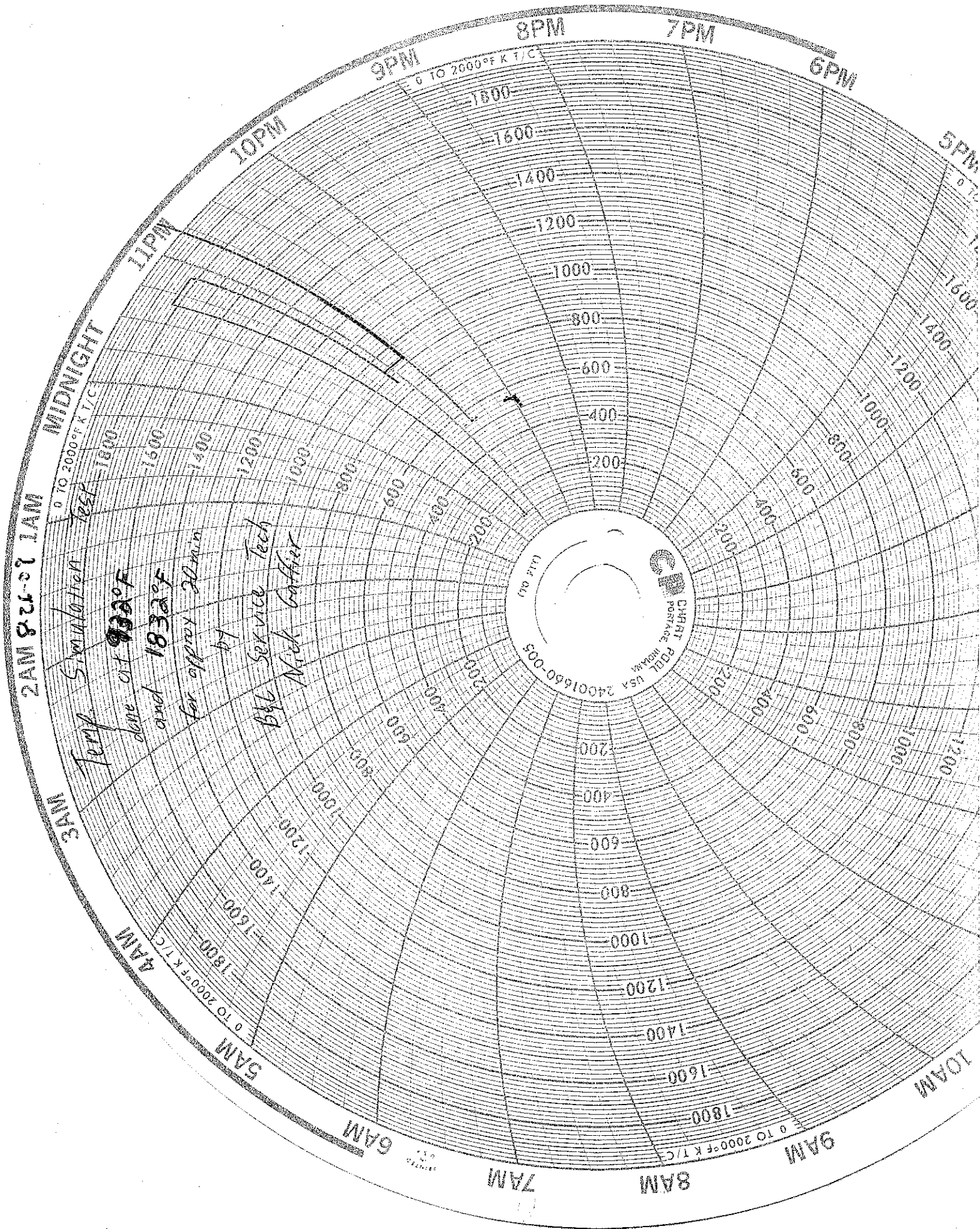
Parts Used \_\_\_\_\_  
1 - Belomo LF130-WS  
2 - Ignitors I 31-2

Parts Ordered \_\_\_\_\_  
4 - Gas burner Nozzle  
1 - 4999 gas burner blade  
1 - door door set stem  
set of door door

The above described work has been completed to my satisfaction.

[Signature]  
Customer's Authorized Signature

11-11-09  
Date





# Cremation Systems, Inc.

7205 - 114th Avenue North ♦ Largo, Florida 33773  
1-800-622-5411 ♦ 727-541-4666 ♦ Facsimile 727-547-0669  
www.blcremationsystems.com

## SERVICE ORDER

Job number	<u>49042</u>	Customer	_____
Date Ordered	<u>8/26/09</u>	Ad	OAKRIDGE CREMATION SERVICES, LLC
Technician	<u>Robert Dunston</u>		Mr. Dave Holt
Date Started	<u>8/26/09</u>		2175-South 30th Street
Date Finished	<u>8/26/09</u>		Haines City, FL 33844
Shop Time Out	_____		Ph: 863-422-3933
Job Time In	<u>10:15 am</u>	Phone	_____
Job Time Out	<u>12:15 pm</u>	Contact	_____
Shop Time In	_____		

Problem Reported Light has on wall dimmer

Worked Performed Checked incoming three supply and three return transformer to confirm stable voltages; tested chart recorder motor for proper operation. Customer observed voltage change on chart recorder. This is most common; chart recorder is operating within manufacturer tolerance of ±0.5%

Parts Used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parts Ordered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above described work has been completed to my satisfaction.

Robert Dunston  
Customer's Authorized Signature

8/26/2009  
Date





# Cremation Systems, Inc.

7205 - 114th Avenue North ♦ Largo, Florida 33773  
1-800-622-5411 ♦ 727-541-4666 ♦ Facsimile 727-547-0669  
www.bcremationsystems.com

## SERVICE ORDER

Job number	<u>80113</u>	Customer	_____
Date Ordered	<u>12/10/99</u>	Adr	<u>Oakridge Cremation Services, LLC</u>
Technician	<u>Vince</u>		<u>Mr. Dave Holt</u>
Date Started	<u>12/10/99</u>		<u>2175-South 30th Street</u>
Date Finished	<u>12/10/99</u>		<u>Haines City, FL 33844</u>
Shop Time Out	<u>12:00pm</u>	Phone	<u>Ph:863-422-3933</u>
Job Time In	<u>11:00am</u>	Contact	_____
Job Time Out	<u>12:00pm</u>		
Shop Time In	_____		

Problem Reported Many holes on 499 & front door.

Worked Performed Done. Many had holes in wall. Replaced with new insulation. Checked all holes on 499 & front door.

Parts Used  
1-Door Insulation Blank  
1-Box 499 Insulation Blank

Parts Ordered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above described work has been completed to my satisfaction.

[Signature]  
Customer's Authorized Signature

12/17/99  
Date