

EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)
 Method 9 203A 203B Other: _____

Company Name
DRIETWOOD PET CARE

Facility Name
1150026

Street Address
800 E. LAUREL RD.

City
LAUREL State
FL Zip
34272

Process
ANIMAL CREMATION Unit #
NORMAL

Control Equipment
AFTERBURNER Operating Mode
1400

Describe Emission Point
**SMALL DIAMETER BROWN STACK W/
TOP PLATE ON TOP OF STACK.**

Height of Emiss. Pt.
Start **15'** End **15'** Start **15'** End **15'**

Distance to Emiss. Pt. (Feet)
Start **200'** End **200'** Start **300** End **300**

Direction to Emiss. Pt. (Degrees)
Start **300** End **300**

Vertical Angle to Obs. Pt.
Start **130** End **130** Start **300** End **300**

Distance and Direction to Observation Point from Emission Point
Start **N/A** End **N/A**

Describe Emissions
Start **NONE** End **NONE**

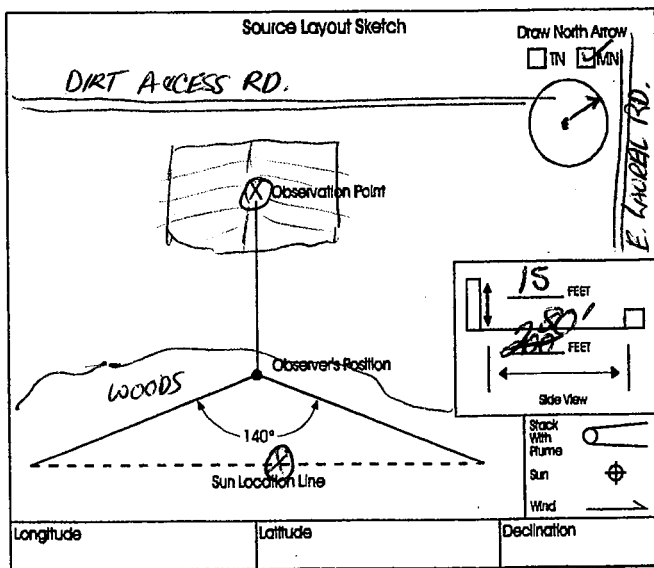
Emission Color
Start **N/A** End **N/A** Water Droplet Plume
Attached Detached None

Describe Plume Background
Start **TREES** End **SAME**

Background Color
Start **GREEN** End **SAME** Sky Conditions
Start **SCAT** End **SCAT**

Wind Speed
Start **0-5 MPH** End **SAME** Wind Direction
Start **E** End **E**

Ambient Temp.
Start **80F** End **79F** Wet Bulb Temp.
71.8%



Additional Information
55 LBS ANIMAL REMAINS CREMATED

Form Number _____ Page **1** of **2**

Continued on VEO Form Number _____

Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
	4/29/13						
	EST						
					10:17AM	11:17AM	
1	0	0	0	0			
2	0	0	0	0			
3	0	0	0	0			
4	0	0	0	0			
5	0	0	0	0			
6	0	0	0	0			
7	0	0	0	0			
8	0	0	0	0			
9	0	0	0	0			
10	0	0	0	0			
11	0	0	0	0			
12	0	0	0	0			
13	0	0	0	0			
14	0	0	0	0			
15	0	0	0	0			
16	0	0	0	0			
17	0	0	0	0			
18	0	0	0	0			
19	0	0	0	0			
20	0	0	0	0			
21	0	0	0	0			
22	0	0	0	0			
23	0	0	0	0			
24	0	0	0	0			
25	0	0	0	0			
26	0	0	0	0			
27	0	0	0	0			
28	0	0	0	0			
29	0	0	0	0			
30	0	0	0	0			

Observer's Name (Print)
Robert J. Stewart

Observer's Signature
Robert J. Stewart Date
4-29-13

Organization
FDEP

Certified By
E.T.A. Date
2/13/13

EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)
 Method 9 203A 203B Other: _____

Form Number _____ Page 2 of 2
 Continued on VEO Form Number _____

Company Name DRIFTWOOD PET CARE
 Facility Name # 1150026
 Street Address _____
 City _____ State _____ Zip _____

Process _____ Unit # _____ Operating Mode _____
 Control Equipment _____ Operating Mode _____

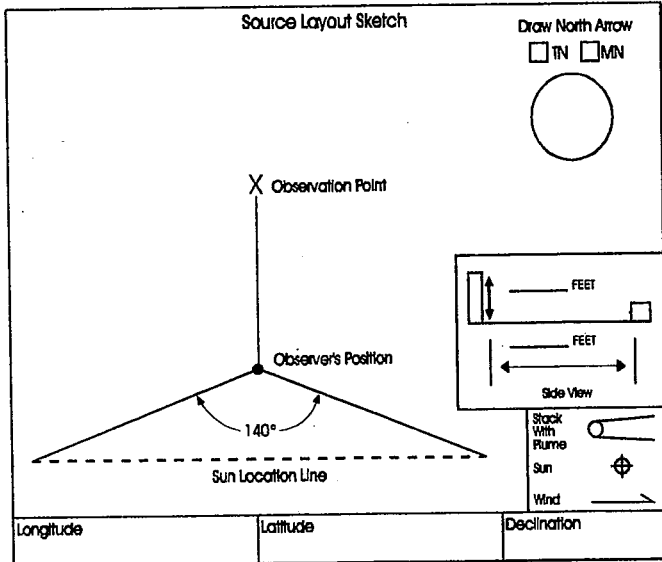
Describe Emission Point

Height of Emiss. Pt. _____ Height of Emiss. Pt. Rel. to Observer _____
 Start _____ End _____ Start _____ End _____
 Distance to Emiss. Pt. _____ Direction to Emiss. Pt. (Degrees) _____
 Start _____ End _____ Start _____ End _____

Vertical Angle to Obs. Pt. _____ Direction to Obs. Pt. (Degrees) _____
 Start _____ End _____ Start _____ End _____
 Distance and Direction to Observation Point from Emission Point _____
 Start _____ End _____

Describe Emissions
 Start _____ End _____
 Emission Color _____ Water Droplet Plume _____
 Start _____ End _____ Attached Detached None

Describe Plume Background
 Start _____ End _____
 Background Color _____ Sky Conditions _____
 Start _____ End _____ Start _____ End _____
 Wind Speed _____ Wind Direction _____
 Start _____ End _____ Start _____ End _____
 Ambient Temp. _____ Wet Bulb Temp. _____ RH Percent _____
 Start _____ End _____ Start _____ End _____



Observation Date		Time Zone				Start Time	End Time
4/29/13		EST					11:17AM
Min	Sec	0	15	30	45	Comments	
1		0	0	0	0		
2		0	0	0	0		
3		0	0	0	0		
4		0	0	0	0		
5		0	0	0	0		
6		0	0	0	0		
7		0	0	0	0		
8		0	0	0	0		
9		0	0	0	0		
10		0	0	0	0		
11		0	0	0	0		
12		0	0	0	0		
13		0	0	0	0		
14		0	0	0	0		
15		0	0	0	0		
16		0	0	0	0		
17		0	0	0	0		
18		0	0	0	0		
19		0	0	0	0		
20		0	0	0	0		
21		0	0	0	0		
22		0	0	0	0		
23		0	0	0	0		
24		0	0	0	0		
25		0	0	0	0		
26		0	0	0	0		
27		0	0	0	0		
28		0	0	0	0		
29		0	0	0	0		
30		0	0	0	0		

Observer's Name (Print) Robert J. Stewart
 Observer's Signature Robert J. Stewart Date 9/29/13
 Organization FDEP
 Certified By E.T.A. Date 2/13/13