

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name: **Rinker**
 Facility Name: **East Ft. Pierce**
 Street Address: **3125**
 City: **Ft. Pierce** State: **FL** Zip: _____

Process: **Cement Silo** Unit #: **011** Operating Mode: **Loading**
 Control Equipment: **Bag house** Operating Mode: **9.5F**

Describe Emission Point:
Top of silo

Height of Emiss. Pt. Height of Emiss. Pt. Rel. to Observer
 Start **85** End **85** Start **79.80** End **80**
 Distance to Emiss. Pt. Direction to Emiss. Pt. (Degrees)
 Start **326'** End **326** Start **358T** End **358**

Vertical Angle to Obs. Pt. Direction to Obs. Pt. (Degrees)
 Start **25** End **25** Start **178** End **178**
 Distance and Direction to Observation Point from Emission Point
 Start _____ End _____

Describe Emissions
 Start **White Dust** End **Same**
 Emission Color Water Droplet Plume
 Start **White** End **Same** Attached Detached None

Describe Plume Background
 Start **SKY** End **Same**
 Background Color Sky Conditions
 Start **Blue** End **Same** Start **PC** End **Same**
 Wind Speed Wind Direction
 Start **3-5** End **Same** Start **NNE** End **Same**
 Ambient Temp. Wet Bulb Temp. RH Percent
 Start **70** End **Same** **N/A** **N/A**

Source Layout Sketch

0% opacity

Observer's Position

Sun Location Line

Draw North Arrow

IN MN

Side View

Stack With Plume

Sun

Wind

Longitude: **N 27 26 34.9** Latitude: **W 080 19 29.2** Declination: _____

Additional Information:
183 W of Point 4

Form Number: **DG004** Page: **1** of **1**
 Continued on VEO Form Number: _____

Observation Date		Time Zone				Start Time	End Time
3-8-06		E				11:17	11:29
Min	Sec	0	15	30	45	Comments	
	1	0	0	0	0		
2	0	0	0	0			
3	5	0	0	0			
4	0	0	0	0			
5	0	0	0	0			
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9	0	5	0	0			
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Observer's Name (Print): **Daniel Graziani**
 Observer's Signature: **Daniel Graziani** Date: **3-8-06**
 Organization: **FDEP-SED**
 Certified By: **ETA** Date: **1-11-06**

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name Rinker
 Facility Name East Ft. Pierce
 Street Address 3rd
 City Ft. Pierce State FL Zip _____

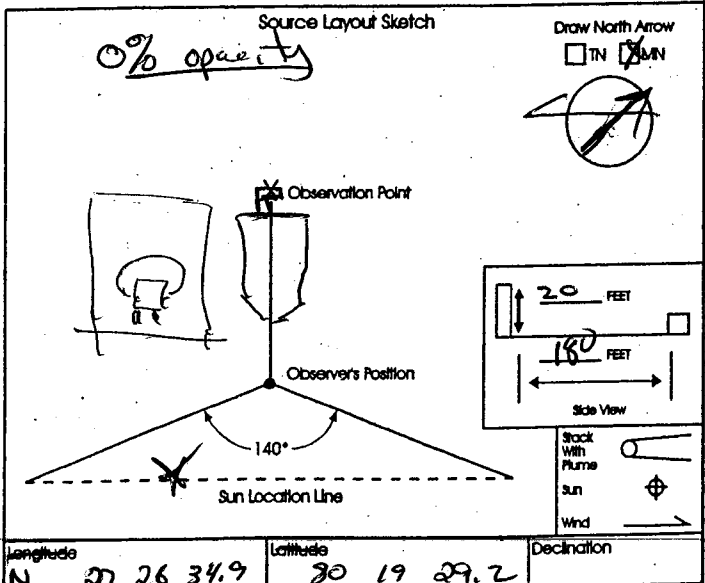
Process Weghopper/Truck Unit # 013 Operating Mode Batch
 Control Equipment Central Dust Collector Operating Mode Continuous

Describe Emission Point
Exhaust Vent
 Height of Emiss. Pt. Start 20 End Same Height of Emiss. Pt. Rel. to Observer Start 15 End Same
 Distance to Emiss. Pt. Start 180 End Same Direction to Emiss. Pt. (Degrees) Start 312 End Same

Vertical Angle to Obs. Pt. Start 20 End Same Direction to Obs. Pt. (Degrees) Start 132 End Same
 Distance and Direction to Observation Point from Emission Point Start 180 + 132 End Same

Describe Emissions
 Start None End Same
 Emission Color Start N/A End _____
 Water Droplet Plume Attached Detached None

Describe Plume Background
 Start sky End Same
 Background Color Start Blue End Same Sky Conditions Start PC End Same
 Wind Speed Start 3-5 End Same Wind Direction Start NNE End Same
 Ambient Temp. Start 70 End Same Wet Bulb Temp. N/A RH Percent N/A



Additional Information

Form Number 06003 Page 1 of 1
 Continued on VEO Form Number _____

Observation Date	Time Zone	Start Time	End Time		
<u>3-8-06</u>	<u>E</u>	<u>11:45</u>	<u>11:57</u>		
Sec	0	15	30	45	Comments
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>TRUCK #1</u>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>TRUCK #2</u>
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>TRUCK #3</u>
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>TRUCK #4</u>
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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Observer's Name (Print) Darrel Graziani
 Observer's Signature Darrel Graziani Date 3-8-06
 Organization FDEP/SED
 Certified By ETA Date 1-11-06