

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Form Number _____ Page 1 of 2
 Continued on VEO Form Number _____

Company Name
Florida Rock Industries

Facility Name
Fort Charlotte Plant

Street Address
580 Prineville Street

City Port Charlotte State FL Zip 33624

Observation Date 8/17/11 Time Zone _____ Start Time 9:45 am End Time 10:26 am

Process Flyash Tanker Unload 2 Unit # 26.21 tons Operating Mode _____

Control Equipment Baghouse Operating Mode _____

Min	Sec				Comments
	0	15	30	45	
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	

Describe Emission Point
East silo - West baghouse

Height of Emiss. Pt. Start 70' End 70' Height of Emiss. Pt. Rel. to Observer Start 70' End 70'

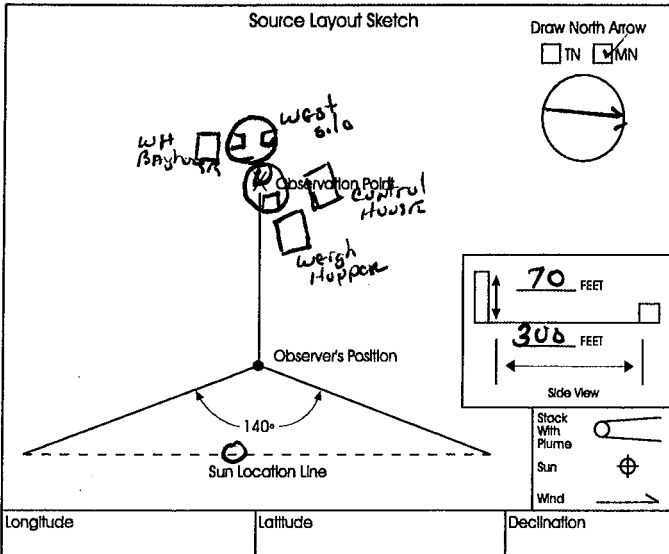
Distance to Emiss. Pt. Start 300' End 300' Direction to Emiss. Pt. (Degrees) Start 264 End 257

Vertical Angle to Obs. Pt. Start 18° End 12° Direction to Obs. Pt. (Degrees) Start 264 End 257

Distance and Direction to Observation Point from Emission Point Start 0 End 0

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

Describe Plume Background
 Start Cement silo End Cement silo
 Background Color Start Brown End Brown Sky Conditions Start Broken End Broken
 Wind Speed Start 8 mph End 3 mph Wind Direction Start SW End S
 Ambient Temp. Start 85°F End 88°F Wet Bulb Temp. 76% RH Percent 76%



Additional Information
Load rate - 37.4 tph

Observer's Name (Print) Sherrill Colliver
 Observer's Signature Sherrill Colliver Date 8/17/11
 Organization FDEP
 Certified By ETA Date 8/11

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
Florida Rock Industries

Facility Name
Port Charlotte Plant

Street Address _____

City _____ State _____ Zip _____

Process
Flyash

Unit # 2 Operating Mode _____

Control Equipment _____ Operating Mode _____

Describe Emission Point
East silo - West baghouse

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 _____ Water Droplet Plume _____

Emission Color _____ Attached Detached None

Describe Plume Background

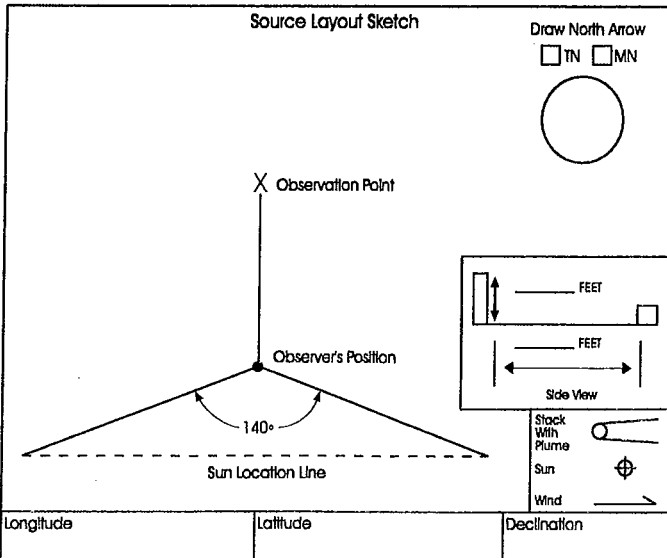
Start _____ End _____ Sky Conditions _____

Background Color _____ Wind Direction _____

Start _____ End _____ Start _____ End _____

Wind Speed _____ Ambient Temp. _____ Wet Bulb Temp. _____ RH Percent _____

Start _____ End _____ Start _____ End _____



Observation Date		Time Zone				Start Time	End Time
8/17/11							
Sec	0	15	30	45	Comments		
Min							
1	○	○	○	○			
2	○	○	○	○			
3	○	○	○	○			
4	○	○	○	○			
5	○	○	○	○			
6	○	○	○	○			
7	○	○	○	○			
8	○	○	○	○			
9	○	○	○	○			
10	○	○	○	○			
11	○	○	○	○			
12	○	○					
13							
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27							
28							
29							
30							

Observer's Name (Print) _____

Observer's Signature _____ Date _____

Organization _____

Certified By _____ Date _____

Additional Information

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Form Number _____ Page 1 Of 2
Continued on VEO Form Number _____

Company Name Florida Rock Industries
 Facility Name Port Charlotte Plant
 Street Address 580 Pineville Street
 City Port Charlotte State FL Zip 33624

Process Cement Tanker Unload Unit # 4 Operating Mode 26.3 tons
 Control Equipment Baghouse Operating Mode _____

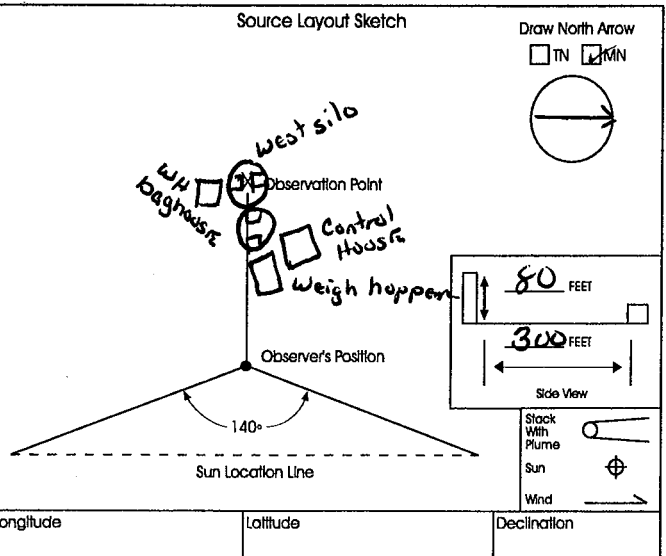
Describe Emission Point
West silo - North baghouse

Height of Emiss. Pt. Start 80' End 80' Height of Emiss. Pt. Rel. to Observer Start 80' End 80'
 Distance to Emiss. Pt. Start 300' End 300' Direction to Emiss. Pt. (Degrees) Start 268° End 268°

Vertical Angle to Obs. Pt. Start 13° End 13° Direction to Obs. Pt. (Degrees) Start 268° End 268°
 Distance and Direction to Observation Point from Emission Point Start 0 End 0

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

Describe Plume Background
 Start Sky End Sky
 Background Color Start Blue/white End Blue/white Sky Conditions Start Scattered End Scattered
 Wind Speed Start 7mph End 9mph Wind Direction Start WSW End WSW
 Ambient Temp. Start 88°F End 88°F Wet Bulb Temp. _____ RH Percent _____



Observation Date	Time Zone	Start Time	End Time						
<u>8/17/11</u>		<u>11:13 am</u>	<u>12:10 p.m.</u>	Sec	0	15	30	45	Comments
Min	0	15	30	45					
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					

Additional Information
Load rate 27.68 tph

Observer's Name (Print) Sherrill Culliver
 Observer's Signature Sherrill Culliver Date 8/17/11
 Organization FDEP
 Certified By ETA Date 8/11

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
Florida Rock Industries

Facility Name
Port Charlotte Plant

Street Address _____

City _____ State _____ Zip _____

Process
Cement silo Unit # 7 Operating Mode _____

Control Equipment _____ Operating Mode _____

Describe Emission Point
West silo - North baghouse

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 _____ Water Droplet Plume _____

Emission Color _____ Attached Detached None

Describe Plume Background

Start _____ End _____ Sky Conditions _____

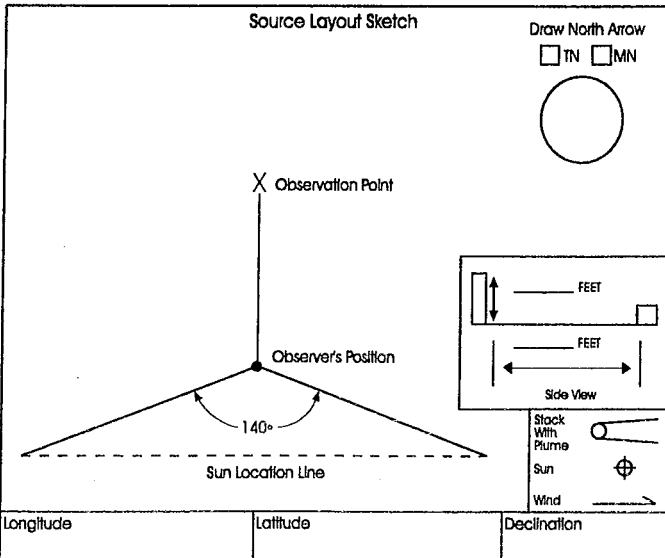
Background Color _____ Wind Direction _____

Start _____ End _____ Start _____ End _____

Wind Speed _____ Start _____ End _____

Ambient Temp. _____ Wet Bulb Temp. _____ RH Percent _____

Start _____ End _____



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

Observer's Name (Print) _____

Observer's Signature _____ Date _____

Organization _____

Certified By _____ Date _____

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Form Number _____ Page 1 of 2
 Continued on VEO Form Number _____

Company Name
Florida Rock Industries

Facility Name
Port Charlotte Plant

Street Address
580 Pineville Street

City Port Charlotte State FL Zip 33674

Observation Date 8/17/11 Time Zone _____ Start Time 11:44 am End Time 12:33 pm

Process Cement Tanker Unload Unit # 5 Operating Mode 25.07 tons

Control Equipment Baghouse Operating Mode _____

Min	Sec				Comments
	0	15	30	45	
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	
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15	0	0	0	0	
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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	

Describe Emission Point
West silo - South baghouse

Height of Emiss. Pt. Start 80' End 80' Height of Emiss. Pt. Rel. to Observer Start 80' End 80'

Distance to Emiss. Pt. Start 300' End 300' Direction to Emiss. Pt. (Degrees) Start 268° End 268°

Vertical Angle to Obs. Pt. Start 13° End 13° Direction to Obs. Pt. (Degrees) Start 268° End 268°

Distance and Direction to Observation Point from Emission Point Start 0 End 0

Describe Emissions Start None End None

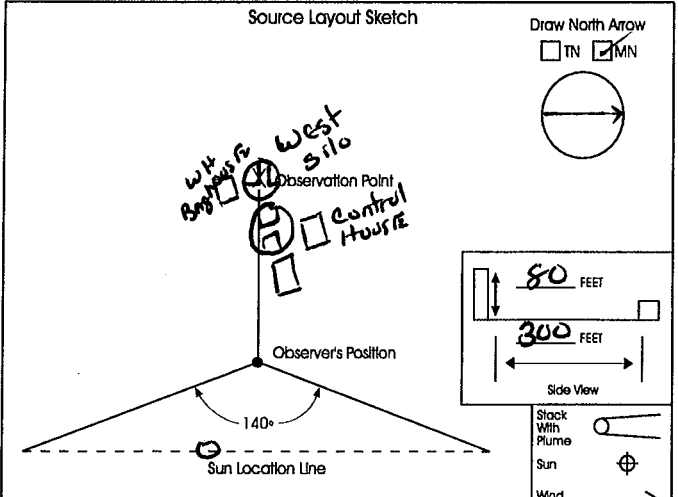
Emission Color Start N/A End N/A Water Droplet Plume Attached Detached None

Describe Plume Background Start Sky End Sky

Background Color Start Blue/white End Blue/white Sky Conditions Start Scattered End Scattered

Wind Speed Start 5mph End 5mph Wind Direction Start SW End S

Ambient Temp Start 90°F End 88°F Wet Bulb Temp _____ RH Percent _____



Longitude _____ Latitude _____ Declination _____

Additional Information
Load rate - 30.7 tph

Observer's Name (Print) Sherrill Culliver

Observer's Signature Sherrill Culliver Date 8/17/11

Organization FDEP

Certified By ETA Date 8/11

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: Florida Rock Industries
 Facility Name: Port Charlotte Plant
 Street Address: _____
 City: _____ State: _____ Zip: _____

Process: Cement unloading Unit #: 5 Operating Mode: _____
 Control Equipment: _____ Operating Mode: _____

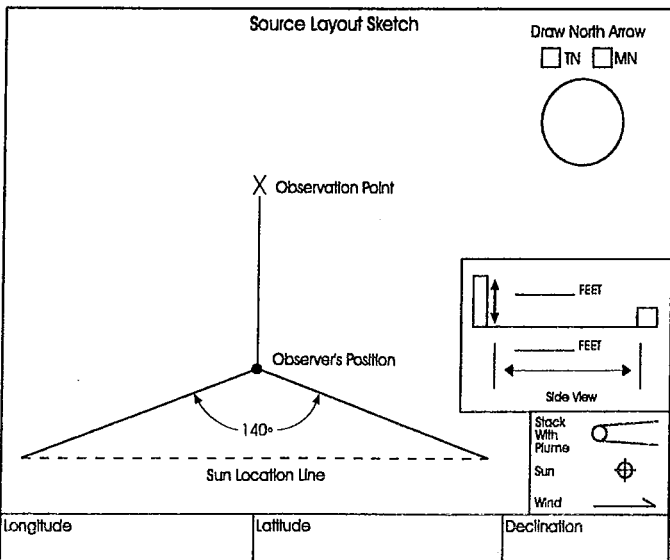
Describe Emission Point:
West silo - south baghouse

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

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



Observation Date:		Time Zone:				Start Time:	End Time:
8/17/11							
Sec	0	15	30	45	Comments		
Min							
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
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"/>			
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"/>			
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
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14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
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Additional Information: _____

Observer's Name (Print): _____
 Observer's Signature: _____ Date: _____
 Organization: _____
 Certified By: _____ Date: _____