

EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One) Method 9 203A 2038 Other: _____

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

Company Name Bays, Ponger + Useton
 Facility Name Southeastern Crematory
 Street Address 5500 Williamsburg Drive
 City Punta Gorda State FL Zip 33951

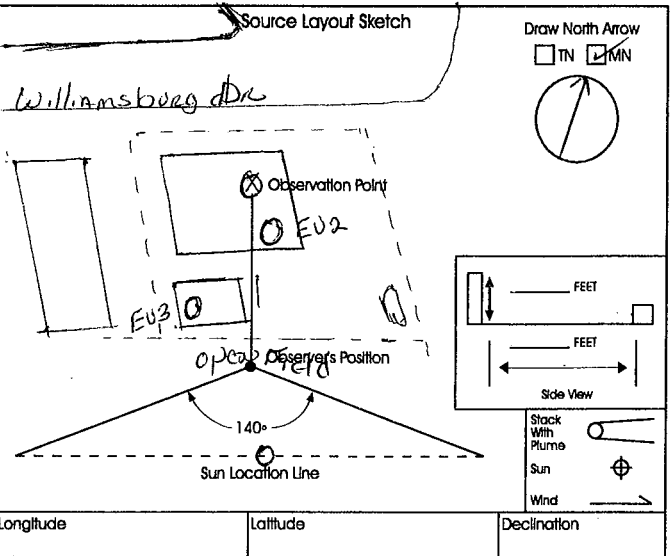
Process Cremation Unit # 1 Operating Mode 200 lbs
 Control Equipment After burner Operating Mode 1631°F

Describe Emission Point Tallest + northern most stack of three stacks.
 Height of Emiss. Pt. Start 40' End 40' Height of Emiss. Pt. Rel. to Observer Start 40' End 40'
 Distance to Emiss. Pt. Start 110' End 110' Direction to Emiss. Pt. (Degrees) Start 340° End 340°

Vertical Angle to Obs. Pt. Start 14° End 14° Direction to Obs. Pt. (Degrees) Start 340° End 340°
 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 End Blue Sky Conditions Start Clear End Clear
 Wind Speed Start 8-14 End 8-14 Wind Direction Start ESE End ESE
 Ambient Temp. Start 71 End 76 Wet Bulb Temp. _____ RH Percent _____



Additional Information _____

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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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	
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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) Sherrill Colliver
 Observer's Signature Sherrill Colliver Date 11/25/12
 Organization FDEP
 Certified By ETA Date 8/11

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name
Boys, Ponger & Uselton

Facility Name

Street Address

City State Zip

Process
Crematory

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

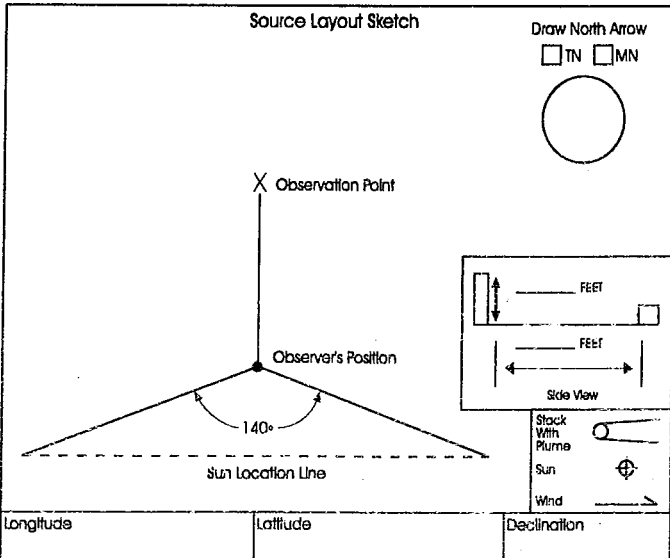
Vertical Angle to Obs. Pt.		Direction to Obs. Pt. (Degrees)	
Start	End	Start	End
Distance and Direction to Observation Point from Emission Point			
Start	End		

Describe Emissions

Start	End
Emission Color	Water Droplet Plumes
Start	End
Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/>	

Describe Plume Background

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



Longitude Latitude Declination

Additional Information

Form Number Page *2* Of *2*

Continued on VEO Form Number

Sec Min	Observation Date				Time Zone	Start Time	End Time	Comments
	0	15	30	45				
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"/>				
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
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"/>				
20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
29	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

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
Kays Ponger & Uselton
 Facility Name
Southeastern Crematory
 Street Address
5500 Williamsburg Drive
 City
Punta Gorda State FL Zip 33951

Process
Cremation Unit # 2 Operating Mode
170 lbs
 Control Equipment
Afterburner Operating Mode
1650-1710°F

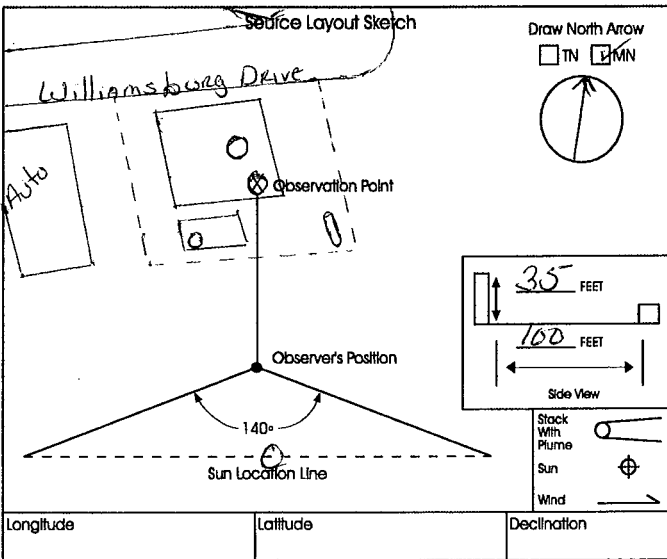
Describe Emission Point
Southeastern-middle height stack

Height of Emiss. Pt.
 Start 35' End 35' Height of Emiss. Pt. Rel. to Observer
 Start 35' End 35'
 Distance to Emiss. Pt.
 Start 100' End 100' Direction to Emiss. Pt. (Degrees)
 Start 344° End 344°

Vertical Angle to Obs. Pt.
 Start 11° End 11° Direction to Obs. Pt. (Degrees)
 Start 344° End 344°
 Distance and Direction to Observation Point from Emission Point
 Start 0 End 0

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

Describe Plume Background
 Start Sky End Sky
 Background Color
 Start Blue End Blue Sky Conditions
 Start Clear End Clear
 Wind Speed
 Start 8-14 mph End 8-14 mph Wind Direction
 Start ESE End ESE
 Ambient Temp.
 Start 71°F End 76°F Wet Bulb Temp. _____ RH Percent _____



Longitude _____ Latitude _____ Declination _____
 Additional Information
Six mms, Aug - 0.63%

Min	Sec				Comments
	0	15	30	45	
1	0	0	0	0	
2	0	0	0	0	
3	15	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	
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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)
Shercill Colliver
 Observer's Signature
Shercill Colliver Date 1/25/12
 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 _____ Of _____
 Continued on VEO Form Number _____

Company Name _____
 Facility Name _____
 Street Address _____
 City _____ State _____ Zip _____

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

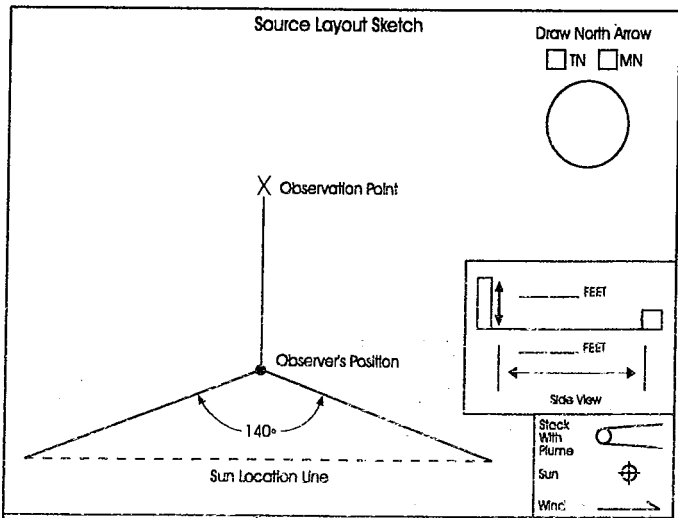
Describe Emission Point _____

 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 _____



Longitude _____ Latitude _____ Declination _____

Additional Information _____

Min	Time Zone				Start Time	End Time	Comments
	Sec	0	15	30			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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26							
27							
28							
29							
30							

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

EPA VISIBLE EMISSION OBSERVATION FORM 1

Form Number					Page	1	Of	2
Continued on VEO Form Number								

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

Company Name <i>Kays Ponger & Uselton</i>		
Facility Name <i>Southeastern Crematory</i>		
Street Address <i>5500 Williamsburg Drive</i>		
City <i>Punta Gorda</i>	State <i>FL</i>	Zip <i>33951</i>

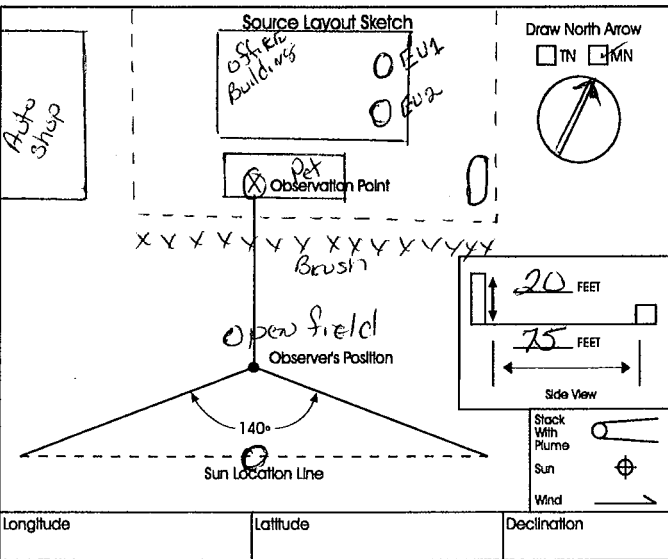
Process <i>Crematory</i>	Unit # <i>3</i>	Operating Mode <i>135 lbs</i>
Control Equipment <i>Afterburner</i>	Operating Mode <i>1658 °F</i>	

Describe Emission Point <i>Shortest & southwestern most stack of three stack</i>	
Height of Emiss. Pt. Start <i>20'</i> End <i>20'</i>	Height of Emiss. Pt. Ref. to Observer Start <i>20'</i> End <i>20'</i>
Distance to Emiss. Pt. Start <i>75'</i> End <i>75'</i>	Direction to Emiss. Pt. (Degrees) Start <i>329° E</i> End <i>329°</i>

Vertical Angle to Obs. Pt. Start <i>8°</i> End <i>8°</i>	Direction to Obs. Pt. (Degrees) Start <i>329</i> End <i>329</i>
Distance and Direction to Observation Point from Emission Point Start <i>0</i> End <i>0</i>	

Describe Emissions Start <i>Lofting plume</i> End <i>None</i>	
Emission Color Start <i>Black</i> End <i>N/A</i>	Water Droplet Plume Start <i>N/A</i> End <i>N/A</i>
Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input checked="" type="checkbox"/>	

Describe Plume Background Start <i>Sky</i> End <i>Sky</i>	
Background Color Start <i>Blue</i> End <i>Blue</i>	Sky Conditions Start <i>Clear</i> End <i>Clear</i>
Wind Speed Start <i>8-14 mph</i> End <i>8-14 mph</i>	Wind Direction Start <i>ESE</i> End <i>ESE</i>
Ambient Temp. Start <i>71 °F</i> End <i>76 °F</i>	Wet Bulb Temp. RH Percent



Longitude	Latitude	Declination
Additional Information <i>Six min Avg - 0.42%</i>		

Observation Date		Time Zone				Start Time	End Time
<i>1/25/12</i>						<i>9:47am</i>	<i>10:47am</i>
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	5	5			
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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12	0	0	0	0			
13	0	0	0	0			
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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) <i>Sherrill Culliver</i>		Date <i>1/25/12</i>
Observer's Signature <i>Sherrill Culliver</i>		Organization <i>FDEP</i>
Certified By <i>ETA</i>	Date <i>8/11</i>	

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name
Kays, Ponger & Uselton

Facility Name

Street Address

City State Zip

Process Unit # *3* 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

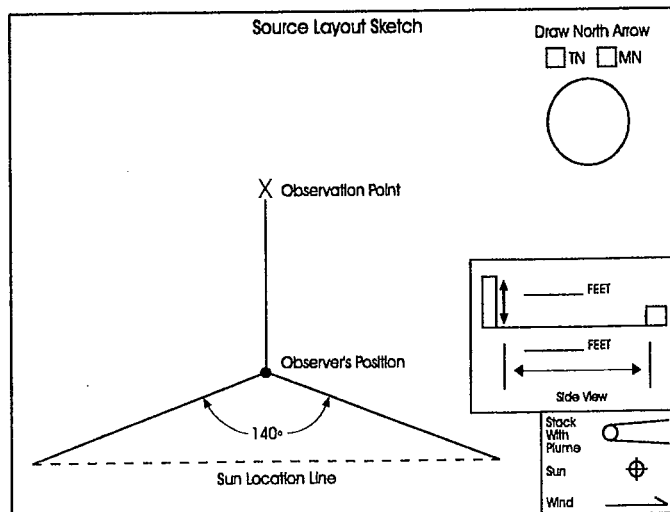
Start End Start End

Wind Speed Wind Direction

Start End Start End

Ambient Temp. Wet Bulb Temp. RH Percent

Start End



Longitude Latitude Declination

Additional Information

Form Number Page *2* of *2*

Continued on VEO Form Number

Observation Date		Time Zone				Start Time	End Time
<i>1/25/12</i>							
Min	Sec	0	15	30	45	Comments	
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Observer's Name (Print)

Observer's Signature Date

Organization

Certified By Date