

EPA VISIBLE EMISSION OBSERVATION FORM 1

Form Number						Page	1	Of	2
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Method Used (Circle One)
 Method 9 203A 203B Other: _____

Company Name: Cemex
 Facility Name: East Trail Facility
 Street Address: 15555 U.S. 41
 City: Naples State: FL Zip: 33940

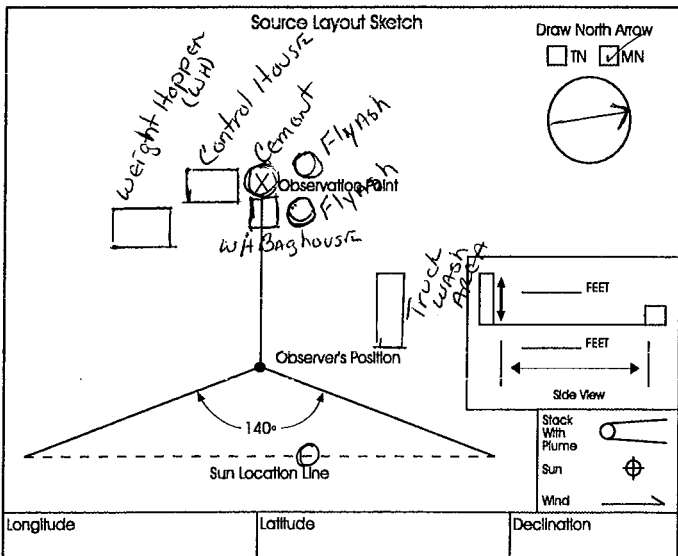
Process: Cement Unloading Unit #: 1 Operating Mode: _____
 Control Equipment: Baghouse Operating Mode: 7psi

Describe Emission Point:
North concrete plant - Shortest & South silo of three silos
 Height of Emiss. Pt. Start 50' End 50' Height of Emiss. Pt. Rel. to Observer Start 50' End 50'
 Distance to Emiss. Pt. Start 150' End 150' Direction to Emiss. Pt. (Degrees) Start 278° End 278°

Vertical Angle to Obs. Pt. Start 12° End 13° Direction to Obs. Pt. (Degrees) Start 278° End 278°
 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 7mph End 1mph Wind Direction: Start NE End NE
 Ambient Temp.: Start 83° End 86° Wet Bulb Temp.: _____ RH Percent: 63%



Additional Information

Observation Date		Time Zone				Start Time	End Time
7/19/11						9:54am	10:42am
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						Tanker Pressure	
16						check	
17							
18			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): Sherrill Culliver
 Observer's Signature: Sherrill Culliver Date: 7/19/11
 Organization: FDEP
 Certified By: ETA Date: 2/11

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name		
Facility Name		
Street Address		
City	State	Zip

Process	Unit #	Operating Mode
Control Equipment		Operating Mode

Describe Emission Point	
<i>North concrete plant</i>	
<i>Shortest & South Silo</i>	
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 <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/>
Start End	

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

Source Layout Sketch

Draw North Arrow

TN MN

FEET

FEET

Side View

Stock With Plume

Sun

Wind

Longitude	Latitude	Declination
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Additional Information	

Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
1	○	○	○	○			
2	○	○	○	○			
3	○	○	○	○			
4	○	○	○	○			
5	○	○	○	○			
6	○	○	○	○			
7	○	○	○	○			
8	○	○	○	○			
9	○	○	○	○			
10	○	○	○	○			
11	○	○	○	○			
12	○	○	○	○			
13	○	○	○	○			
14	○	○	○	○			
15	○	○	○	○			
16	○	○	○	○			
17	○	○	○	○			
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
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: Camey
 Facility Name: East Trail Facility
 Street Address: 15555 U.S. 41
 City: Naples State: FL Zip: 33940

Observation Date: 7/19/11 Time Zone: _____
 Start Time: 9:54 A.M. End Time: 10:39am

Process: Flyash silo Unit #: 2 Operating Mode: _____
 Control Equipment: Baghouse Operating Mode: 9psi

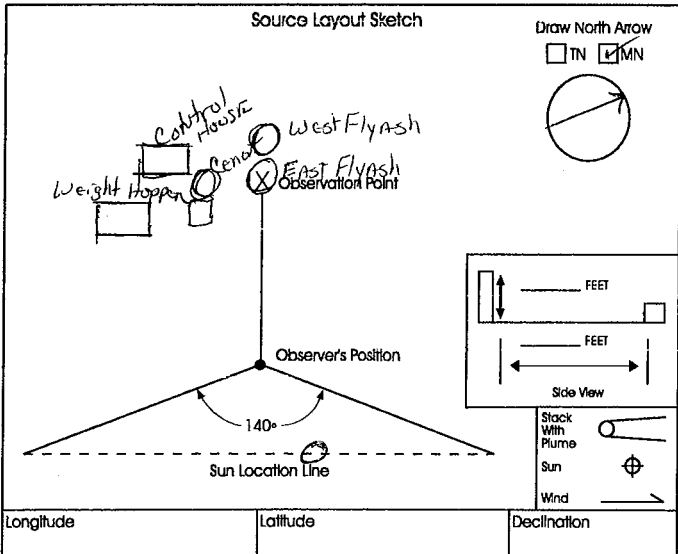
Min	Sec				Comments
	0	15	30	45	
1	○	○	○	○	
2	○	○	○	○	
3	○	○	○	○	
4	○	○	○	○	
5	○	○	○	○	
6	○	○	○	○	
7	○	○	○	○	
8	○	○	○	○	
9	○	○	○	○	
10	○	○	○	○	
11	○	○	○	○	
12	○	○	○	○	
13	○	○	○	○	
14	○	○	○	○	
15					Tanker Pressure
16					check
17					
18			○	○	
19	○	○	○	○	
20	○	○	○	○	
21	○	○	○	○	
22	○	○	○	○	
23	○	○	○	○	
24	○	○	○	○	
25	○	○	○	○	
26	○	○	○	○	
27	○	○	○	○	
28	○	○	○	○	
29	○	○	○	○	
30	○	○	○	○	

Describe Emission Point:
North concrete plant - tall
Northeast silo with baghouse
 Height of Emiss. Pt. Height of Emiss. Pt. Rel. to Observer
 Start 80' End 80' Start 80' End 80'
 Distance to Emiss. Pt. Direction to Emiss. Pt. (Degrees)
 Start 160' End 160' Start 290° End 290°

Vertical Angle to Obs. Pt. Direction to Obs. Pt. (Degrees)
 Start 19° End 19° Start 290° End 290°
 Distance and Direction to Observation Point from Emission Point
 Start 0 End 0

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

Describe Plume Background
 Start Sky End Sky
 Background Color Sky Conditions
 Start Blue End Blue Start Clear End Clear
 Wind Speed Wind Direction
 Start 7mph End 1mph Start NE End NE
 Ambient Temp. Wet Bulb Temp. RH Percent
 Start 83° End 86° _____ 63%



Observer's Name (Print): Sherrill Culliver
 Observer's Signature: Sherrill Culliver Date: 7/19/11
 Organization: FDEP
 Certified By: ETA Date: 2/11

EPA VISIBLE EMISSION OBSERVATION FORM 1

Form Number						Page	2	of	2
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Method Used (Circle One)			
Method 9	203A	203B	Other: _____

Company Name		
Facility Name		
Street Address		
City	State	Zip

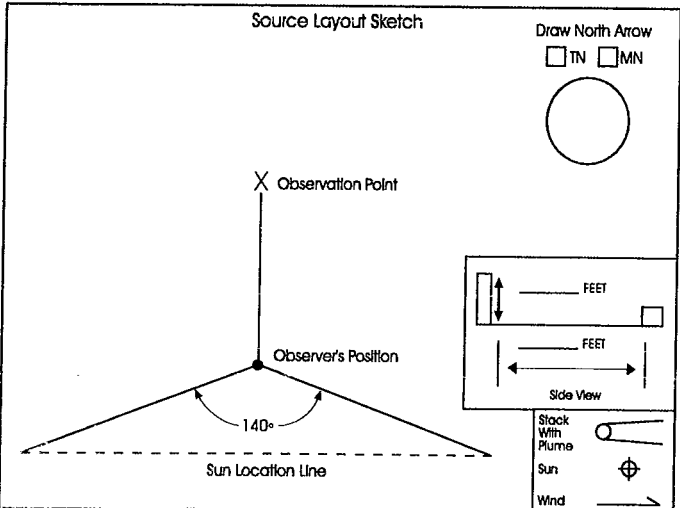
Process	Unit #	Operating Mode
Control Equipment		Operating Mode

Describe Emission Point			
<i>North concrete plant fall northeast side</i>			
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	Start	End

Describe Emissions			
Start		End	
Emission Color		Water Droplet Plume	
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	Start	End
Wind Speed		Wind Direction	
Start	End	Start	End
Ambient Temp.		Wet Bulb Temp.	
Start	End	Start	End
		RH Percent	



Longitude	Latitude	Declination
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Additional Information

Sec Min	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"/>					
16							
17							
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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

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

Form Number _____ Page 1 Of 2
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Company Name Cemex
 Facility Name East-Trail Facility
 Street Address 15555 U.S. 41
 City Naples State FL Zip 33940

Process Cement Unloading Unit # 4 Operating Mode _____
 Control Equipment Baghouse Operating Mode 8psi

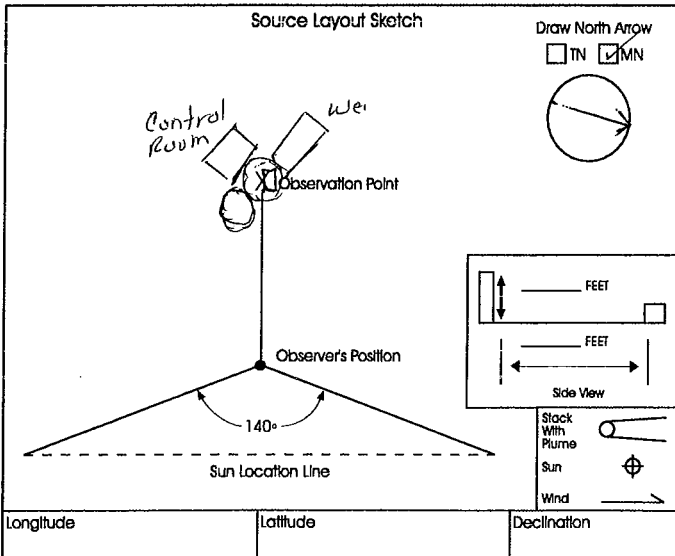
Describe Emission Point
Two compartment silo, North baghouse

Height of Emiss. Pt. Start 70' End 70' Height of Emiss. Pt. Rel. to Observer Start 70' End 70'
 Distance to Emiss. Pt. Start 110' End 110' Direction to Emiss. Pt. (Degrees) Start 251° End 251°

Vertical Angle to Obs. Pt. Start 25° End 25° Direction to Obs. Pt. (Degrees) Start 251° End 251°
 Distance and Direction to Observation Point from Emission Point Start 0 End 0

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

Describe Plume Background
 Start Sky End Sky Sky Conditions Start Clear End Clear
 Background Color Start Blue End Blue Wind Direction Start NE End NE
 Wind Speed Start 7mph End 1mph Ambient Temp. Start 83° End 86°
 Wet Bulb Temp. _____ RH Percent 63%



Sec i/Min	Observation Date <u>7/19/11</u>				Time Zone	Start Time <u>9:34 AM</u>	End Time <u>10:44 AM</u>	Comments
	0	15	30	45				
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								<u>Tanker Pressure</u>
16								<u>Check</u>
17								
18			<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"/>				
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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 _____

EPA VISIBLE EMISSION OBSERVATION FORM 1

Form Number						Page	2	of	2
Continued on VEO Form Number									

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

Company Name		
Facility Name		
Street Address		
City	State	Zip

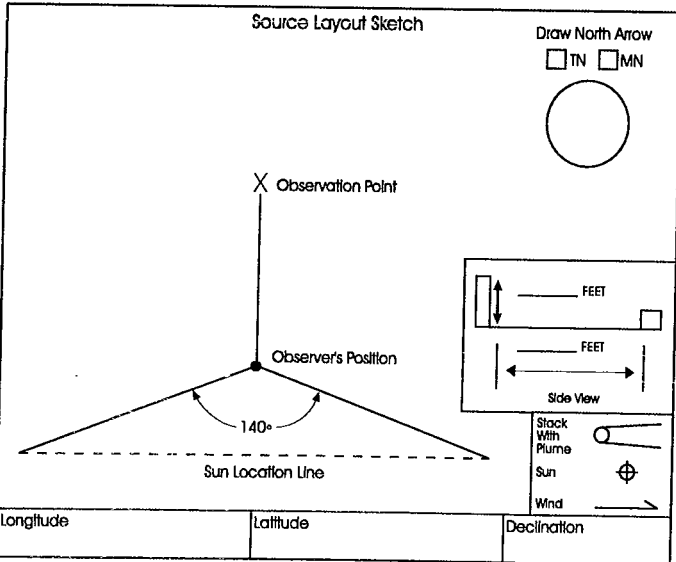
Process	Unit #	Operating Mode
Control Equipment		Operating Mode

Describe Emission Point	
<i>Two compartment silo North barge</i>	
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 <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/>

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 _____			



Observation Date		Time Zone				Start Time	End Time
7/19/11							
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							
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30							

Additional Information	

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