

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name
Beachwood Society

Facility Name

Street Address
3107 Davis Blvd

City *Naples* State *FL* Zip

Process *Cremation* Unit # Operating Mode *180lbs*

Control Equipment *Afterburner* Operating Mode *1658°F*

Describe Emission Point
Circular stack on the NW side of building

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 *249* End *249*

Vertical Angle to Obs. Pt. Start *13°* End *13°* Direction to Obs. Pt. (Degrees) Start *249* End *249*

Distance and Direction to Observation Point from Emission Point
Start End

Describe Emissions
Start *lofting plumb* End *None*

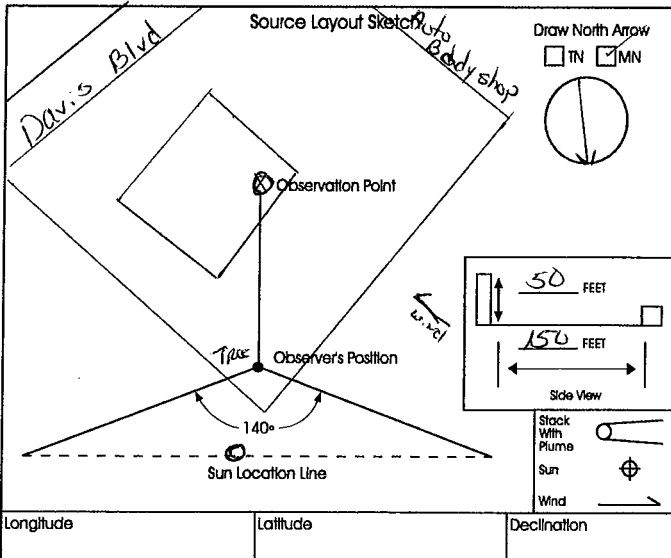
Emission Color Start *Black* End *N/A* Water Droplet Plume Attached Detached None

Describe Plume Background
Start *Sky* End *Sky*

Background Color Start *Blue* End *Blue* Sky Conditions Start *Clear* End *Clear*

Wind Speed Start *10mph* End *10mph* Wind Direction Start *NW* End *NW*

Ambient Temp. Start *73°* End *81°* Wet Bulb Temp. RH Percent *56%*



Additional Information

Form Number Page *1* Of *2*

Continued on VEO Form Number

Observation Date		Time Zone				Start Time	End Time
<i>5/13/11</i>						<i>9:49</i>	<i>10:49</i>
Sec	0	15	30	45	Comments		
Min							
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"/>			
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7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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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"/>			
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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							<i>Checked cremation</i>
21							<i>Temp.</i>
22							
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"/>			
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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"/>			
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Observer's Name (Print)

Observer's Signature Date

Organization

Certified By Date

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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 _____

Source Layout Sketch

Draw North Arrow
 TN MN

Longitude _____ Latitude _____ Declination _____

Additional Information _____

Observation Date		Time Zone				Start Time	End Time
Min	Sec	0	15	30	45	Comments	
	1						
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Observer's Name (Print) _____
 Observer's Signature _____ Date _____
 Organization _____
 Certified By _____ Date _____