

EPA VISIBLE EMISSION OBSERVATION FORM 1

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Continued on VEO Form Number	

Method Used (Circle One) Method 9	203A 203B	Other: _____
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Company Name <u>Hare Lumber</u>		
Facility Name		
Street Address <u>425 E. Hart. Ave</u>		
City <u>Clewiston</u>	State <u>FL</u>	Zip <u>33446</u>

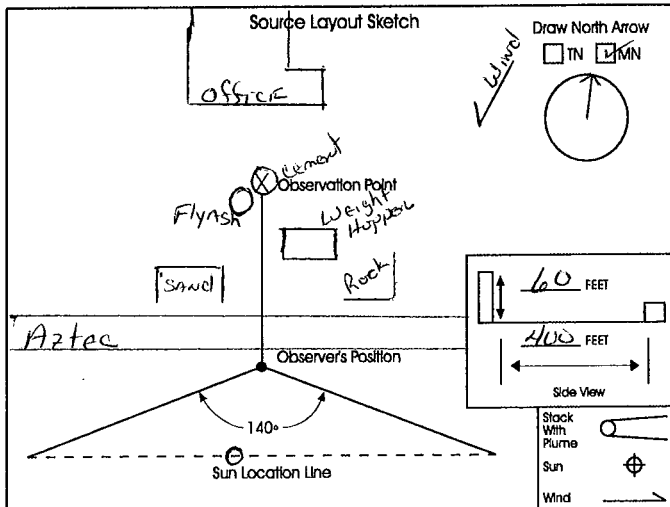
Process <u>Cement Unloading</u>	Unit # <u>1</u>	Operating Mode <u>25.17 tons</u>
Control Equipment <u>Baghouse</u>	Operating Mode <u>Not Working</u>	

Describe Emission Point <u>Northern most silo with single baghouse</u>	
Height of Emiss. Pt. Start <u>~60'</u> End <u>~60'</u>	Height of Emiss. Pt. Rel. to Observer Start <u>~60'</u> End <u>~60'</u>
Distance to Emiss. Pt. Start <u>400'</u> End <u>400'</u>	Direction to Emiss. Pt. (Degrees) Start <u>333°</u> End <u>333°</u>

Vertical Angle to Obs. Pt. Start <u>12°</u> End <u>12°</u>	Direction to Obs. Pt. (Degrees) Start <u>333°</u> End <u>333°</u>
Distance and Direction to Observation Point from Emission Point Start <u>0</u> End <u>0</u>	

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

Describe Plume Background Start <u>Sky</u> End <u>Sky</u>	
Background Color Start <u>Blue</u> End <u>Blue</u>	Sky Conditions Start <u>Clear</u> End <u>Clear</u>
Wind Speed Start <u>2-16 mph</u> End <u>9-17 mph</u>	Wind Direction Start <u>NNW</u> End <u>NNE</u>
Ambient Temp. Start <u>48°F</u> End <u>56°F</u>	Wet Bulb Temp. RH Percent <u>86%</u>



Longitude	Latitude	Declination
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Additional Information	
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Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
1	0	0	0	0	11:11	12:32	leaking pop off valve
2	0	0	0	0			*stop 10:03
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			

Observer's Name (Print) <u>Sherrill Calloway</u>	Date <u>12/21/10</u>
Observer's Signature <u>Sherrill Calloway</u>	Organization <u>FDEP</u>
Certified By <u>ETA</u>	Date <u>8/10</u>

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Form Number					Page	2	Of	3
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Method Used (Circle One)			
Method 9	203A	203B	Other: _____

Company Name		
Facility Name		
Street Address		
City	State	Zip

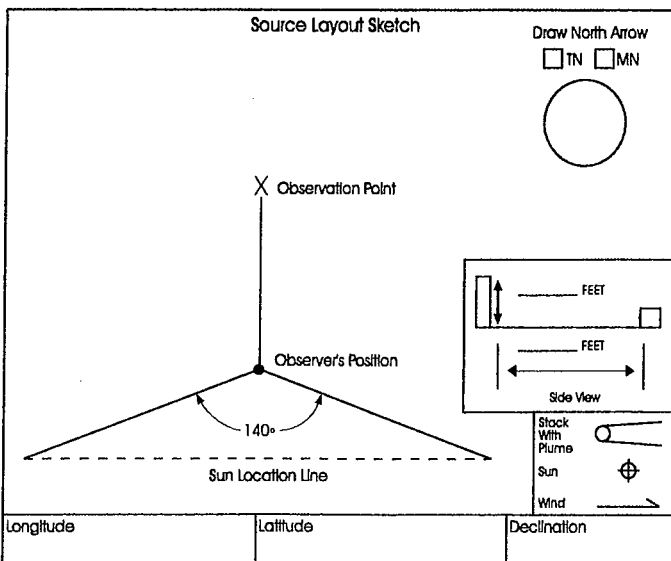
Process	Unit #	Operating Mode
Control Equipment	Operating Mode	

Describe Emission Point	
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	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
Wind Speed	Wind Direction
Start End	Start End
Ambient Temp.	Wet Bulb Temp. RH Percent
Start End	



Longitude	Latitude	Declination
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Additional Information	

Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
28 ¹	○	○	○	○			
2	○	○	○	○			
30 ³	○	○	○	○			
4	○	○	○	○			
5	○	○	○	○			
6	○	○	○	○			
7	○	○	○	○			
35 ⁸	○	○	○	○			
9	○	○	○	○			
10	○	○	○	○			
11	○	○	○	○			
12	○	○	○	○			
13	○	○	○	○			
70 ¹³	○	○	○	○			
14	○	○	○	○			
15	○	○	○	○			
16	○	○	○	○			
16	○	○	○	○			
17	○	○	○	○			
18	○	○	○	○			
45 ¹⁸	○	○	○	○			
19	○	○	○	○			
20	○	○	○	○			
21	○	○	○	○			
22	○	○	○	○			
23	○	○	○	○			
57 ²³	○	○	○	○			
24	○	○	○	○			
25	○	○	○	○			
26	○	○	○	○			
27	○	○	○	○			
55 ²⁸	○	○	○	○			
29	○	○	○	○			
57 ³⁰	○	○	○	○			

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

