

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
Oldcastle Precast, Inc

Facility Name

Street Address
2140 Pondella Road

City
North Ft. Myers State
FL Zip
33903

Process
Flyash Tanker Unload Unit #
25,48-Tons

Operating Mode
10psi

Control Equipment
Central Baghouse Operating Mode

Describe Emission Point
Ground level baghouse of a two compartment silo

Height of Emiss. Pt.
Start 15' End 15'

Height of Emiss. Pt. Rel. to Observer
Start 10' End 10'

Distance to Emiss. Pt.
Start 60' End 60'

Direction to Emiss. Pt. (Degrees)
Start 216° End 216°

Vertical Angle to Obs. Pt.
Start 7.6° End 7.6°

Direction to Obs. Pt. (Degrees)
Start 216° End 216°

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 Gray End Gray

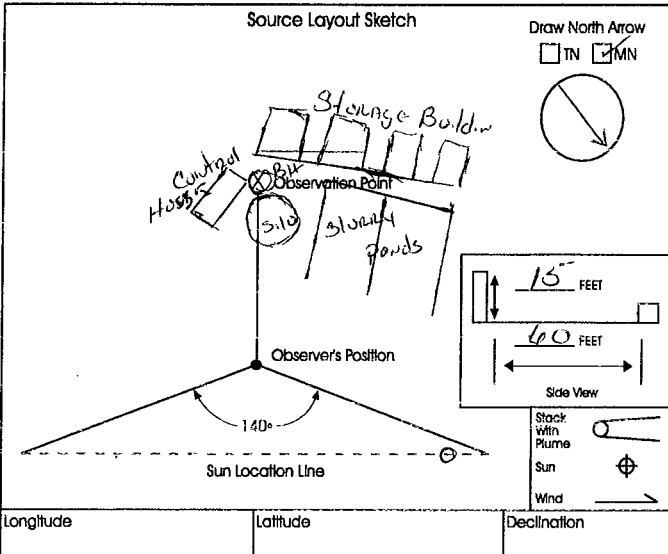
Sky Conditions
Start Overcast End Overcast

Wind Speed
Start 3-5 mph End 3-5 mph

Wind Direction
Start SW End SW

Ambient Temp.
Start 77°F End 77°F

Wet Bulb Temp.
RH Percent



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	
6					
6					
7					
8					
9					
10					
11					
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)
Sherrill Colliver

Observer's Signature
Sherrill Colliver Date
9/24/11

Organization
EDEIP

Certified By
ETA Date
8/11

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name
Oldcastle Precast

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 _____

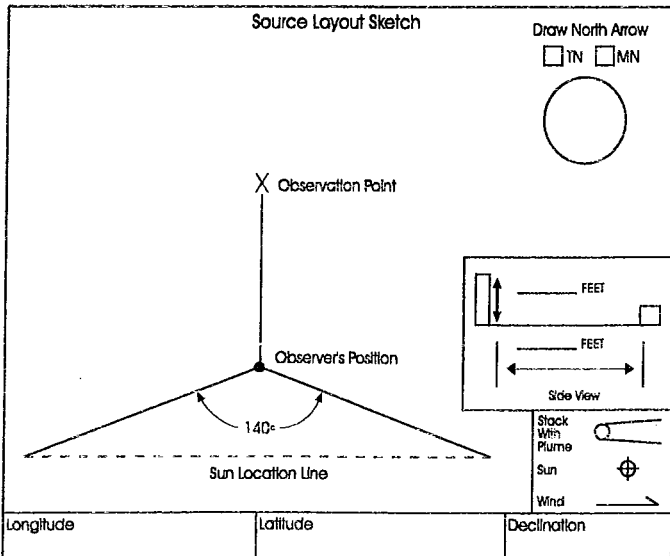
Start _____ End _____ Start _____ End _____

Wind Speed _____ Wind Direction _____

Start _____ End _____ Start _____ End _____

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

Start _____ End _____



Additional Information

Form Number _____ Page *2* of *2*

Continued on VEO Form Number _____

Observation Date		Time Zone			Start Time	End Time
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"/>		
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"/>		
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Observer's Name (Print) _____

Observer's Signature _____ Date _____

Organization _____

Certified By _____ Date _____