

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name
Dr Goodroof

Facility Name

Street Address
11421 Tamiami Trail

City *Punta Gorda* State *FL* Zip *33950*

Process *(White) Tanker Unloading* Unit # *2* Operating Mode *27.04 tons*

Control Equipment *Baghouse* Operating Mode *10 psi*

Describe Emission Point
Easternmost silo with single baghouse

Height of Emiss. Pt. Start *70'* End *70'* Height of Emiss. Pt. Rel. to Observer Start *65'* End *65'*

Distance to Emiss. Pt. Start *200'* End *200'* Direction to Emiss. Pt. (Degrees) Start *258°* End *258°*

Vertical Angle to Obs. Pt. Start *10°* End *10°* Direction to Obs. Pt. (Degrees) Start *258°* End *258°*

Distance and Direction to Observation Point from Emission Point Start *0* End *0*

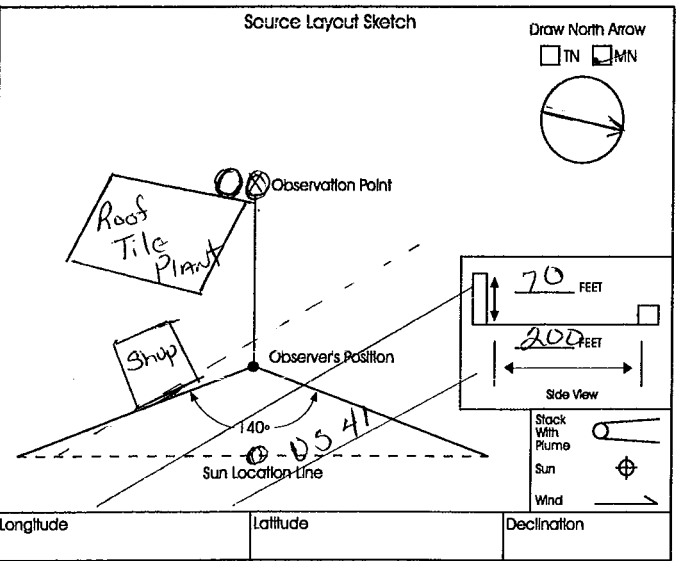
Describe Emissions
Start *None* End *None*

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

Describe Plume Background
Start *Blue* End *Blue* Sky Conditions Start *Clear* End *Clear*

Wind Speed Start *1mph* End *11mph* Wind Direction Start *WNW* End *WNW*

Ambient Temp. Start *72°* End *85°* Wet Bulb Temp. *74%* RH Percent *74%*



Additional Information

Form Number _____ Page *1* Of *2*

Continued on VEO Form Number _____

Observation Date		Time Zone				Start Time	End Time
<i>6/14/11</i>						<i>7:53 Am</i>	<i>8:54 Am</i>
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					<i>Check Tanker Pressure</i>		
18							
19							
20							
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) *Sherrill Culliver*

Observer's Signature *Sherrill Culliver* Date *6/14/11*

Organization *FDEP*

Certified By *ETA* Date *2/11*

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 <i>Dr Goodroof</i>		
Facility Name		
Street Address		
City	State	Zip

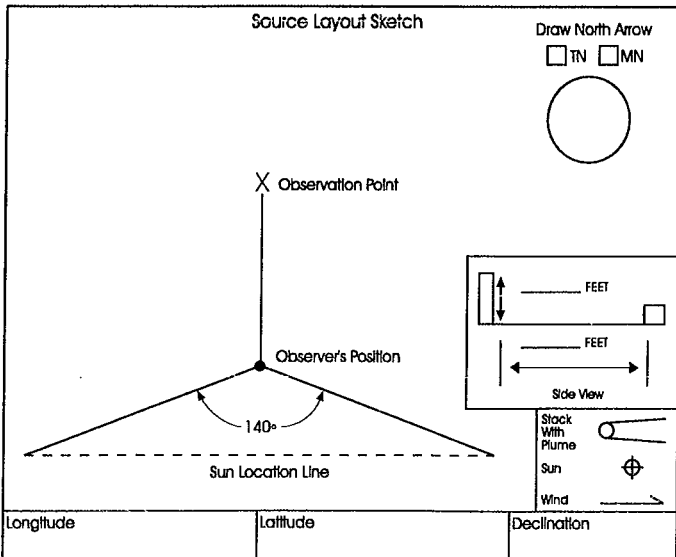
Process	Unit # <i>2</i>	Operating Mode
Control Equipment		Operating Mode

Describe Emission Point			
Height of Emis. Pt.		Height of Emis. Pt. Rel. to Observer	
Start	End	Start	End
Distance to Emis. Pt.		Direction to Emis. 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		



Min	Observation Date <i>6/11/11</i>				Time Zone		Start Time	End Time
	Sec	0	15	30	45	Comments		
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"/>			
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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

Form Number	Page <u>1</u> Of <u>2</u>
Continued on VEO Form Number	

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

Company Name
Dr. Goodroof

Facility Name

Street Address
11421 Tamiami Trail

City Punta Gorda State FL Zip 33950

Process (Gray) Tanker Unloading Unit # 3 Operating Mode 26.48 tons

Control Equipment Baghouse Operating Mode 10 psi

Describe Emission Point
Westernmost silo with a single baghouse on top

Height of Emiss. Pt. Start 70' End 70' Height of Emiss. Pt. Rel. to Observer Start 65' End 65'

Distance to Emiss. Pt. Start 200' End 200' Direction to Emiss. Pt. (Degrees) Start 258° End 258°

Vertical Angle to Obs. Pt. Start 10° End 10° Direction to Obs. Pt. (Degrees) Start 258° End 258°

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

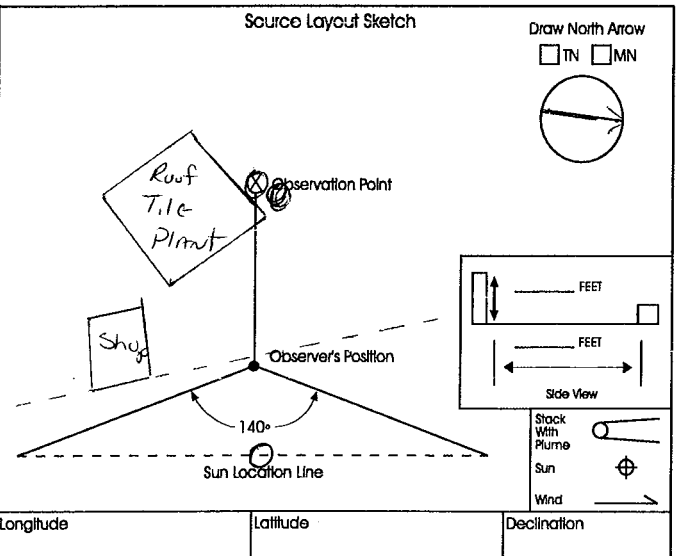
Describe Plume Background

Start Sky End Sky

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

Wind Speed Start 1mph End 11mph Wind Direction Start WNW End WNW

Ambient Temp. Start 72 End 85 Wet Bulb Temp. 74% RH Percent 74%



Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
1	0	0	0	0	7:53 am	8:37 am	
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	0	0	0	0			
16	0	0	0	0			
17							Check Tanker Pressure
18							
19							
20							
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 6/14/11

Organization FDEP

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 <i>Dr Goodroof</i>		
Facility Name		
Street Address		
City	State	Zip

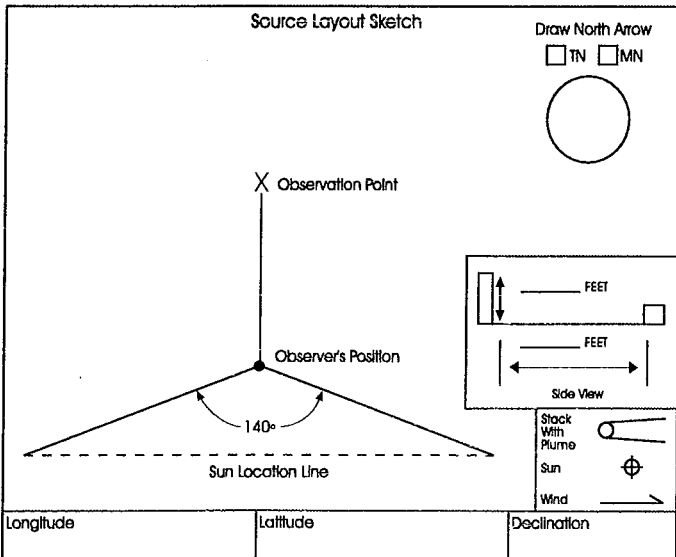
Process	Unit # <i>3</i>	Operating Mode
Control Equipment		Operating Mode

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

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
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Additional Information

Min	Observation Date <i>6/14/11</i>				Time Zone		Start Time	End Time
	Sec	0	15	30	45	Comments		
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"/>				
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Observer's Name (Print)	
Observer's Signature	Date
Organization	
Certified By	Date