

# EPA VISIBLE EMISSION OBSERVATION FORM 1

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Continued on VEO Form Number								

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

Company Name  
*Dr Goodroof, Inc*

Facility Name  
\_\_\_\_\_

Street Address  
*11461 Tamiami Trail*

City  
*Riviera Gorda*    State  
*FL*    Zip  
*33955*

Process  
*Cement Unloading*    Unit #  
*1*    Operating Mode  
\_\_\_\_\_

Control Equipment  
*Baghouse*    Operating Mode  
*26, 73, 1w*

Describe Emission Point  
*Soother standalone silo with single baghouse*

Height of Emiss. Pt.  
Start *50'*    End *50'*    Height of Emiss. Pt. Rel. to Observer  
Start *50'*    End *50'*

Distance to Emiss. Pt.  
Start *135'*    End *135'*    Direction to Emiss. Pt. (Degrees)  
Start *310°*    End *310°*

Vertical Angle to Obs. Pt.  
Start *20°*    End *20°*    Direction to Obs. Pt. (Degrees)  
Start *310°*    End *310°*

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 *Skv*    End *Skv*

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

Wind Speed  
Start *0-3 mph*    End *0-3 mph*    Wind Direction  
Start \_\_\_\_\_    End \_\_\_\_\_

Ambient Temp.  
Start *62*    End *62*    Wet Bulb Temp.  
\_\_\_\_\_    RH Percent  
*86%*

Source Layout Sketch

Draw North Arrow  
 TN     MN

Longitude \_\_\_\_\_    Latitude \_\_\_\_\_    Declination \_\_\_\_\_

Additional Information  
*Load rate - 30.26 tph*

Observation Date		Time Zone				Start Time	End Time
<i>11/10/11</i>						<i>7:45</i>	<i>8:37</i>
Min	Sec	0	15	30	45	Comments	
1		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
5		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
6		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
7		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
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9		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
10		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
11		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
12		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
13		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
14		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
15		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
16		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
17		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
18		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
19		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
20		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
21		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
22		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
23		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
24		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
25		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
26		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
27		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
28		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
29		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
30		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Observer's Name (Print)  
*Sherill Culliver*

Observer's Signature  
*Sherill Cull*    Date  
*11/10/11*

Organization  
*FDEP*

Certified By  
*ETA*    Date  
*8/11*

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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 \_\_\_\_\_

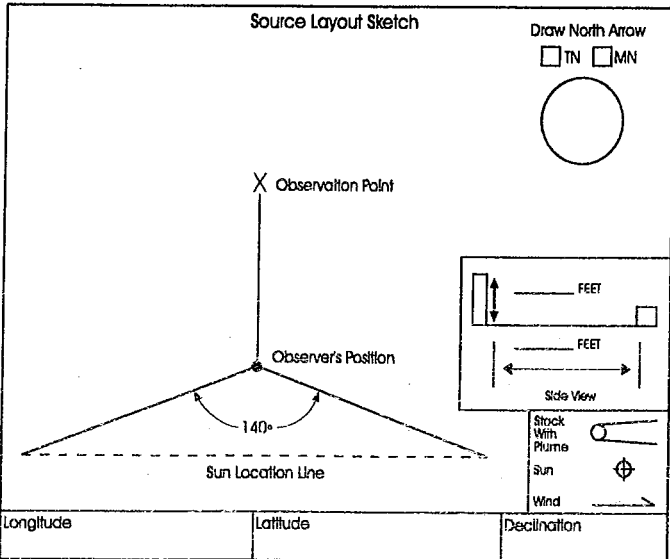
Process \_\_\_\_\_ Unit # \_\_\_\_\_ Operating Mode \_\_\_\_\_  
 Control Equipment \_\_\_\_\_ Operating Mode \_\_\_\_\_

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 \_\_\_\_\_



Additional Information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
1							
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4							
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Observer's Name (Print) \_\_\_\_\_  
 Observer's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Certified By \_\_\_\_\_ Date \_\_\_\_\_