

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name
Gulfside Construction & Equipment

Facility Name

Street Address
4303 Exchange Ave

City **Naples** State **FL** Zip **33942**

Process
Cement Unloading Unit # Operating Mode
25,044 tons

Control Equipment
Baghouse Operating Mode
8 psi

Describe Emission Point
Ground level baghouse east of silo

Height of Emiss. Pt. Height of Emiss. Pt. Rel. to Observer

Start **12'** End **12'** Start End

Distance to Emiss. Pt. Direction to Emiss. Pt. (Degrees)

Start **30'** End **30'** Start **280** End **280**

Vertical Angle to Obs. Pt. Direction to Obs. Pt. (Degrees)

Start **2** End **2** Start **280** End **280**

Distance and Direction to Observation Point from Emission Point

Start **0** End **0**

Describe Emissions

Start **None** End **None**

Emission Color Water Droplet Plume

Start **N/A** End **N/A** Attached Detached None

Describe Plume Background

Start **Silo** End **Silo**

Background Color Sky Conditions

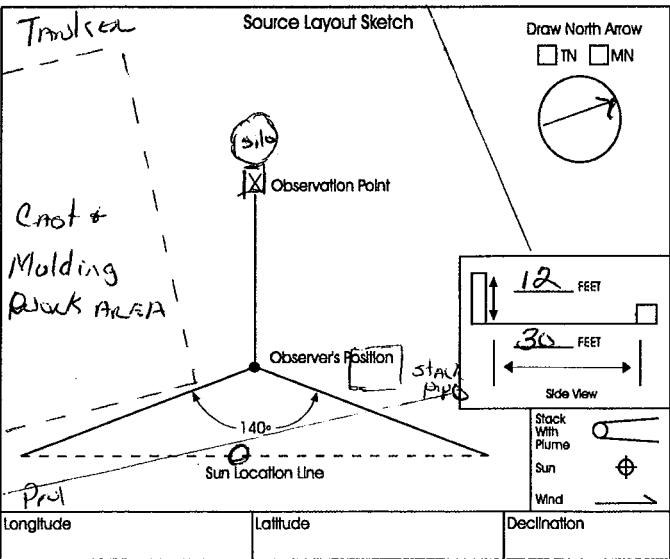
Start **Yellow** End **Yellow** Start **Clear** End **Clear**

Wind Speed Wind Direction

Start **2mph** End **2mph** Start **E** End **E**

Ambient Temp Wet Bulb Temp. RH Percent

Start **60°F** End **60°F** **95%**



Additional Information
Only 14 tons was unloaded
Load rate - 22.7 tons

Form Number Page **1** Of **2**

Continued on VEO Form Number

Min	Time Zone				Start Time	End Time	Comments
	Sec	0	15	30			
1	0	0	0	0	7:41am	8:17am	
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	0	0	0	0			
18	0	0	0	0			
19	0	0	0	0			
20	0	0	0	0			
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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 Culliver

Observer's Signature
Sherrill Culliver Date **12/28/11**

Organization
FDEP

Certified by
ETA Date **8/11**

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>Gulfside Construction & Equipment</i>		
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 <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/>	

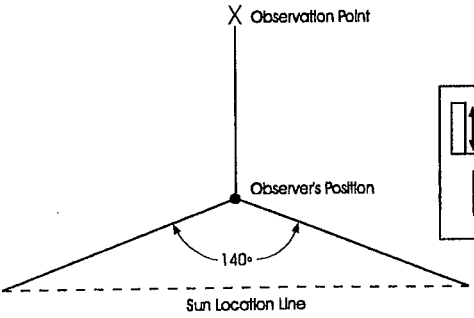
Describe Plume Background	
Start	End
Background Color	Sky Conditions
Start	End
Wind Speed	Wind Direction
Start	End
Ambient Temp.	Wet Bulb Temp.
Start	End
	RH Percent

Source Layout Sketch

Draw North Arrow

TN MN





FEET

FEET

Side View

Stack With Plume

Sun

Wind

Longitude	Latitude	Declination
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Additional Information	

Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
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"/>			
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30							

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