

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name
International Cremation Society

Facility Name
Harbor Heights Crematory

Street Address
2620 Highlands Rd, Unit C

City
Harbour Heights State
FL Zip
33983

Process
Cremation Unit # Operating Mode
180lbs

Control Equipment
After burner Operating Mode
1655°F

Describe Emission Point
Short southern stack on a small strip mall building

Height of Emiss. Pt.
Start **25'** End **25'** Height of Emiss. Pt. Rel. to Observer
Start **25'** End **25'**

Distance to Emiss. Pt.
Start **75'** End **75'** Direction to Emiss. Pt. (Degrees)
Start **346** End **346**

Vertical Angle to Obs. Pt.
Start **15°** End **15°** Direction to Obs. Pt. (Degrees)
Start **346** End **346**

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

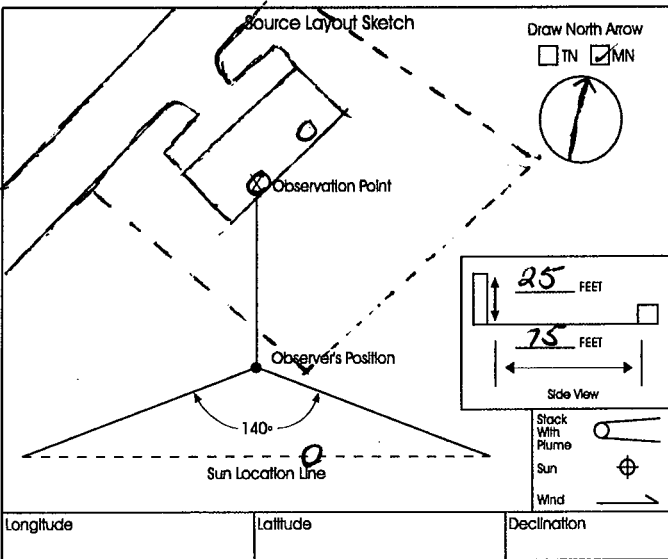
Attached Detached None

Describe Plume Background
Start **Sky** End **Sky**

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

Wind Speed
Start **3-5mph** End **3-5mph** Wind Direction
Start **NNW** End **NNW**

Ambient Temp. Wet Bulb Temp. RH Percent



Additional Information

Form Number Page **1** of **2**

Continued on VEO Form Number

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	
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)
Sherrill Culliver

Observer's Signature
Sherrill Culliver Date **12/29/11**

Organization
FDEP

Certified By
ETA Date **8/11**

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Company Name
International Cremation Society

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 _____

Source Layout Sketch

Draw North Arrow
 TN MN

X Observation Point

Observer's Position

140°

Sun Location Line

Longitude _____ Latitude _____ Declination _____

Additional Information _____

Form Number _____ Page 2 of 2

Continued on VEO Form Number _____

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

Observer's Name (Print) _____

Observer's Signature _____ Date _____

Organization _____

Certified By _____ Date _____