

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name
Cemex Construction Materials Florida

Facility Name
Port Charlotte Plant

Street Address
19300 Peachland Blvd

City
Port Charlotte State
FL Zip
33948

Process
Flyash Tanker Unload Unit #
1 Operating Mode
27.15 tons

Control Equipment
Baghouse Operating Mode

Describe Emission Point
West baghouses on 3 compartment silo

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

Distance to Emiss. Pt.
Start *300'* End *300'* Direction to Emiss. Pt. (Degrees)
Start *317* End *317*

Vertical Angle to Obs. Pt.
Start *18°* End *18°* Direction to Obs. Pt. (Degrees)
Start *317* End *317*

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

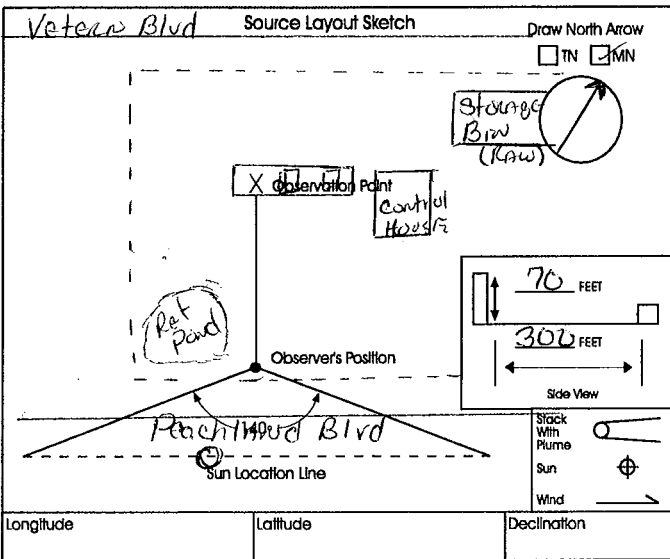
Attached Detached None

Describe Plume Background
Start *Sky* End *Sky*

Background Color
Start *Blue+White* End *Blue+White* Sky Conditions
Start *Scat* End *SSE*

Wind Speed
Start *13-17 mph* End *13-17 mph.* Wind Direction
Start *SSE* End *SSE*

Ambient Temp.
Start *84°F* End *84°F* Wet Bulb Temp. RH Percent



Additional Information
Load rate - 27.58 tph

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	
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13	0	0	0	0	
14	0	0	0	0	
15	0	0	0	0	
16	0	0	0	0	
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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
1/25/12

Organization
FDEP

Certified By
ETA Date
8/11

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name
Cemex

Facility Name
Port Charlotte Plant

Street Address

City State Zip

Process
Fluash

Unit # Operating Mode
1

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

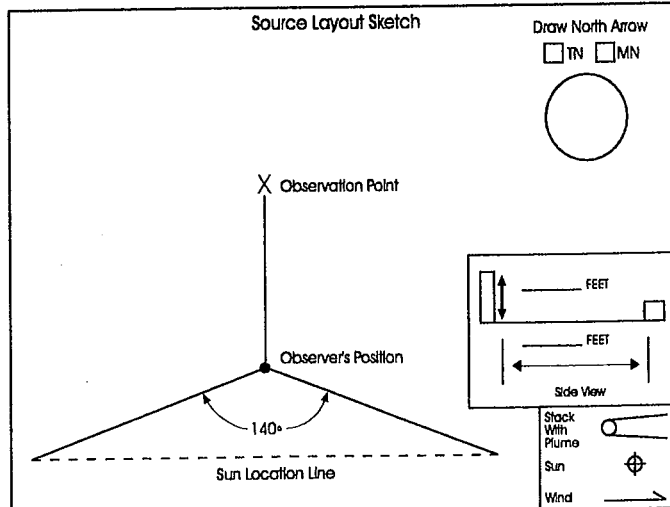
Start End Start End

Wind Speed Wind Direction

Start End Start End

Ambient Temp. Wet Bulb Temp. RH Percent

Start End



Longitude Latitude Declination

Additional Information

Form Number Page *2* of *2*

Continued on VEO Form Number

Sec Min	Time Zone				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"/>	
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"/>	
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					

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: Cemex Construction Materials Florida
 Facility Name: Port Charlotte Plant
 Street Address: 19300 Peachland Blvd
 City: Port Charlotte State: FL Zip: 33948

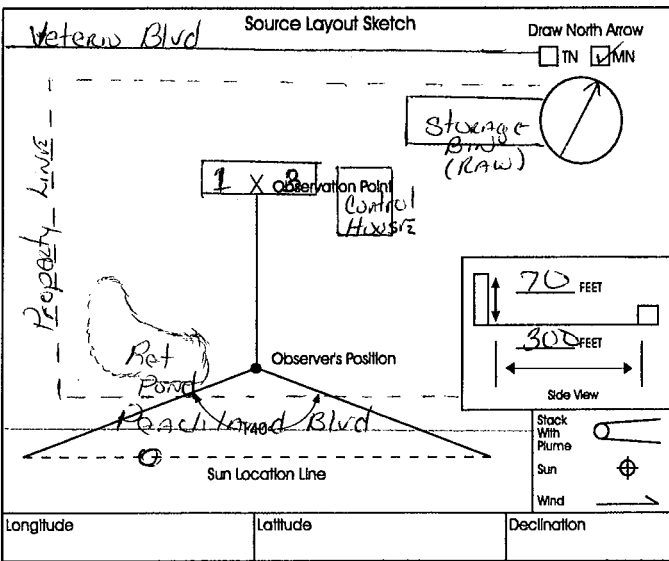
Process: Cement Tanker Unload Unit #: 2 Operating Mode: 26.55 tons
 Control Equipment: Baghouse Operating Mode: _____

Describe Emission Point:
Center baghouse of three compartment silo
 Height of Emiss. Pt. Start 70 End 70 Height of Emiss. Pt. Rel. to Observer Start 70 End 70
 Distance to Emiss. Pt. Start 300 End 300 Direction to Emiss. Pt. (Degrees) Start 322 End 322

Vertical Angle to Obs. Pt. Start 18° End 18° Direction to Obs. Pt. (Degrees) Start 322 End 322
 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+White End Blue+White Sky Conditions: Start Broken End Broken
 Wind Speed: Start 13-17 mph End 13-17 mph Wind Direction: Start SSE End SSE
 Ambient Temp.: _____ Wet Bulb Temp.: _____ RH Percent: _____



Additional Information
Load Rate - 31.2 tph

Min	Time Zone				Start Time	End Time	Comments
	Sec	0	15	30			
1	0	0	0	0	12:56 p.m.	1:48 p.m.	
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			
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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): Sherrell Calloway
 Observer's Signature: Sherrell Calloway Date: 1/25/12
 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		
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	Start	End
Wind Speed		Wind Direction	
Start	End	Start	End
Ambient Temp.		Wet Bulb Temp.	
Start	End	Start	RH Percent

Source Layout Sketch

Draw North Arrow

TN MN

Observer's Position

Observation Point

Sun Location Line

140°

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	○	○	○	○			
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

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 Cemex Construction Materials Florida
 Facility Name Port Charlotte Plant
 Street Address 19300 Peachland Blvd
 City Port Charlotte State FL Zip 33948

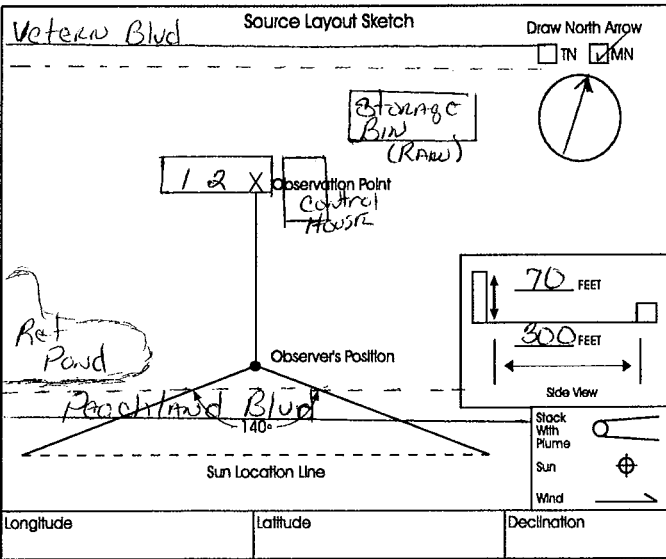
Process Cement Tanker Unload Unit # 3 Operating Mode 26.37 tons
 Control Equipment Baghouse Operating Mode _____

Describe Emission Point East baghouse of a three compartment silo
 Height of Emiss. Pt. Start 70 End 70 Height of Emiss. Pt. Rel. to Observer Start 70 End 70
 Distance to Emiss. Pt. Start 300 End 300 Direction to Emiss. Pt. (Degrees) Start 324° End 324°

Vertical Angle to Obs. Pt. Start 19° End 19° Direction to Obs. Pt. (Degrees) Start 324 End 324
 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/White End Broken Sky Conditions Start Broken End Broken
 Wind Speed Start 13-17 mph End 13-17 mph Wind Direction Start SSE End SSE
 Ambient Temp. _____ Wet Bulb Temp. _____ RH Percent _____



Additional Information Load rate - 29.3 tph

Min	Time Zone				Comments
	Sec	0	15	30	
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	
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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 11/25/12
 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>Cemex Construction Materials Florida</i>		
Facility Name <i>Port Charlotte Plant</i>		
Street Address		
City	State	Zip

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

Describe Emission Point

Height of Emiss. Pt. Start _____ End _____	Height of Emiss. Pt. Rel. to Observer Start _____ End _____
Distance to Emiss. Pt. Start _____ End _____	Direction to Emiss. Pt. (Degrees) Start _____ End _____

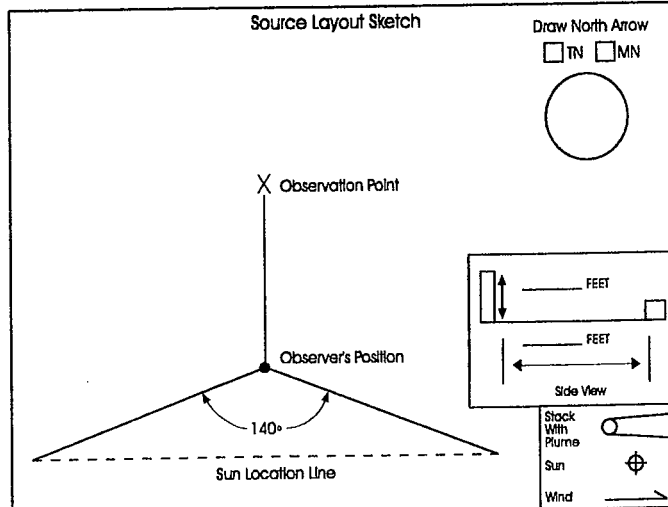
Vertical Angle to Obs. Pt. Start _____ End _____	Direction to Obs. Pt. (Degrees) Start _____ End _____
Distance and Direction to Observation Point from Emission Point Start _____ End _____	

Describe Emissions

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

Describe Plume Background

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



Longitude	Latitude	Declination
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Additional Information

Min	Sec				Comments
	0	15	30	45	
Observation Date: <i>11/25/12</i> Time Zone: _____ Start Time: <i>12:56pm</i> End Time: <i>1:49pm</i>					
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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					
26					
27					
28					
29					
30					

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