

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name: Old Castle
 Facility Name: 4600 Magnum Drive
 Street Address: 4600 Magnum Drive
 City: Ft. Pierce State: FL Zip: _____

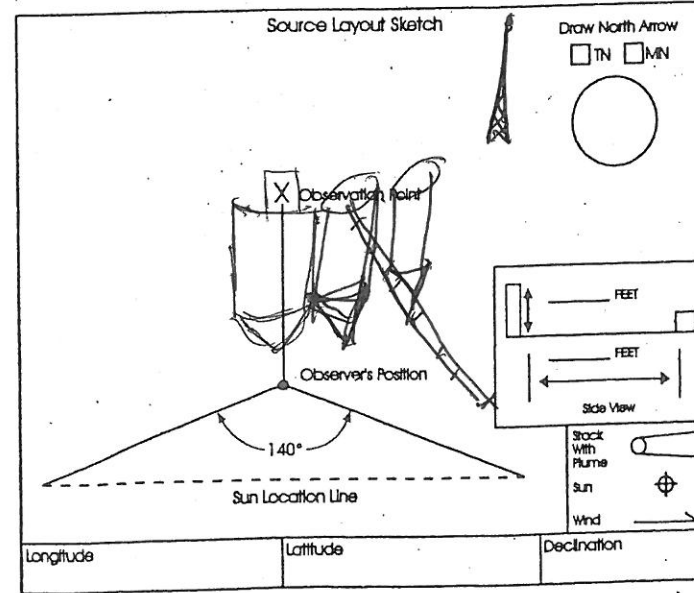
Process: Silo Unit #: 1 Operating Mode: Closest
 Control Equipment: Baghouse Operating Mode: _____

Describe Emission Point:
Slag Silo
 Height of Emiss. Pt. Start: 60 ft End: 60 ft Height of Emiss. Pt. Rel. to Observer Start: 55 ft End: 55 ft
 Distance to Emiss. Pt. Start: 120 ft End: 120 ft 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 Attached Detached None
 Emission Color Start: white End: white

Describe Plume Background
 Start: white clouds End: clouds Sky Conditions Start: Cloudy End: Cloudy
 Background Color Start: white End: white Wind Direction Start: N End: N
 Wind Speed Start: 8 mph End: 8 mph Wet Bulb Temp. Start: _____ End: _____
 Ambient Temp. Start: 79°F End: 79°F RH Percent 74%



Longitude: _____ Latitude: _____ Declination: _____
 Additional Information: _____

Form Number: _____ Page: 1 of 1
 Continued on VEO Form Number: _____

Sec Min	Time Zone				Comments
	0	15	30	45	
Observation Date: <u>11/18/10</u> Time Zone: <u>EST</u> Start Time: <u>11:40am</u> End Time: <u>11:54</u>					
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	10	<u>consultant</u>
9	5	5	5	0	<u>VEIS maybe from silo next to the one observed (center silo)</u>
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					
16					
17					
18					
19					
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21					
22					
23					
24					
25					<u>2 1/2% 125% 1%</u>
26					
27					
28					
29					
30					

Observer's Name (Print): Michelle Robinson-Austin
 Observer's Signature: Michelle Robinson Date: 11/18/10
 Organization: FDEP
 Certified By: ETA Date: 7/2010

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name: Old Castle Matt Stone Holdings
 Facility Name: Old Castle
 Street Address: 4600 Magnum Drive
 City: Ft. Pierce State: FL Zip: 34981

Process: White Cement (Center) Unit #: 2 Operating Mode:
 Control Equipment: Baghouse Operating Mode:

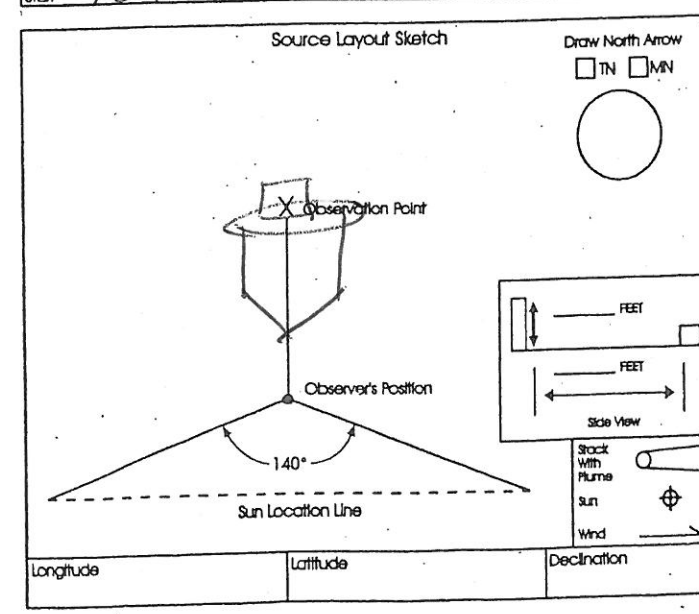
Describe Emission Point

Height of Emiss. Pt. Height of Emiss. Pt. Rel. to Observer
 Start 60 Ft. End 60 Ft. Start 55 Ft. End 55 Ft.
 Distance to Emiss. Pt. Direction to Emiss. Pt. (Degrees)
 Start 120 Ft. End 120 Ft. 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 White End White Attached Detached None

Describe Plume Background
 Start White End White
 Background Color Sky Conditions
 Start White End White Start Cloudy End Cloudy
 Wind Speed Wind Direction
 Start 7 mph End 8 mph Start NW End NW
 Ambient Temp. Wet Bulb Temp. RH Percent
 Start 78° F End 78° F 75%



Additional Information

Form Number _____ Page 1 of 1
 Continued on VEO Form Number _____

Observation Date		Time Zone				Start Time	End Time
11/18/10		EST				10:34	10:50
Sec	0	15	30	45	Comments		
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		10:40	
7	0	0	0	0		10:45	
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						
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27						0%	
28							
29							
30							

Observer's Name (Print) Michelle Robinson
 Observer's Signature Michelle Robinson Date 11/18/10
 Organization FDEP
 Certified By ETA Date 7/2010

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name **1110098**
 Facility Name **Old Castle**
 Street Address **4600 Magnum Drive**
 City **Ft. Pierce** State **FL** Zip **34981**

Process **Silo (3rd)** Unit # **3** Operating Mode _____
 Control Equipment **Baghouse** Operating Mode _____

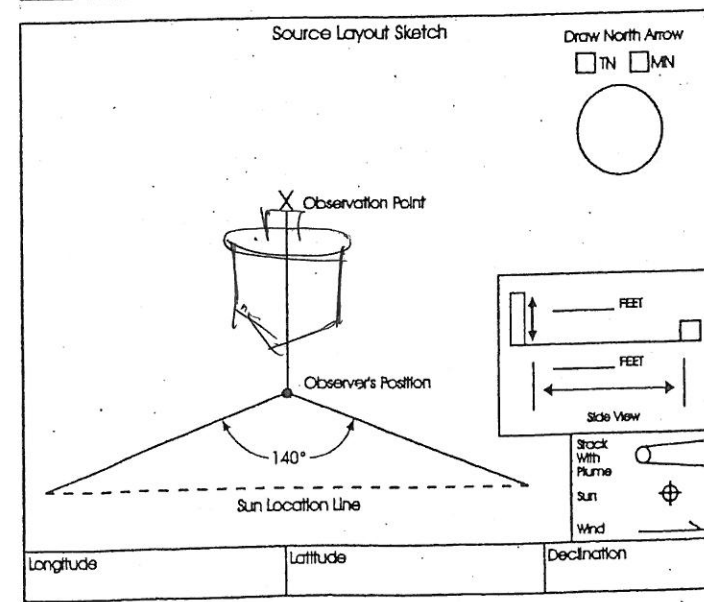
Describe Emission Point

Height of Emiss. Pt. Start **60 Ft** End **60 Ft**
 Height of Emiss. Pt. Rel. to Observer Start **55 Ft** End **55 Ft**
 Distance to Emiss. Pt. Start **120 Ft** End **120 Ft**
 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 **white** End _____
 Emission Color Start **white** End **white**
 Water Droplet Plume Attached Detached None

Describe Plume Background
 Start **Cloudy** End _____
 Background Color Start **white** End **Gray**
 Sky Conditions Start **Cloudy** End **Cloudy**
 Wind Speed Start **8 mph** End **8 mph**
 Wind Direction Start **NW** End **NW**
 Ambient Temp. Start **78°F** End **78°F**
 Wet Bulb Temp. _____ RH Percent **75%**



Additional Information

Form Number _____ Page **1** of **1**
 Continued on VEO Form Number _____

Min	Time Zone				Start Time	End Time	Comments
	Sec	0	15	30			
1	0	0	0	0	11:00 am	11:12 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							
14							
15							
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20							
21							
22							
23							
24							
25							0%
26							
27							
28							
29							
30							

Observer's Name (Print) **Michelle Robinson-Austin**
 Observer's Signature **Michelle Robinson** Date **11/18/10**
 Organization **FDEP**
 Certified By **ETA** Date **7/2010**

EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)
 (Method 1) 203A 203B Other: _____

Company Name: Old Castle #1110098
 Facility Name: Old Castle
 Street Address: 4600 Magnum Drive
 City: FL Pierce State: FL Zip: 34981

Process: Tumbler Unit #: 1 Operating Mode: _____
 Control Equipment 1: Baghouse Operating Mode: _____

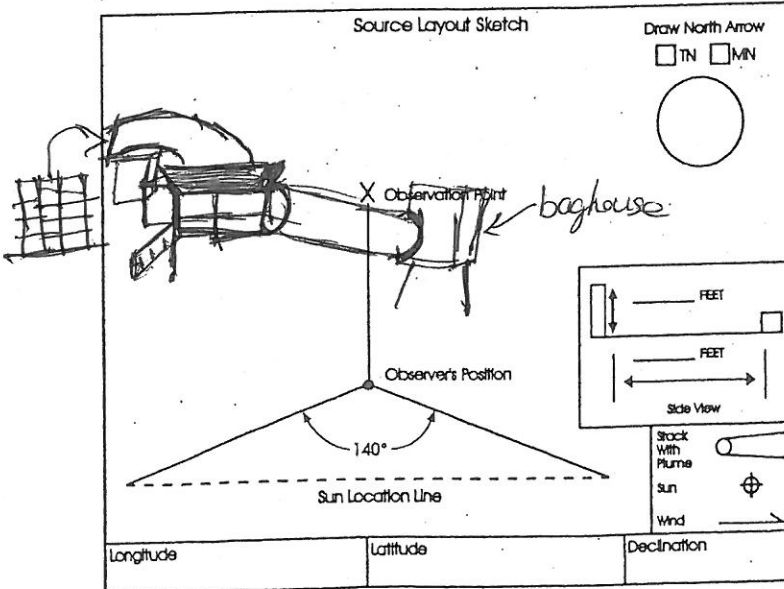
Describe Emission Point

Height of Emiss. Pt. Start: 9 ft End: 9 ft Height of Emiss. Pt. Rel. to Observer Start: 4 ft End: 4 ft
 Distance to Emiss. Pt. Start: 25 ft End: 25 ft Direction to Emiss. Pt. (Degrees) Start: _____ End: _____

Vertical Angle to Obs. Pt. Start: _____ End: _____ Direction to Obs. Pt. (Degrees) Start: 357 End: 357
 Distance and Direction to Observation Point from Emission Point Start: _____ End: _____

Describe Emissions
 Start: W End: _____
 Emission Color Start: white End: white Water Droplet Plume Attached Detached None

Describe Plume Background
 Start: Building End: Building Sky Conditions Start: cloudy End: cloudy
 Background Color Start: white End: white Wind Direction Start: N End: N
 Wind Speed Start: 8 mph End: 8 mph Wet Bulb Temp. Start: _____ End: _____
 Ambient Temp. Start: 79°F End: 79°F RH Percent 77%



Additional Information

Form Number _____ Page 1 of 1
 Continued on VEO Form Number _____

Observation Date		Time Zone				Start Time	End Time
11/18/10		EST				12:57	12:50
Sec	0	15	30	45	Comments		
1	0	0	0	0			
2	0	0	0	0			
3	5	0	0	5			
4	0	0	0	0			
5	0	0	0	0			
6	0	5	0	0			
7	0	0	0	0			
8	10	0	5	0			
9	5	0	5	0		12:46	
10	0	5	0	0		12:52	
11	5	5	0	0			
12	0	0	0	0			
13	0	5	10	0			
14							
15							
16							
17							
18							
19						55/24 x 2	
20							
21						2.3%	
22							
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28							
29							
30							

Observer's Name (Print): Michelle Robinson-Austin
 Observer's Signature: Michelle Robinson Date: 11/18/10
 Organization: FDEP
 Certified By: ETA Date: 7/2010