

EPA VISIBLE EMISSION OBSERVATION FORM 1

Form Number	Page 1 of 1
Continued on VEO Form Number	

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

Company Name
Florida Precast Industries

Facility Name

Street Address
400 Deer Trail East

City *Sebring* State *FL* Zip *33876*

Process
Cement Unloading Unit # Operating Mode
27.22 tons

Control Equipment
Baghouse Operating Mode
9 psi

Describe Emission Point
Single two compartment silo with single baghouse

Height of Emiss. Pt. Height of Emiss. Pt. Rel. to Observer
Start *60'* End *60'* Start *60'* End *45'*

Distance to Emiss. Pt. Direction to Emiss. Pt. (Degrees)
Start *300'* End *100'* Start *326°* End *247°*

Vertical Angle to Obs. Pt. Direction to Obs. Pt. (Degrees)
Start *17°* End *26°* Start *326°* End *247°*

Distance and Direction to Observation Point from Emission Point
Start *0* End *0*

Describe Emissions
Start *letting* End *None*

Emission Color Water Droplet Plume
Start *Brown* End *N/A* Attached Detached None

Describe Plume Background
Start *sky* End *sky*

Background Color Sky Conditions
Start *Blue+white* End *Blue+white* Start *Broken* End *Broken*

Wind Speed Wind Direction
Start *0-7 mph* End *0-7 mph* Start *E* End *E*

Ambient Temp. Wet Bulb Temp. RH Percent
Start *73°F* End *79°F* *52*

Source Layout Sketch

Draw North Arrow
 TN MN

Observer's Position

60 FEET

30 FEET

Side View

Stack With Plume

Sun

Wind

Longitude Latitude Declination

Additional Information
Test was stopped to repair pop-off valve

Min	Time Zone				Start Time	End Time	Comments
	Sec	0	15	30			
					<i>11:58</i>	<i>12:55</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"/>			<i>Test stopped/leaking pop-off</i>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<i>Test Resume 12:34</i>
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							<i>Check tanker</i>
15							<i>pressure</i>
16			<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"/>			<i>12:55 - test stopped</i>
25							
26							
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28							
29							
30							

Observer's Name (Print)
Sherrill Culliver

Observer's Signature
Sherrill Culliver Date *3/15/11*

Organization
EDIEP

Certified By
ETA Date *2/11*