

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: New Horizon Pet Services
 Facility Name: _____
 Street Address: 1941 Park Meadow Drive # 8
 City: Fort Myers State: FL Zip: 33902

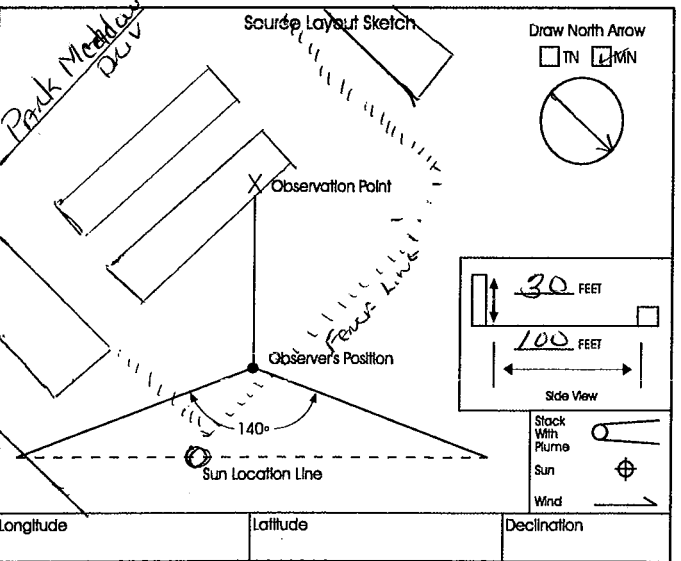
Process: Cremation Unit #: _____ Operating Mode: 400 lbs
 Control Equipment: Afterburner Operating Mode: 1783°F

Describe Emission Point:
Black circular stack located on the northen building at the NW corner
 Height of Emiss. Pt. Start: 35' End: 35' Height of Emiss. Pt. Rel. to Observer Start: 30' End: 30'
 Distance to Emiss. Pt. Start: 100' End: 100' Direction to Emiss. Pt. (Degrees) Start: 222° End: 222°

Vertical Angle to Obs. Pt. Start: 12° End: 12° Direction to Obs. Pt. (Degrees) Start: 222° End: 222°
 Distance and Direction to Observation Point from Emission Point Start: 0 End: 0

Describe Emissions
 Start: None End: None Water Droplet Plume: _____
 Emission Color Start: N/A End: N/A Attached: Detached: None:

Describe Plume Background
 Start: Sky End: Sky Sky Conditions Start: Broken End: Broken
 Background Color Start: Blue+White End: Blue+White Wind Direction Start: _____ End: SW
 Wind Speed Start: 0-1mph End: 5mph Ambient Temp. Start: 81°F End: 88°F Wet Bulb Temp. _____ RH Percent 82%



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

Min	Observation Date: <u>7/13/11</u>				Time Zone	Start Time: <u>9:49 AM</u>	End Time: <u>10:49 AM</u>
	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			
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): _____
 Observer's Signature: _____ Date: _____
 Organization: _____
 Certified By: _____ Date: _____

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>New Horizons Pet</i>		
Facility Name		
Street Address		
City	State	Zip

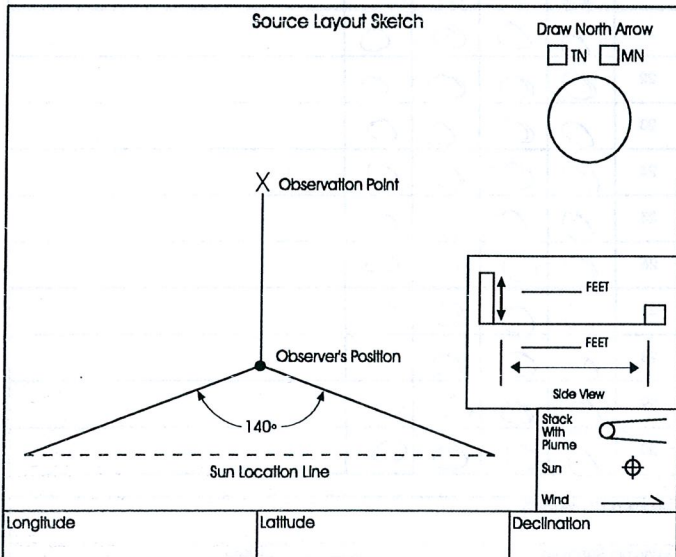
Process	Unit #	Operating Mode
Control Equipment		Operating Mode

Describe Emission Point			
Height of Emis. Pt.		Height of Emis. Pt. Rel. to Observer	
Start	End	Start	End
Distance to Emis. Pt.		Direction to Emis. 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			
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.	RH Percent
Start	End		



Observation Date		Time Zone		Start Time	End Time	Comments
sec	Min	0	15	30	45	
7/13/11						
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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