

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name
Harvey-Englehardt-Metz Funeral Home
 Facility Name

Street Address
1600 Colonial Blvd
 City FT Myers State FL Zip 33907

Process Cremation Unit # _____ Operating Mode 130lbs
 Control Equipment After burner Operating Mode 1666°F

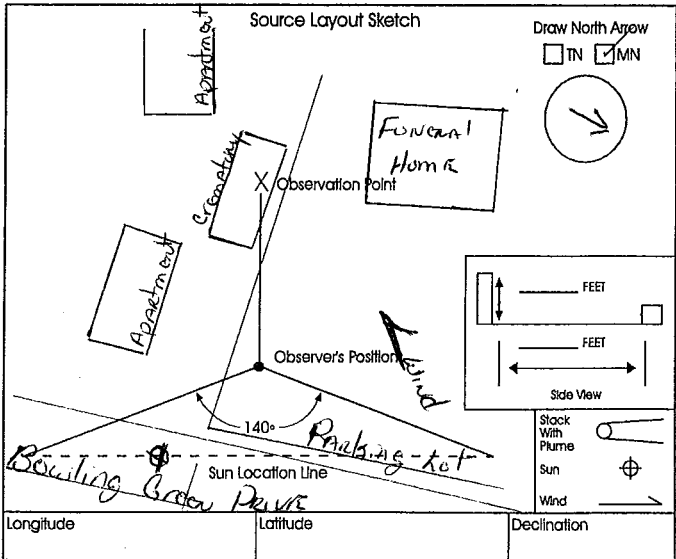
Describe Emission Point
Single black circular stack

Height of Emiss. Pt. Start 60' End 60' Height of Emiss. Pt. Rel. to Observer Start 54' End 54'
 Distance to Emiss. Pt. Start 300' End 300' Direction to Emiss. Pt. (Degrees) Start 254 End 254

Vertical Angle to Obs. Pt. Start 12° End 12° Direction to Obs. Pt. (Degrees) Start 254 End 254
 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 Clear End Clear Wind Speed Start 0-3 mph End 5-10 mph
 Wind Direction Start NE End E Ambient Temp. Start 66 End 66 Wet Bulb Temp. _____ RH Percent 47%



Longitude _____ Latitude _____ Declination _____
 Additional Information _____

Form Number _____ Page 1 Of 2
 Continued on VEO Form Number _____

Observation Date		Time Zone				Start Time	End Time
11/8/10						9:12 am	10:12 am
Sec Min	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			
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 11/8/10
 Organization _____
 Certified By _____ Date _____

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Form Number _____ Page _____ Of _____
 Continued on VEO Form Number _____

Company Name _____
 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 _____ 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

Observer's Position _____
 Observation Point _____
 Sun Location Line _____
 140°

Side View
 FEET
 FEET
 Stack With Plume
 Sun
 Wind

Longitude _____ Latitude _____ Declination _____

Sec Min	Time Zone				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 _____