

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
Harvey-Engelhart-Metz

Facility Name
Harvey-Engelhart-Metz

Street Address
1600 Colonial Blvd

City Fort Myers State FL Zip 33907

Process Cremation Unit # _____ Operating Mode 150lbs

Control Equipment Afterburner Operating Mode 1686°F

Describe Emission Point
Circular stack on the maintenance building behind funeral home

Height of Emiss. Pt. Start 50' End 50' Height of Emiss. Pt. Rel. to Observer Start 50' End 50'

Distance to Emiss. Pt. Start 175' End 175' Direction to Emiss. Pt. (Degrees) Start 265° End 265°

Vertical Angle to Obs. Pt. Start 17 End 17 Direction to Obs. Pt. (Degrees) Start 265 End 265

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

Describe Emissions
Start None End None

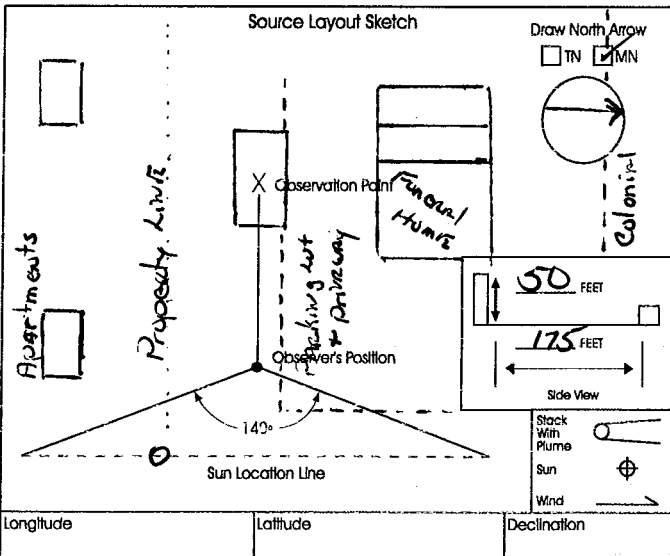
Emission Color Start N/A End N/A Water Droplet Plume Attached Detached None

Describe Plume Background
Start Skny End Skny

Background Color Start Blue End Blue Sky Conditions Start Clear End Clear

Wind Speed Start 2mph End 2mph Wind Direction Start SE End SE

Ambient Temp. Start 68 End 68 Wet Bulb Temp. _____ RH Percent 73%



Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
1	0	0	0	0	9:12	10:11	
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 12/7/11

Organization FDIEP

Certified By ETA Date 8/11

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Form Number _____ Page 2 of 2
 Confirmed on VEO Form Number _____

Company Name
Harvey - Englehart - Metz
 Facility Name _____
 Street Address _____
 City _____ State _____ Zip _____

Process _____ Unit # _____ Operating Mode _____
 Control Equipment _____ Operating Mode _____

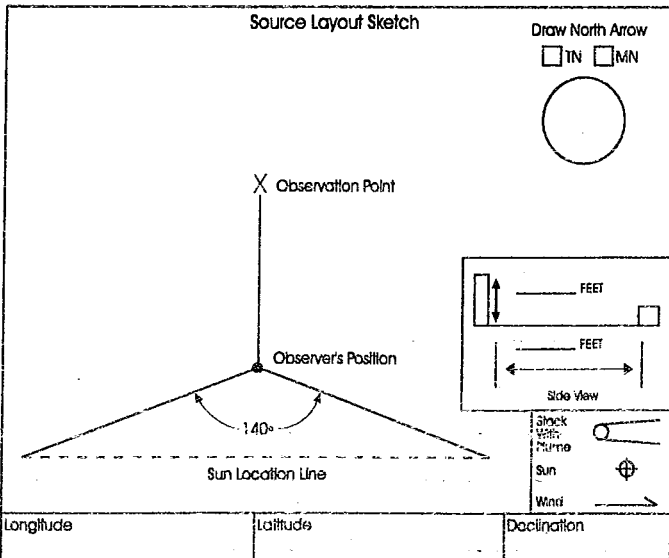
Describe Emission Point

 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 _____



Additional Information

Observation Date		Time Zone				Start Time	End Time																						
Min	Sec	0	15	30	45	Comments																							
		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

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