

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name
Hanson Hardscape Products

Facility Name

Street Address
421 Leonard Blvd

City
Lehigh Acres State
FL Zip
33971

Process
Cement Unloading Unit #
4 Operating Mode

Control Equipment
Center Baghouse Operating Mode

Describe Emission Point
Plant 1 Center silo with single baghouse

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

Distance to Emiss. Pt.
Start *325* End *325* Direction to Emiss. Pt. (Degrees)
Start *296* End *296*

Vertical Angle to Obs. Pt.
Start *2* End *2* Direction to Obs. Pt. (Degrees)
Start *296* End *296*

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

Describe Emissions
Start *None* End *None*

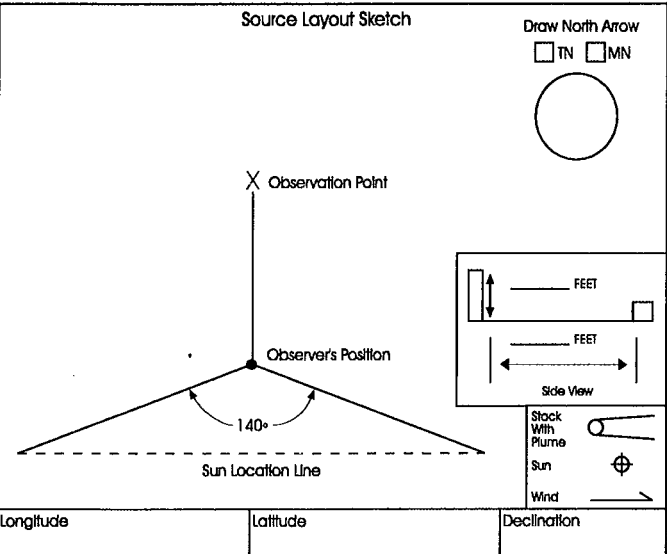
Emission Color
Start *N/A* End *N/A* Water Droplet Plume
Attached Detached None

Describe Plume Background
Start *Sky* End *Sky*

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

Wind Speed
Start *5-10* End *5-10* Wind Direction
Start *E* End *E*

Ambient Temp. Wet Bulb Temp. RH Percent



Additional Information
Silo full before tank emptied

Form Number _____ Page *1* Of *2*

Continued on VEO Form Number _____

Observation Date	Time Zone	Start Time	End Time				
<i>11/8/11</i>		<i>9:28</i>	<i>9:58</i>				
Sec	0	15	30	45	Comments		
Min							
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			
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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	<i>10</i>	0	0			

Observer's Name (Print)
Sherrill Culliver

Observer's Signature
Sherrill Culliver Date
11/8/11

Organization
FDEP

Certified By
ETA Date

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
Hanson Hardscape Products
 Facility Name
 Street Address
421 Leonard Blvd
 City Lehigh Acres State FL Zip 33971

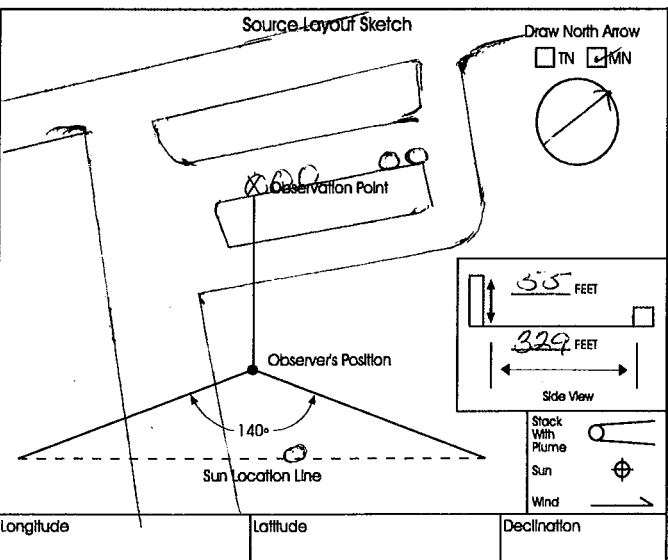
Process Cement Unloading Unit # 5 Operating Mode
 Control Equipment Baghouse Operating Mode

Describe Emission Point
Plant 1, West silo with single baghouse
 Height of Emiss. Pt. Start 55 End 55 Height of Emiss. Pt. Rel. to Observer Start 55 End 55
 Distance to Emiss. Pt. Start 329 End 329 Direction to Emiss. Pt. (Degrees) Start 298 End 298

Vertical Angle to Obs. Pt. Start 3 End 3 Direction to Obs. Pt. (Degrees) Start 298 End 298
 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 _____ End _____ Wind Direction Start _____ End _____
 Ambient Temp. Start _____ End _____ Wet Bulb Temp. Start _____ End _____ RH Percent Start _____ End _____



Observation Date		Time Zone				Start Time	End Time
11/8/11						7:59 am	8:48 am
Sec	0	15	30	45	Comments		
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"/>			
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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) Sherrill Colliver
 Observer's Signature Sherrill Colliver Date 11/8/11
 Organization _____
 Certified By ETA Date _____

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

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

Company Name Hanson Hardscape Products
Facility Name _____
Street Address _____
City _____ State _____ Zip _____

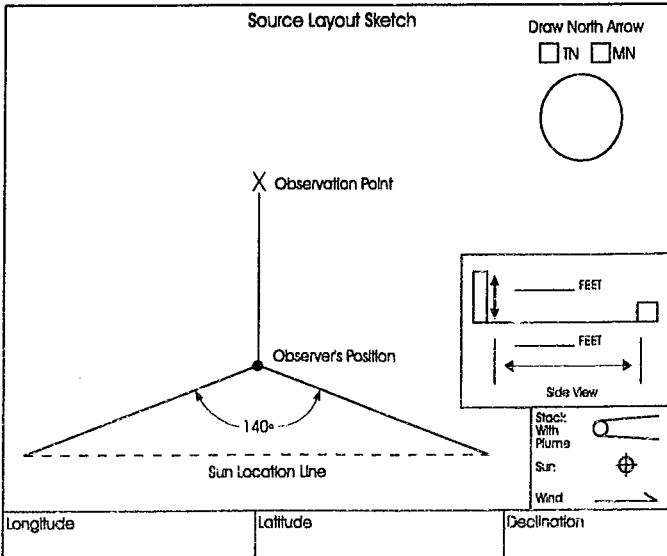
Process _____ Unit # 1 Operating Mode _____
Control Equipment _____ Operating Mode _____

Describe Emission Point
Plant 1, West side with single baghouse
Height of Emiss. Pt. _____ Height of Emiss. Pt. Rel. to Observer _____
Start _____ End _____ Start _____ End _____
Distance to Emiss. Pt. _____ Direction to Emiss. 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
							<u>8:48</u>
Sec Min	0	15	30	45	Comments		
	1						
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Observer's Name (Print) _____
Observer's Signature _____ Date _____
Organization _____
Certified By _____ Date _____

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 Harrison Handscape Products
Facility Name _____
Street Address 421 Leonard Blvd
City Lehigh Acres State FL Zip 33971

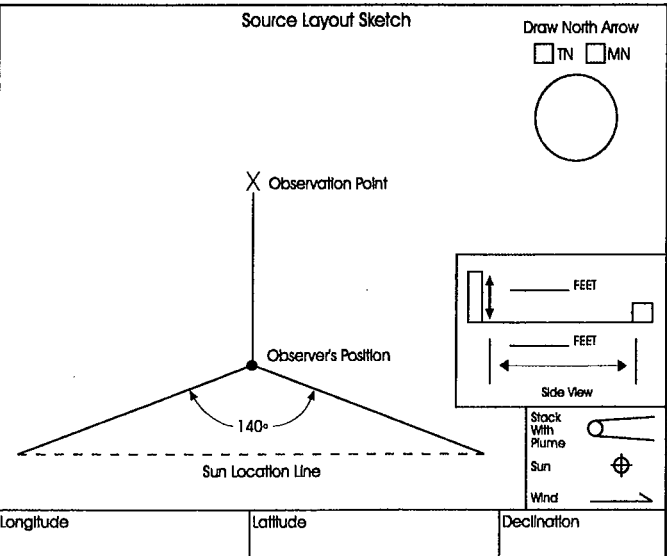
Process Cement Unloading Unit # 2 Operating Mode _____
Control Equipment Baghouse Operating Mode _____

Describe Emission Point Plant 2, Split silo East baghouse
Height of Emiss. Pt. Start 50 End 50 Height of Emiss. Pt. Rel. to Observer Start 50 End 50
Distance to Emiss. Pt. Start 300 End 300 Direction to Emiss. Pt. (Degrees) Start _____ End _____

Vertical Angle to Obs. Pt. Start 8 End _____ Direction to Obs. Pt. (Degrees) 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 _____ Wind Speed _____ Wind Direction _____
Start _____ End _____ Ambient Temp. _____ Wet Bulb Temp. _____ RH Percent _____
Start _____ End _____



Min	Sec				Comments
	0	15	30	45	
1	○	○	○	○	
2	○	○	○	○	
3	○	○	○	○	
4	○	○	○	○	
5	○	○	○	○	
6	○	○	○	○	
7	○	○	○	○	
8	○	○	○	○	
9	○	○	○	○	
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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 _____

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name _____
 Facility Name _____
 Street Address _____
 City _____ State _____ Zip _____

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

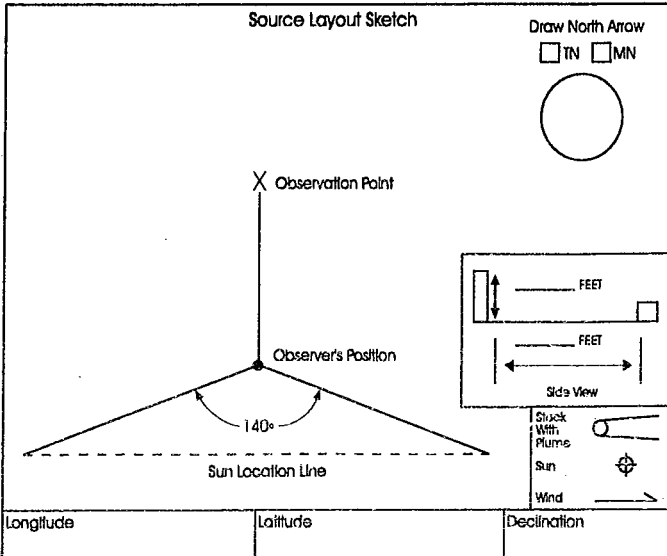
Describe Emission Point

 Height of Emiss. Pt. _____ Height of Emiss. Pt. Rel. to Observer _____
 Start _____ End _____ Start _____ End _____
 Distance to Emiss. Pt. _____ Direction to Emiss. 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

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

Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
1							
2							
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Observer's Name (Print) _____
 Observer's Signature _____ Date _____
 Organization _____
 Certified By _____ Date _____

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

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

Company Name
Hanson Hardscape Products

Facility Name

Street Address
221 Leonard Blvd

City Lehigh Acres State FL Zip 33971

Process Tumbler Unit # 6 Operating Mode

Control Equipment Baghouse Operating Mode

Describe Emission Point
Tumbler - ground level baghouse on south side of plant building

Height of Emiss. Pt. Start 30' End 30' Height of Emiss. Pt. Rel. to Observer Start 30' End 30'

Distance to Emiss. Pt. Start 224 End 224 Direction to Emiss. Pt. (Degrees) Start 295 End 295

Vertical Angle to Obs. Pt. Start 1 End 1 Direction to Obs. Pt. (Degrees) Start 295 End 295

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

Describe Emissions
Start None End None

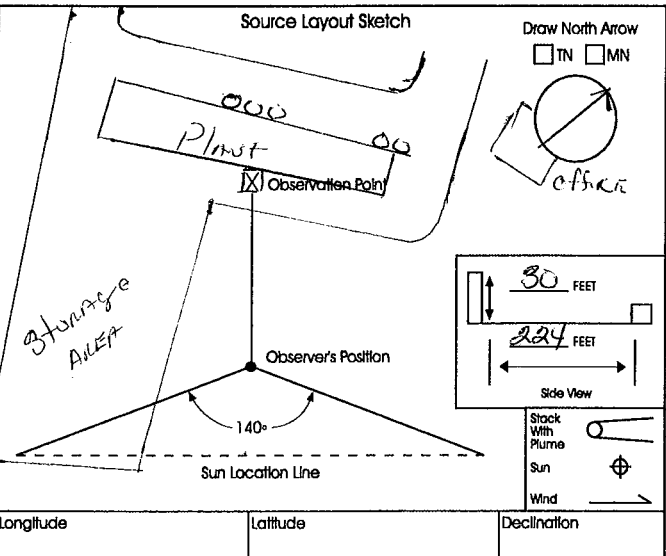
Emission Color Start N/A End N/A Water Droplet Plume Attached Detached None

Describe Plume Background
Start Plant End Plant

Background Color Start White End White Sky Conditions Start Clear End Clear

Wind Speed Start _____ End _____ Wind Direction Start _____ End _____

Ambient Temp. Start _____ End _____ Wet Bulb Temp. Start _____ End _____ RH Percent Start _____ End _____



Min	Sec				Comments
	0	15	30	45	
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"/>	
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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"/>	
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8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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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) Sherrill Collins

Observer's Signature Sherrill Collins Date 11/8/11

Organization FEED

Certified By ETA Date 8/11

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 Harrison Hardscape Products
Facility Name _____
Street Address 421 Leonard Blvd
City Lehigh Acres State FL Zip 33971

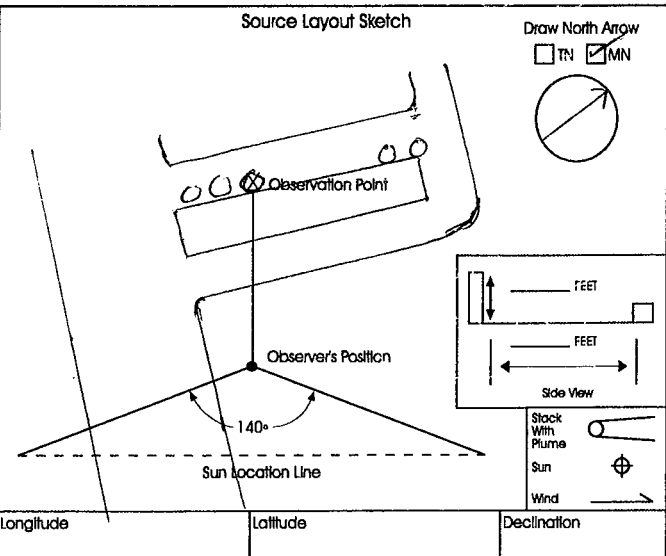
Process Cement Unloading Unit # 03 Operating Mode _____
Control Equipment Baghouse Operating Mode _____

Describe Emission Point Plant 1, East silo with single baghouse
Height of Emiss. Pt. Start 55 End 55 Height of Emiss. Pt. Rel. to Observer Start 55 End 55
Distance to Emiss. Pt. Start 400 End 400 Direction to Emiss. Pt. (Degrees) Start 295 End 295

Vertical Angle to Obs. Pt. Start 3 End 3 Direction to Obs. Pt. (Degrees) Start 295 End 295
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 Clouds
Wind Speed Start _____ End _____ Wind Direction Start _____ End _____
Ambient Temp. Start _____ End _____ Wet Bulb Temp. _____ RH Percent _____



Observation Date	Time Zone	Start Time	End Time							
<u>11/8/11</u>		<u>8:03</u>	<u>9:00</u>							
Sec	0	15	30	45	Comments					
Min										
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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"/>						
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7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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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"/>						
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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 _____

Additional Information _____

EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)
 Method 9 203A 2038 Other: _____

Company Name _____
 Facility Name _____
 Street Address _____
 City _____ State _____ Zip _____

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

Describe Emission Point

Height of Emiss. Pt. _____ Height of Emiss. Pt. Rel. to Observer _____
 Start _____ End _____ Start _____ End _____
 Distance to Emiss. Pt. _____ Direction to Emiss. Pt. (Degrees) _____
 Start _____ End _____ Start _____ End _____

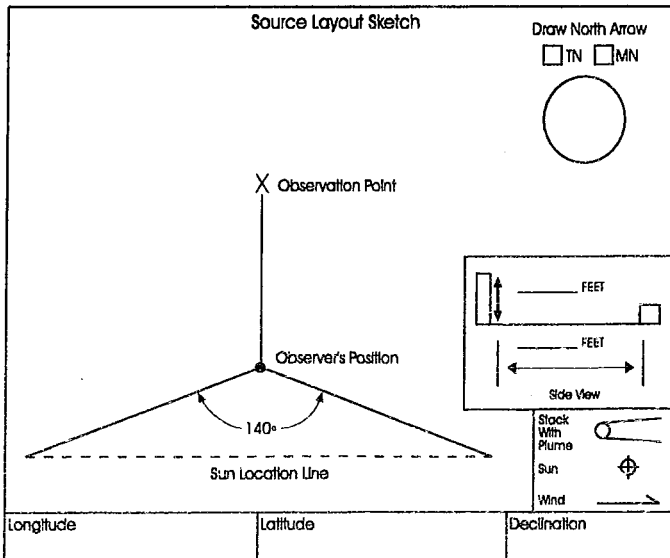
Vertical Angle to Obs. Pt. _____ Direction to Obs. Pt. (Degrees) _____
 Start _____ End _____ Start _____ End _____
 Distance and Direction to Observation Point from Emission Point _____
 Start _____ End _____

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

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

Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
1							
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Observer's Name (Print) _____
 Observer's Signature _____ Date _____
 Organization _____
 Certified By _____ Date _____