

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 S.C.T. Naples Memorial Gardens
 Facility Name #0210099
 Street Address 525 111 Ave N.
 City NAPLES State FL Zip _____

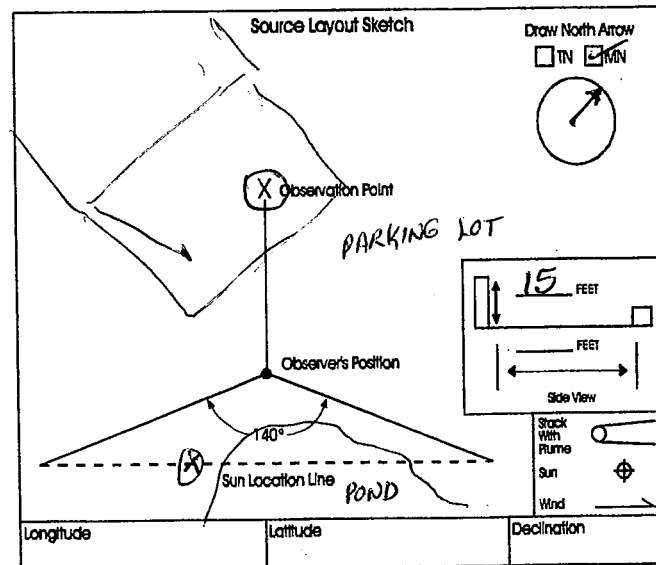
Process HUMAN CREMATION Unit # _____ Operating Mode 1690°F
 Control Equipment AFTER BURNER Operating Mode _____

Describe Emission Point
SILVER STACK ON NE SECTION OF ROOF ON MAIN BLDG.
 Height of Emiss. Pt. Start 15' End 25' Height of Emiss. Pt. Rel. to Observer Start 25' End 15'
 Distance to Emiss. Pt. Start 200' End 200' Direction to Emiss. Pt. (Degrees) Start 302 End 302

Vertical Angle to Obs. Pt. Start 20° End 20° Direction to Obs. Pt. (Degrees) Start 302 End 302
 Distance and Direction to Observation Point from Emission Point Start N/A End N/A

Describe Emissions
 Start NONE End NONE
 Emission Color Start N/A End _____ 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 0-5mph End 0-5mph Wind Direction Start NE End NNW
 Ambient Temp. Start 83°F End _____ Wet Bulb Temp. _____ RH Percent 44%



Additional Information
60 lbs HUMAN REMAINS (CREMATED)

Observation Date	Time Zone	Start Time	End Time	Comments					
<u>5/14/13</u>	<u>EST</u>	<u>1:14pm</u>		Sec	0	15	30	45	
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) Robert J. Stewart
 Observer's Signature Robert J. Stewart Date 5/14/13
 Organization FDEP
 Certified By E.T.A Date 2/13/13

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name **S.C.I. Naples Mem. Gardens**
 Facility Name **#0210099**
 Street Address _____
 City _____ State _____ Zip _____

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

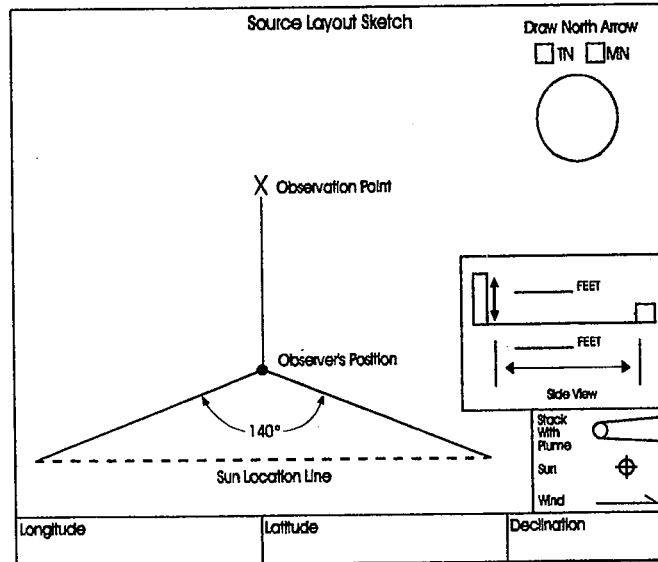
Describe Emission Point _____

 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 **5-10mph**
 Ambient Temp. _____ Wet Bulb Temp. _____ RH Percent _____
 Start _____ End _____



Additional Information _____

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

Observation Date		Time Zone				Start Time	End Time
5/14/13		EST					2:14pm
Min	Sec	0	15	30	45	Comments	
	1	0	0	0	0		0
2	0	0	0	0	0		
3	0	0	0	0	0		
4	0	0	0	0	0		
5	0	0	0	0	0		
6	0	0	0	0	0		
7	0	0	0	0	0		
8	0	0	0	0	0		
9	0	0	0	0	0		
10	0	0	0	0	0		
11	0	0	0	0	0		
12	0	0	0	0	0		
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14	0	0	0	0	0		
15	0	0	0	0	0		
16	0	0	0	0	0		
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23	0	0	0	0	0		
24	0	0	0	0	0		
25	0	0	0	0	0		
26	0	0	0	0	0		
27	0	0	0	0	0		
28	0	0	0	0	0		
29	0	0	0	0	0		
30	0	0	0	0	0		

Observer's Name (Print) **Robert J. Stewart**
 Observer's Signature **Robert J. Stewart** Date **5/14/13**
 Organization **FDEP**
 Certified By **E.T.A.** Date **2/13/13**