

EPA VISIBLE EMISSION OBSERVATION FORM 1

Form Number					Page	1	Of	2
Continued on VEO Form Number								

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

Company Name Naples Memorial Funeral Home		
Facility Name # 0210099		
Street Address 525 111th Ave N		
City Naples	State FL	Zip 34108

Process human cremation	Unit # 1	Operating Mode 160 lbs
Control Equipment afterburner	Operating Mode >1600°F	

Describe Emission Point round silver stack on NE corner of roof			
Height of Emiss. Pt. Start ~20' End same		Height of Emiss. Pt. Rel. to Observer Start ~16' End same	
Distance to Emiss. Pt. Start ~150' End same		Direction to Emiss. Pt. (Degrees) Start 306° End same	

Vertical Angle to Obs. Pt. Start 10° End same		Direction to Obs. Pt. (Degrees) Start 306° End same	
Distance and Direction to Observation Point from Emission Point Start n/a End n/a			

Describe Emissions			
Start n/a	End n/a	Water Droplet Plume	
Start n/a	End n/a	Attached <input type="checkbox"/>	Detached <input type="checkbox"/> None <input checked="" type="checkbox"/>

Describe Plume Background			
Start sky	End sky	Sky Conditions	
Background Color Start blue End same	Wind Direction Start clear End same	Wind Speed Start ~15mph End same	
Ambient Temp. Start 82° End same	Wet Bulb Temp.	RH Percent 66%	

Source Layout Sketch		Draw North Arrow <input type="checkbox"/> TN <input checked="" type="checkbox"/> MN	
Longitude	Latitude	Declination	

Additional Information

Sec Min	Time Zone				Comments
	0	15	30	45	
	5/13/14 EST 10:54 11:54				
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) Diane Loughlin	Date 5/13/14
Observer's Signature <i>Diane Loughlin</i>	Date 5/13/14
Organization FDEP	
Certified By ETA	Date 2/12/14

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 Naples Memorial (continued)		
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 <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.	
Start	End	Start	RH Percent

Source Layout Sketch		
		Draw North Arrow <input type="checkbox"/> TN <input type="checkbox"/> MN
Longitude	Latitude	Declination

Additional Information	

Observation Date		Time Zone				Start Time	End Time
5/13/14		EST				10:54	11:54
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)		Diane Loughlin	
Observer's Signature	Diane Loughlin	Date	5/13/14
Organization	FDEP		
Certified By	ETA	Date	2/12/14