

# EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name **MASCHMEYER**  
 Facility Name **SAME**  
 Street Address **6123 SW OLD KANSAS AVE**  
 City **STUART**      State **FL**      Zip **34997**

Process **BAGHOUSE SLAG**      Unit # **SIL0**      Operating Mode **LOADING**  
 Control Equipment **BAGHOUSE**      Operating Mode \_\_\_\_\_

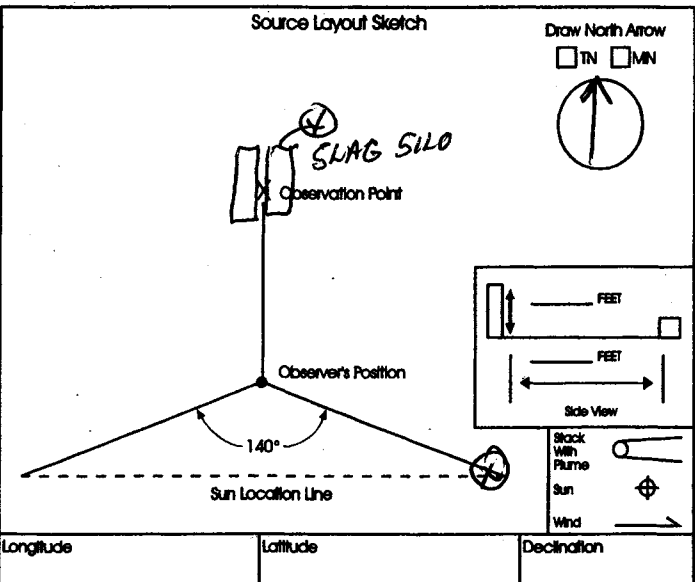
Describe Emission Point

Height of Emiss. Pt.      Height of Emiss. Pt. Rel. to Observer  
 Start **60 FT**      End \_\_\_\_\_      Start **SAME**      End \_\_\_\_\_  
 Distance to Emiss. Pt.      Direction to Emiss. Pt. (Degree)  
 Start **125**      End \_\_\_\_\_      Start **125**      End \_\_\_\_\_

Vertical Angle to Obs. Pt.      Direction to Obs. Pt. (Degree)  
 Start **350**      End \_\_\_\_\_      Start **S**      End \_\_\_\_\_  
 Distance and Direction to Observation Point from Emission Point  
 Start \_\_\_\_\_      End \_\_\_\_\_

Describe Emissions  
 Start **CLEAR**      End **CLEAR**  
 Emission Color      Water Droplet Plume  
 Start **CLEAR**      End \_\_\_\_\_      Attached       Detached       None

Describe Plume Background  
 Start **BLUE SKY**      End \_\_\_\_\_  
 Background Color      Sky Conditions  
 Start **Blue**      End \_\_\_\_\_      Start \_\_\_\_\_      End \_\_\_\_\_  
 Wind Speed      Wind Direction  
 Start **0-5**      End **SAME**      Start **E**      End \_\_\_\_\_  
 Ambient Temp.      Wet Bulb Temp.      RH Percent  
 Start **86**      End \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_



Additional Information

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 Continued on VEO Form Number \_\_\_\_\_

Sec Min	Observation Date <b>6-8-06</b>				Time Zone	Start Time <b>0833</b>	End Time <b>0853</b>	Comments
	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				
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Observer's Name (Print) \_\_\_\_\_  
 Observer's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Certified By \_\_\_\_\_ Date \_\_\_\_\_

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