

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: Fuller-Metz Cremation
 Facility Name: # 0710245 Fuller-Metz Cremation
 Street Address: 3740 Del Prado Blvd S.
 City: Cape Coral State: FL Zip: 33904

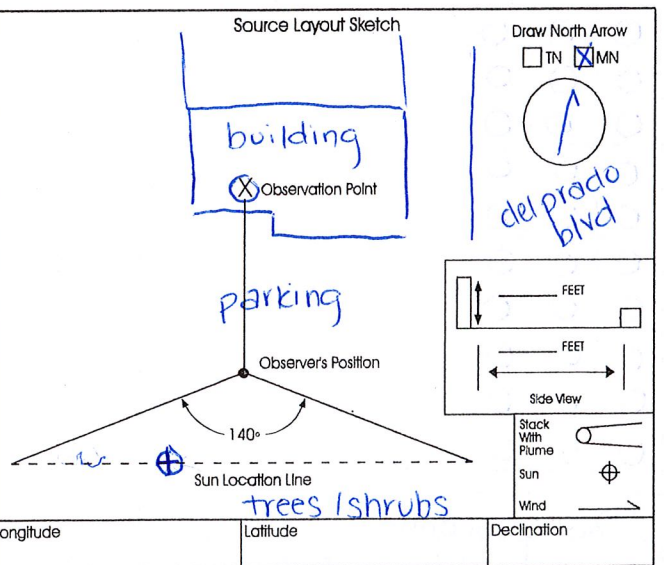
Process: human cremation Unit #: 1 Operating Mode: 130 lbs
 Control Equipment: afterburner Operating Mode: > 1600°

Describe Emission Point: silver stack on corner of roof
 Height of Emiss. Pt. Start: ~15' End: same
 Height of Emiss. Pt. Rel. to Observer Start: ~15' End: same
 Distance to Emiss. Pt. Start: ~150' End: same
 Direction to Emiss. Pt. (Degrees) Start: 358° End: same

Vertical Angle to Obs. Pt. Start: 7° End: same
 Direction to Obs. Pt. (Degrees) Start: 358° End: same
 Distance and Direction to Observation Point from Emission Point Start: n/a End: n/a

Describe Emissions: Start: n/a End: fumigating
 Emission Color: Start: n/a End: black
 Water Droplet Plume: Attached Detached None

Describe Plume Background: Start: overcast skies End: same
 Background Color: Start: gray End: same
 Sky Conditions: Start: cloudy End: same
 Wind Speed: Start: ~10 mph End: same
 Wind Direction: Start: ENE End: same
 Ambient Temp.: Start: 84 End: same
 Wet Bulb Temp.: RH Percent: 66%



Additional Information

Sec Min	Time Zone				Comments
	0	15	30	45	
Observation Date: 5/13/14 Start Time: 2:36 PM End Time: 3:36 PM					
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

EPA VISIBLE EMISSION OBSERVATION FORM 1

Form Number					Page	2	Of	2
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Method Used (Circle One)
 Method 9 203A 203B Other: _____

Company Name **Fuller-Metz (continued)**

Facility Name **# 0710245**

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. (Degrees)	
Start _____ End _____	Start _____ End _____

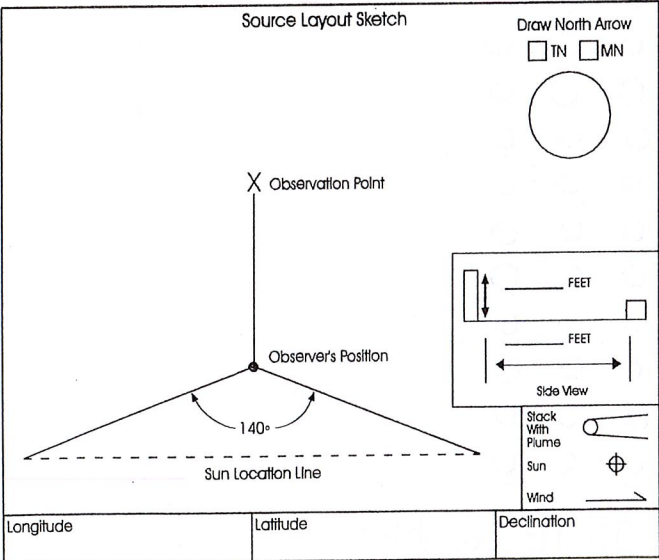
Vertical Angle to Obs. Pt.	Direction to Obs. Pt. (Degrees)
Start _____ End _____	Start _____ End _____
Distance and Direction to Observation Point from Emission Point	
Start _____ End _____	Start _____ End _____

Describe Emissions

Start _____ End _____	Water Droplet Plume
Emission Color	Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/>
Start _____ End _____	

Describe Plume Background

Start _____ End _____	Sky Conditions
Background Color	Start _____ End _____
Start _____ End _____	Wind Direction
Wind Speed	Start _____ End _____
Start _____ End _____	Wet Bulb Temp. RH Percent
Ambient Temp.	Start _____ End _____
Start _____ End _____	



Observation Date		Time Zone				Start Time	End Time
5/13/14		EST				14:36	15:36
Min	Sec					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	5	0			
14	0	0	0	0			
15	0	0	5	0			
16	0	0	0	0			
17	0	5	0	0			
18	0	0	0	0			
19	0	5	0	0			
20	0	0	0	0			
21	0	0	0	0			
22	0	0	0	0			
23	5	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	5	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**

Additional Information
