

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
Bulman Concrete LLC
 Facility Name
 Street Address
2600 Rockfall Rd
 City Fort Myers State FL Zip 33916

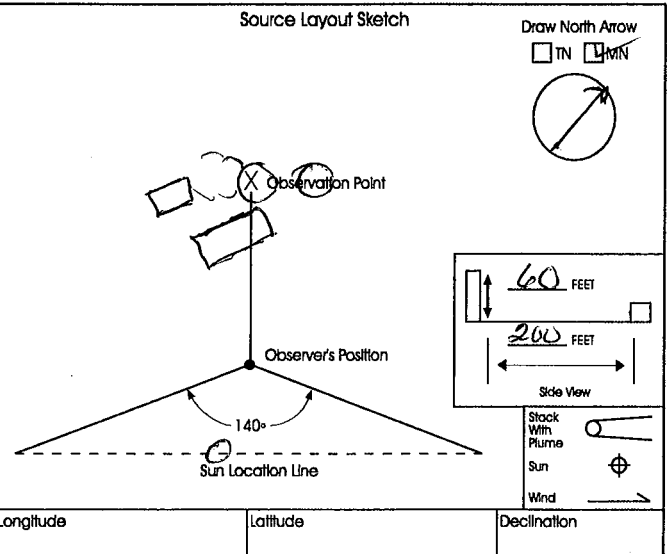
Process Cement Unloading Unit # _____ Operating Mode _____
 Control Equipment Baghouse Operating Mode 8psi

Describe Emission Point
Southern silo with single baghouse
 Height of Emis. Pt. Start 60' End 60' Height of Emis. Pt. Rel. to Observer Start 60' End 60'
 Distance to Emis. Pt. Start 200' End 200' Direction to Emis. Pt. (Degrees) Start 317° End 317°

Vertical Angle to Obs. Pt. Start 15° End 15° Direction to Obs. Pt. (Degrees) Start 317° End 317°
 Distance and Direction to Observation Point from Emission Point
 Start 0 End 0

Describe Emissions
 Start None End lofting
 Emission Color Start N/A End Brown Water Droplet Plume Attached Detached None

Describe Plume Background
 Start sky End sky
 Background Color Start Blue End Blue Sky Conditions Start Scattered End Scattered
 Wind Speed Start 8 mph End 8 mph Wind Direction Start E End E
 Ambient Temp. Start 79° End 80° Wet Bulb Temp. _____ RH Percent 62%



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	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) Sherrill Colliver
 Observer's Signature Sherrill Colliver Date 11/8/11
 Organization FDDEP
 Certified By ETA Date 8/11

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

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

Company Name Bulman Concrete LLC
 Facility Name _____
 Street Address _____
 City _____ State _____ Zip _____

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

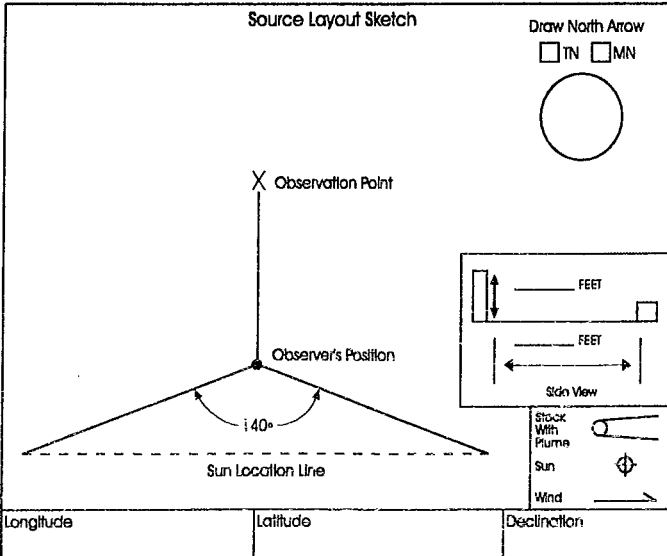
Describe Emission Point _____

 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 _____

Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
1	○	○	○	○			
2	○	○	○	○			
3	○	○	○	○			
4	○	○	○	○			
5	○	○	○	○			
6	○	○	○	○			
7	○	○	○	○			
8	○	○	○	○			
9	○	○	○	○			
10	○	○	○	○			
11	○	○	○	○			
12	○	○	○	○			
13	○	○	○	○			
14	○	○	○	○			
15	○	○	○	○			
16	○	○	○	○			
17	○	○	○	○			
18	○	○	○	○			
19	○	○	○	○			
20	○	10					
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Observer's Name (Print) _____
 Observer's Signature _____ Date _____
 Organization _____
 Certified By _____ Date _____