

EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)
 Method 9 203A 2038 Other: _____

Company Name: Cast System LLC
 Facility Name: Port Charlotte Facility
 Street Address: 19400 Peachland Blvd.
 City: Port Charlotte State: FL Zip: 33948

Process: Cement Tanker Unload Unit #: _____ Operating Mode: 27.09 tons
 Control Equipment: Baghouse Operating Mode: _____

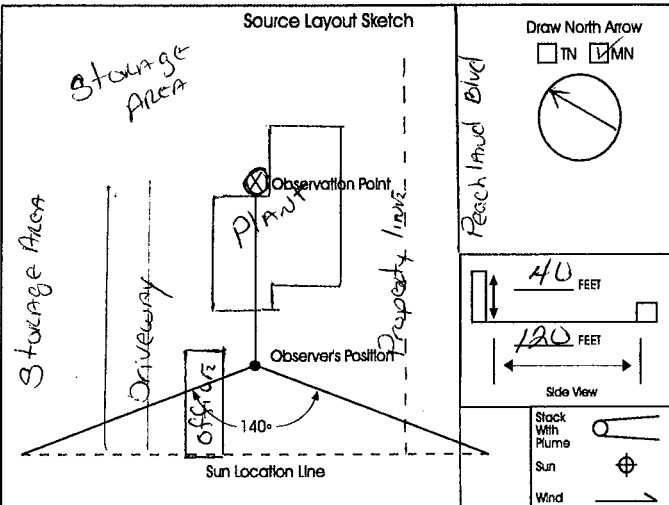
Describe Emission Point
Single silo with baghouse

Height of Emiss. Pt. Height of Emiss. Pt. Rel. to Observer
 Start 40' End 40' Start 40' End 40'
 Distance to Emiss. Pt. Direction to Emiss. Pt. (Degrees)
 Start 120' End 120' Start 60° End 60°

Vertical Angle to Obs. Pt. Direction to Obs. Pt. (Degrees)
 Start 14° End 14° Start 60° End 60°
 Distance and Direction to Observation Point from Emission Point
 Start 0 End 0

Describe Emissions
 Start None End None
 Emission Color: _____ Water Droplet Plume: _____
 Start N/A End N/A Attached Detached None

Describe Plume Background
 Start Sky End Sky
 Background Color: _____ Sky Conditions: _____
 Start Blue + White End Blue + White Start Scat End Scat
 Wind Speed: _____ Wind Direction: _____
 Start 13-17 mph End 13-17 mph Start ESE End ESE
 Ambient Temp.: _____ Wet Bulb Temp.: _____ RH Percent: _____
 Start 85°F End 85°F



Longitude: _____ Latitude: _____ Declination: _____

Additional Information
Load rate - 42.8 tph

Form Number: _____ Page: 1 of 2
 Continued on VEO Form Number: _____

Min	Sec	Time Zone				Comments
		0	15	30	45	
Observation Date: <u>11/25/12</u> Start Time: <u>2:24pm</u> End Time: <u>3:01pm</u>						
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Observer's Name (Print): Sherrill Culliver
 Observer's Signature: Sherrill Culliver Date: 11/25/12
 Organization: FDEP
 Certified By: ETA Date: 8/11

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 <i>Cast System, LLC</i>		
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 <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		RH Percent

Source Layout Sketch

Draw North Arrow

TN MN

Longitude

Latitude

Declination

Additional Information	

Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
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30							

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