

EPA VISIBLE EMISSION OBSERVATION FORM 1

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Continued on VEO Form Number								

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

Company Name <i>Posew Construction</i>		
Facility Name <i>Alico Road - Relocatable Plant</i>		
Street Address <i>6901 Alico Rd</i>		
City <i>Ft. Myers</i>	State <i>FL</i>	Zip

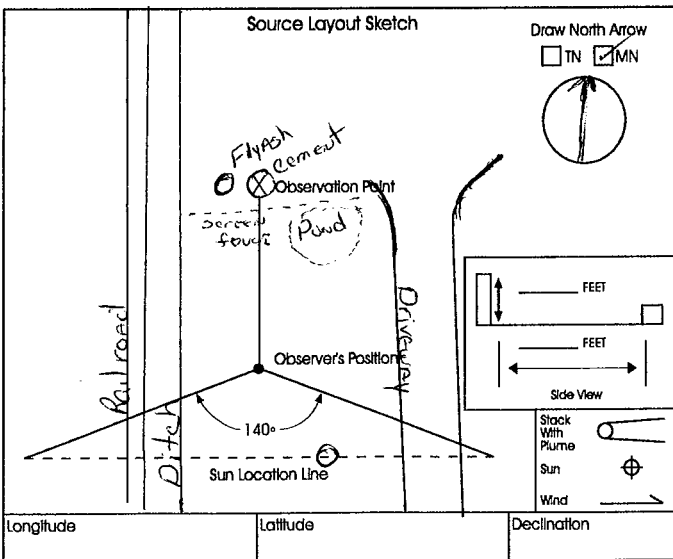
Process <i>Cement Unloading</i>	Unit # <i>1</i>	Operating Mode <i>26.01 tons</i>
Control Equipment <i>Baghouse</i>	Operating Mode <i>10 psi</i>	

Describe Emission Point <i>White eastern baghouse</i>			
Height of Emis. Pt. Start <i>60'</i> End <i>60'</i>		Height of Emis. Pt. Rel. to Observer Start <i>60'</i> End <i>60'</i>	
Distance to Emis. Pt. Start <i>112ft</i> End <i>112ft</i>		Direction to Emis. Pt. (Degrees) Start <i>359</i> End <i>359</i>	

Vertical Angle to Obs. Pt. Start <i>19</i> End <i>19</i>		Direction to Obs. Pt. (Degrees) Start <i>359</i> End <i>359</i>	
Distance and Direction to Observation Point from Emission Point Start <i>0</i> End <i>0</i>			

Describe Emissions			
Start <i>Noise</i>	End <i>None</i>	Water Droplet Plume	
Emission Color		Attached <input checked="" type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/>	
Start <i>N/A</i>	End <i>N/A</i>		

Describe Plume Background			
Start <i>Sky</i>	End <i>Sky</i>	Sky Conditions	
Background Color		Start <i>Clear</i>	End <i>Clear</i>
Start <i>Blue</i>	End <i>Blue</i>	Wind Direction	
Wind Speed		Start <i>E</i>	End <i>E</i>
Start <i>6mph</i>	End <i>6mph</i>	Wet Bulb Temp.	RH Percent
Start	End		



Additional Information <i>Plate - 33.20</i>	
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Min	Sec				Comments
	0	15	30	45	
Observation Date: <i>2/16/11</i> Time Zone: Start Time: <i>9:23</i> End Time: <i>10:10</i>					
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16					<i>Check tanker pressure</i>
17					
18					
19		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

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 <i>D. OSEW</i>		
Facility Name		
Street Address		
City	State	Zip

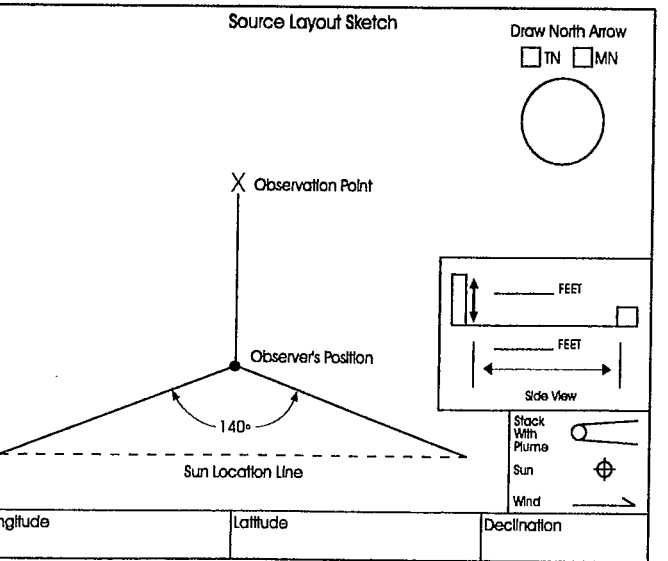
Process	Unit #	Operating Mode
Control Equipment		Operating Mode

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.	RH Percent	
Start	End		



Longitude	Latitude	Declination
Additional Information		

Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
3 ¹	○	○	○	○			
2	○	○	○	○			
3	○	○	○	○			
4	○	○	○	○			
5	○	○	○	○			
6	○	○	○	○			
7	○	○	○	○			
8	○	○	○	○			
9	○	○	○	○			
4 ⁰	○	○	○	○			
11	○	○	○	○			
12	○	○	○	○			
13	○	○	○	○			
14	○	○	○	○			
15	○	○	○	○			
16	○	○	○	○			
17	○	○	○	○			
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28							
29							
30							

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

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: Rosen Construction
 Facility Name: Alico Rd - Belocatable Plant
 Street Address: 6901 Alico Rd
 City: Ft Myers State: FL Zip: _____

Process: Flyash Unloading Unit #: 2 Operating Mode: 26.74 tons
 Control Equipment: Baghouse Operating Mode: 7psi

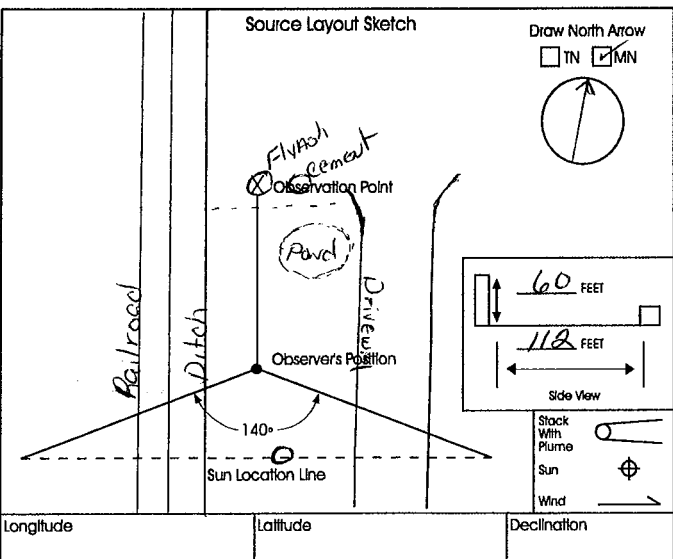
Describe Emission Point:
White western silo

Height of Emiss. Pt. Start 60' End 60' Height of Emiss. Pt. Rel. to Observer Start 60' End 60'
 Distance to Emiss. Pt. Start 112' End 112' Direction to Emiss. Pt. (Degrees) Start 352 End 352

Vertical Angle to Obs. Pt. Start 19° End 19° Direction to Obs. Pt. (Degrees) Start 352 End 352
 Distance and Direction to Observation Point from Emission Point Start 0 End 0

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

Describe Plume Background
 Start Sky End Sky Background Color Start Blue End Blue Sky Conditions Start Clear End Clear
 Wind Speed Start 3mph End 3mph Wind Direction Start E End E
 Ambient Temp. Start 63 End 63 Wet Bulb Temp. _____ RH Percent 72%



Additional Information:
Date 3.5.63

Sec Min	Time Zone				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					
17					
18					
19		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): _____ Date: _____
 Observer's Signature: _____ Date: _____
 Organization: _____
 Certified By: _____ Date: _____

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 <i>Posen</i>		
Facility Name <i>Alieu Rd Plant</i>		
Street Address		
City	State	Zip

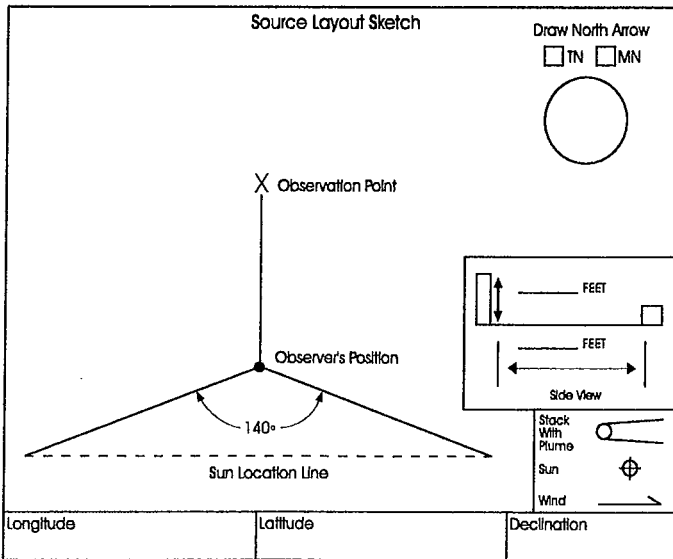
Process <i>Flvash</i>	Unit # <i>2</i>	Operating Mode
Control Equipment		Operating Mode

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.	RH Percent
Start	End		



Longitude	Latitude	Declination
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Additional Information

Sec Min	Time Zone				Start Time	End Time	Comments
	0	15	30	45			
31	<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"/>			
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
15	<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