

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: Colonial Construction
 Facility Name: _____
 Street Address: 3250 Linwood Ave
 City: Placid State: FL Zip: 33946

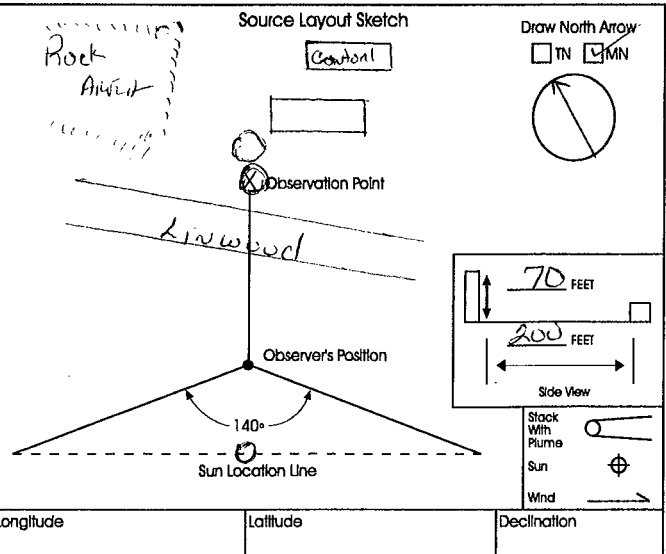
Process: Cement Tower Under Unit #: _____ Operating Mode: _____
 Control Equipment: Baghouse Operating Mode: _____

Describe Emission Point: Tallest Southern silo with single baghouse
 Height of Emiss. Pt. Start: 70' End: 70' Height of Emiss. Pt. Rel. to Observer Start: 70' End: 70'
 Distance to Emiss. Pt. Start: 200' End: 200' Direction to Emiss. Pt. (Degrees) Start: 28° End: 28°

Vertical Angle to Obs. Pt. Start: _____ End: _____ Direction to Obs. Pt. (Degrees) Start: 28° End: 28°
 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+White End: Blue+White Sky Conditions Start: Scat End: Broken
 Wind Speed Start: 9mph End: 9mph Wind Direction Start: NE End: NE
 Ambient Temp. Start: _____ End: _____ Wet Bulb Temp. _____ RH Percent _____



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	

Additional Information: _____

Observer's Name (Print): Sherrill Colliver
 Observer's Signature: Sherrill Colliver Date: 9/13/11
 Organization: FDEP
 Certified By: ETA Date: 8/11

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

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

Company Name _____
 Facility Name _____
 Street Address _____
 City _____ State _____ Zip _____

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

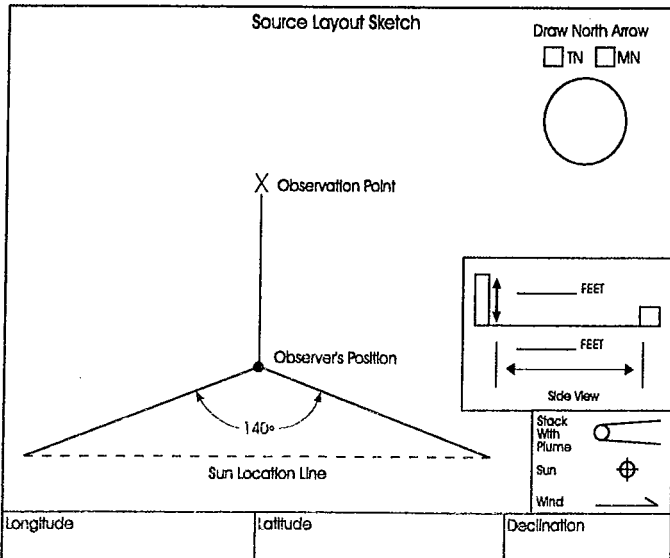
Describe Emission Point _____

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 _____



Min	Time Zone				Start Time	End Time	Comments
	Sec	0	15	30			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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26							
27							
28							
29							
30							

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

Additional Information _____
