

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name
Fuller Pet Funeral Services

Facility Name

Street Address
4424 Tamiami Trail

City
Naples State
FL Zip
34112

Process
Cremation Unit # Operating Mode
250 lbs

Control Equipment
Afterburner Operating Mode
1724°F

Describe Emission Point
Single silver stack on 2nd single story building

Height of Emiss. Pt.
Start 40' End 40'

Height of Emiss. Pt. Rel. to Observer
Start 40' End 40'

Direction to Emiss. Pt. (Degrees)
Start 60' End 60' Start 265° End 265°

Vertical Angle to Obs. Pt.
Start 19° End 19°

Direction to Obs. Pt. (Degrees)
Start 265° End 265°

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

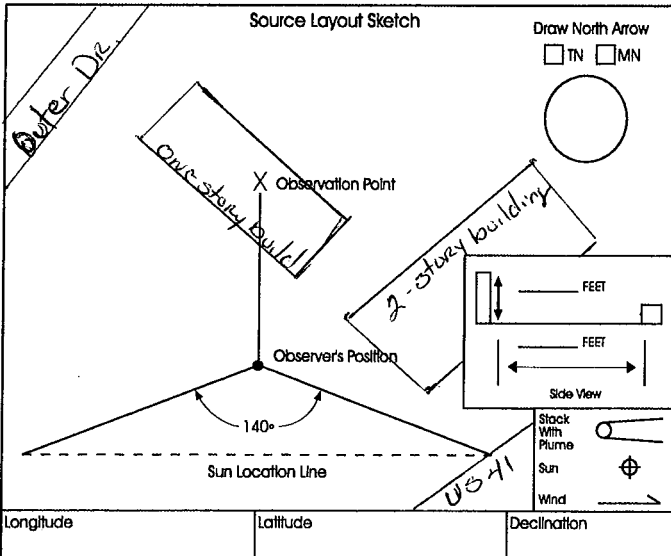
Sky Conditions
Start Clear End Clear

Wind Speed
Start 9mph End 9mph

Wind Direction
Start E End E

Ambient Temp.
Start 64 End

Wet Bulb Temp. RH Percent
57%



Additional Information

Form Number _____ Page _____ Of _____

Continued on VEO Form Number _____

Observation Date		Time Zone				Start Time	End Time
3/14/11						10:30 am	11:30 am
Sec	Min	0	15	30	45	Comments	
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						Temp Check	
17							
18			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 Culliver

Observer's Signature
Sherrill Culliver Date
3/14/11

Organization
FDEP

Certified By
ETA Date
2/11

EPA VISIBLE EMISSION OBSERVATION FORM 1

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 Method 9 203A 203B Other: _____

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

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

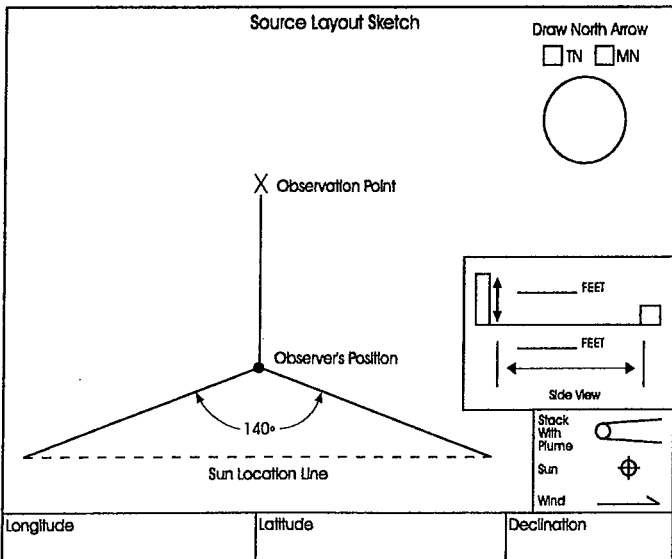
Describe Emission Point _____

 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 _____



Additional Information _____

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

Observation Data		Time Zone				Start Time	End Time
Min	Sec	0	15	30	45	Comments	
1		○	○	○	○		
2		○	○	○	○		
3		○	○	○	○		
4		○	○	○	○		
5		○	○	○	○		
6		○	○	○	○		
7		○	○	○	○		
8							Check Temp Charts & Discuss with manager ↑
9							
10							
11							
12							
13							
14							
15							
16							
17		○	○	○	○		
18		○	○	○	○		
19							same
20							
21							
22							
23							
24							
25							
26		○	○	○	○		
27		○	○	○	○		
28		○	○	○	○		
29		○	○	○	○		
30		○	○	○	○		

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