

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
Fuller Pet Funeral Services

Facility Name _____

Street Address
4424 Tamiami Trail

City Naples State FL Zip 34112

Process Cremation Unit # 1 Operating Mode 190lbs

Control Equipment Afterburner Operating Mode 1670°F

Describe Emission Point
Circular Stack on second building

Height of Emis. Pt. Start 35' End 35' Height of Emis. Pt. Rel. to Observer Start 35' End 35'

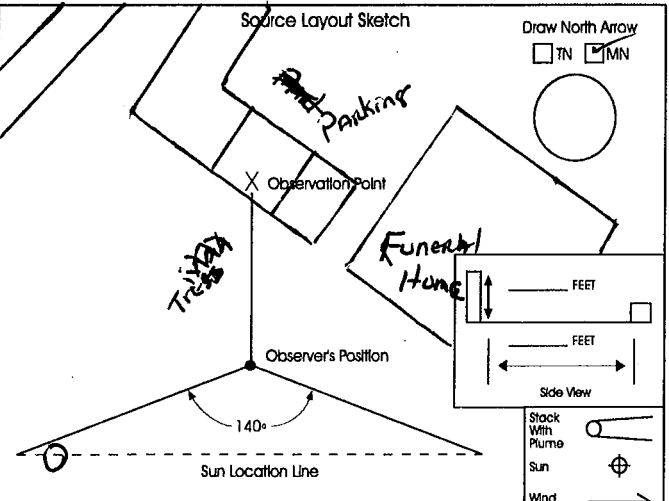
Distance to Emis. Pt. Start 60' End 60' Direction to Emis. Pt. (Degrees) Start 239° End 239°

Vertical Angle to Obs. Pt. Start 16° End 16° Direction to Obs. Pt. (Degrees) Start 239° End 239°

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 N/A End N/A Sky Conditions Start Overcast End Overcast
 Wind Speed Start 6-8mph End 6-8mph Wind Direction Start ESE End ESE
 Ambient Temp. _____ Wet Bulb Temp. _____ RH Percent _____



Longitude _____ Latitude _____ Declination _____

Additional Information _____

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 Culliver

Observer's Signature FDEP Date 2/2/12

Organization _____

Certified By ETA Date 8/11

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Form Number _____ Page _____ Of _____
 Continued on VEO Form Number _____

Company Name
Fuller Pet Funeral Services

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 _____

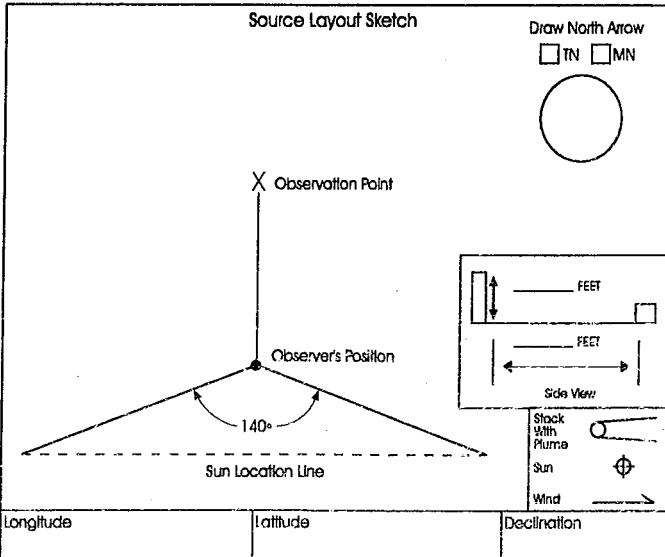
Start _____ End _____ Start _____ End _____

Wind Speed _____ Wind Direction _____

Start _____ End _____ Start _____ End _____

Ambient Temp. _____ Wet Bulb Temp. _____ RH Percent _____

Start _____ End _____



Additional Information _____

Min	Sec				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	○	○	○	○	
21	○	○	○	○	
22	○	○	○	○	
23	○	○	○	○	
24	○	○	○	○	
25	○	○	○	○	
26	○	○	○	○	
27	○	○	○	○	
28	○	○	○	○	
29	○	○	○	○	
30	○	○	○	○	

Observer's Name (Print) _____

Observer's Signature _____ Date _____

Organization _____

Certified By _____ Date _____