

EPA VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name: Baker Precast Concrete Specialties
 Facility Name: _____
 Street Address: 7740 S. George Blvd
 City: Sebring State: FL Zip: 33875

Process: Cement Tanker Unload Unit #: _____ Operating Mode: 25 tons
 Control Equipment: Baghouse Operating Mode: 10psi

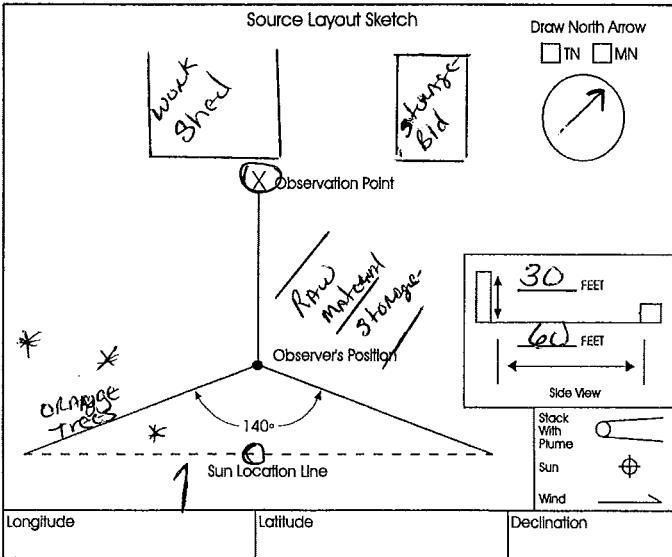
Describe Emission Point: Yellow silo with topside baghouse

Height of Emiss. Pt. Height of Emiss. Pt. Rel. to Observer
 Start 30' End 30' Start 25' End 25'
 Distance to Emiss. Pt. Direction to Emiss. Pt. (Degrees)
 Start 60' End 60' Start 318° End 318°

Vertical Angle to Obs. Pt. Direction to Obs. Pt. (Degrees)
 Start 12° End 12° Start 318° End 318°
 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 Scattered End Scattered
 Wind Speed Wind Direction
 Start 3-7 mph End 3-7 mph Start SE End SE
 Ambient Temp. Wet Bulb Temp. RH Percent
 Start ~95 End ~95



Longitude: _____ Latitude: _____ Declination: _____

Additional Information
Six min. Avg - .42%

Min	Time Zone				Start Time	End Time	Comments
	Sec	0	15	30			
Observation Date: <u>5/3/10</u>							
Start Time: <u>1:02pm</u> End Time: <u>1:45pm</u>							
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: Sherrill Culliver Date: 5/3/10
 Organization: FDEP
 Certified By: ETA Date: 2/10

EPA VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)
 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 _____

Source Layout Sketch

Draw North Arrow
 TN MN

Observer's Position _____
 Observation Point _____
 Sun Location Line _____
 140°
 FEET _____
 FEET _____
 Side View _____
 Stack With Plume _____
 Sun _____
 Wind _____

Longitude _____ Latitude _____ Declination _____

Additional Information _____

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Observation Date	Time Zone	Start Time	End Time	Comments	
			1:45 p.m.		
Sec	0	15	30	45	Comments
Min					
1	0	15	30	45	
2	0	15	30	45	
3	0	15	30	45	
4	0	15	30	45	
5	0	15	30	45	
6	0	15	30	45	
7	0	15	30	45	
8	0	15	30	45	
9	0	15	30	45	
10	0	15	30	45	
11	0	15	30	45	
12	0	15	30	45	
13	0	15	30	45	
14	0	15	30	45	
15	0	15	30	45	
16	0	15	30	45	
17	0	15	30	45	
18	0	15	30	45	
19	0	15	30	45	
20	0	15	30	45	
21	0	15	30	45	
22	0	15	30	45	
23	0	15	30	45	
24	0	15	30	45	
25	0	15	30	45	
26	0	15	30	45	
27	0	15	30	45	
28	0	15	30	45	
29	0	15	30	45	
30	0	15	30	45	

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