

# 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 Baker Precast Concrete  
 Facility Name \_\_\_\_\_  
 Street Address 7740 S. George Blvd  
 City Sebring State FL Zip 33875

Process (Consent) Tanker Unloading Unit # \_\_\_\_\_ Operating Mode 26.17 tons  
 Control Equipment Baghouse Operating Mode 6psi

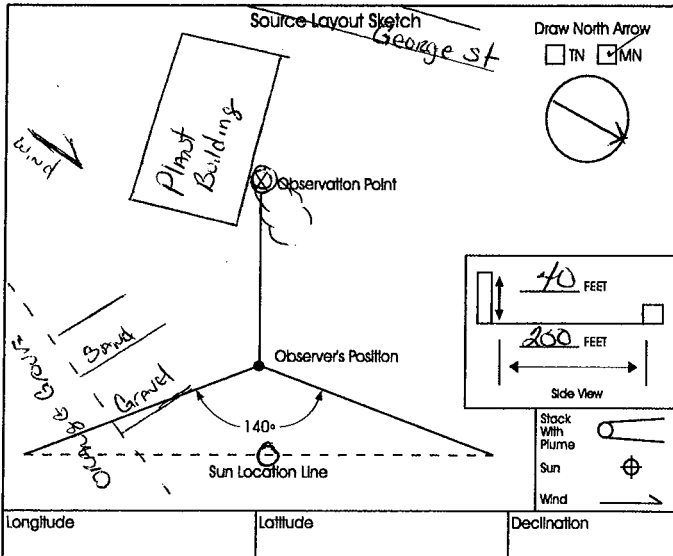
Describe Emission Point  
Single yellow silo with baghouse

Height of Emiss. Pt. Start 40' End 40' Height of Emiss. Pt. Rel. to Observer Start 40' End 40'  
 Distance to Emiss. Pt. Start 250' End 250' Direction to Emiss. Pt. (Degrees) Start 249° End 249°

Vertical Angle to Obs. Pt. Start 12° End 12° Direction to Obs. Pt. (Degrees) Start 249° End 249°  
 Distance and Direction to Observation Point from Emission Point Start 0 End 0

Describe Emissions  
 Start None End lofting  
 Emission Color Start N/A End Brown 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 Scat  
 Wind Speed Start 7mph End 7mph Wind Direction Start SE End SE  
 Ambient Temp. Start 82° End 86° Wet Bulb Temp. \_\_\_\_\_ RH Percent 56%



Additional Information  
Six min Avg. - 1.4%  
Load Rate 28 ton/hr

Sec Min	Time Zone				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					Check Tanker Pressure
22					
23		○	○		
24	○	○	○	○	
25	○	○	○	○	
26	○	○	○	○	
27	○	○	○	○	
28	○	○	○	○	
29	○	○	○	○	
30	○	○	○	○	

Observer's Name (Print) Sherrill Culliver  
 Observer's Signature Sherrill Culliver Date 5/27/11  
 Organization FDEP  
 Certified By ETA Date 2/11

# 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 \_\_\_\_\_

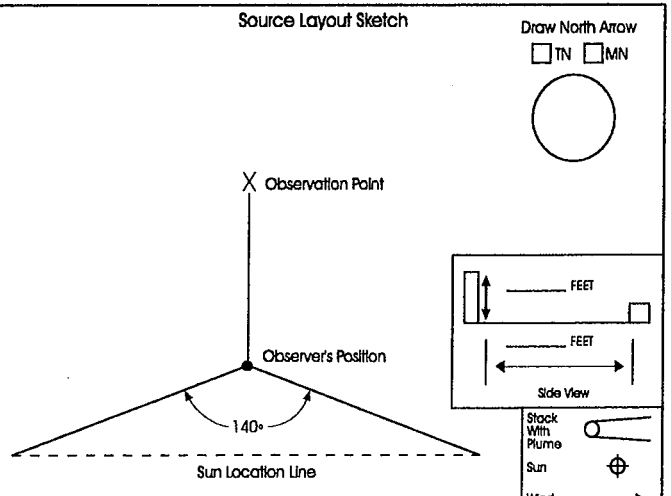
Process \_\_\_\_\_ Unit # \_\_\_\_\_ Operating Mode \_\_\_\_\_  
 Control Equipment \_\_\_\_\_ Operating Mode \_\_\_\_\_

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 \_\_\_\_\_



Longitude \_\_\_\_\_ Latitude \_\_\_\_\_ Declination \_\_\_\_\_

Additional Information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Observation Date		Time Zone				Start Time	End Time
Min	Sec	0	15	30	45	Comments	
		1	0	15	30		
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	10	0			
26	0						
27							
28							
29							
30							

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