

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 Akin - Davis Funeral Home
Facility Name Labelle Facility
Street Address 560 E. Hickpochie Ave
City Labelle State FL Zip 33935

Process Cremation Unit # _____ Operating Mode 150 lbs
Control Equipment Asterburner Operating Mode 1640°F

Describe Emission Point
White circular stack on northern building located in the NE corner
Height of Emiss. Pt. Start 30' End 30' Height of Emiss. Pt. Rel. to Observer Start 30' End 30'
Distance to Emiss. Pt. Start 75' End 75' Direction to Emiss. Pt. (Degrees) Start 306° End 306°

Vertical Angle to Obs. Pt. Start 14° End 14° Direction to Obs. Pt. (Degrees) Start 306° End 306°
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 White End White Sky Conditions Start overcast End overcast
Wind Speed Start 9mph End 9mph Wind Direction Start NW End NW
Ambient Temp. Start 73°F End 77°F Wet Bulb Temp. _____ RH Percent 72%

Source Layout Sketch

Draw North Arrow TN MN

Observer's Name (Print) _____
Observer's Signature _____
Date 10/28/11
Organization FDEP
Certified By ETA Date _____

Observation Date	Time Zone	Start Time	End Time						
<u>10/28/11</u>		<u>10:03</u>	<u>11:03</u>	Sec	0	15	30	45	Comments
1	0	0	0	0					
2	0	0	0	0					
3	0	10	40	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					

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
Akin-Davis Funeral Home
 Facility Name
 Street Address
 City _____ State _____ Zip _____

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

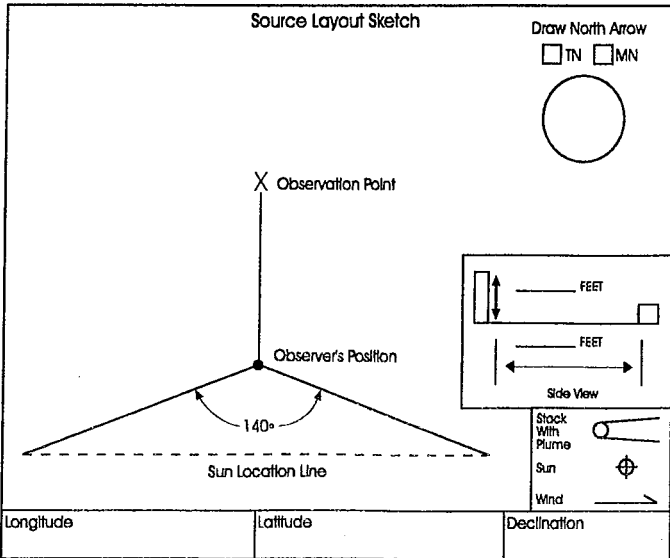
Describe Emission Point

 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

Observation Date		Time Zone				Start Time	End Time
10/28/11							
Min	Sec	0	15	30	45	Comments	
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 _____