

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 _____

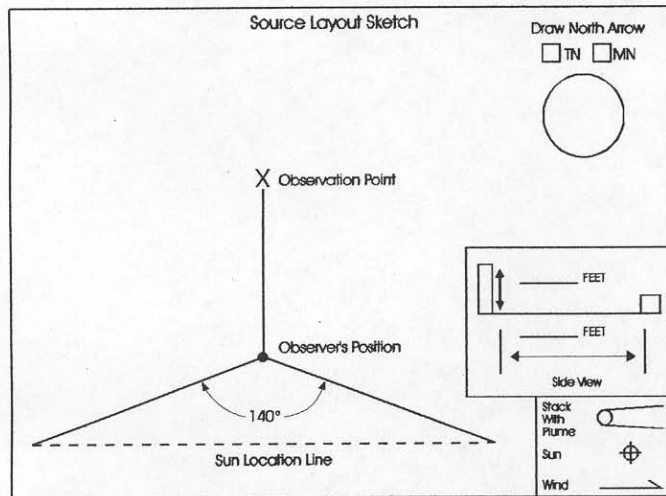
Describe Emission Point _____

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 _____



Longitude _____ Latitude _____ Declination _____

Additional Information _____

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

Observation Date _____ Time Zone _____ Start Time _____ End Time _____

Min.	Seconds				Min.	Seconds				Comments
	00	15	30	45		00	15	30	45	
1					31					
2					32					
3					33					
4					34					
5					35					
6					36					
7					37					
8					38					
9					39					
10					40					
11					41					
12					42					
13					43					
14					44					
15					45					
16					46					
17					47					
18					48					
19					49					
20					50					
21					51					
22					52					
23					53					
24					54					
25					55					
26					56					
27					57					
28					58					
29					59					
30					60					

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