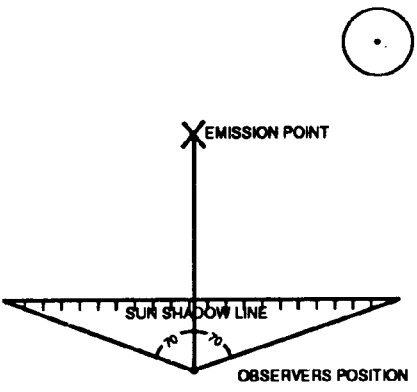


POLK COUNTY AIR QUALITY DIVISION

SOURCE NAME			OBSERVATION DATE				START TIME				STOP TIME					
			Sec Min	0	15	30	45	Sec Min	0	15	30	45	Sec Min	0	15	30
ADDRESS			1					31								
CITY	STATE	ZIP	2					32								
PHONE	SOURCE ID NUMBER		3					33								
PROCESS EQUIPMENT		OPERATING MODE	4					34								
CONTROL EQUIPMENT		OPERATING MODE	5					35								
DESCRIBE EMISSION POINT			6					36								
HEIGHT ABOVE GROUND LEVEL			7					37								
HEIGHT RELATIVE TO OBSERVER			8					38								
DISTANCE FROM OBSERVER			9					39								
DIRECTION FROM OBSERVER			10					40								
DESCRIBE EMISSIONS			11					41								
EMISSION COLOR		PLUME TYPE: CONTINUOUS <input type="checkbox"/>	12					42								
		FUGITIVE <input type="checkbox"/> INTERMITTENT <input type="checkbox"/>	13					43								
WATER DROPLETS PRESENT NO <input type="checkbox"/> YES <input type="checkbox"/>		IS WATER DROPLET PLUME ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/>	14					44								
AT WHAT POINT IN THE PLUME WAS OPACITY DETERMINED			15					45								
DESCRIBE BACKGROUND			16					46								
BACKGROUND COLOR		SKY CONDITIONS	17					47								
WINDSPEED		WIND DIRECTION	18					48								
AMBIENT TEMPERATURE		RELATIVE HUMIDITY	19					49								
SOURCE LAYOUT SKETCH DRAW NORTH ARROW 			20					50								
			21					51								
			22					52								
			23					53								
			24					54								
			25					55								
			26					56								
			27					57								
			28					58								
			29					59								
			30					60								
			COMMENTS			AVERAGE OPACITY FOR HIGHEST PERIOD				NUMBER OF READINGS ABOVE						
RANGE OF OPACITY READINGS						MINIMUM				MAXIMUM						
			OBSERVER'S NAME: (Print)													
			OBSERVER'S SIGNATURE				DATE									
			ORGANIZATION													
I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS			CERTIFIED BY				DATE									
SIGNATURE																
TITLE			DATE				VERIFIED BY				DATE					