

VISIBLE EMISSIONS OBSERVATIONS FORM

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

Company Name **ACME INDUSTRIES, LLC**

Facility Name **SOUTH BEND PLANT**

Street Address **123 FIRST STREET**

City **ANYTOWN** State **AL** Zip **12345**

Key Contact/Phone **JOHN SMITH - 788-285-1235** Source ID **SB #286**

Process **PCMC MULTIFOLDER HVAC EXHAUST** Unit # **22** Operating Mode _____

Control Equipment **FILTER** Operating Mode _____

Describe Emission Point
BROWN STACK, 4TH FROM THE NORTH

Height of Emiss. Pt. Height of Emiss. Pt. Ref. to Observer

Start **140** End **140** Start **100** End **100**

Distance to Emiss. Pt. Direction to Emiss. Pt. (Degrees)

Start **1000** End **1000** Start **W (260)** End **W (260)**

Vertical Angle to Obs. Pt. Direction to Obs. Pt. (Degrees)

Start **75** End **75** Start **E 80** End **E 80**

Distance and Direction to Observation Point from Emission Point

Start **E 1000** End **E 1000**

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 _____

Background Color Sky Conditions

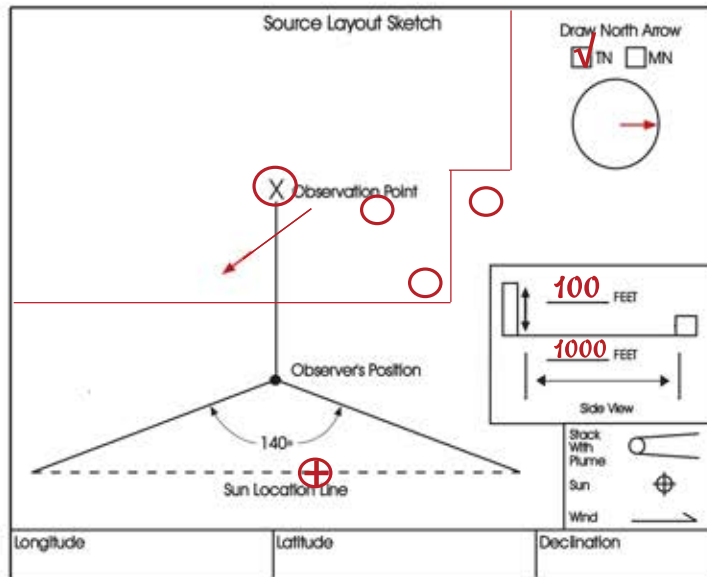
Start **GRAY** End **GRAY** Start **10-50** End **10-50**

Wind Speed Wind Direction

Start **CALM/LIGHT** End **CALM/LIGHT** Start **W NW** End **W NW**

Ambient Temp. Wet Bulb Temp. RH Percent

Start **67** End **67** _____ **99%**



Additional Information

Form Number _____ Page **1** Of **1**

Continued on VEO Form Number _____

Observation Date	Time Zone	Start Time	End Time				
6-8-21	GST	7:00	7:06 AM				
Sec	0	15	30	45	Comments		
Min							
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			
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Observer's Name (Print) **JOHN A. SMITH**

Observer's Signature *John A. Smith* Date **6-8-2021**

Organization **COMPLIANCE ASSURANCE ASSOCIATES, INC.**

Certified By **COMPLIANCE ASSURANCE ASSOCIATES, INC.** Date **8-9-2021**