

# Visible Emissions Observation Form

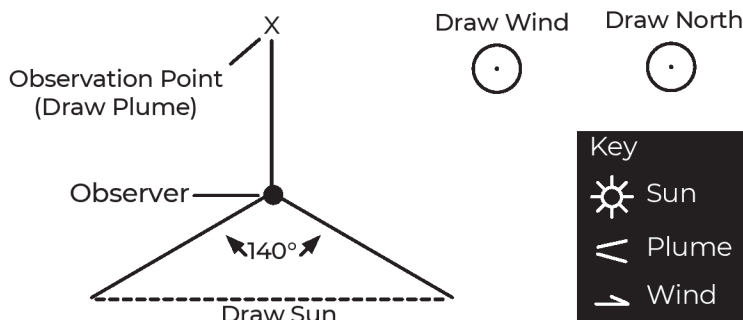
Form #\_\_\_\_ of \_\_\_\_

Facility & Source Info			
Facility Name & Permit #			
Address			
City	State	Zip	
Contact Name		Contact Phone	
Coordinates of Source			
Source Equipment Description			
Source Equipment ID		Operating Mode	
Control Equipment		Operating Mode	

Observation Info			
Emission Point Description			
Observation Point - Height		Observation Point - Distance	
Start	End	Start	End
Observation Point - Direction		Observation Point - Angle	
Start	End	Start	End
Distance from Emission Point to Observation Point			
Start		End	
Plume Shape			
Start		End	
Emission Type		Emission Color	
Fugitive <input type="checkbox"/>	Point Source <input type="checkbox"/>	Start	End
Water Vapor Plume			
Attached <input type="checkbox"/>	Detached <input type="checkbox"/>	None <input type="checkbox"/>	
Background & Color			
Start		End	

Atmospheric Info			
% Cloud Cover		Ambient Temp	
Start	End	Start	End
Wind Speed		Wind Direction	
Start	End	Start	End
% Relative Humidity		Wet Bulb Temp	

## Source Layout Sketch



Observation Date				Start Time		End Time			
SEC MIN	0	15	30	45	SEC MIN	0	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				
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23					53				
24					54				
25					55				
26					56				
27					57				
28					58				
29					59				
30					60				

Average Opacity for Highest Period		Number of Readings Above _____% Were _____	
Name of Observer			
Signature of Observer			
Company/Organization			
Certification Issued By:		Date	
Comments			