

VISIBLE EMISSION OBSERVATION FORM

Company Name	
Facility Name	
Street Address	
City	State Zip
Key Contact/Phone	Source ID

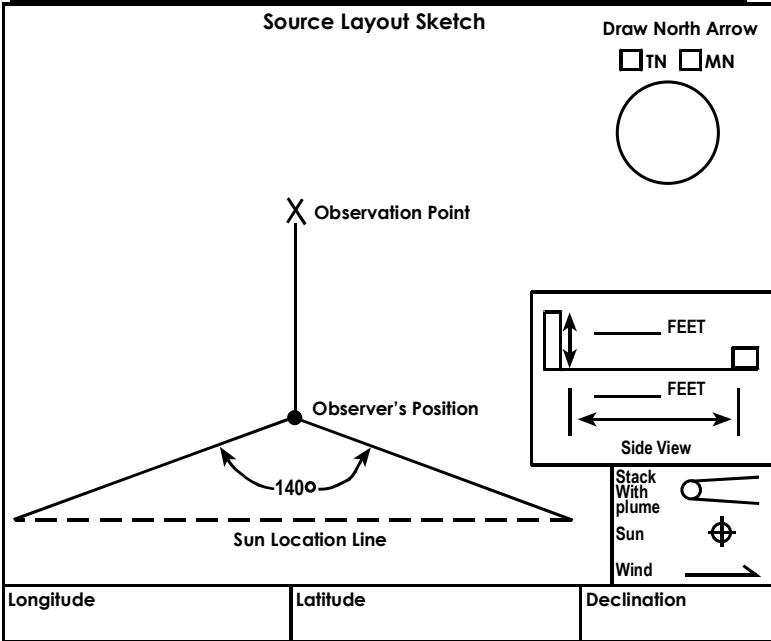
Observation Date	Time Zone	Start Time	End Time
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Process Equipment	Unit#	Operating Mode
Control Equipment		Operating Mode

Describe Emission Point:			
Height Above Ground Level		Height Relative to Observer	
Start	End	Start	End
Distance From Observer		Direction From Observer	
Start	End	Start	End

Describe Emission			
Start		End	
Emissions Color		Water Droplet Plume	
Start	End	Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/>	
Point In the Plume At Which Opacity Was Determined			
Start		End	
Describe Plume Backgrounds			
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		

Min.	Seconds				Comments
	00	15	30	45	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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30					



Observer's Name (print)	
Observer's Signature	Date
Organization	
Certified By Compliance Assurance Associates, Inc.	Date

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Continued on VEO Form Number		

Additional Information: _____
