





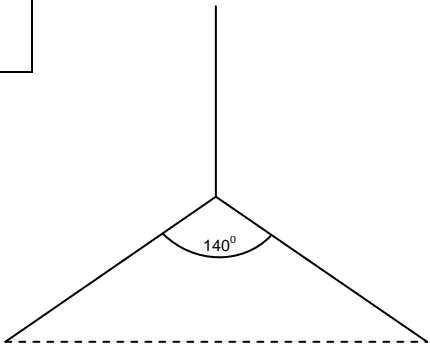
COMPANY NAME		
STREET ADDRESS		
CITY	STATE	ZIP
PHONE (KEY CONTACT)	SOURCE ID NUMBER	

PROCESS EQUIPMENT	OPERATING MODE
CONTROL EQUIPMENT	OPERATING MODE

DESCRIBE EMISSION POINT	
HEIGHT ABOVE GROUND LEVEL	HEIGHT RELATIVE TO OBSERVER
DISTANCE FROM OBSERVER	DIRECTION FROM OBSERVER

DESCRIBE EMISSIONS	
EMISSION COLOR	IF WATER DROPLET PLUME Attached <input type="checkbox"/> Detached <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED	

DESCRIBE PLUME BACKGROUND		
BACKGROUND COLOR	SKY CONDITION	
WIND SPEED	WIND DIRECTION	
AMBIENT TEMP	WET BULB TEMP	RH. percent

Stack with Plume  Sun  Wind 	SOURCE LAYOUT SKETCH Draw North Arrow  
---	--

ADDITIONAL INFORMATION

OBSERVATION DATE		START TIME			END TIME	COMMENTS
SEC	MIN	0	15	30	45	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

OBSERVER'S NAME (PRINT)	
OBSERVER'S SIGNATURE	DATE
ORGANIZATION	
CERTIFIED BY	DATE

CONTINUED ON VEE FORM NUMBER					
------------------------------	--	--	--	--	--

OBSERVATION DATE				START TIME		END TIME
SEC MIN	0	15	30	45	COMMENTS	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

OBSERVATION DATE				START TIME		END TIME
SEC MIN	0	15	30	45	COMMENTS	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						