

VISIBLE EMISSION OBSERVATION FORM

CHECK ONE

EPA METHOD 9 ECOLOGY METHOD 9A ECOLOGY METHOD 9B

OBSERVATION DATE				START TIME				STOP TIME						
SEC MIN	0	15	30	45	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									
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24					54									
25					55									
26					56									
27					57									
28					58									
29					59									
30					60									

Plant Name _____

Address _____

Emission Location _____

Type of Facility _____

Distance to Plume (initial) _____ (final) _____

Wind Direction (initial) _____ (final) _____

Wind Speed (initial) _____ (final) _____

Background Description(initial) _____ (final) _____

Distance to Emission Point _____ Plume Depth _____

Sky Conditions (initial) _____ (final) _____

Plume Condition _____

Temperature (initial) _____ (final) _____

Stack Diameter _____ Plume Color _____

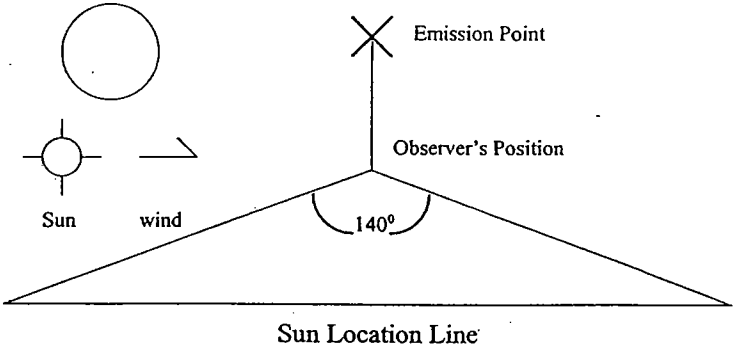
Relative Humidity _____ Viewing Angle _____

Height of Emission Point _____ Pictures Taken? _____

Point In Plume of Observations _____

Is There an Attached Sketch? (yes) _____ (no) _____

Draw North Arrow



Comments: _____

I have received a copy of these opacity observations

Signature _____

Title _____

Date _____

EPA METHOD 9 AVERAGE OPACITY DURING THE PERIOD OF
 _____ THROUGH _____ WAS _____ %
 ECOLOGY METHODS 9A & 9B

NUMBER OF READINGS GREATER THAN _____ % WAS _____

OBSERVER'S NAME AND AFFILIATION (PRINT) _____

OBSERVER'S SIGNATURE _____ DATE _____

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