IDAHO DEPARTMENT OF ENVIRONMENTAL QUALITY
Visible Emission Observation Form

Source Name	Observation Date	Start Time	Stop Time

Address

Min-Sec	0	15	30	45	Min-Sec	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				
14					44				
15					45				
16					46				
17					47				
18					48				
19					49				
20					50				
21					51				
22					52				
23					53				
24					54				
25					55				
26					56				
27					57				
28					58				
29					59				
30					60				

City — **State** — **Zip**

Phone — **Source ID Number**

Process Equipment — **Operating Mode**

Control Equipment — **Operating Mode**

Describe Emission Point
Start — Stop

Height Above Ground Level — **Height Relative to Observer**
Start — Stop — Start — Stop

Distance From Observer — **Direction from Observer**
Start — Stop — Start — Stop

Describe Emissions
Start — Stop

Emission Color — **Plume Type Continuous**
Start — Stop — **Fugitive** — **Intermittent**

Water Droplets Present — **If Water Droplet Plume**
No — Yes — Attached — Detached

Point in the Plume at which Opacity Was Determined
Start — Stop

Describe Background
Start — Stop

Background Color — **Sky Conditions**
Start — Stop — Start — Stop

Wind Speed — **Wind Direction**
Start — Stop — Start — Stop

Ambient Temp — **Wet Bulb Temp.** — **PH. Percent**
Start — Stop

Number of Readings Above ___ % was	Number of Minutes Above ___ % was
Average of Readings Above ___ % was	Range of Readings Above ___ % was ___ to ___

Observer's Name

Observer's Signature	Date
Certified By	Date
Verified By	Date

Source Layout Sketch — **Draw North Arrow**

X Emission Point
Sun
Wind
Plume and Stack
Observer's Position
140 º
Sun Location Line

Comments

I Have Received a Copy of These Opacity Observations
Signature

Title — Date

White Copy: DEQ File   Yellow Copy: AIRS Copy   Pink Copy: Facility Copy   9/21/2000