



VISIBLE EMISSIONS OBSERVATION FORM

North Dakota Department of Health
 Division of Air Quality
 SFN 8441 (7-05)

Company Name	Observation Date
Facility Location	Permit To Operate No.

Process Stack Name	Control Equipment	Process Rate	
Stack Height Above Ground Level	Stack Height Relative to Observer	Describe Stack	
Distance From Observer	Direction From Observer	Vertical Angle To Plume	Horizontal Angle To Plume

Describe Plume	Plume Color	Plume Background	Background Color
Water Droplet Plume: Attached <input type="checkbox"/> Detached <input type="checkbox"/> N/A <input type="checkbox"/>			Point In Plume Where Opacity Was Read

Sky Condition	Wind Speed	Wind Direction	Ambient Temp (F)	Relative Humidity (%)
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Time Observations Start					Time Observations End					Witness									
	0	15	30	45	Comments						0	15	30	45	Comments				
1										13									
2										14									
3										15									
4										16									
5										17									
6										18									
7										19									
8										20									
9										21									
10										22									
11										23									
12										24									

SOURCE LAYOUT SKETCH	OBSERVER INFORMATION
Emission Observation Point X 	Name (Print) <hr/> Signature Date <hr/> Organization <hr/> Certified By Date <hr/> Remarks <hr/>