STATE OF WYOMING
DEPARTMENT OF ENVIRONMENTAL QUALITY – AIR QUALITY DIVISION

Visual Monitoring Log

BURN NAME _____ **ID #** _____

OBSERVER NAME(S) _____

SUCCESSIVE OBSERVATIONS:

DATE(S) (MONTH/DAY/YR)	TIME OF DAY	SMOKE PLUME APPEARANCE		HEIGHT OF SMOKE PLUME	DIRECTION OF SMOKE DISPERSION	RESIDUAL SMOKE PRESENT
		Fig. 1	Fig. 2			

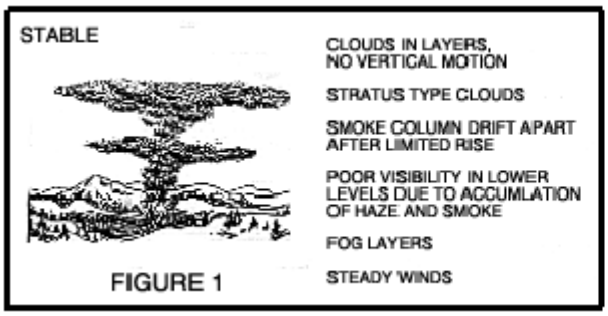

FIGURE 1

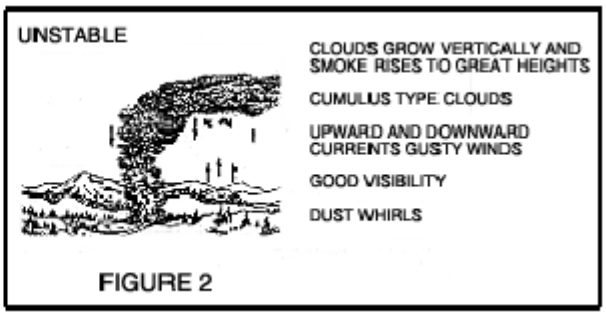

FIGURE 2

COMMENTS _____