

**Form 6- Hourly Plume Observation Record (Optional)**

**3Letter ID:** \_\_\_\_\_ **Project #:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_ **Submitted by:** \_\_\_\_\_

Recommend using when transport wind carries smoke near smoke sensitive areas of concern.

Was residual smoke present from the previous day of burning: **Yes** **No**

<b>Observation Time 2400hr</b>	<b>Atmosphere <u>Stable/</u> <u>Unstable</u></b>	<b>Transport Wind Direction</b>	<b>Photo #</b>	<b>Comments</b>	<b>Observer Initial</b>

**Fax to: Utah Smoke Program Coordinator  
FAX 801/536-0085**