

ANNUAL REPORT – PARTICULATE CONTROL EQUIPMENT

(enter year here)

Company Name: _____ **Permit #:** _____
Facility Address: _____
Facility Contact: _____ **Facility Contact Title:** _____
Phone Number: _____ **Email:** _____

Instructions:

- Select the type of control equipment.
- Specify the process that the unit controls emissions from (e.g., woodwork, grinding).
- List the annual throughput/production for each quarter of the previous year and indicate the unit of measurement.

Control Equipment type: <input type="checkbox"/> Baghouse <input type="checkbox"/> Cyclone <input type="checkbox"/> Electrostatic Precipitator <input type="checkbox"/> Scrubber <input type="checkbox"/> Flare <input type="checkbox"/> Other: _____	
Production Report Controlling emissions from the following process: _____	
Quarter	Throughput/Production Unit: <input type="checkbox"/> Cubic Yards <input type="checkbox"/> Tons <input type="checkbox"/> lbs. <input type="checkbox"/> Hours <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Other: _____
Q1 (Jan-March)	
Q2 (April-June)	
Q3 (July-Sept)	
Q4 (Oct-Dec)	
Annual Total	

Any information presented must be true and correct to the best of your knowledge. California Health and Safety Code 42400.3.5 and 42402.4 establish separate criminal and civil penalties for any person who, knowingly and with intent to deceive, falsifies any document required to be kept pursuant to any rule, regulation, permit, or order from the Sacramento Metropolitan Air Quality Management District. By signing below, I certify that all information is true and accurate and complete to the best of my knowledge and ability.

Name: _____ Signature: _____ Date: _____