SACRAMENTO METROPOLITAN
AIR QUALITY
MANAGEMENT DISTRICT

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_____ ANNUAL REPORT – CHEMICAL MFG (MULTIPLE UNITS)

(enter year here)

Company Name: _____ **Permit #:** _____

Facility Address: _____

Facility Contact: _____ Facility Contact Title: _____

Phone Number: _____ E-Mail: _____

Instructions:

- Provide requested throughput and emissions.
- Provide your calculations.

Emissions by Permit Form

Report annual emission data by hard copy and electronic Excel file for each chemical permits using the Emission by Permit Form.

		Operational Data (report applicable data)			**Emissions (lbs/yr)**				
Permit #	**Description**	**Hours Operated**	**Number of Batches**	**Amount Produced (lbs/yr)**	**TOG**	**VOC**	**NOx**	**CO**	**PM10**
If there are more pieces of equipment, please attach additional report									

Calculation Documentation Form

Provide supporting calculation by hard copy and electronic Excel file for the reported emissions using Calculation Documentation Form or other approved calculation form.

Device ID	Permit#	Description	Pollutant/ Compound	Emission (lbs/yr)					Process Rate	Process Rate units	Emission Factor					Emission Factor units	Source of Emission Factor	Calculation Method
				TOG	VOC	NOx	CO	PM10			TOG	VOC	NOx	CO	PM10			
If there are more pieces of equipment, please attach additional report																		

Source Test Data

For each source test conducted on chemical process units at your facility, please list and **provide the summary page of the source test report**.

Device ID	Description	Permit#	Date of Source Test	Emission Factor specify emission factor unit			
				VOC	NOx	CO	PM10
If there are more pieces of equipment, please attach additional report							

Production and Raw Material Data

Product Type	**Amount Produced (lbs/year)**	**Raw Material Type**	**Amount Used (lbs/year)**
Total Facility			

RELATIVE MONTHLY PRODUCTION ACTIVITY											
Uniform:_____ or indicate % activity below for each month. *(Total monthly activity should add up to 100% for the year)*											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

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: _____