

(enter year here)

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EmissionInventory@airquality.org

_ ANNUAL REPORT — ENGINE & MATERIAL PROCESSING

Company Name: ______Permit #: _______

Facility Address: _____

Facility Contact: _____ Facility Contact Title: ______

Phone Number: ______ E-Mail: ______

Instructions:

- Enter both run time and fuel usage for each engine or process.
- When entering fuel usage, specify the fuel type (Diesel, Natural Gas, Propane, Gasoline, Waste Gas/Other) and the units of measurement (cubic feet, therms).
- Enter production data, material and process type, and throughput.
- Identify the location of the closest residence and business by entering the distance (in feet) and the Quad Number that best describes the location (NE, SE, SW, NW) for <u>diesel engines only</u>.
 - If distance information was submitted in prior reporting years and has not changed, you may indicate
 that in the table below. This information does not need to be reported again unless any changes in
 the distance information have occurred.

| Closest Residence and Business (Diesel Engines Only) | | | | | | | | |
|---|---------------|-------------|--------------------------------|--------|---|--------|--|--|
| ☐ Distance information has not changed and has been submitted previously. | | | | | | | | |
| Category | Distance (ft) | Quad Number | | | | | | |
| | | | Closest Residence and Business | | | | | |
| | | | | NW | N | NE | | |
| Residence | | | < | Quad 4 | | Quad 1 | | |
| Business | | | | Quad 3 | S | Quad 2 | | |

| llee-re | | Run Time (Hours) | | | | | |
|--|----|------------------|----|----|--------------|--|--|
| Usage | Q1 | Q2 | Q3 | Q4 | Annual Total | | |
| Maintenance* | | | | | | | |
| Emergency* | | | | | | | |
| Other | | | | | | | |
| Fuel Usage □ Actual □ Purchased □ N/A - Not Applicable Fuel Type: Units: | | | | | | | |

^{*}Maintenance / Emergency definitions can be found in your permit.

| | | Production Report | | | | | | |
|------------|---------------------------|--|-------|--|--|--|--|--|
| | Material processed: | | | | | | | |
| | Controlling Emissions | ssions from the following process: | | | | | | |
| | | | | | | | | |
| | | Throughput/Production | | | | | | |
| | Quarter | Unit: □Cubic Yards □Tons □Lbs. □Hours □Other | | | | | | |
| | Q1 (Jan-March) | | | | | | | |
| | Q2 (April-June) | | | | | | | |
| | Q3 (July-Sept) | | | | | | | |
| | Q4 (Oct-Dec) | | | | | | | |
| | Annual Total | | | | | | | |
| | | | | | | | | |
| A : £ | | | £ _ 4 | | | | | |
| • | • | true and correct to the best of your knowledge. California Health and Safe | • | | | | | |
| | | sh separate criminal and civil penalties for any person who, knowingly and | | | | | | |
| | • | ment required to be kept pursuant to any rule, regulation, permit, or orde | | | | | | |
| | • | uality Management District. By signing below, I certify that all information | n is | | | | | |
| true and a | ccurate and complete to t | he best of my knowledge and ability. | | | | | | |

Name: ______ Date: ______ Date: _____