



Company Name:

Facility Address:

(enter year here)

777 12th Street, Ste. 300 Sacramento, CA 95814 Office (279) 207-1122 Fax (279) 207-1144

Compliance@airquality.org

ANNUAL REPORT – EXTERNAL COMBUSTION UNITS

Permit #:

Phone Number:

Facility Contact:		Facility Contact Title:			Email:	
Instruct • • •	tions: List each permitted piece of List the usage for the reporti Attach source test result sun If equipment has a Continuo	ng year for each pi nmary page if the e	ece of equipment a	and the reporting tree tested during t	units (therms, cubic feet, ga the reporting year.	
Permit #	Equipment Description	Hours Operated Hours/Year	Annual Fuel Usage (specify reporting unit under each fuel type)			Was a source tested during
			Natural Gas	LPG	Other (please specify)	the reporting year?
					W	[]yes []no, Date if yes:
						[]yes []no, Date if yes:
						[]yes []no, Date if yes:
						[]yes []no, Date if yes:
						[]yes []no, Date if yes:
						[]yes []no, Date if yes:
If there are	e more pieces of equipment, ple	ase attach addition	nal report	.		
criminal and permit, or or	•	no, knowingly and popolitan Air Quality	with intent to decei	ve, falsifies any do	ocument required to be kep	.5 and 42402.4 establish separate of pursuant to any rule, regulation, ation is true and accurate and
Name:			Signature:		ı	Date:

		-	
CEM	Report	tor	Permit#

Quarter	Total Number of	EMISSIONS (LBS)						
	Hours Operated	со	NOX	sox	ROG	PM10	NH3	
1 ST								
2 ND								
3 RD								
4 TH								
TOTAL								

Source of emission information for this permit:	
Please provide emission factors for calculated emissions (i.e. SOx = 0.0006 lbs./mmbtu) :	

CEM Report for Permit# _____

Quarter	Total Number of Hours Operated	EMISSIONS (LBS)						
		со	NOX	sox	ROG	PM10	NH3	
1 ST								
2 ND								
3 RD								
4 TH								
TOTAL								

Source of emission information for this permit:	
Please provide emission factors for calculated emissions (i.e. SOx = 0.0006 lbs/mmbtu) :	