

## \_\_\_\_\_ ANNUAL REPORT – OTHER EMISSION SOURCES & CTR

(enter year here)

**Company Name:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_  
**Facility Address:** \_\_\_\_\_  
**Facility Contact:** \_\_\_\_\_ **Facility Contact Title:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

### Instructions:

- Provide total facility fuel usage.
- Check if your facility is subject to CTR (see below). If you are subject to CTR, report toxic emissions if known.
- Report other stationary emission sources not reported under the permits. See **what must be reported** below.

### 1. TOTAL FACILITY FUEL USAGE

Please provide the total annual amount of fuel used by your facility, including permitted and unpermitted units:

Fuel Type	Amount/Year	Source of Data (i.e., PG&E report, purchase record, meter, etc.)	
Natural Gas	Therms		
Diesel	Gallons		
LPG	Gallons		
Gasoline	Gallons		
Other			

### 2. CRITERIA AIR POLLUTANTS AND TOXIC AIR CONTAMINANTS REPORTING (CTR)

If your facility is subject to "Regulation for the Reporting of Criteria Air Pollutants and Toxic Air Contaminants" (or CTR with approved amendments effective January 1, 2022, <https://ww2.arb.ca.gov/sites/default/files/barcu/regact/2020/ctr/fro.pdf>), please provide toxic emission (see Appendix B of the CTR regulation) associated with the air permits if available; otherwise, the district will make an estimate using default or known toxic emission factors. *The District will provide facilities that reported CTR last year with a questionnaire to report toxic emissions and other CTR data inputs.*

### 3. OTHER EMISSION SOURCES

**Does this facility have any emission sources (see What must be reported? below) not reported under the permits?**

**(YES/NO)** If yes, please use the following tables to report the other emission sources. describe emission source(s) and

quantify process rate(s) and emissions on a separate page.

**What must be reported?** Report requested information on all stationary emission sources except on-road motor vehicles and off-road mobile equipment at your facility. Include all equipment or processes that emit air pollutants, including subcontractor activities at your site. Also include equipment that is portable, such as portable engines, rented equipment, and emission units exempt from District permits. **The following items do not need to be reported: Personal Products; Routine Janitorial Products; Office Products; Facility Structural Maintenance and Repair Products; Office Equipment; Non-routine Architectural Coating Use; On-Road Motor Vehicles; Off-road Mobile Equipment unless permitted (i.e., forklift, etc.).**

**CLEANING PRODUCTS AND SOLVENT USAGE**

List types and annual usage of all solvent-containing products, except items that do not need to be reported, used for coating, printing, cleaning, and chemical, refrigeration, manufacturing, and laboratory operations.

Product	Density (lbs./gal)	VOC <sup>1</sup> Content (lbs./gal)	Volume Used (gal/yr.)	Type of Operation

<sup>1</sup> VOC content is lbs. VOC per gallon of product, including water and exempt compounds. If you cannot determine VOC content of the product, please include a copy of its product data sheet or Safety Data Sheet (SDS) with this survey.

**OTHER EMISSION SOURCES**

Please describe process, except for items that do not need to be reported, and provide annual emissions for sources not reported above or under the permits.

Process	Emission (pounds/year) <sup>2</sup>					
	ROG	NOx	PM10	PM2.5	CO	TOG

<sup>2</sup>Please provide detailed calculation documentation for the reported emissions (pounds/year) on a separate page, including process throughputs, hours/year, and emission rates.

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: \_\_\_\_\_