

ANNUAL REPORT – CHEMICAL/OTHER INDUSTRIAL PROCESS

(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.

OPERATING SCHEDULE											
_____ hours/day			_____ days/week			_____ weeks/yr			_____ hours/yr		
PROCESS INFORMATION											
Type of Material Used/Processed (include fuel usage for this permit)	Amount Used/Processed (specify unit)	Type of Product Produced (if applicable)	Amount Produced (tons/yr.)								
RELATIVE MONTHLY PROCESS ACTIVITY											
Uniform: _____ or indicate % activity below for each month. <i>(Total monthly activity should add up to 100% for the year)</i>											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
LIST CONTROL EQUIPMENT FOR THE PROCESS											
Permit #	Control Equipment Description	Permit #	Control Equipment Description								

STACK EMISSIONS (Report all emissions ducted to stack(s))		FUGITIVE EMISSIONS (Report all emissions not reported under STACK)	
Criteria Air Emissions	Amount Emitted* (pounds/yr.)	Criteria Air Emissions	Amount Emitted* (pounds/yr.)
<i>TOG</i>		<i>TOG</i>	
<i>VOC</i>		<i>VOC</i>	
<i>PM10</i>		<i>PM10</i>	
<i>NOX</i>		<i>NOX</i>	
<i>CO</i>		<i>CO</i>	
<i>SOx</i>		<i>SOx</i>	
<i>NH3</i>		<i>NH3</i>	
<i>HCN</i>		<i>HCN</i>	
<i>Lead</i>			

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: _____