

_____ ANNUAL REPORT – COOLING TOWER

(enter year here)

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

Instructions:

- List hours/year operated and PM emissions.

1. Number of hours the cooling tower was operated: _____ hrs./yr.
2. PM Emissions based on conductivity measurements:

Quarter 1: _____

Quarter 2: _____

Quarter 3: _____

Quarter 4: _____

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: _____