

## \_\_\_\_\_ ANNUAL REPORT – FUGITIVE VALVES & FLANGES

(enter year here)

**Company Name:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_  
**Facility Address:** \_\_\_\_\_  
**Facility Contact:** \_\_\_\_\_ **Facility Contact Title:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Instructions:**

- List the number of units and leaks. If available, list the emission factor and emission.
- Provide annual gasoline and ethanol throughputs for bulk plant/terminal.
- Specify product(s) for chemical plant under Other Product Valve & Flanges Components.

**GASOLINE VALVE & FLANGE COMPONENTS**

Gasoline Component		Number of Units	Number of leaks		Emission Factor (lbs./yr.-unit)*	Emission (lbs./yr.)*
			<10,000 ppmv	≥10,000 ppmv		
Valves	Liquid					
	Gas					
Flanges	Liquid					
	Gas					
Pump Seals	Liquid					
	Gas					
Compressor Seals	Liquid					
	Gas					
Pressure Relief Valves	Liquid					
	Gas					
Connectors	Liquid					
	Gas					
Others (please specify)						
Annual facility gasoline throughput (gallons/year)?						

*\*if available*

**ETHANOL VALVE & FLANGE COMPONENTS**

Ethanol Component	Number of Units	Number of leaks		Emission Factor (lbs./yr.-unit)*	Emission (lbs./yr.)*
		<10,000 ppmv	≥10,000 ppmv		
Valves					
Flanges					
Pump Seals					
Compressor seals					
Pressure relief valves					
Connectors					
Others (please specify)					
Annual facility ethanol throughput (gallons/year)?					

*\*if available*

**OTHER PRODUCT VALVE & FLANGES COMPONENTS**

Other Product Component  Specify Product(s) _____	Number of Units	Number of leaks		Emission Factor (lbs./yr.-unit)*	Emission (lbs./yr.)*
		<10,000 ppmv	≥10,000 ppmv		
Valves					
Flanges					
Strainer					
Air Eliminator					
Pump Seals					
Compressor Seals					
Pressure Relief Valves					
Connectors					
Others (please specify)					

*\*if available*

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: \_\_\_\_\_