



Pinal County Air Quality Control District Emissions Inventory

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Year of Emissions Inventory:

SECTION 1

Facility Identification and Mailing Information

1. Company Name:

2. Facility Name:

3. Facility Street Address (Physical Location):

4. City:

5. Zip Code:

6. SIC Code:

Primary:

Secondary:

7. NAICS Code:

Primary:

Secondary:

8. Who prepared this Emissions Inventory?

Name:

Title:

Company
Affiliation:

Telephone:

9. Who should receive the Annual Emissions Inventory Survey Packet next year?

Name:

Title:

Company Affiliation:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Return the original copy of all completed forms to:

Pinal County Air Quality Control District

P.O. Box 987 – Florence, AZ 85132



Pinal County Air Quality Control District Emissions Inventory

Year : _____ Company/Facility: _____

SECTION 2 *Data Certification*

For EACH pollutant listed, total up all emissions recorded on your Section 6, Pollutant Information and enter the numbers below **(IN TONS PER YEAR)**:

CO	HAPs	NOx	Pb	PM ₁₀	SO _x	PM _{2.5}	VOC	NH ₃

OSCSOAT QUPU in accordance to §3-7-590.C.4

For Title V Sources ONLY

HAPs	NOx	Pb	PM10	SOx	VOC

Confidentiality Statement

This annual emissions report contains requests to keep some data confidential.

YES

NO

If you check "YES", you must submit document and meet certain requirements before your data can be deemed confidential. See instructions for further details.

I certify that based on information and belief formed after reasonably inquiry, the statements and information in this emissions inventory form and on its attachments are true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment (A.R.S. §13-2704).

RESPONSIBLE OFFICIAL (PLEASE PRINT)

TITLE

SIGNATURE

DATE



Pinal County Air Quality Control District Emissions Inventory

Year:

Company/Facility:

Section 7

Sample Calculations

Equipment ID:

Process ID:

Pollutant:

Emissions Estimate