

## FORM 1.0 - GENERAL FACILITY INFORMATION

ANNUAL EMISSIONS INVENTORY QUESTIONNAIRE - Version 1.5



FACILITY NAME			PLACE ID#		PERMIT# or LTF#			
FACILITY ADDRESS			СІТҮ		STATE	ZIP CODE		
FACILITY CONTACT	TITLE			PHONE #				
E-MAIL								
PRODUCT/PRINCIPAL ACTIVITY	RODUCT/PRINCIPAL ACTIVITY NAICS			NUMBER OF EMPLOYEES				
FORMS COMPLETED (mark all that apply ):								
<ul> <li><u>Generators &amp; Boilers</u></li> <li><u>Dry Cleaning</u></li> <li><u>Cotton Gin</u></li> </ul>	<ul> <li>Soil Vapor Extraction</li> <li>Air Curtain Incinerators</li> <li>Rock Products</li> </ul>			<ul> <li>Misc Equipment</li> <li>Misc Emissions</li> </ul>				
Please note, under A.R.S. § 49-432(E) the followin 1. The name and address of any permit applicant 2. The chemical constituents, concentrations and 3. The existance or level of a concentration of an If you do wish to claim confidientiality on any release of that information would cause subs	or permittee, amounts of any air pollutant in remaining por	y emission of any the environment tions of the rep	air contaminant port, you must :	, and attach a detaile	ed explaination	-		
PARENT COMPANY NAME								
MAILING ADDRESS			CITY		STATE	ZIP CODE		
CONTACT NAME	CONTACT TITLE		CONTACT E-MAI		L			
If you are using the PDF forms, emission t throughputs, etc) on the appropriate forms	otals do not ne and submit th		ed. Simply fill o DEQ will calcul	out your operat				
	CERTIFICAT	ION OF TRUTH &	ACCURACY					
l certify that based on information and belief form and complete.	ed after reasona	ible inquiry, the s	tatements and ir	nformation in the	e document are t	rue, accurate,		
SIGNATURE OF RESPONSIBLE OFFICIAL					DATE			
X								
PRINTED NAME	TITLE							
CONTACT INFORMATION								
Arizona Department of Environmental Qualit Air Quality Division Attention: State Implementation Planning 1110 W. Washington St. Phoenix, AZ 85007	У							



## FORM 2.1 - GENERATORS & BOILERS

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FACILITY NAME			PLACE ID#	PERMIT	f or LTF#				
EQUIPMENT INFORMATION									
GENERATORS	Equipment Description	Equipment ID	ATO#	Fuel Type	Max. Capacity (HP)	Actual Hours Operated			
#1									
#2									
#3									
#4									
#5									
#6									
#7									
#8									
#9									
#10									
#11									
#12									
#13									
#14									
#15									
BOILERS	Equipment Description	Equipment ID	ATO#	Fuel Type	Rated Capacity (MMbtu/hr)	Actual Hours Operated			
#1									
#2									
#3									
#4									
#5									
#6									
#7									
#8									
#9									
#10									
#11									
#12									
#13									
#14									
#15									

FORM 2.1 EMISSION SUMMARY (TONS PER YEAR)								
PM <sub>10</sub>	PM <sub>2.5</sub>	NOx	SOx	VOC	CO	HAPs	LEAD	$NH_3$



## FORM 2.2 - PERC DRY CLEANING

## 2018

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FACILITY NAME			PLACE ID#		PERMIT# or LTF#				
YEARLY PERCHLOROETHYLENE PURCHASED & CONSUMED           Month         Perchloroethylene Purchased (Gallons)         Perchloroethylene Consumed (Gallons)									
Perchloroethylene purchased & consumed during the year	Month January	Perchloroethylene Purchase	d (Gallons)	Perchioroeu	iyiene consumed (Gallons)				
	February								
	March								
	April								
	May								
	June								
	July								
	August								
	September								
	October								
	November								
	December								
	Totals								

Total PERC Emissions (tons):