

Annual Reporting Form: Coffee Roasters

AQGP-R016

1. Source Number: _____ 2. Reporting period: (calendar year): _____

3. Company information:

Legal Name:	Other Company Name (if different than legal name):		
Mailing Address:	Site Address (if different than mailing address):		
City, State, Zip Code:	City:	County (required)	Zip Code:

4. Site Contact Person:

Name:	Telephone number:
Title:	Email / Fax Number:

5. Raw coffee beans roasted:

Month	Tons Roasted	Month	Tons Roasted
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	
Total beans roasted during the year			

6. Total amount of coffee beans destoned: _____ tons.

7. Natural gas used/burned:

Month	Natural Gas Used	Month	Natural Gas Used
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	
Total Natural Gas used during the year			

What are the units of natural gas being reported?

Therms Cubic Feet Million Cubic Feet Other (specify) _____

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8. Were any other fuel types used or burned at the facility during the calendar year (other than natural gas)?

Yes No

If no, proceed to #9.

If yes, fill out the following and attach additional pages as needed to report more fuel types:

8.a Other fuel used or burned: _____

8.b Units of this other fuel being reported in 8.c (e.g., gallons, Mgals): _____

8.c:

Month	Amount of Other Fuel Used	Month	Amount of Other Fuel Used
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	
Total Other Fuel used during the year			

9. Were there any planned or unplanned excess emissions events during the calendar year? Yes No

If yes, attach or otherwise include descriptions and dates of each event.

10. Were any air pollution, odor, or nuisance-related complaints received during the calendar year?

Yes No . If yes, include a summary below that includes the follow-up actions or responses:

11. During the reporting period, were any maintenance activities, corrective actions, or repairs made that were conducted on any pollution control equipment? Yes No

If yes, describe each below and include a date:

12. Were there any changes to facility processes, equipment changes, or pollution control equipment?

(Check one) Yes No . If yes, include a summary below and identify which changes may have affected air emissions:

13. List the name and contact information of the current plant site contact:

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

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14. By signing below, I hereby certify that I have personally examined and am familiar with the information submitted in this report and that the information contained in this report is true, accurate and complete to the best of my knowledge and belief.

Name of Responsible Official

Title of Responsible Official

Signature of Responsible Official

Date

Submit reporting form to the appropriate Regional Office by selecting the county where the facility is located.

Select County:
Oregon Department of Environmental Quality