

Annual Reporting Form: Electric Power Generators

AQGP-R018

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. Hours of Operations (attach additional pages if you have more than 3 engines to report on):

Engine name or ID	Month	Total operation	Maintenance and readiness testing	Emergency use	*Power supplied to other entity via financial arrangement	Type of fuel used	Amount of fuel used	Units of fuel (e.g., gallons)
		Hours						
EU1	Jan							
	Feb							
	Mar							
	Apr							
	May							
	June							
	July							
	Aug							
	Sept							
	Oct							
	Nov							
	Dec							
	Calendar Year Total							

*See Condition 4.4c.ii

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Engine name or ID	Month	Total operation	Maintenance and readiness testing	Emergency use	*Power supplied to other entity via financial arrangement	Type of fuel used	Amount of fuel used	Units of fuel (e.g., gallons)
		Hours						
EU2	Jan							
	Feb							
	Mar							
	Apr							
	May							
	June							
	July							
	Aug							
	Sept							
	Oct							
	Nov							
	Dec							
	Calendar Year Total							

*See Condition 4.4c.ii

Engine name or ID	Month	Total operation	Maintenance and readiness testing	Emergency use	*Power supplied to other entity via financial arrangement	Type of fuel used	Amount of fuel used	Units of fuel (e.g., gallons)
		Hours						
EU3	Jan							
	Feb							
	Mar							
	Apr							
	May							
	June							
	July							
	Aug							
	Sept							
	Oct							
	Nov							
	Dec							
	Calendar Year Total							

*See Condition 4.4c.ii

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5.a. Equipment and Device Naming Convention

The question above identified hours of operation and provided a default name for each engine (EU1, EU2, etc.). The questions below will proceed to ask you to provide an 'engine name or unit ID'. Please clarify which default name applies to which engine on site in the table below:

Default Name	Your Equipment/Device Name
EU1	
EU2	
EU3	

Default Name	Your Equipment/Device Name
EU4	
EU5	
EU6	

6. For each engine that spent hours in operation as a part of a financial arrangement with another entity, provide the following information:

Engine Name or Unit ID:	Name of entity that dispatched the engine	Specific NERC, regional, state, public utility commission, or local standards or guidelines that were followed for dispatching the engine;

7. Were management practices, as required by Condition 4.2a and b., delayed for any engine during the reporting period? (Check one) Yes No

If yes, did the permittee submit all required 'delayed management practice notifications'? See Condition 8.4. (Check one) Yes No

For each delayed management practice notification, provide the following information:

Engine/Unit Name or ID	Management practice(s) that were completed after being delayed	Date(s) the delayed management practice was completed	Any delayed management practices that remain outstanding

8. Is the permittee operating under a DEQ-approved maintenance plan? (Check one) Yes No .

If yes, you must attach copies of all revisions and updates that occurred during the reporting period.

Have all revisions and updates been attached? (Check one) Yes No ;

or

No revisions or updates occurred during the reporting period .

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9. Did any engine or associated pollution control device malfunction during the reporting period? (Check one)
 Yes No . (Attach additional pages as needed)

	Engine Name or Equipment ID	Date of Malfunction	Duration of Malfunction	Description of Malfunction
1				
2				
3				

	Engine Name or Equipment ID	Actions Taken to Minimize Emissions	Corrective Actions to restore malfunction to normal operations
1			
2			
3			

10. Were any air pollution, odor, or nuisance-related complaints received during the calendar year? (Check one)
 Yes No . If yes, include a summary below:

11. 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:

12. Was any major maintenance performed on pollution control equipment during the calendar year? (Check one) Yes No . If yes, include a summary below:

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13. Did the permittee have any planned or unplanned excess emissions during the reporting period?

Yes No . (Attach additional pages as needed)

Date	Time	Duration (Hours)	Description	Corrective Actions Taken

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