



**DEQ**

State of Oregon  
Department of  
Environmental  
Quality

Total Emissions by Regulated Pollutant

FORM F1101

1. Reporting year: _____	
2. Facility name: _____	4. Permit number: _____
3. _____ Mailing street address or PO Box _____ Mailing city, state and ZIP code	5. _____ Contact name and title _____ Phone number with area code
6. Emissions (in tons) by regulated air pollutant subject to fees for the reporting year:	
PM <sub>10</sub> *	_____
or PM	_____
or PM <sub>2.5</sub>	_____
or TSP	_____
SO <sub>2</sub>	_____
NO <sub>x</sub> (as NO <sub>2</sub> )	_____
VOC	_____
* Report only one particulate category. If permit has a PSEL for PM <sub>10</sub> , report emissions of PM <sub>10</sub> . If permit has a PSEL for particulate matter (PM) and not PM <sub>10</sub> , report emissions of PM. If permit has a PSEL for PM <sub>2.5</sub> and not PM <sub>10</sub> or PM, report emissions of PM <sub>2.5</sub> . If permit has a PSEL for total suspended particulate (TSP) and not PM <sub>10</sub> , PM or PM <sub>2.5</sub> , report emissions of TSP.	
7. Total emissions (in tons) of pollutants subject to fees for the reporting year: _____	
8. Statement of certification:	
I have reviewed this report and all supporting documentation in their entirety and to the best of my knowledge, information, and belief formed after reasonable inquiry, the statements and information contained herein are true, accurate and complete.	
_____ Name of designated responsible official	_____ Title of responsible official
_____ Signature of responsible official	_____ Date