

Annual Reporting Form: Other Sources with Emissions Limits

Form AQRB-008

1. Permit 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. List all 'Operational Limitations' from Condition 4.0 of your permit and the actual production or hours from calendar year reporting period (attach additional pages if required):

| Equipment ID or Process | Limit from Permit (include units) | Actual Production or Hours |
|-------------------------|--------------------------------------|-------------------------------|
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6. Are all records identified by permit Condition 6.0 retained onsite or otherwise readily available for expeditious review during an inspection? Yes No

7. Please list any air quality/nuisance complaints received within the last calendar year? How were the complaints addressed?

8. 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 |