

ANNUAL PARTICULATE EMISSION REPORT

FACILITY NAME _____

EMISSIONS FOR CALENDAR YEAR _____

PARTICULATE EMISSIONS

PERMIT NUMBER	PROCESS DESCRIPTION	ACTUAL OPERATING HOURS	EMISSION RATE (lb/hr)*	EMISSIONS (lbs)
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____
_____	_____	X	=	_____

List the emissions by process or as required in the permit reporting requirements. There may be more than one process per permit.

* Documentation for the emission rates is required or shall correspond with those provided in the application.

Return the completed form to:
 Mecklenburg County Air Quality
 2145 Suttle Avenue
 Charlotte, NC 28208-5237
 (704) 336-5430
 Fax (704) 336-4391