

## MAIN OFFICE

Voice: 530.274.9360 Fax: 530.274.7546 200 Litton Drive, Ste 320 Grass Valley, CA 95945

## NORTHERN FIELD OFFICE

Voice: 530.832.0102 Fax: 530.832.0101

P.O. Box 2227, 257 E. Sierra, Unit E

Portola, CA 96122

## **ANNUAL REPORT – Generic Process**

(enter year here) \_\_\_\_\_ Permit #: \_\_\_\_\_ **Company Name:** Facility Address: \_\_\_\_\_ Facility Contact Title: \_\_\_\_\_ Facility Contact: Phone Number: Email: Instructions: Specify either the material processed AND the process the unit controls emissions of. List the annual throughput/production for each quarter of the previous year and indicate the unit of measurement. **Production Report** Material processed: Controlling emissions from the following process: \_\_\_\_ **Throughput/Production** Unit: ☐ Cubic Yards ☐ Cubic ft/therms ☐ Barrels Quarter  $\square$  Gallons  $\square$  Tons  $\square$  Lbs.  $\square$  Hours ☐ Other Q1 (Jan-March) Q2 (April-June) Q3 (July-Sept) Q4 (Oct-Dec) **Annual Total** Any information presented must be true and correct to the best of your knowledge. California Health and Safety Code 42400.3.5 and 42402.4 establish separate criminal and civil penalties for any person who, knowingly and with intent to deceive, falsifies any document required to be kept pursuant to any rule, regulation, permit, or order from the Northern Sierra Air Quality Management District. By signing below, I certify that all information is true and accurate, and complete to the best of my knowledge and ability. Name: Signature: Date: