Part A

COMPANY NAME

FACILITY ID

ADDRESS

COUNTY ID

CITY

ZIP CODE

AIR BASIN

TELEPHONE

CONTACT PERSON

SIGNATURE

DATE

Failure to submit required information or knowingly supplying false information is punishable to the extent defined in Health and Safety Code Sections 44381(a) and 44381(b), which includes minimum fines of not less than five hundred dollars.

Part B

(1) Is any new or updated source testing required because previous source test data were determined to be invalid by the district or the Executive Officer of the ARB?
   Answer: Yes □ No □
   Specify:

(2) Have any new permits been issued or existing permits been modified since the last update year which allow the facility to change the nature or quantity of air emissions of any substances listed in Appendix A-I or A-II?
   Answer: Yes □ No □
   Specify:

(3) Have processes or equipment been added or modified at the facility since the last update year which change the nature or quantity of facility emissions of any listed substances?
   Answer: Yes □ No □
   Specify:

(4) Are there any substances listed in Appendix A-I or A-II that are now being emitted by the facility that were not reported during the last inventory period? (Consider changes due to new processes, fuel usage, fuel type, material usage at the facility, and new substances added to the list of substances.)
   Answer: Yes □ No □
   Specify:
(5) Has the distance to the nearest receptor (as defined by the district prioritization and risk assessment procedures) decreased since the previous update year?

   Answer: Yes ☐ No ☐ If Yes, provide the following:

   Previous Value _______ meters          Current Value _______ meters

(6) Using sound engineering judgment, estimate increases in overall facility activity since the last inventory year (consider cumulative changes in throughput, process rates, known emissions increases, or other activity indicators).

   Overall Activity Increase (check one)

   <10%  10–50%  51–100%  >100%

      ☐    ☐    ☐    ☐

(7) Has there been a net increase of 10% or more in the activity (e.g. throughput, fuel usage or type, process rates, feed rates, or emissions) of any facility device during the current update year in comparison to the last inventory period? [Facility operators may choose to identify devices that contribute to facility risk in accordance with CCR Section 93348(c).]

   Answer: Yes ☐ No ☐ If yes, update all required information via a biennial update plan and report.

   Specify: ____________________________________________

   ____________________________________________