

INVENTORY
YEAR
20

AIR TOXICS EMISSION DATA SYSTEM REVIEW AND UPDATE REPORT
SUMMARY FORM

FORM

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Part A

COMPANY NAME

[Grid for Company Name]

FACILITY ID

[Grid for Facility ID]

ADDRESS

[Grid for Address]

COUNTY ID

[Grid for County ID]

CITY

[Grid for City]

ZIP CODE

[Grid for ZIP Code]

AIR BASIN

[Grid for Air Basin]

TELEPHONE

[Grid for Telephone]

CONTACT PERSON

[Grid for 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: _____

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SUMMARY FORM

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Part B
(continued)

- (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:

