FORM 4:

TOXIC AIR POLLUTANTS

Calendar Year: _____

EMISSIONS CERTIFICATION REPORT

Facility Name: _____ **Facility ID**: _____ **Pollutant**: _____*

Equipment Description/ Registration Number[1]	Actual Emissions			Control Device**	% Efficiency
	Tons/yr	Lbs/day	Lbs/hr		
TOTALS					

[1]Emissions must be broken down by equipment registration number (ex. 9-0076, 9-0077)

* Please attach all calculations.

* See Attachment 1 for the minimum reporting values.

**Control Device
S = Scrubber
B = Baghouse
ESP = Electrostatic Precipitator
A = Afterburner
C = Condenser
AD = Adsorbtion
O = Other

1/09/08