

**ANNUAL REPORTING FORM FOR:
CREMATORY INCINERATORS**

AQGP-R12

1. Source Number: _____ 2. Reporting period: (calendar year): _____

3. Company information:

Legal Name:	Other company name (if different than legal name):
Mailing Address:	Site Address (if different than mailing address):
City, State, Zip Code:	City, County, Zip Code:

4. Site Contact Person:

Name:	Telephone number:
Title:	Fax Number:

5. Report one or all of the following for the calendar year:

Hours of operation _____
 Tons of material incinerated _____
 Batches of material incinerated _____

6. Report the amount of natural gas, propane, or butane burned during the calendar year (specify units – cubic feet, therms, gallons): _____

7. Records of all planned and unplanned excess emissions: (If necessary, attach a separate page or write the information on the back of this form.)

Date	Time	Duration (hours)	Description of excess emissions	Corrective action

8. List any air quality/nuisance complaints received within the last calendar year? How were the complaints addressed? (If necessary, attach a separate page or write the information on the back of this form.)

Date	Time	Complaint	Response

9. List permanent changes made in plant process, production levels, and pollution control equipment that affected air contaminant emissions: (If necessary, attach a separate page or write the information on the back of this form.)

10. List major maintenance performed on pollution control equipment: (If necessary, attach a separate page or write the information on the back of this form.)

11. Certifying Signature

Name of official (Printed or Typed):	Title of official and phone number:
Signature of official:	Date:

PLEASE SUBMIT THIS REPORTING FORM TO:

Please submit this form to the Permit Coordinator at the address shown below:

Lane Regional Air Protection Agency
1010 Main Street
Springfield, OR 97477
(541) 736-1056