1. Source Number:		-	2. Repo	orting per	riod: (caler	ndar year):	
3. Company information:								
Legal Name:		Othe	er Compar	ny Name (if different	than lega	l name):	
Mailing Address:		Site	Address (if different than mailing address):					
City, State, Zip Code:	de: City		7: County		County (red	quired)	Zip Co	de:
4. Site Contact Person:								
Name:			Telephone number:					
Title:			Email / Fax Number:					
5. Report the following for the calenda	ar year:		1					
Fuel					Annual	quantity		
Distillate #2 (1,000 gallons)								
Natural gas (million cubic feet)								
Propane (1,000 gallons)								
Butane (1,000 gallons)								
6. Using the data above, except for Gree 7.0 of the permit and report the total e emitted according to Condition 9.3, as	missior	s for each p		•			_	
	PM	PM10	PM2.5	SO ₂	NO _X	СО	VOC	GHG
Annual (tons/year)								
7. If required, have the semi-annual fuel Yes No N/A	reports	been submi	tted to LR	CAPA in a	ccordance	with Con	dition 3.9.f	??





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8	i. The date of the last maintenance service conducte	d in compliance with Permit Condition 5.1 for each boiler:				
	Boiler Identification	Date of last maintenance service				
8.	* *	ions: (Attach a separate page showing the date, time, and corrective action for each excess emissions event.)				
9.	List any air quality/nuisance complaints received within the last calendar year. How were the complaints addressed? (Attach a separate page showing the date, time, complaint, and response for each complaint) Total number of complaints received during the year:					
10.	List permanent changes made in plant process, production levels, and pollution control equipment that affected air contaminant emissions: (Attach a separate page for describing the changes.)					
11.	List major maintenance performed on pollution control equipment: (Attach a separate page to describe the maintenance.)					
13.		nally examined and am familiar with the information submitted this report is true, accurate and complete to the best of my				
Nar	ne of Responsible Official	Title of Responsible Official				
Sign	nature of Responsible Official	Date				
Subr	nit reporting form to the LRAPA Office.					
JUDII	• •	Protection Agency (LRAPA)				
	1010 Main Street Springfield, Oregon 97477					
		in, Oregon 9/4// ting@lrapa.org				
		1-736-1056				