

Reporting Year _____

Source name: _____											
Device name: _____						Permit Number: _____					
Max heat input rate: _____						Ozone season heat input rate: _____					
Ozone Season Operating Schedule (Jun 1 thru Aug 31):											
Hours/Day: _____				Days/Week: _____				Weeks/Season: _____			
Days/Season: _____											
Month	Fuel used						Emission Factor		SO2 (lbs)	NOx (lbs)	Ozone Daily NOx Emissions (lbs/day)
	Fuel type	Sulfur (wt%)	Quantity	Units	MMBTUs	Units:					
						SO2	NOx				
Jan.	Primary										
	Secondary										
Feb.	Primary										
	Secondary										
Mar.	Primary										
	Secondary										
Apr.	Primary										
	Secondary										
May	Primary										
	Secondary										
June	Primary										
	Secondary										
July	Primary										
	Secondary										
Aug.	Primary										
	Secondary										
Sep.	Primary										
	Secondary										
Oct.	Primary										
	Secondary										
Nov.	Primary										
	Secondary										
Dec.	Primary										
	Secondary										
Year (total)	Primary										
	Secondary										
Totals:											
						SO2 lb/mmbtu					

Comments: _____

Certification: These records are true and accurate to the best of my knowledge:

NOx EMISSIONS STATEMENT REPORTING FORM INV-N1

Signature

Date