



ANNUAL NOx EMISSIONS STATEMENT FORM INV-N1
 Air Resources Division/Compliance Bureau
 Env-A 900



Source Name:		Reporting Year:
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	NOx (lbs)	Ozone Daily NOx Emissions (lbs/day)
	Fuel Type	Sulfur (%)	Quantity	Units	MMBtu	Units: NOx			
Jan	Primary								
	Secondary								
Feb	Primary								
	Secondary								
Mar	Primary								
	Secondary								
Apr	Primary								
	Secondary								
May	Primary								
	Secondary								
Jun	Primary								
	Secondary								
Jul	Primary								
	Secondary								
Aug	Primary								
	Secondary								
Sep	Primary								
	Secondary								
Oct	Primary								
	Secondary								
Nov	Primary								
	Secondary								
Dec	Primary								
	Secondary								
Year End Totals		Primary							
		Secondary							

Comments:

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

Signature: _____ Date: _____

Newton Strickland, Inventory Section Supervisor
 Air Resources Division Compliance Bureau
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