

Reporting Year _____

Source name:			
Device name:		Permit Number:	
Control Equipment:		Pollutant Thruput Information:	
Type of control:			
ID number:		Total amount	
Model Number:		Month of use	Inlet NOx (lbs)
Manufacturer:			Outlet NOx (lbs)
Installation Date:		January	
Devices controlled:		February	
		March	
		April	
		May	
Efficiency		June	
		July	
Type of capture system:		August	
Capture system efficiency (%):		September	
Method of determination:		October	
Destruction removal efficiency (%):		November	
Date tested:		December	
If not tested, method of determining DRE:			
		Annual totals:	
Time on line and operating (%):			
Comments:			
Certification: These records are true and accurate to the best of my knowledge:			