NHDES-A-01-005

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

NOx EMISSIONS STATEMENT REPORTING FORM INV-N2:

Air Resources Division/Compliance Bureau

Env-A 900

Source Name:			Reporting Year:_____	
Device Name:	Permit Number:			
Control Equipment: Type of Control:		Pollutant Thruput Information:		
			Total amount	
ID Number:				
Model Number:		Month of Use	Inlet Nox (lbs)	Outlet Nox (lbs)
Manufacturer:		January		
Installation Date:		February		
Devices controlled:		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: Signature:	Title:	Date:		

Newton Strickland, Inventory Section Supervisor

Air Resources Division Compliance Bureau