Calendar Year 201_ Annual Emission Report

Facility Name: _____ ***Current Permit Number:*** _____

A facility-wide annual emissions (in tons) emanating from all emission sources listed in the facility current air quality permit shall be reported to Mecklenburg County Air Quality by April 30 for previous calendar year. This requirement is listed as the last permit condition. The report shall include all supporting documentation, including emission rate, product usage, operating hours, and all relevant information for emission calculations.

Annual Emission Summary Table

Emission Source (as identified in your current Air Quality Permit)		Pollutant Name	Actual Emitted (Ton/yr)
ID	Description		

The undersigned certifies that all information and statements provided on this annual emission report, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

_____ _____ _____

Signature of Responsible Company Representative | Printed Name | Date

Return the completed form to:
Mecklenburg County Air Quality
700 N. Tryon Street, Suite 205
Charlotte, NC 28202
(704) 336-5430
Fax (704) 336-4391

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