

Facility name: _____

Permit Number: _____

1.	Reporting year	
2.	Operating schedule:	
	a. Seasonal or year round	
	b. If seasonal, months of operation	
	c. Annual days of operation	
	d. Annual hours of operation	

3. Attach appropriate forms and explanations.

Statement of Certification:

Based on information and belief formed after reasonable inquiry, the statements and information in this document and any attachments are true, accurate and complete. I also certify that all statements made concerning compliance, which are based on monitoring required by the permit but not required to be submitted to LRAPA, are true, accurate and complete based on information and belief formed after reasonable inquiry.

Name of Responsible Official

Title of Responsible Official

Signature of Responsible Official

Date