

FORM F1106

1. Reporting year:				
2. Facility name:	3. Permit number:		4. Pollutant:	
5. Emissions by emission source			<u>II</u>	
a. Device or process ID				
b. Monthly Continuous Monitoring Syst	tem (CMS) emission	s (lbs):	11	Ш
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
c. Total CMS emissions for year (lbs)				
d. Total operating time (hours)				
e. Total CMS downtime (hours)				
f. Proportion of usable CMS data				
g. 90 th percentile (lb/hour)				
h. CMS downtime emissions (lbs)				
i. Total emissions (lbs)				
j. Total emissions (tons)				
			6. Form F110	6 pageof