1. Permit Number:				2. Reporting period: (calendar year):			
3. Compa	ny informat	ion:					
Legal Name:				Other company name):	name (if different than legal		
Mailing Address:				Site Address (if address):	different than mailing		
City, State, Zip Code:				City, County, Zi	p Code:		
4. Site Contact Person:							
Name:				Telephone number:			
Title:				Fax Number:			
Email:							
5. Total amount of coffee roasted during the calendar year (tons/yr)							
6. Maximum amount of coffee roasted during any 12-month period (tons/yr):							
7. Total amount of coffee beans "destoned" during the calendar year (tons/yr):							
8. Total amount of natural gas burned during the calendar year (specify gas volume combusted in terms of cubic feet, therms, or Btu, etc.)							
9. Records of all planned and unplanned excess emissions: (If necessary, attach a separate page or write the information on the back of this form.)							
_		Duration	Description	of excess			
Date	Time	(hours)	emissions		Corrective action		
i .			i		1		

10. List any air quality/nuisance complaints received within the last calendar year? How were the complaints addressed? (If necessary, attach a separate page or write the information on the back of this form.)

Date	Time	Complaint	Response

11. List permanent changes made in plant process, production levels, and pollution control equipment that affected air contaminant emissions: (If necessary, attach a separate page or write the information on the back of this form.)

12. List major maintenance performed on pollution control equipment: (If necessary, attach a separate page or write the information on the back of this form.)

13. Certifying Signature

Name of official (Printed or Typed):	Title of official and phone number:
Signature of official:	Date:

PLEASE SUBMIT THIS REPORTING FORM TO:

Please submit this form to the Permit Coordinator at the address shown below:

Lane Regional Air Protection Agency 1010 Main Street Springfield, OR 97477 (541) 736-1056 permitting@lrapa-or.gov