1. Source Number: _____ 2. Reporting period: (calendar year): _____

3. Company information:

Legal Name:	Other company name (if different than legal name):
Mailing Address:	Site Address (if different than mailing address):
City, State, Zip Code:	City, County, Zip Code:

4. Site Contact Person:

Name:	Telephone number:
Title:	Fax Number:

5. Total amount of perchloroethylene solvent consumed during the calendar year: _____ (gallons)

6. Attach copies of the recordkeeping logs required by condition 5.1 of the permit.

7. Is the facility in compliance with the requirements of the permit (yes/no)? _____

8. 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

9. Certifying Signature

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

SUBMISSION INSTRUCTIONS:

Email this completed form to the Environmental Coordinator at **permitting@lrapa-or.gov**

Call (541) 736-1056 with any questions.