**FORM F-1**

**File**

**Date Received by CAB**

**2014 ANNUAL FEE SUMMARY FOR COVERED SOURCES**

**(FOR AIR POLLUTANTS EMITTED DURING CALENDAR YEAR 2013)**

**1. FACILITY INFORMATION (***Fill in the blanks. Update the information as needed.***)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. Facility Name:** | **B. Location:** | | | **C. Island:** | |
| **D. Mailing Address:** | **E. City:** | **F. State:** | | | **G. Zip Code:** » |
| **H. Contact Person:** | **I. Title:** | | | **J. Telephone No.:** | |
| **K. Responsible Official:** | **L. Title:** | | | **M. Telephone No.:** | |
| **N. SIGNATURE of Responsible Official:**  Based on the information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete. | | | **Date:** | | |

**2. CALCULATED EMISSIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Reported Emissions from Form F-2 Supplement Sheets**  **(provide values to the nearest 1/10 of a ton)**  (Indicate Supplement A, B, etc. in the space provided below) | | **Air Pollutant Emissions (tons/yr)** | | | | | | | | | | | | |
| **Regulated Air Pollutants Including Hazardous Air Pollutants (Please specify)** | | | | | | | | | | | |  |
| **TSP** | **PM10** | **PM2.5** | **SO2** | **CO** | **NOx** | **VOC** | **Pb** | **HAPs** | **NH3** |  |  |  |
| **A.** | Supplement |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplement |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplement |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplement |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **B. Total Reported Emissions**  Sum of 2.A. (to the nearest 1/10 of a ton) | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C. Total Emissions Subject to Fees**  Enter values from row 2.B. (in WHOLE TONS, drop the fraction of a ton) | |  |  |  |  |  |  |  |  |  |  |  |  | **D. Sum of the values in this row:** |
| *Note: PM10, PM2.5 and Pb emissions are accounted for under TSP and should not be included on Line 2.C.* | | | | | | | | | | | | | | |

**3. 2014 ANNUAL FEE CALCULATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total Emissions Subject to Fees** | **Times** | **2013 $/ton** | **Times** | **Consumer Price Index Adjustment**  (1.69% increase from '11 to '12) | **Equal** | | **Total** | |
| See below for information on how to write the check or money order | | Clean Air Special Fund - COV | **(enter value from 2.D above)** | X | $51.92 | X | 1.0169 | = | | **A.** | **$\_\_\_\_\_\_\_\_\_\_\_** |
| Clean Air Special Fund - NON | **(enter value from 2.D above)** | X | $12.65 | X | 1.0169 | = | | **B.** | **$\_\_\_\_\_\_\_\_\_\_\_** |
| The rates are established in accordance with HAR, §11-60.1-114, and are adjusted annually: **2014** $/ton charge for Clean Air Special Fund-COV = $51.92 x 1.0169 = $52.80/ton  **2014** $/ton charge for Clean Air Special Fund-NON = $12.65 x 1.0169 = $12.86/ton | | | | | | | | | **Total** | **C.** | **$\_\_\_\_\_\_\_\_\_\_\_** |

*Write the CSP number on each check or money order.*

**If Line 3.C is less than the minimum annual fee, submit the minimum annual fee** with a check or money order made payable to the "Clean Air Special Fund-COV." **The minimum annual fee is defined as $500.00, or $42.00 per month for any fraction of a calendar year that the covered source was in operation or the CSP was valid.**

**If Line 3.C. is greater than $500**, **pay the fee with two separate checks or money orders** made payable to: "Clean Air Special Fund-COV" (written in the amount of Line 3.A); **and**

"Clean Air Special Fund-NON" (written in the amount of Line 3.B)

**FORM F-2**

**File:**

**Date Received by CAB**:

**SUPPLEMENT**

(Identify as SUPPLEMENT A, B, etc. in space above)

**2014 ANNUAL FEE SHEET FOR COVERED SOURCES**

**(FOR AIR POLLUTANTS EMITTED DURING CALENDAR YEAR 2013)**

**1. FACILITY INFORMATION (Fill in the blanks.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **A. Facility Name:**  I | **B. Location:** | | **C. Island:** |
| **D. Responsible Official:** | **E. Title:** | | **F. Telephone No.:** |
| **G. Signature:**  Based on the information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete. | | **Date:** | |

**2. CALCULATED EMISSIONS (Emissions shall be calculated in accordance with HAR, § 11-60.1-115)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equipment:**  **Stack Number or Unit Number** | **Air Pollutant Emissions (tons/yr)**  **Provide emissions to the nearest 1/10 of a ton** | | | | | | | | | | | |
| **Regulated Air Pollutants Including Hazardous Air Pollutants (Please specify)** | | | | | | | | | | | |
| **TSP** | **PM10** | **PM2.5** | **SO2** | **CO** | **NOx** | **VOC** | **Pb** | **HAPs** | **NH3** |  |  |
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| **Sum of Total Reported Emissions**  (Transfer the values in this row to Form F-1, Section 2.A) |  |  |  |  |  |  |  |  |  |  |  |  |