## **Annual Fee Instructions for Covered Sources**

The following must be submitted to the Clean Air Branch (CAB) <u>120 days</u> after the end of the calendar year:

1. Actual emissions in tons per year for all regulated air pollutants calculated in accordance with Hawaii Administrative Rules (HAR) § 11-60.1-115 as amended on June 30, 2014.

Note: <u>Annual Emission Reports, Semi-annual Monitoring Reports (for the 2<sup>nd</sup> reporting period)</u>, and <u>Annual Emission/Monitoring Reports are due within sixty (60) days after the end of each calendar year (e.g., March 1, 2016)</u>. These reports shall be submitted to CAB in accordance with the conditions of your CSP.

- 2. The method, assumptions, emission factors, and calculations, etc., used to determine the actual tons per year emitted of each air pollutant.
- 3. The following enclosed forms used to determine your annual fees (see note A):

<u>F-1CP</u>, Criteria Pollutant Annual Fee Summary for Covered Sources; Fill in the actual tons emitted for each of the listed pollutants.

# F-1GHG, Greenhouse Gas Annual Fee Summary for Covered Sources;

This form covers six greenhouse gases (GHG): carbon dioxide ( $CO_2$ ), nitrous oxide ( $N_2O$ ), methane ( $CH_4$ ), hydroflurocarbons (HFCs), perflurocarbons (PFCs), and sulfur hexafluoride ( $SF_6$ ). For each of the GHG pollutants, calculate the carbon dioxide equivalent ( $CO_2e$ ) using the applicable global warming potential (GWP) found in 40 Code of Federal Regulations (CFR), Part 98, Table A-1 (see note B).

#### F-2CP, Supplement to Form F-1CP.

## F-2GHG, Supplement to Form F-1GHG.

Identify each F-2 form as "Supplement A", "Supplement B", etc. at the top of each sheet, then transfer the page total to F-1CP or F-1GHG. If additional space is needed to itemize all emission units, make additional copies of the F-2 forms.

### F-3CP/GHG, Calculation Sheet for Covered Source Permit Fees.

Transfer the emissions totals from forms F-1CP and F-1GHG to the appropriate lines on F-3CP/GHG. Calculate the total fees owed according to Part 4 below (see note C).

#### Notes:

- A). Copies of the aforementioned forms can be downloaded at: http://health.hawaii.gov/cab/.
- B) There are multiple pollutants and GWPs specified in 40 CFR, Part 98, Table A-1 for HFCs and PFCs.

4. Payment of the Annual Fee as calculated using the enclosed Annual Fee forms:

Calculate your projected fee in line **C** of the **F-3CP/GHG** Form.

- a. If line **C** is <u>less than \$500 and you had your CSP for the **full** calendar year, pay the minimum annual fee of \$500.</u>
- b. If line **C** is <u>less than \$500 and you had your CSP for **only part of** the calendar year, pay \$42.00 per month for every month that the CSP was valid.</u>

Make a check or money order payable to the "Clean Air Special Fund - COV."

- c. If line **C** is <u>greater than \$500.00</u>, submit two separate payments as follows (payment with a single check will not be accepted):
  - i. Make a check or money order payable to the "Clean Air Special Fund COV" for the amount in *line A of the F-3CP/GHG Form*; and
  - ii. Make a check or money order payable to the "Clean Air Special Fund NON" for the amount in *line B of the F-3CP/GHG Form*.

Write the CSP number on each check or money order.

Note: Annual fees are not assessed for carbon monoxide emissions, fugitive emissions if fugitive emissions are not included in the applicable requirements or AP-42, and emissions from insignificant activities listed in the HAR § 11-60.1-82(f) and (g).

Facilities that submit GHG emissions inventory reports to the Environmental Protection Agency through the electronic GHG reporting tool (e-GGRT) shall also email an electronic copy of the GHG summary reports to: CABemissions@doh.hawaii.gov.

**Request for extension:** If you need more time to submit the Annual Fees, please send your written request for an extension at least fifteen (15) days prior to the required submission date in accordance with Hawaii Administrative Rules, Subsection 11-60.1-114(b).

If you are not subject to the annual fee requirements due to facility shutdown in a prior year: Return the enclosed forms along with a letter requesting the closure of your covered source permit, the reason for the permit closure, and the closure date.

Delinquent or non-payment of fees may be subject to a late penalty fee, termination or suspension of permit(s), or enforcement action by the Department of Health.

Please fill out the forms completely, make copies of the documents for your records, and mail the original signed forms with associated documents to:

Clean Air Branch Hawaii Department of Health 919 Ala Moana Boulevard, Room 203 Honolulu, Hawaii 96814