FORM F-2CP
SUPPLEMENT _____
(Identify as SUPPLEMENT A, B, etc. in space above)

Date Received by CAB: _____

2020 CRITERIA POLLUTANT ANNUAL FEE SHEET FOR COVERED SOURCES
(For Air Pollutants Emitted During Calendar Year 2019)

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	PM_{10}	$PM_{2.5}$	SO_2	CO	NO_x	VOC	Pb	HAPs	NH_3		
Sum of Total Reported Emissions (Transfer the values in this row to Form F-1CP, section A)												