

Reporting Year _____

Source name: _____

Device name: _____

Permit Number: _____

Ozone Season Operating schedule:

Hours/Day: _____

Days/Week: _____

Weeks/Season: _____

Days/Season: _____

VOC bearing material _____

ID number: _____

Monthly Use AS RECEIVED	Quantity used (gallons)	Density (lbs/gal)	Total volatiles content (wt%)	Water Content (wt%)	Exempt volatiles content (wt%)	Total volatiles less water and exempt (wt%)	Non-Exempt VOC		Ozone Daily VOC Emissions (lbs/day)
							(lbs)	(tons)	
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Totals:									

Comments: _____

Certification: These records are true and accurate to the best of my knowledge:

VOC EMISSIONS STATEMENT REPORTING FORM INV-V1

Signature

Title

Date