

State of Oregon
Department of
Environmental
Quality

| 1. Reporting year:      |                     |                         |                       |   |                             |   |
|-------------------------|---------------------|-------------------------|-----------------------|---|-----------------------------|---|
| 2. Facility name:       |                     |                         |                       | 3. Permit number:                                 |                             |   |
| 4. Emissions of s       | ulfur dioxide by em | ission source and       | d fuel type           | <u>'I</u>   |                             |   |
| a. Device or process ID | b. Fuel type        | Quantity of fuel burned |                       | e. Sulfur<br>content of<br>fuel (wt.<br>fraction) | f. Sulfur content<br>method | g. Total SO <sub>2</sub> emissions (tons) |
|                         |                     | c. Common units         | d. Tons               |   |                             |   |
|                         |                     |                         |                       |   |                             |   |
|                         |                     |                         |                       |   |                             |   |
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|                         |                     |                         |                       |   |                             |   |
|                         |                     |                         |                       |   |                             |   |
|                         |                     |                         |                       |   |                             |   |
|                         |                     | h. Total                | SO <sub>2</sub> emiss | ions from fue                                     | el burning (tons):          |   |
|                         |                     |                         |                       |   | 5. Form F1105               | page of                                   |