

NMOC EMISSION RATE REPORT DATE: _____		State of Utah Department of Environmental Quality Division of Air Quality PO. Box 144820 Salt Lake City, UT 84114-4820 Telephone: (801) 536-4000
___ Initial ___ Amended		
1. Landfill Name _____		
2. Landfill Owner/Operator Name: _____		Contact Name: _____
Street: _____		Title: _____
City, State, Zip: _____		Telephone: _____
		Fax: _____
3. <input type="checkbox"/> Please check if mailing address for this landfill is the same as the mailing address given above. If different mailing address for this landfill, please complete the following:		
Site Address: _____	Name: _____	
	Street: _____	
	City, State: _____	Zip: _____
4. <u>Location information:</u>	County: _____	5. Year landfill began accepting waste _____
Latitude: _____	UTM East: _____	
Longitude: _____	UTM North: _____	Year landfill closed _____
6. Total amount of refuse in place as of December 31, 199_	<input type="checkbox"/> Mg <input type="checkbox"/> Tons <input type="checkbox"/> yd ³ <input type="checkbox"/> m ³	7. Type of collection system (i.e., active vertical) _____

Approximate amount of refuse received each year _____		

8. Control device (i.e., flare, IC engine) _____		
Control Code _____		
9. Values Used in Calculation if other than 40 CFR Part 60 Subpart WWW defaults k _____ Lo _____	10. Total NMOC emission from January 1, 199_ to December 31, 199_ _____ <input type="checkbox"/> tone/year <input type="checkbox"/> Mg/year (Use of 40 CFR Part 60 Subpart WWW defaults required for initial reports. Tier II and III testing can be used for amended reports if DAQ approved)	
NMOC Concentration _____ (Submit test results with form)	ATTACH CALCULATIONS OR MODEL RUN	
11. Name (type or print) _____	Title: _____	
Signature: _____	Date: _____	