Permit Services Division

Bay Area Air Quality Management District 939 Ellis Street, San Francisco, CA 94109 • (415) 749-4990

Major Facility Review Applicable Requirements & Compliance Summary

FACILITY NAME:		FACILITY #:
Source #(s):	Source Name(s)	
	APPLICABLE REQUIREMENTS	
	pment with any applicable requirements. Include any work practice standards or throughput lim that the applicable requirement(s) will be effective. If more lines are required, please use addi	

allotted, attach documentation and reference it on this form. Use the "FE" column to state whether the requirement is federally enforceable. Type or print legibly.

APPLICABLE REGULATIONS	FE	TEST METHODS (if any)	MONITORING PROTOCOL	REPORTING PROTOCOL	RECORDKEEPING PROTOCOL	COMPLIANCE (Y, N)	FUTURE EFFECTIVE DATE

Date	Attach any documentation to this
Date	Attach any documentation to this