

Company _____

Submitted for
Calendar Year: _____

**State of Utah
Emission Inventory**

Department of Environmental Quality
Division of Air Quality

Site: **Portable Equipment at Temporary Locations ****

** County of operation: _____

Form F5: Operating Time Information*

Plant or Operation: _____

Time Required For Process _____

For specific process list:

DAQ ID	Pt. Source ID	Reported on Form #	Description of the Process	Hrs/Day	Days/Wk	Wks/Yr	Hrs/Yr	Days/Yr	Process Start Time	Process Finish Time

Percentage of Annual Hours of Operation by Month

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

*If The same operating time information applies to all processes, Point Source IDs are not required. If individual point sources have different operating time information, list that information for each process and provide the DAQ ID and the Pt. Source ID and the Form Number where that process was reported.