

# GEORGIA AIR EMISSIONS FEE AMENDMENT

Complete and  
Return to: Air Quality Fees  
Post Office Box 101713  
Atlanta, Georgia 30392

USE ORIGINAL FORMS ONLY - DO NOT PHOTOCOPY

Facility Information and Mailing Address

1. AIRS #

2. FEI #

3. Contact Person

4. Title

5. Company Mailing Address Name

6. Street or P.O. Box

7. City

8. State

9. Zip Code

10. Facility Name

11. Facility Location (Street)

12. Facility Location (City)

13. Area Code & Phone Number

☐ Check here if this information is different than previously submitted

14. The form which was dated  a. Date for calendar year  b. Year fees should be amended as follows:

In the Section Below, Enter the Information from the Previously Submitted form and the Corrected Information

## POLLUTANT

## CALCULATED ANNUAL EMISSIONS IN TONS

## ANNUAL FEE

VOLATILE ORGANIC COMPOUNDS (VOC)

NITROGEN OXIDES (NOx)

PARTICULATE MATTER (PM)

SULFUR DIOXIDE (SO2)

Previous

Corrected

15. Previous VOC
16. Previous NOx
17. Previous PM
18. Previous SO2

19. Corrected VOC
20. Corrected NOx
21. Corrected PM
22. Corrected SO2

Previous

Corrected

23. Previous VOC Fee
\$
24. Previous NOx Fee
\$
25. Previous PM Fee
\$
26. Previous SO2 Fee
\$

30. Corrected VOC Fee
\$
31. Corrected NOx Fee
\$
32. Corrected PM Fee
\$
33. Corrected SO2 Fee
\$

Add boxes 23 through 26 and enter total in box 27.  
Add boxes 30 through 33 and enter total in box 34.

Minimum Fee

Enter Greater of box 27 and 28 in box 29.  
Enter Greater of box 34 and 35 in box 36.

27. Previous Calculated Fee
\$
28. Previous Minimum Fee
\$
29. Previous Total Fee
\$

34. Corrected Calculated Fee
\$
35. Corrected Minimum Fee
\$
36. Corrected Total Fee
\$

Information to be Amended

Check the Appropriate Box Below and Enter the Amount of any Additional Fees Owed or Refund Due.

37. The amount in box 29 is greater than box 36. ☐ Enter amount of Refund due to You. A refund will be issued upon approval of this amendment.

38. Refund Amount  
\$

39. The amount in box 29 is less than box 36. ☐ A payment for the difference is due. Enter the amount owed and submit check with this form.

40. Amount Due  
\$

Make check payable to: Georgia Department of Natural

Payment/Refund

The undersigned certifies that the permit fees have been calculated in accordance with Georgia Air Quality Control Rule 391-3-1-.03(9) and the Divisions "Procedures for Calculating Air Permit Fees" and that this form is complete and correct to the best of his knowledge.

41. Name of Owner or Authorized Official

42. Title

43. Signature

44. Date

Signature