



**DEPARTMENT OF PUBLIC HEALTH
POLLUTION PREVENTION UNIT
333 SOUTH STATE STREET, ROOM 200
CHICAGO, IL 60604**

CITY OF CHICAGO

QUARTERLY LEAD EMISSION REPORTING FORM LR

(Per Chicago Municipal Code § 11-4-715(c))

REPORTING PERIOD: 1ST Qtr 2nd Qtr 3rd Qtr 4th Qtr
Year: _____

This report contains information for: Entire facility Part of facility

Date submitted to Chicago Department of Public Health: _____

FACILITY INFORMATION

FACILITY NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE NUMBER: _____

WARD: _____

PRIMARY INDUSTRIAL CLASSIFICATION(SIC)
CATEGORY _____

PRIMARY SIC NO. _____

NAIC CODE: _____

IS FACILITY PERMITTED BY IEPA OR USEPA? YES NO

IF YES, IEPA OR USEPA PERMIT NUMBER: _____

DOES PERMIT SPECIFY LEAD EMISSION LIMIT? YES NO

IF YES, WHAT IS THE LIMIT? _____ Lbs/yr

ENVIRONMENTAL CONTACT NAME: _____

Email Address: _____

Contact Phone No.: _____

OWNER OR OPERATOR INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

Zip: _____

Email Address: _____

Phone No: _____

EMISSION HISTORY

Is facility subject to the toxic release inventory (T.R.I.) reporting requirements as codified in 40 C.F.R Part 372? Yes No

If yes, did the facility file Form R in the last five years? Yes No NA

What were the total amount of lead emissions reported in each of the last 5 years
_____ lb/yr (20_____) _____ lb/yr (20_____) _____ lb/yr(20_____)
_____ lb/yr (20_____) _____ lb/yr (20_____)

Amount of emission this reporting quarter:

LBs

Maximum amount of lead onsite at any time during the calendar year: _____ lbs

Quantity of lead entering the environmental medium:

_____ Lb (Fugitive emissions) _____ Lbs (Stack emissions)

Brief explanation of how emission was measured, calculated or estimated:

Briefly describe the activities and uses of Lead at the facility:

CERTIFICATION

I hereby certify that, to the best of my knowledge, the information provided is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report

Name:

Signature:

Title:

Date Signed: