

STATEMENT OF DETERMINATION

Facility Name		
Physical Address (Street only)		
City	County	LEPC District

I have determined that this facility is / is not subject to the following section(s) of EPCRA, Title III, for the reporting year(s) indicated (circle all applicable):

SECTION	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
302 / 303	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
311 / 312	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
313	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

If "No" was indicated on any of the above, please check appropriate box(s) why:

Sections 302/303	Extremely Hazardous Substances (EHSs) are / were present only in amounts less than established Threshold Planning Quantities (TPQs).		
	No EHSs are Present.		
	No EHSs were present on-site during the year.		
Sections 311/ 312	Hazardous chemicals/EHSs are/were present only in amounts below established reporting thresholds.		
	No hazardous chemicals/EHSs are/were present.		
	No hazardous chemicals were present on-site during the year.		
Section 313	Not within covered SIC Codes.		
	Within covered SIC Codes, but less than ten (10) employees.		
	Within covered SIC Codes, but no Section 313 chemicals were present or were below Section 313 reporting thresholds.		
Other	Closed facility YES / NO	Chemicals removed YES / NO	Chemicals reduced below threshold/TPQ YES / NO
	Date Effective: New Facility. Date chemicals brought on site meeting / exceeding TPQ:		

Further explanation if necessary:

CERTIFICATION:

I understand the requirements of the law(s) circled above. I also understand that ultimate compliance responsibility lies with me and failure to comply, if required, can result in civil and criminal penalties under federal and state laws.

Name of owner / operator's authorized representative (printed):

Official Title (printed):

Signature:

Date signed: