Facility Name: **Munters Corporation**
Facility Address: 108 6th Street SE
Fort Myers, FL

Permit No.: **0710007-011-AV**
Reporting Dates:
Emission Unit: **EU012**
Deviations from Emission Limitations? ☐ Yes ☐ No

TOTAL HAP SUMMARY

[Monthly and Consecutive 12 month running avg (TPY)]

	Methanol	12 month avg. *	Formaldehyde	12 month avg. *	Phenol	12 month avg. *	VOC	12 month avg. *	NOx	12 month avg. *
Jan-07										
Feb-07										
Mar-07										
Apr-07										
May-07										
Jun-07										
Jul-07										
Aug-07										
Sep-07										
Oct-07										
Nov-07										
Dec-07										
TOTALS										

* - reporting of 12 month average effective January 2008.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE

Facility Name: **Munters Corportation**
Facility Address: 108 6th Street SE
Fort Myers, FL

Permit No.: **0710007-011-AV**
Reporting Dates:
Emission Unit: **EU019**
Deviations from Emission Limitations? Yes

TOTAL HAPS SUMMARY

[Monthly and Consecutive 12 month running avg (TPY)]

	Methyl Methacrylate	12 month avg. *	Acetaldehyde	12 month avg. *	Formaldehyde	12 month avg. *	VOC	12 month avg. *	Vinyl Acetate	12 month avg. *	NOx	12 month avg. *
Jan-07												
Feb-07												
Mar-07												
Apr-07												
May-07												
Jun-07												
Jul-07												
Aug-07												
Sep-07												
Oct-07												
Nov-07												
Dec-07												
TOTALS												

* - reporting of 12 month average effective January 2008.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information I believe the submitted information is true, acccurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

No

DATE

Facility Name: **Munters Corportation**
Facility Address: 108 6th Street SE
Fort Myers, FL

Permit No.: **0710007-011-AV**
Reporting Dates:
Emission Unit: **EU020**
Deviations from Emission Limitations? ☐ Yes ☐ No

TOTAL HAP SUMMARY

[Monthly and Consecutive 12 month running avg (TPY)]

	Methanol	12 month avg. *	VOC	12 month avg. *	Methyl Methacrylate	12 month avg. *
Jan-07						
Feb-07						
Mar-07						
Apr-07						
May-07						
Jun-07						
Jul-07						
Aug-07						
Sep-07						
Oct-07						
Nov-07						
Dec-07						
TOTALS						

* - reporting of 12 month average effective January 2008.

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE