

**General Permit (GP-021B)**  
**for**  
**Outdoor Fumigation Containerized Commodities**  
**Annual Report**

Date of Submittal:

Facility Name:

Facility Street Address:

Facility Air Program Interest (PI) Number: 

Activity Number (e.g., GEN230001):

# Sulfuryl Fluoride Emissions Report

- Please complete questions one and two.  

1. Total number of annual fumigations conducted:

2. Total pounds of annual sulfuryl fluoride emitted:
- Please complete Table 1A for any operations in the last year, where additional fumigant was introduced, or more fumigant than originally calculated for the chamber size. Please add rows as needed.

### Table 1A: Additional Fumigant Introduced

[illegible]

- Please complete Table 1B for any operations in the last year, where 1PPM is exceeded at the expected time of aeration conclusion.  
Please add rows as needed.

**Table 1B: One Part Per Million (PPM) Exceedances**

| Date (mm/dd/yyyy) | Sulfuryl Fluoride Concentration (PPM) | Additional Mechanical Aeration Time (minutes) |
|-------------------|---------------------------------------|-----------------------------------------------|
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## Methyl Bromide Emissions Report

- Please complete questions one and two.
  - Total number of annual fumigations conducted:
  - Total pounds of annual methyl bromide emitted:
- Please complete Table 2A for any operations in the last year, where additional fumigant was introduced, or more fumigant than originally calculated for the chamber size.  
Please add rows as needed.

**Table 2A: Additional Fumigant Introduced**

| Date (mm/dd/yyyy) | Originally Calculated Dosage of Fumigant (lb) | Additional Fumigant Introduced to Chamber (lb) |
|-------------------|-----------------------------------------------|------------------------------------------------|
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- Please complete Table 2B for any operations in the last year, where 5PPM is exceeded at the expected time of aeration conclusion.  
Please add rows as needed.

**Table 2B: Five Part Per Million (PPM) Exceedances**

| Date (mm/dd/yyyy) | Methyl Bromide Concentration (PPM) | Additional Mechanical Aeration Time (minutes) |
|-------------------|------------------------------------|-----------------------------------------------|
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## Phosphine Emissions Report

- Please complete questions one and two.
  - Total number of annual fumigations conducted:
  - Total pounds of annual phosphine emitted:
- Please complete Table 3A for any operations in the last year, where additional fumigant was introduced, or more fumigant than originally calculated for the chamber size.  
Please add rows as needed.

**Table 3A: Additional Fumigant Introduced**

| Date (mm/dd/yyyy) | Originally Calculated Dosage of Fumigant (lb) | Additional Fumigant Introduced to Chamber (lb) |
|-------------------|-----------------------------------------------|------------------------------------------------|
|                   |                                               |                                                |
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**GP-021B, Outdoor Fumigation Containerized Commodities**  
**02/27/2024**

- Please complete Table 3B for any operations in the last year, where 0.3 PPM is exceeded at the expected time of aeration conclusion.  
Please add rows as needed.

**Table 3B: 0.3 Part Per Million (PPM) Exceedances**

| Date (mm/dd/yyyy) | Phosphine Concentration (PPM) | Additional Mechanical Aeration Time (minutes) |
|-------------------|-------------------------------|-----------------------------------------------|
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**Certifications**

Responsible Official:

"I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this document and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

Name:\_\_\_\_\_ Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Individuals with Direct Knowledge:

"I certify, under penalty of law, that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

Name:\_\_\_\_\_ Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Name:\_\_\_\_\_ Signature:\_\_\_\_\_ Date:\_\_\_\_\_

**Instructions**

- The Annual Fumigation Report shall be submitted by March 1 of each year for the preceding calendar year.
- The Annual Fumigation Report shall be certified pursuant to N.J.A.C. 7:27-1.39 by the responsible official and email completed form with appropriate signature(s) as an attachment to [pcpnotices@dep.nj.gov](mailto:pcpnotices@dep.nj.gov)
- The subject of the email shall say: "Annual Report for GP-021B Outdoor Fumigation Containerized Commodities"