



**EE-02: CLEAN ENERGY CREDIT PROGRAM –
NOTIFICATION OF ACTUAL RESULTS**
State Form 52720 (7-06)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM – Office of Air Quality – Compliance Branch
100 N. Senate Avenue, Indianapolis, IN 46204-2251

Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 233-6865
<http://www.in.gov/idem/energycredit/>

NOTES:

- The purpose of this form is to obtain detailed information about actual electricity and other energy savings or electricity generation that occurred during the ozone season. In addition to the application forms, please submit any information that would aid IDEM in verifying the electricity generation or energy and emission savings projected, such as copies of manufacturers' specifications, past utility bills, emission rate reports, modeling data, etc. This is required form.
- Detailed **instructions** for this form are available online at <http://www.in.gov/idem/energycredit/>.

PART A: General Information

Project code:			
Project sponsor name:			
NOx account number:			
Authorized account representative:			
Contact person:		Telephone number:	
Fax number:		Email address (optional):	

PART B: Project Site Information

Project site name:			
Project site address:			City:
Contact person:		Telephone number:	
Fax number:		Email address (optional):	
Project Implementation Date:			
Project site name:			
Project site address:			City:
Contact person:		Telephone number:	
Fax number:		Email address (optional):	
Project Implementation Date:			
Project site name:			
Project site address:			City:
Contact person:		Telephone number:	
Fax number:		Email address (optional):	
Project Implementation Date:			

If additional space is needed, duplicate this page as necessary and attach.

PART C: Measurement and Verification Methodology

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PART D: End use energy efficiency projects - electricity

Type of Electricity End Use Project	Energy Efficiency Measure and Quantity of Equipment	kW Savings per Energy Efficiency Measure	Hours of Operation	Total kWh Savings

PART E: End use energy efficiency projects - other energy

Product Produced	Energy Consumed per Unit of Product Produced Prior to Implementation	Energy Consumed per Unit of Production After Implementation	Units of Product Produced After Implementation	Pre-project NOx emission rate	Post-project NOx emission rate	Post-project NOx Emission Reduction

PART F: Zero-emission renewable energy and methane gas electricity generation			
Type of Project	Rated Generation Capacity	Percent of Generation Capacity Realized	Total kWh Generated

PART G: Highly efficient electricity generation - end user					
Type of Electricity Generation	Quantity of Equipment	Generation Capacity	NOx Emission Rate	Hours of Operation	Electricity Produced

PART H: Highly efficient combined heat and power - end user					
Type of Combined Heat and Power System	Fuel Consumed per Hour of Normal Operation	Electricity Generated per Hour of Normal Operation	Heat Effectively Used per Hour of Normal Operation	NOx Emission Rate per Hour of Normal Operation	Hours of Operation

PART I: Highly efficient electricity generation/efficiency improvements - utilities			
NOx Emission Rate Before Improvement or Replacement	NOx Emission Rate After Improvement or Replacement	Number of Megawatt Hours of Operation	NOx Savings After Improvement or Replacement

PART J: Number of Allowances			
Amount of NO _x allowances claimed:		Ozone season year:	
Project sponsor (printed name):			
Project sponsor (signature):			
Date:			

PART K: Certification
Authorized account representative
I am authorized to make this submission on behalf of the owners and operators of the NO _x budget sources or NO _x budget units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.
Signature:
Printed Name:
Date:

Submit this form to the following address:

Indiana Department of Environmental Management
 Office of Air Quality, Compliance Branch
 100 North Senate Avenue
 MC 61-53, IGCN 1003
 Indianapolis, Indiana 46204-2251