

California Air Resources Board Combined Heat and Power (CHP) Systems Survey

UTILITY INFORMATION FORM

General Information

Utility Name:	
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Contact Name:	
Contact Title:	
Contact Telephone:	
Contact Mailing Address:	
Contact E-mail:	

Certification

The information provided in the survey is true and correct to the best of my knowledge and ability.

Printed Name

Job Title

Signature

Date Signed

Please return the completed survey by September 30, 2011, to one of the addresses below:

E-mail: rlopez@arb.ca.gov
Fax: (916) 445-5023
Mail: ATTN: Rosa Lopez
SSD/Energy Section
California Air Resources Board
P.O. Box 2815
Sacramento, CA 95812

PLEASE KEEP A COPY OF THE COMPLETED SURVEY FOR YOUR RECORDS

California Air Resources Board

Combined Heat and Power (CHP) Systems Survey

CHP SYSTEM INFORMATION FORM

Utility Name:	
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CHP Facility Name:	
System ID:	
CHP Location Address:	
CHP Contact Person and Job Title:	
CHP Contact Phone Number:	
CHP Contact E-mail Address:	

CHP System Fuel Type(s) and Percentage(s):	
CHP System Generator Type:	
CHP System Capacity (MW):	

Date Interconnected and Disconnected - (MM/DD/YYYY):	I:	D:
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AB 1613 Interconnection? Circle one: Yes or No
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Disconnection explanation:

**California Air Resources Board
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CHP SYSTEM INFORMATION FORM (Continued)

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Electricity produced (MWh)											
Electricity put onto grid (MWh)											
Hours curtailed by utility (hours/year)											
Fuel usage (MMBtu/year)											
Waste heat used (MMBtu/year)											