

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA REPORT

OPR Staff Use Only	Date Report Received:	OPR Tracking Number:	Date Report Reviewed:	OPR Staff Use Only
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PART I. ENTITY SUBMITTING REPORT

Is this report being submitted by the Offset Project Operator (OPO) or by the Authorized Project Designee (APD)?	<input checked="" type="checkbox"/> OPO <input type="checkbox"/> APD
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Note: The person completing this report should be an OPO/APD employee.

Report Version Number: 5	Date Report Completed: 05/02/2019	Date Report Submitted: 05/02/2019
Person Completing Report: Sandra Hoffman	Phone Number: 419-867-8990	Email Address: sandy.hoffman@agas.com

PART II. OFFSET PROJECT INFORMATION

Offset Project Name: A-Gas 2019-3	OPR Project ID#: ACR443	ARB Project ID# (if known): CAOD5443
Reporting Period Start Date: 11/27/2018	Reporting Period End Date: 01/21/2019	Offset Project Commencement Date: 11/27/2018
Protocol Version for Project Listing: <input type="checkbox"/> October 20, 2011 <input checked="" type="checkbox"/> November 14, 2014		Protocol Version for Project Reporting: <input type="checkbox"/> October 20, 2011 <input checked="" type="checkbox"/> November 14, 2014

PART III. OPO/APD INFORMATION

Part III.A OPO

OPO Name: Reclamation Technologies, Inc. dba A-Gas		OPO's CITSS ID#: CA 1497	
Mailing Address: 1100 Haskins Road	City: Bowling Green	State: OH	Zip: 43402
Street Address (if different):	City:	State:	Zip:
Contact Person: Sandra Hoffman	Phone Number: 419-867-8990	Email Address: sandy.hoffman@agas.com	

Part III.B APD (if applicable) ☒ No APD/Not Applicable

APD Name:		APD's CITSS ID#: CA _ _ _ _	
Mailing Address:	City:	State:	Zip:
Street Address (if different):	City:	State:	Zip:
Contact Person:	Phone Number:	Email Address:	

PART IV. REPORTED GHG EMISSIONS AND REDUCTIONS

Project Baseline Emissions (MTCO2e): 122,688	Project Emissions (MTCO2e): 7,817	Total GHG Reductions (MTCO2e): 114,871
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PART V. DESTRUCTION INFORMATION

Destruction Facility Name:

Reclamation Technologies, Inc., dba A-Gas

Street Address:

1100 Haskins Road

City:

Bowling Green

State:

OH

Zip:

43402

Destruction
Event #1

Start Date:

11/27/2018

End Date:

11/30/2018

Destruction
Event #2

Start Date:

12/03/2018

End Date:

12/10/2018

Destruction
Event #3

Start Date:

12/11/2018

End Date:

12/16/2018

Destruction
Event #4

Start Date:

12/12/2018

End Date:

12/18/2018

Destruction
Event #5

Start Date:

01/08/2019

End Date:

01/13/2019

Destruction
Event #6

Start Date:

01/09/2019

End Date:

01/13/2019

Destruction
Event #7

Start Date:

01/17/2019

End Date:

01/21/2019

PART VI. ODS DESTROYED


Event	Mass ODS (lb)	CFC-11 (mass%)	CFC-12 (mass%)	CFC-13 (mass%)	CFC-113 (mass%)	CFC-114 (mass%)	CFC-115 (mass%)	HCFC-22 (mass%)	HCFC- 141b (mass%)
1	6174	0.03	59.97	NA	0.15	0.05	9.56	NA	NA
2	8499	96.36	2.32	NA	0.14	0.02	0.01	NA	NA
3	8276	93.71	0.03	NA	1.70	0.05	NA	NA	NA
4	8719	98.90	0.21	NA	0.06	NA	NA	NA	NA
5	3570.5	76.97	0.11	NA	1.09	4.50	NA	NA	NA
6	5748	0.07	93.40	NA	0.01	0.01	0.04	NA	NA
7	7130	0.15	73.42	NA	NA	0.01	0.02	NA	NA

PART VII. QUESTIONS


1. How many parties are in the chain of custody for this project? (Please list all parties in the chain of custody, including their role and contact information in the Appendix at the end of this report.)	Number: 27
2. Has the offset project met all local, state, and federal regulatory requirements during the Reporting Period, except for any period being excluded pursuant to section 95973(b)(1)? <i>Indicate any excluded time periods below:</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Is all the information in the offset project listing still accurate? <i>If "yes," skip to Part VIII.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Does Part II above report an updated Offset Project Commencement Date, Reporting Period Start Date, and/or Reporting Period End Date?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Does Part III above report updated OPO/APD Information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Does Part V above report a Destruction Facility different than the one named in the offset project listing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Are there any updates to report for Technical Consultants or Other Parties with a Material Interest? (If "yes," provide those updates on separate attached paper.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

e. Is there an updated list of all Points of Origin by U.S. state for ODS sourced for this project? (If "yes," provide the updated list immediately below.) OH, TX, AZ, VA, IL, FL, CA, PA, D.C., NJ, NY, NC, GA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Does Part VI above provide an updated list of eligible ODS species destroyed in this project?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g. Does any other information in the project listing need to be updated? (If "yes," provide those updates on separate attached paper.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part VIII. ATTESTATION AND OPO SIGNATURE

 Initial	I certify under penalty of perjury under the laws of the State of California the GHG reductions and/or GHG removal enhancements for			
	Project Name:		Reporting Period Start Date:	Reporting Period End Date:
	A-Gas 2019-3		from 11/27/2018	to 01/21/2019
	are measured in accordance with the Compliance Offset Protocol			
	Check the appropriate Compliance Offset Protocol: <input type="checkbox"/> Ozone Depleting Substances Projects, October 20, 2011, <input checked="" type="checkbox"/> Ozone Depleting Substances Projects, November 14, 2014,			
and all information required to be submitted to ARB is true, accurate, and complete.				

In signing this form, I certify under penalty of perjury of the laws of California that the information contained in this form is true, accurate, and complete. I further certify that I am an Account Representative of the Offset Project Operator (OPO).

SIGNATURE: 	PRINTED NAME: Sandra Hoffman
TITLE: Manager of Environmental Services	DATE: 05/02/2019

APPENDIX. PARTIES IN CHAIN OF CUSTODY

1.	Name of Party: Reclamation Technologies, Inc. dba A-Gas			
Party's Role: Aggregator, Origin				
Mailing Address: 1100 Haskins Road		City: Bowling Green	State: OH	Zip: 43402
Contact Person: Sandra Hoffman		Phone Number: 419-867-8990	Email Address: sandy.hoffman@agas.com	
2.	Name of Party: Diversified Pure Chem LLC			
Party's Role: Origin & Transporter				
Mailing Address: 11050 South Highway 287		City: Rhome	State: TX	Zip: 76078
Contact Person: Russell Clevenger		Phone Number: 817-636-2089	Email Address: russell.clevenger@agas.com	
3.	Name of Party: Coolgas, Inc.			
Party's Role: Origin				
Mailing Address: 30045 FM 2978		City: Magnolia	State: TX	Zip: 77354
Contact Person: Kristen Doan		Phone Number: 817-636-3624	Email Address: kristen.doan@agas.com	
4.	Name of Party: Rapid Recovery - Peoria			
Party's Role: Aggregator, Origin, Reclaimer, & Transporter				

Mailing Address: 8932 West Cactus Road		City: Peoria	State: AZ	Zip: 85381
Contact Person: Robbie Eddy		Phone Number: 877-372-7732	Email Address: reddy@raprec.com	
5.	Name of Party: Rapid Recovery - Phoenix			
Party's Role: Reclaimer, Transporter, & Intermediate Storage Facility				
Mailing Address: 7150 W. Roosevelt Street A-159		City: Phoenix	State: AZ	Zip: 85043
Contact Person: Les Rhynard		Phone Number: 602-258-5400	Email Address: lrhynard@raprec.com	
6.	Name of Party: Rapid Recovery - Richmond			
Party's Role: Reclaimer, Intermediate storage facility, & Transporter				
Mailing Address: 11242 Hopson Road		City: Ashland	State: VA	Zip: 23005
Contact Person: Mike Smith		Phone Number: 757-296-9898	Email Address: msmith@raprec.com	
7.	Name of Party: Rapid Recovery - Chicago			
Party's Role: Reclaimer & Transporter				
Mailing Address: 744 N. Michigan Ave.		City: Villa Park	State: IL	Zip: 60181
Contact Person: Paul Rhynard		Phone Number: 773-686-1323	Email Address: prhynard@raprec.com	
8.	Name of Party: Rapid Recovery - Allentown			
Party's Role: Reclaimer & Transporter				
Mailing Address: 6801 Tilghman Street		City: Allentown	State: PA	Zip: 18106
Contact Person: Stephen Hampton		Phone Number: 610-272-7732	Email Address: shampton@raprec.com	
9.	Name of Party: Rapid Recovery - Atlanta			
Party's Role: Reclaimer, Intermediate storage facility, & Transporter				
Mailing Address: 3151 Nifda Blvd.		City: Atlanta	State: GA	Zip: 30339
Contact Person: Todd Beaver		Phone Number: 404-654-3867	Email Address: tbeaver@raprec.com	
10.	Name of Party: RTR Suppliers, Inc.			
Party's Role: Origin				
Mailing Address: PO BOX 536182		City: Orlando	State: FL	Zip: 32853
Contact Person: Rich Kowalski		Phone Number: 407-872-2400	Email Address: richk@rt suppliers.com	
11.	Name of Party: National Demolition Contractors			

Party's Role: Origin			
Mailing Address: 1536 W. 25 th Street #248		City: San Pedro	State: CA
Contact Person: Tye Perry		Phone Number: 310-732-1991	Email Address: tye@nationaldemolition.com
12.	Name of Party: Phoenix Plaza		
Party's Role: Origin			
Mailing Address: 2901 N. Central Ave.		City: Phoenix	State: AZ
Contact Person: Les Rhynard		Phone Number: 602-258-5400	Email Address: lrhynard@raprec.com
13.	Name of Party: Children's Hospital of The King's Daughters		
Party's Role: Origin			
Mailing Address: 601 Children's Lane		City: Norfolk	State: VA
Contact Person: Mike Smith		Phone Number: 757-296-9898	Email Address: msmith@raprec.com
14.	Name of Party: Boland Trane		
Party's Role: Reclaimer			
Mailing Address: 9475 Lottsford Road, Suite 160		City: Largo	State: MD
Contact Person: Vince Dawson		Phone Number: 410-903-1662	Email Address: Vince.dawson@boland.com
15.	Name of Party: Market Square		
Party's Role: Origin			
Mailing Address: 701 & 801 Pennsylvania Ave NW		City: Washington	State: D.C.
Contact Person: Vince Dawson		Phone Number: 410-903-1662	Email Address: Vince.dawson@boland.com
16.	Name of Party: Kings Fork High School		
Party's Role: Origin			
Mailing Address: 351 King Forks Road		City: Suffolk	State: VA
Contact Person: Michael Thomas		Phone Number: 260-348-6385	Email Address: mthomas@1aegroup.com
17.	Name of Party: Atlantic City Airport		
Party's Role: Origin			
Mailing Address: 101 Atlantic City International Airport		City: Egg Harbor Township	State: NJ
Contact Person: Stephen Hampton		Phone Number: 610-272-7732	Email Address: shampton@raprec.com

18.	Name of Party: Windsor over Peachtree Condos			
Party's Role: Origin				
Mailing Address: 620 Peachtree Street NE		City: Atlanta	State: GA	Zip: 30308
Contact Person: Michael Thomas		Phone Number: 260-348-6385	Email Address: mthomas@1aegroup.com	
19.	Name of Party: The Pennsylvania State University			
Party's Role: Origin				
Mailing Address: 1 Services Road		City: University Park	State: PA	Zip: 16802
Contact Person: Don Wallace		Phone Number: 814-863-7860	Email Address: daw33@psu.edu	
20.	Name of Party: The Metropolitan Building			
Party's Role: Origin				
Mailing Address: 1 South Clinton Avenue		City: Rochester	State: NY	Zip: 14604
Contact Person: Jason Reitano		Phone Number: 585-202-3785	Email Address: jason.reitano@carrier.utc.com	
21.	Name of Party: Brookdale Lake Shore Drive			
Party's Role: Origin				
Mailing Address: 2960 N. Lake Shore Drive		City: Chicago	State: IL	Zip: 60657
Contact Person: Jeffrey Steck		Phone Number: 224-374-0713	Email Address: jeffrey.steck@daikinapplied.com	
22.	Name of Party: Daikin Applied			
Party's Role: Intermediate storage facility				
Mailing Address: 175 Hansen Court, Suite 103		City: Wood Dale	State: IL	Zip: 60191
Contact Person: Jeffrey Steck		Phone Number: 224-374-0713	Email Address: jeffrey.steck@daikinapplied.com	
23.	Name of Party: Duke Energy Brunswick Nuclear Plant			
Party's Role: Origin				
Mailing Address: 8470 River Road SE		City: South Port	State: NC	Zip: 28461
Contact Person: Mike Wrublewski		Phone Number: 919-329-5861	Email Address: mike.wrublewski@duke-energy.com	
24.	Name of Party: FedEx Freight			
Party's Role: Transporter				
Mailing Address: PO BOX 840 DC 2260		City: Harrison	State: AR	Zip: 72602

Contact Person: Sandra Richesin	Phone Number: 469-980-3000	Email Address: sandra.richesin@fedex.com	
25.	Name of Party: XPO Logistics		
Party's Role: Transporter			
Mailing Address: PO BOX 6046		City: Portland	State: OR
		Zip: 97228	
Contact Person: Lanny Gower	Phone Number: 503-450-5502	Email Address: lanny.gower@email.xpo.com	
26.	Name of Party: Old Dominion		
Party's Role: Transporter			
Mailing Address: 500 Old Dominion Way		City: Thomasville	State: NC
		Zip: 27360	
Contact Person: Sam Faucette	Phone Number: 800-235-5569	Email Address: sam.faucette@odfl.com	
27.	Name of Party: Schneider Logistics		
Party's Role: Transporter			
Mailing Address: PO BOX 2545		City: Green Bay	State: WI
		Zip: 54306	
Contact Person: Vicki Figlinski	Phone Number: 800-558-6767	Email Address: V_figlinski@schneider.com	

Background for Ozone Depleting Substances Offset Project Data Report

Section 95976(d) of the Cap-and-Trade Regulation specifies reporting requirements for offset projects participating in the Compliance Offset Program. Offset Project Operators (OPO) or Authorized Project Designees (APD) are required to submit an Offset Project Data Report (OPDR) within four months of the end of each (annual) reporting period. This form is designed to help OPOs and APDs provide the information required for offset projects using both the Compliance Offset Protocol Ozone Depleting Substances Projects, October 20, 2011 and the Compliance Offset Protocol Ozone Depleting Substances Projects, November 14, 2014. This information is submitted to the approved Offset Project Registry that is listing the offset project and should also be provided to the ARB-accredited verification body that will be verifying the Offset Project Data Report.

Where to Submit Information Contained in This Form

Please complete the information on the form using your computer. Then either add an electronic signature to the form or print, sign, and scan the form. The completed and signed information and all supporting documentation should be submitted to the appropriate Offset Project Registry.

This form is also available from the ARB website at:

<http://www.arb.ca.gov/cc/capandtrade/offsets/forms/forms.htm>

Detailed Instructions for Ozone Depleting Substances Offset Project Data Report

This form is protected with restricted editing to facilitate completing the form. If the applicant wishes to unprotect the form, the password is "form".

Part I. Entity Submitting Report:

- Indicate whether the Offset Project Operator (OPO) or Authorized Project Designee (APD) is submitting the Offset Project Data Report (OPDR).
- Regulatory amendment in section 95976(d)(10) requires that each version of the OPDR specifies the version number and the date submitted. Moreover, the protocol requires that each OPDR include the date of completion. Please include the OPDR version number, the date of OPDR completion, and the date of OPDR submission to the Offset Project Registry.

- The person submitting the information should indicate the date the form is completed.
- List the name, phone, and email address of the person submitting the information. This person should be an employee of the OPO or APD. The person submitting the information need not be the contact person listed for the OPO or APD in Part III and also need not be the OPO's CITSS account representative signing the OPDR in Part VIII.

Part II. Offset Project Information:

- Provide the name for the offset project and its Offset Project Registry ID number, as provided by the Offset Project Registry listing the project. Also include the ARB project ID number, if known.
- Indicate the Offset Project Commencement Date and the start and end date of the Reporting Period covered in this Offset Project Data Report.
- Indicate the version of the compliance offset protocol under which the project is listed. Also indicate the version under which the project is reporting. A project may report under the version which it is listed or may transition to a subsequent version. A project may transition only at the time of submitting the initial Offset Project Data Report to the Offset Project Registry (see section 95973(a)(2)(D)).

Part III. OPO/APD Information:

- Enter contact information for the Offset Project Operator (OPO) and Authorized Project Designee (APD) of the offset project. Every project will have an OPO. If a project does not have an APD, please mark the box indicating the project does not have an APD and leave the remaining fields blank.
- For both the OPO and, if applicable, the APD, enter the entity's name, its CITSS ID number, its mailing address, its street address (if different), and the name, phone number, and e-mail address of a contact person for the entity. The CITSS ID is six characters in length, with two letters followed by four numbers (e.g., "CA1234"). **DO NOT PROVIDE THE OPO's or APD's CONFIDENTIAL CITSS ACCOUNT NUMBER**, which begins with the CITSS ID number followed by a hyphen and more numbers.

Part VI. Reported GHG Emissions and Reductions:

- For the Reporting Period covered in this Offset Project Data Report, enter the offset project's baseline emissions, its project emissions, and its total GHG reductions. Emissions should be reported in metric tons of CO₂e.

Part V. Destruction Information:

- Provide the name of the destruction facility and its street address.
- Enter the start and end dates of the ODS destruction events.
- Expand the section or attach additional sheets if the project includes more than five destruction events.

Part VI. ODS Destroyed:

- This part summarizes all the eligible ODS destroyed for each destruction event.
- Enter the total mass of all ODS material destroyed in pounds. This weight includes eligible ODS and other ineligible material, including high boiling residue (HBR), moisture, and ineligible ODS. This should match the weight on the certificate of destruction.
- Enter the mass fraction of each eligible ODS destroyed. For refrigerant projects, HCFC-22 and HCFC-141b are ineligible and should be marked "n/a" or left blank.

Part VII. Questions:

- Provide the number of parties included in the project's chain of custody. Provide the required information for each entity in the chain of custody in the Offset Project Data Report's Appendix.
- This part also includes two questions required in the compliance offset protocol.
- First, the OPO or APD must respond whether the offset project has met all local, state, and federal regulatory requirements during the Reporting Period. Local regulatory requirements include those by any air quality, water quality, zoning, or other agency with jurisdiction over any aspect of the offset project.
- Regulatory amendments in section 95973(b)(1), effective October 1, 2017, allow an OPO or APD to effectively exclude a time period during which a project is out of regulatory compliance and receive ARB or registry offset credits for the remainder of the reporting period. If an OPO or APD is excluding some dates, the OPO or APD should provide the excluded dates.
- Second, the OPO or APD must answer whether the information submitted in the offset project's listing remains accurate. If the listing information remains accurate, skip to Part VIII. For information which

is no longer accurate, answer questions 3a through 3g to indicate which portions of the listing information is being updated in this report.

Part VIII. Attestation and OPO Signature:

- Section 95975(d)(5) of the Cap-and-Trade Regulation requires an attestation for Offset Project Data Reports. The attestation should be initialed by the person signing the form.
- The attestation requires the applicant to provide some information to complete the statement. The project name should match the name entered in Part II. The dates covering the project Reporting Period should also be provided. Please note that the dates provided in the attestation should be the same dates provided in Part II. Also indicate the protocol version under which this project is reporting. This may differ from the version under which the protocol is listed.
- Amendments adopted in April 2014 to section 95976(d)(6) require the attestation "be provided to an Offset Project Registry with the Offset Project Data Report if the offset project is listed with an Offset Project Registry."
- The individual signing the document must be registered in CITSS as the OPO's Primary Account Representative or Alternate Account Representative. The individual signing the document may be an APD employee and/or representative; but to sign the document, the individual must be an Account Representative on the OPO's CITSS account.
- Please provide the individual's signature, printed name, corporate title, and date signed.

Appendix. Parties in Chain of Custody:

- Provide the name of each entity included in the chain of custody documentation.
- For each entity, briefly describe their role (e.g. "reclaimer" or "transport"). For each entity, provide their mailing address.
- Also provide the name of a contact person at each entity, along with that person's phone number and email address. Typically the contact person should be an entity employee or representative and should be familiar with the entity's role in offset project activities.
- Use as many pages of the Appendix as necessary. You may expand the section or attach additional sheets for additional entities in the chain of custody.
- When submitting the completed Offset Project Data Report, blank pages in the Appendix and the two Instruction pages need not be submitted.

PART VII. QUESTIONS

g. Does any other information in the project listing need to be updated?
(If "yes," provide those updates on separate attached paper.)

☒ **Yes**
☐ **No**

A-Gas 2019-3 has an updated crediting period of 11/27/2018-11/26/2028. This is different from the original A-Gas 2019-3 Listing Form that stated the reporting period was 10/25/2018-10/24/2028.