

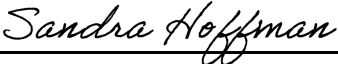
<b>OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA REPORT</b>				
<b>OPR Staff Use Only</b>	<b>Date Report Received:</b>	<b>OPR Tracking Number:</b>	<b>Date Report Reviewed:</b>	<b>OPR Staff Use Only</b>
<b>PART I. ENTITY SUBMITTING REPORT</b>				
<b>Is this report being submitted by the Offset Project Operator (OPO) or by the Authorized Project Designee (APD)?</b>				<input checked="" type="checkbox"/> <b>OPO</b> <input type="checkbox"/> <b>APD</b>
<small>Note: The person completing this report should be an OPO/APD employee.</small>				
<b>Report Version Number:</b> <b>4</b>		<b>Date Report Completed:</b> 12/13/2019		<b>Date Report Submitted:</b> 12/13/2019
<b>Person Completing Report:</b> Sandra Hoffman		<b>Phone Number:</b> 419-867-8990	<b>Email Address:</b> sandy.hoffman@agas.com	
<b>PART II. OFFSET PROJECT INFORMATION</b>				
<b>Offset Project Name:</b> A-Gas 2019-Misc		<b>OPR Project ID#:</b> ACR496	<b>ARB Project ID# (if known):</b> CAOD5496	
<b>Reporting Period Start Date:</b> 08/16/2019		<b>Reporting Period End Date:</b> 09/10/2019		<b>Offset Project Commencement Date:</b> 08/16/2019
<b>Protocol Version for Project Listing:</b> <input type="checkbox"/> October 20, 2011 <input checked="" type="checkbox"/> November 14, 2014		<b>Protocol Version for Project Reporting:</b> <input type="checkbox"/> October 20, 2011 <input checked="" type="checkbox"/> November 14, 2014		
<b>PART III. OPO/APD INFORMATION</b>				
<b>Part III.A OPO</b>				
<b>OPO Name:</b> Reclamation Technologies, Inc., dba A-Gas				<b>OPO's CITSS ID#:</b> CA 1 4 9 7
<b>Mailing Address:</b> 1100 Haskins Road		<b>City:</b> Bowling Green	<b>State:</b> OH	<b>Zip:</b> 43402
<b>Street Address (if different):</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b> Sandra Hoffman	<b>Phone Number:</b> 419-867-8990	<b>Email Address:</b> sandy.hoffman@agas.com		
<b>Part III.B APD (if applicable)</b> <input checked="" type="checkbox"/> <b>No APD/Not Applicable</b>				
<b>APD Name:</b>				<b>APD's CITSS ID#:</b> CA
<b>Mailing Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Street Address (if different):</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b>	<b>Phone Number:</b>	<b>Email Address:</b>		
<b>PART IV. REPORTED GHG EMISSIONS AND REDUCTIONS</b>				
<b>Project Baseline Emissions (MTCO<sub>2</sub>e):</b> <b>54,598</b>		<b>Project Emissions (MTCO<sub>2</sub>e):</b> <b>2,988</b>		<b>Total GHG Reductions (MTCO<sub>2</sub>e):</b> <b>51,610</b>

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: 08/16/2019				End Date: 08/24/2019				
Destruction Event #2	Start Date: 08/28/2019				End Date: 09/08/2019				
Destruction Event #3	Start Date: 08/28/2019				End Date: 09/10/2019				
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	9830	94.94	0.17	NA	2.00	NA	0.28	NA	NA
2	9918	95.10	0.16	NA	2.05	NA	0.20	NA	NA
3	9218	94.92	0.16	NA	2.23	NA	0.14	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: 6	
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.) IL, 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**

SRH Initial	<b>I certify under penalty of perjury under the laws of the State of California the GHG reductions and/or GHG removal enhancements for</b>			
	Project Name:		Reporting Period Start Date:	Reporting Period End Date:
	<b>A-Gas 2019-Misc</b>		<b>from 08/16/2019</b>	<b>to 09/10/2019</b>
	<b>are measured in accordance with the Compliance Offset Protocol</b>			
	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, <b>and all information required to be submitted to ARB is true, accurate, and complete.</b>			

**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).**

<b>SIGNATURE:</b> 	<b>PRINTED NAME:</b> Sandra Hoffman
<b>TITLE:</b> Manager of Environmental Services	<b>DATE:</b> 12/13/2019

**APPENDIX. PARTIES IN CHAIN OF CUSTODY**

<b>1.</b>	<b>Name of Party:</b> Hudson Technologies, Inc.			
<b>Party's Role:</b> Aggregator & Origin				
<b>Mailing Address:</b> 3402 North Mattis Avenue		<b>City:</b> Champaign	<b>State:</b> IL	<b>Zip:</b> 61822
<b>Contact Person:</b> Jonathan Stack	<b>Phone Number:</b> 802-496-3233	<b>Email Address:</b> jstack@hudsontechnologies.com		
<b>2.</b>	<b>Name of Party:</b> Shaw Industries Plant D7			
<b>Party's Role:</b> Origin				
<b>Mailing Address:</b> 355 S. Industrial Blvd.		<b>City:</b> Calhoun	<b>State:</b> GA	<b>Zip:</b> 30701
<b>Contact Person:</b> Troy Virgo	<b>Phone Number:</b> 706-532-2185	<b>Email Address:</b> troy.virgo@shawinc.com		
<b>3.</b>	<b>Name of Party:</b> AAA Cooper Transportation			
<b>Party's Role:</b> Transportation				
<b>Mailing Address:</b> PO BOX 6827		<b>City:</b> Dothan	<b>State:</b> AL	<b>Zip:</b> 36302
<b>Contact Person:</b> Eddie Yance	<b>Phone Number:</b> 334-793-2284	<b>Email Address:</b> eyance@aaacooper.com		
<b>4.</b>	<b>Name of Party:</b> Aspen Refrigerants Inc.			
<b>Party's Role:</b> Aggregator & Origin				
<b>Mailing Address:</b> 3051 Olympic Industrial		<b>City:</b> Atlanta	<b>State:</b> GA	<b>Zip:</b> 30339
<b>Contact Person:</b> Jon Stack	<b>Phone Number:</b> 802-496-3233	<b>Email Address:</b> jstack@hudsontechnologies.com		
<b>5.</b>	<b>Name of Party:</b> DM Trans, LLC dba Arrive Logistics			
<b>Party's Role:</b> Transportation				

<b>Mailing Address:</b> 4407 Monterey Oaks Blvd, #150		<b>City:</b> Austin	<b>State:</b> TX	<b>Zip:</b> 78749
<b>Contact Person:</b> Chris Neitlich	<b>Phone Number:</b> 888-861-0650	<b>Email Address:</b> cneitlich@arrivelogistics.com		
<b>6.</b>	<b>Name of Party:</b> Tom Franey Trucking			
<b>Party's Role:</b> Transportation				
<b>Mailing Address:</b> 3702 Kearns Drive		<b>City:</b> Champaign	<b>State:</b> IL	<b>Zip:</b> 61822
<b>Contact Person:</b> Tom Franey	<b>Phone Number:</b> 217-356-6800	<b>Email Address:</b> tfraney@franeytrucking.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 CO<sub>2</sub>e.

**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-Misc has an updated crediting period of 08/16/2019-08/15/2029. This is different from the original A-Gas 2019-Misc Listing Form that stated the crediting period was 06/01/2019-05/31/2029.**