EARLY ACTION DESK REVIEW FINDINGS

PART I. VERIFICATION BODY INFORMATION

Verification Body Name: First Environment of California, Inc.
Verification Body ID Number: H2-12-001

PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name: Green River Trona Mine Methane Destruction and Utilization Project
EAOP Project ID#: CAR629
ARB Project ID#: CAMM0101

Name of Party Requesting Desk Review: Solvay Chemicals, Inc.

Note: A separate Early Action Desk Review Findings must be provided for each reporting period being reviewed.

Part III. ATTACHMENT

Report Detailing the Desk Review Findings

Part IV. DESK REVIEW FINDINGS SUMMARY

1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?
   - Yes
   - No

2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?
   - Yes
   - No

3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?
   - Yes
   - No

Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE

If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.

Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING

SIGNATURE: ___________________________ PRINTED NAME: ___________________________
TITLE: ___________________________ DATE: ___________________________

Email the information in this form to ghgoffsetverification@arb.ca.gov
**Part V.A. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING**

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.

<table>
<thead>
<tr>
<th>PRINTED NAME:</th>
<th>Michael Carim</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>Senior Associate</td>
</tr>
<tr>
<td>DATE:</td>
<td>11/17/2015</td>
</tr>
</tbody>
</table>

**Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER**

I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

<table>
<thead>
<tr>
<th>ATTESTATION SIGNATURE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINTED NAME:</td>
<td>James Wintergreen</td>
</tr>
<tr>
<td>TITLE:</td>
<td>Senior Associate</td>
</tr>
<tr>
<td>DATE:</td>
<td>11/17/15</td>
</tr>
</tbody>
</table>

Email the information in this form to ghgoffsetverification@arb.ca.gov
## EARLY ACTION DESK REVIEW FINDINGS

<table>
<thead>
<tr>
<th>ARB Staff Use Only</th>
<th>ARB Form Tracking Number:</th>
<th>Date Findings Received:</th>
<th>Date Findings Processed:</th>
<th>ARB Staff Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Findings Reviewed:</td>
<td>Date More Information Requested:</td>
<td>Date Findings Approved:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PART I. VERIFICATION BODY INFORMATION

**Verification Body Name:**
First Environment of California, Inc.

**Verification Body ID Number:**
H2-12-001

## PART II. EARLY ACTION PROJECT INFORMATION

**Early Action Project Name:**
Green River Trona Mine Methane Destruction and Utilization Project

**EAOP Project ID#:**
CAR629

**ARB Project ID#:**
CAMM0101

**Name of Party Requesting Desk Review:**
Solvay Chemicals, Inc.

**Reporting Period Start Date:**
April 1, 2011

**Reporting Period End Date:**
March 31, 2012

*Note: A separate Early Action Desk Review Findings must be provided for each reporting period being reviewed.*

## Part III. ATTACHMENT

- [ ] Report Detailing the Desk Review Findings

## Part IV. DESK REVIEW FINDINGS SUMMARY

1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?
   - [x] Yes
   - [ ] No

2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?
   - [x] Yes
   - [ ] No

3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?
   - [x] Yes
   - [ ] No

## Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE

*If the verification body answered “No” to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered “Yes” to all three questions, provide the attestation in Part V.B.*

### Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURREN

**SIGNATURE:**

**TITLE:**

**DATE:**

Email the information in this form to ghgoffsetverification@arb.ca.gov
### Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.

<table>
<thead>
<tr>
<th>PRINTED NAME:</th>
<th>Michael Carim</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>Senior Associate</td>
</tr>
<tr>
<td>DATE:</td>
<td>11/17/2015</td>
</tr>
</tbody>
</table>

### Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER

I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

<table>
<thead>
<tr>
<th>PRINTED NAME:</th>
<th>James Wintergreen</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>Senior Associate</td>
</tr>
<tr>
<td>DATE:</td>
<td>11/17/15</td>
</tr>
</tbody>
</table>

Email the information in this form to  
gghoffsetverification@arb.ca.gov  

Page 2 of 4
# Early Action Desk Review Findings

<table>
<thead>
<tr>
<th>ARB Staff Use Only</th>
<th>ARB Form Tracking Number:</th>
<th>Date Findings Received:</th>
<th>Date Findings Processed:</th>
<th>ARB Staff Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Part I. Verification Body Information

**Verification Body Name:** First Environment of California, Inc.

**Verification Body ID Number:** H2-12-001

## Part II. Early Action Project Information

**Early Action Project Name:** Green River Trona Mine Methane Destruction and Utilization Project

**EAOP Project ID#:** CAR629  
**ARB Project ID#:** CAMM0101

**Name of Party Requesting Desk Review:** Solvay Chemicals, Inc.

**Reporting Period Start Date:** April 1, 2012  
**Reporting Period End Date:** March 31, 2013

*Note: A separate Early Action Desk Review Findings must be provided for each reporting period being reviewed.*

## Part III. Attachment

- Report Detailing the Desk Review Findings

## Part IV. Desk Review Findings Summary

1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?  
   - Yes  
   - No

2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?  
   - Yes  
   - No

3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?  
   - Yes  
   - No

## Part V. Verification Body Attestation and Signature

*If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.*

### Part V.A. Lead Verifier Signature if Not Concurring

**Signature:**  
**Printed Name:**  
**Title:**  
**Date:**

Email the information in this form to  
ghgoffsetverification@arb.ca.gov

---

ISD/CCPEB #25 (Rev 07/14)
### Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset-Program for the applicable early action reporting period.

<table>
<thead>
<tr>
<th>PRINTED NAME:</th>
<th>Michael Carim</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>Senior Associate</td>
</tr>
<tr>
<td>DATE:</td>
<td>11/17/2015</td>
</tr>
</tbody>
</table>

### Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER

I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

<table>
<thead>
<tr>
<th>PRINTED NAME:</th>
<th>James Wintergreen</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>Senior Associate</td>
</tr>
<tr>
<td>DATE:</td>
<td>11/17/15</td>
</tr>
</tbody>
</table>

Email the information in this form to:

ghcoffsetverification@arb.ca.gov
# EARLY ACTION DESK REVIEW FINDINGS

<table>
<thead>
<tr>
<th>ARB Staff Use Only</th>
<th>ARB Form Tracking Number</th>
<th>Date Findings Received</th>
<th>Date Findings Processed</th>
<th>ARB Staff Use Only</th>
<th>Date Findings Reviewed</th>
<th>Date More Information Requested</th>
<th>Date Findings Approved</th>
</tr>
</thead>
</table>

## PART II. VERIFICATION BODY INFORMATION

- **Verification Body Name:** First Environment of California, Inc.
- **Verification Body ID Number:** H2-12-001

## PART III. EARLY ACTION PROJECT INFORMATION

- **Early Action Project Name:** Green River Trona Mine Methane Destruction and Utilization Project
- **EAOP Project ID#:** CAR629
- **ARB Project ID#:** CAMM0101

## PART IV. DESK REVIEW FINDINGS SUMMARY

1. **Question:** Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?
   - **Answer:** Yes

2. **Question:** Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?
   - **Answer:** Yes

3. **Question:** Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?
   - **Answer:** Yes

## PART V. VERIFICATION BODY ATTESTATION AND SIGNATURE

If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.

**Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURREN**

<table>
<thead>
<tr>
<th>SIGNATURE:</th>
<th>PRINTED NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>DATE:</td>
</tr>
</tbody>
</table>

Email the information in this form to ghgoffsetverification@arb.ca.gov
### Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.

<table>
<thead>
<tr>
<th>PRINTED NAME:</th>
<th>Michael Carim</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>Senior Associate</td>
</tr>
<tr>
<td>DATE:</td>
<td>11/13/2015</td>
</tr>
</tbody>
</table>

### Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER

I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

<table>
<thead>
<tr>
<th>ATTESTATION SIGNATURE:</th>
<th>James Wintergreen</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>Senior Associate</td>
</tr>
<tr>
<td>DATE:</td>
<td>11/13/15</td>
</tr>
</tbody>
</table>

Email the information in this form to ghgoffsetverification@arb.ca.gov
### EARLY ACTION DESK REVIEW FINDINGS

<table>
<thead>
<tr>
<th>ARB Staff Use Only</th>
<th>ARB Form Tracking Number:</th>
<th>Date Findings Received:</th>
<th>Date Findings Processed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Findings Reviewed:</th>
<th>Date More Information Requested:</th>
<th>Date Findings Approved:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PART I. VERIFICATION BODY INFORMATION

**Verification Body Name:** First Environment of California, Inc.  
**Verification Body ID Number:** H2-12-001

### PART II. EARLY ACTION PROJECT INFORMATION

**Early Action Project Name:** Green River Trona Mine Methane Destruction and Utilization Project  
**EAOP Project ID#:** CAR629  
**ARB Project ID#:** CAMM0101

**Name of Party Requesting Desk Review:** Solvay Chemicals, Inc.  
**Reporting Period Start Date:** April 1, 2014  
**Reporting Period End Date:** December 31, 2014

### PART III. ATTACHMENT

- [X] Report Detailing the Desk Review Findings

### PART IV. DESK REVIEW FINDINGS SUMMARY

1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?  
   - [X] Yes  
   - [ ] No

2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?  
   - [X] Yes  
   - [ ] No

3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?  
   - [X] Yes  
   - [ ] No

### PART V. VERIFICATION BODY ATTESTATION AND SIGNATURE

If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.

#### Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING

**SIGNATURE:**  
**PRINTED NAME:**  
**TITLE:**  
**DATE:**

---

Email the information in this form to: ghgoffsetverification@arb.ca.gov
**Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING**

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.

<table>
<thead>
<tr>
<th>A.</th>
<th>PRINTED NAME:</th>
<th>Michael Carim</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>Senior Associate</td>
<td>DATE: 11/13/2015</td>
</tr>
</tbody>
</table>

**Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER**

I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

<table>
<thead>
<tr>
<th>ATTESTATION SIGNATURE:</th>
<th>PRINTED NAME:</th>
<th>James Wintergreen</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>Senior Associate</td>
<td>DATE: 11/13/15</td>
</tr>
</tbody>
</table>

Email the information in this form to ghgoffsetverification@arb.ca.gov