Air Pollution Control District
Annual Survey Form
Source Type - Aggregate Processing

Please answer all of the following questions

Company Name _____
Company Location _____
Mailing Address _____
Company Contact _____Telephone _____
Email _____
1) Calendar year of the information reported: 20____
2) Operating schedule: Hrs/Day____ Days/Week ____ Weeks/Yr ____
3) Total hours of operation during the calendar year: _____

Indicate the number and type of equipment that your company owns or operates at this site and which production equipment is vented to controls:

4) Production Equipment		5) Controlled	6) Pollution Control Equipment	
Storage Piles	_____	_____	Baghouses	_____
Jaw Crushers	_____	_____	Water sprays	_____
Cone Crushers	_____	_____	Water truck	_____
Conveyors	_____	_____	Other specify	_____
Stackers	_____	_____		
Screens	_____	_____		
Trucks	_____	_____		
Loaders	_____	_____		

7) Aggregate production (tons/hour): average _____ maximum _____
8) Aggregate production (tons/year): _____
9) Sand production (tons/hour): average _____ maximum _____
10) Sand production (tons/year):_____
11) Crushing operations (tons/hour): average _____ maximum _____
12) Crushing operations (tons/year): _____
13) Average moisture content of sand or aggregate (%): _____
14) Length of unpaved haul roads (miles): _____
15) If blasting is done, indicate the number of blasts per year: _____
16) Exhaust airflow rate to air pollution control equipment (CFM): _____

Use the back of this form for additional comments or clarification.