Air Pollution Control District
Annual Survey Form
Source Type - Chemical Handling/Manufacturing

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: _____

4) Types of plant operations: manufacturing _____ blending _____ storage _____
packaging _____ receiving _____ shipping _____

5) General description of operations: _____
_____
_____

6) Products manufactured: _____

7) Types of chemical products handled or manufactured:	Number of storage tanks	Sizes of tanks	Throughput or production (gal/yr)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8) Type and number of emission control system:

scrubbers _____ baghouses _____ cyclones _____ vapor recovery system_____
carbon adsorbers_____ condensers _____

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