

**Air Pollution Control District
Annual Survey Form
Source Type - Printing Operations**

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 operations: web offset lithography _____ flexography _____
web letter press _____ rotogravure _____ other specify _____

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

5) Production Equipment	6) Controlled	7) Pollution control equipment
Presses _____	_____	Carbon adsorption _____
Ink fountains _____	_____	Incinerators _____
Hot air dryers _____	_____	Water borne inks _____
Steam drums _____	_____	Other specify _____
Hot air cleaners _____	_____	
Chill rolls _____	_____	
Cylinders _____	_____	
Steam Boiler _____	_____	

8) Types of inks/solvents used: _____ Solvent in inks %: _____ Quantity used (gal/year): _____

9) Types of substrate used _____ amount used per year _____

10) Fuel used in boiler: fuel type _____ used per year _____
fuel type _____ used per year _____

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