Air Pollution Control District
Annual Survey Form
Source Type - Steam/Heat Production

Please answer all of the following questions

Company Name _____

Company Location _____

Mailing Address _____

Company Contact _____
Telephone_____
E-mail _____

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) Type of business _____

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	
Boilers	_____	_____	Baghouse	_____
Gas turbines	_____	_____	Scrubber	_____
IC engines	_____	_____	Multiclone	_____
Burners	_____	_____	Cyclone	_____
Elevators/conveyors	_____	_____	ES precipitator	_____
Fuel silos	_____	_____	Catalyst	_____
Ash silos	_____	_____	Low NOX burner	_____
			Flue gas recirc	_____
			Oxygen trim	_____

8) Fuels used for combustion	Quantity used/year	Units	Sulfur %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9) Operation load: average _____ maximum _____ units _____

10) Exhaust airflow rates to air pollution control equipment (CFM) _____

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