

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

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) Types of agricultural commodities handled _____
- 5) Types of operations: dehydrating _____ drying _____ cleaning _____
 packaging _____ storage _____

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

6) Production Equipment	7) Controlled	8) Pollution Control Equipment
Dryers _____	_____	Baghouses _____
Receiving pits _____	_____	Cyclones _____
Elevators _____	_____	Water sprays _____
Conveyors _____	_____	Other specify _____
Scalpers _____	_____	
Screens _____	_____	
Tunnels _____	_____	
Storage bins/silos _____	_____	

9) Commodity	Received (tons/yr)	Cleaned (tons/yr)	Dried (tons/yr)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10) Fuel used for combustion: fuel type _____ use per year _____
 fuel type _____ use per year _____

11) Exhaust airflow rate to air pollution control equipment (CFM) _____

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