

Air Pollution Control District Annual Survey Form Source Type - Combustion Engine

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
IC engines _____	_____	Baghouse _____
Boilers _____	_____	Scrubber _____
Gas turbines _____	_____	Multi clone _____
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.