

**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 _____
 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 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.