

Air Pollution Control District Annual Survey Form Source Type - Fiberboard 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) Type of plant: _____
- 5) Type of operations: shredding _____ grinding _____ drying _____ blending _____
 forming _____ pressing _____ sawing _____ sanding _____

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
Boilers _____	_____	Baghouse _____
Dryers _____	_____	Cyclone _____
Conveyors _____	_____	Other specify _____
Blenders _____	_____	
Feed bins _____	_____	
Sawdust bins _____	_____	
Hammermill _____	_____	
Saws _____	_____	
Presses _____	_____	
Sanders _____	_____	

- 9) Hourly production through plant (ft²@3/4") average _____ maximum _____ density _____
 - 10) Annual production through plant (MM ft²@3/4") _____
 - 11) Amount of waste shipped (tons/day) _____ (tons/yr) _____
 - 12) Type(s) of boiler fuel/units _____
 - 13) Fuel use in boiler: (hr) _____ (yr) _____
 - 14) Types of inputs/binders/additives etc Quantities/units VOC%Density
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Use the back of this form for additional comments or clarification.