

DISTRICT HEADQUARTERS
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_ANNUAL REPORT – ASPHALT PLANT

_	(enter year here)	IOAL IILI O						
Company Name: _	Permit #:							
acility Contact:	Facility Contact Title:							
Phone Number:	E-Mail:							
Provide supProvide date	roughput and emiss oporting calculation ta on vehicle trafficurce test data if cor	ns for the emission and storage pile.						
		ASPHALT PROD	UCTION	INFORMATION	ON.			
						Euo	l Usage	
Amount of Asnh	halt Produced	Type of Plant				Natural Gas	Propane	
Amount of Asphalt Produced (tons/year)		<u>Type of Plant</u> (Batch Mix or Drum Mix)				(therms/year)	(gallons/year	
(10115)	, car y	(Batch Wilk of Druff Wilk)				(tricims) year)	(galloris) year	
	LIST PERMIT	TED CONTROL EC	QUIPME	NT FOR THIS	ASPH	ALT PLANT		
Permit # Control Eq		ipment Description		Permit #		Control Equipment Description		
	ND STORAGE PILES led on plant site fo	r all haul trucks ir						
			Paved Haul Roads			Unpaved Hau		
			Vehicle Control			Vehicle	Control	
				ep, water,	ľ	Miles/Year	(Water,	
			cr	emical)			chemical)	
or oook lood area	والمناك مناسط الممريوس معر	non trevels alla ella el	انتها ما	المام مام المام	:+			
r each ioau, avera	nge round trip dista							
		Average Vehicle Miles/Round Trip Paved Haul Road Unpaved Haul						
		Paveu Haul K	Road		וג			
				Noau				
verage weight of h	aul truck empty:		tons	loaded:		tons		
	rage piles:acr							
rciusc aica di 3lu	i uge piiesati	co, reitell	LUCLIAC	ton dully basi			,	

SOURCE TEST DATA

Was the asphalt plant s	ource tested this	s reporting year?_	(yes/no)
If yes, date of Source Te	est:	and emissi	ctor result.
Emission Factor Resul	t, lb./ton of Asp	halt Produced	
Total PM	NOx	СО	
Please provide the sum	mary page of the	e source test repor	
Code 42400.3.5 and 42 intent to deceive, falsif	402.4 establish ies any docume Quality Manage	separate criminal nt required to be k ment District. By s	est of your knowledge. California Health and Safety ivil penalties for any person who, knowingly and with oursuant to any rule, regulation, permit, or order from g below, I certify that all information is true and ty.
Name:		Signature: _	Date: