

**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 _____

Boilers _____

Gas turbines _____

Burners _____

Elevators/conveyors _____

Fuel silos _____

Ash silos _____

Baghouse _____

Scrubber _____

Multi clone _____

Cyclone _____

ES precipitator _____

Catalyst _____

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.