

**BUTTE COUNTY AIR QUALITY MANAGEMENT DISTRICT
FACILITY QUESTIONNAIRE**

Please complete this form to ensure the District maintains a complete and accurate record of your information.

PHYSICAL LOCATION

Facility Name: _____ Butte County Air Quality Permit(s) to
Equipment Address: _____ Operate: _____
City, State, Zip: _____
Onsite Contact: _____ Telephone: _____
Title: _____ Email: _____

MAILING ADDRESS Same as above

Company Name: _____
Mailing Address: _____
City, State, Zip: _____
Mailing Contact: _____ Telephone: _____
Title: _____ Email: _____

ACCOUNTING

Accounts Payable Contact: _____ Telephone: _____
Title: _____ Email: _____

1. Have processes or equipment been added or modified at the facility over the last year which change the nature or quantity of the facility air emissions?

Yes No

If yes, please describe: _____

2. Please review the equipment listed on your permit(s) to operate, with particular attention to air pollution control devices (cyclones, baghouses, filters, etc). Is the equipment listed accurate and complete?

Yes No

If no, please, describe: _____

Please schedule an appointment to clarify the conditions of my permit(s).

I hereby certify the equipment for which the permit (# _____) was issued was **not** operated during the previous calendar year and request the renewal fees be reduced as allowed by Rule 500.

Form completed by (Print Name): _____

Signature: _____ Date: _____

Title: _____ Telephone: _____