

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

The Butte County Air Quality Management District is requesting your assistance in responding to the following questions. This information will be used by District Staff in the annual permit renewal process.

Physical Location

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

Mailing Address

Company Name: _____
Mailing Address: _____
City, State, Zip: _____
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: _____

3. Please review the conditions of the permit and acknowledge that you have read and understand the conditions.

- Yes, I have read and understand the conditions.
- Please schedule an appointment with me to clarify the conditions of the permit.

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: _____