

Butte County
AIR QUALITY MANAGEMENT DISTRICT

629 ENTLER AVENUE, SUITE 15 CHICO, CALIFORNIA 95928
TELEPHONE (530) 332-9400 FAX (530) 332-9417

FACILITY QUESTIONNAIRE

INSTRUCTIONS: Please verify the information on this form to ensure the District maintains a complete and accurate record of your facility and company contact information. If incorrect, please mark corrections in the boxes.

All contact information listed is public record and subject to disclosure under the California Public Records Act.

Facility Site/Address:

Facility Name: _____
Facility Address: _____
Facility City, State, Zip Code: _____

Company Billing/Mailing:

Company Name: _____
Billing/Mailing Address: _____
City, State, Zip Code: _____

Contact:

Title:

Facility Email:

Facility Phone:

Verify Correct? Yes If not, please correct above.

Contact:

Title:

Company Email:

Company Phone:

Accounts Payable Contact:

AP Email:

AP Phone:

Verify Correct? Yes If not, please correct above.

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). Have there been any changes? Yes No

If yes, please, describe: _____

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

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

The undersigned hereby acknowledges and agrees that an electronic copy of this signed document shall be enforceable in the same manner as the signed original document.

Form completed by (Print Name): _____

Signature: _____ Date: _____

Title: _____ Telephone: _____