

Air Contaminant Discharge Permit
Prepared Feeds Manufacturing

Source Category Description: Prepared feeds manufacturing subject to 40 CFR Part 63, Subpart DDDDDDD as adopted under OAR 340-244-0220.

1. **Source number:** _____ 2. **Reporting period (calendar year):** _____

3. **Company information:**

Legal name:	Facility name (if different than legal name):
Mailing address:	Facility address (if different than mailing address):
City, state, zip code:	City, state, zip code:

4. **Site contact person:**

Name:	Telephone number:
Title:	Email address:

5. Identify all instances when the daily inlet flow rate, inlet velocity, pressure drop, or fan amperage is outside the range that constitutes proper operation of the cyclone. Include the time periods when this occurred and the corrective actions taken.

Start Date	End Date	Parameter Exceeded	Corrective Action Taken

6. If not subject to the requirement to install and operate a cyclone to control emissions from pelleting operations, because the permittee's average daily feed production level was 50 tons per day or less, did the permittee's average daily feed production level for the previous year exceed 50 tons per day?

- Yes, the average daily feed production level for the previous year exceeded 50 tons/day.
- No, the average daily feed production level for the previous year remained 50 tons/day or less.

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7. If subject to the requirement to install and operate a cyclone to control emissions from pelleting operations, because the permittee's average daily feed production level was more than 50 tons per day, was the average daily feed production level for the previous year 50 tons per day or less and you are no longer complying with this requirement?
- Yes, the average daily feed production level for the previous year was 50 tons/day or less and I no longer comply with this requirement.
- No, the average daily feed production level for the previous year exceeded 50 tons/day.

8. List any deviations from the requirements in 40 CFR Part 63 Subpart DDDDDDD. Include a description of the deviations from the applicable requirements, the time periods during which the deviations occurred, and the corrective actions taken.

Start Date	End Date	Applicable Requirement	Corrective Action Taken

9. **Certification:** I hereby certify that the information presented herein is correct to the best of my knowledge and we are in compliance with all relevant standards and other requirements of 40 CFR Part 63 Subpart DDDDDDD.

Signature:	Date:
Name:	Phone:
Title:	Email address: