

Annual Reporting Form: Rock Crushers

AQGP-R08

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

3. Company information:

Legal Name:	Other Company Name (if different than legal name):		
Mailing Address:	Site Address (if different than mailing address):		
City, State, Zip Code:	City:	County (required)	Zip Code:

4. Site Contact Person:

Name:	Telephone number:
Title:	Email / Fax Number:

5. Total amount of rock crushed in Oregon during the calendar year: _____ tons.

6. Tons of rock crushed by location:

Location	Annual	Daily Maximum*

*This is only required if the plant was operated in the Medford-Ashland AQMA.

7. Report the types and amount of fuel used:

Fuel type (also specify units: gallons, cubic feet, therms)	All areas of the state	Medford-Ashland AQMA*	
	Annual amount	Annual amount	Daily maximum amount

*This is only required if the plant was operated in the Medford-Ashland AQMA.

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8. Were there any planned or unplanned excess emissions events during the calendar year? Yes No
If yes, attach or otherwise include descriptions and dates of each event.
9. Were any air pollution, odor, or nuisance-related complaints received during the calendar year?
Yes No . If yes, include a summary below that includes the follow-up actions or responses:
10. Were there any changes to facility processes, equipment changes, or pollution control equipment?
(Check one) Yes No . If yes, include a summary below and identify which changes may have affected air emissions:
11. During the reporting period, were any maintenance activities, corrective actions, or repairs made that were conducted on any pollution control equipment? Yes No
If yes, describe each below and include a date:
12. By signing below, I hereby certify that I have personally examined and am familiar with the information submitted in this report and that the information contained in this report is true, accurate and complete to the best of my knowledge and belief.

Name of Responsible Official

Title of Responsible Official

Signature of Responsible Official

Date

Submit reporting form to the appropriate Regional Office by selecting the county where the facility is located.

Select County:

Oregon Department of Environmental Quality