

Annual Reporting Form: Grain Elevators

Form AQGP-R013

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 materials processed by activity type:

Activity/Emission Source	Type of Control	Tons of Material
Receiving: Straight Truck	None	
Receiving: Hopper truck	None	
Receiving: Railcar	None	
Receiving: Continuous Barge Unloader	None	
Receiving: Barge – Marine Leg	None	
Receiving: Ship	None	
Cleaning	None	
	Cyclone	
Drying: Column Dryer	None	
Drying: Rack Dryer	None	
	Self-cleaning screens (<50 mesh)	
Headhouse and Internal Handling	None	
Shipping: Truck	None	
Shipping: Railcar	None	
Shipping: Barge	None	
Shipping: Ship	None	
Storage Bin (vent)	None	
Screen bunker unloading	None	

6. Were all required monthly inspections and Method 22 readings completed in compliance with permit Condition 3.1? Yes No

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7. Is a Fugitive Emissions Control Plan required by Condition 3.1.e.iii (if corrective actions were not completed within 14 days)? Yes No

If no, proceed to question 8.

If yes:

- a. Have you attached a copy of a FECP to this annual report? (Required for the annual report following the year in which the FECP first became required) Yes No
- b. Was a FECP previously required and submitted with an annual report? Yes No
- If yes, only revisions or changes to the plan are required to be submitted. Have any changes been made to the FECP since it was submitted to DEQ? Yes No
 - If yes, have the revisions or changes been attached or otherwise included with this annual report? Yes No
8. During the reporting period, were any maintenance activities, corrective actions, or repairs made that were conducted: on any pollution control equipment, to reduce or prevent particulate matter from becoming airborne, or to reduce or prevent fugitive emissions. Yes No
- If yes, describe each below and include a date:

9. Were any air pollution, odor, or nuisance-related complaints received during the calendar year? Yes No . If yes, include a summary below:

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. List the name and contact information of the current plant site contact:

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

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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