

Annual Reporting Form: Prepared Feeds

AQGP-R014

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	Tons of Material Processed or Handled
Grain Receiving Total	
Grain Cleaning (include a ton total for each applicable category below)	
No Control	
Cyclone	
Grain Milling (include a ton total for each applicable category below)	
Hammermill - Cyclone	
Hammermill - Baghouse	
Rollermill - No Control	
Flaker - No Control	
Flaker - Cyclone	
Grain Cracker - No Control	
Grain Cracker - Cyclone	
Pelletizing (include a ton total for each applicable category below)	
No Control	
Cyclone	
High Efficiency Cyclone	
Bulk Shipping Total	

Annual Reporting Form: Prepared Feeds

AQGP-R014

6. Total fuel use in boilers and process heaters onsite (attach additional pages if necessary):

Fuel Type (e.g., fuel oil #2, natural gas, etc.)	Amount burned or used during the calendar year	Units (e.g., gallons, therms, cubic feet, etc.).

7. 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.

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

9. 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:

10. 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:

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

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Annual Reporting Form: Prepared Feeds

AQGP-R014

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