

**ANNUAL REPORTING FORM FOR:
PREPARED FEEDS AND ASSOCIATED GRAIN ELEVATORS**

AQRB-005

1. Permit 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, Zip Code:

4. Site Contact Person:

Name:	Telephone number:
Title:	Fax Number:

5. Tons of prepared feeds processed in the last calendar year: _____

6. Please list any air quality/nuisance complaints received within the last calendar year? How were the complaints addressed? (If necessary, attach a separate page or write the information on the back of this form.)

7. Certifying Signature

Name of official (Printed or Typed):	Title of official and phone number:
Signature of official:	Date:

PLEASE SUBMIT THIS REPORTING FORM TO:

Please submit this form to the Permit Coordinator at the Oregon Department of Environmental Quality regional office shown on the cover page of the permit.