



**Tuolumne County
Air Pollution Control District
Annual Reporting Form
Aggregate Processing / Rock Crushing**

(Please complete all of the following information)

Company Name: _____
 Company Location: _____
 Mailing Address: _____
 Company Contact: _____
 Company E-mail: _____
 Company Phone/Fax: _____

- 1) Calendar year of the information reported: **2023**
- 2) Operating Schedule: Hrs/Day _____ Days/Week _____ Weeks/Yr _____
- 3) Total hours of operation for the calendar year: _____

Indicate the number and type of process and control equipment that your company owns or operates at this facility:

4) Production Equipment (#)	5) Controlled (Y/N)	6) Pollution Control Equipment (Y/N)
Screens: _____	_____	Baghouse: _____
Jaw Crushers: _____	_____	Cyclones: _____
Cone Crushers: _____	_____	Water Sprays: _____
Conveyors: _____	_____	Water Trucks: _____
Stackers: _____	_____	Other-Specify: _____
Storage Piles: _____	_____	
Trucks: _____	_____	
Loaders: _____	_____	
Others – Specify: _____	_____	

- 7) Aggregate production (tons/hour): average _____ maximum _____
- 8) Aggregate production (tons/year): _____
- 9) Sand production (tons/hour): average _____ maximum _____
- 10) Sand production (tons/year): _____
- 11) Crushing operations (tons/hour): average _____ maximum _____
- 12) Crushing operations (tons/year): _____
- 13) Average moisture content of sand or aggregate(%): _____
- 14) Length of unpaved haul roads (miles): _____
- 15) If blasting is done, indicate the number of blasts for the year: _____

Use the back of this form for additional comments or clarification.


