

## Facility Questionnaire

Send to [Office@myairdistrict.com](mailto:Office@myairdistrict.com)

### Facility Site/Address

Facility Name:

Facility Address:

Contact:

Title:

Facility Email:

Facility Phone:

### Company Billing/Mailing

Company name:

Billing/Mailing Address:

Contact:

Title:

Company Email:

Company Phone:

Accounts Payable Contact:

AP Email:

AP Phone:

1. Have processes or equipment been added or modified at the facility over the last year which change the nature or quantity of the facility air emissions?  
Yes  No
2. Please review the equipment listed on your permit(s) to operate, with particular attention to air pollution control devices (cyclones, baghouses, filters, etc). Have there been any changes?  
Yes  No
3. Were there any upsets or breakdowns with either processing, or control equipment?  
Yes  No

If any answers to questions 1 through 3 were answered yes, please explain on a separate sheet.