Tuolumne County
Air Pollution Control District
Annual Reporting Form
Air Curtain Burner (ACB) / Incinerator

(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) Total hours of ACB operation during the calendar year: _____
3) Equipment and specifications:
   ACB Make and Model: _____
   Capacity (lbs/hour): _____

4) Diesel Fuel Use for Start Up of IC Engine: _____(gals)
5) Amount of wood waste incinerated: _____(tons or yd3)

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