

Tuolumne County Air Pollution Control District Annual Reporting Form Green Waste Composting

(Please complete all of the following information)

Company Name:		
Company Location:		
Company E-mail:		
1) Calendar year of the informat	•	
2) Operating Schedule: Hrs/Day: Days/Week: Weeks/Yr:		
3) Total hours of operation for the	he calendar year:	
Indicate the number and type of p	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):
Grinders:		Water Sprays:
Sreens:		Other:
Other Production Equipment:		
2023 Throughput / Processing I	nformation:	
8) Grinder hours:9) Grinder hour meter readin10) Estimated feedstock per gr11) Amount of compost sold a	g: Date Rearinding session: and shipped:	(Yds3 or Tons) ding Taken: / / (Yds3 or Tons)
12) Fuel used for Grinder(s)/Screen(s): (Gals/Year)		

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



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