Tuolumne County
Air Pollution Control District
Annual Reporting Form
Sawmill Operations Form

(Please complete all of the following information)

Company Name:_____
Company Location:_____
Mailing Address:_____
Company Contact:_____ Telephone: _____
Contact Email: _____ Fax:_____

1) Calendar year of the information reported: **2023**
2) Operating schedule: Hrs/Day_____ Days/Week _____ Weeks/Yr _____
3) Total hours of operation during the calendar year: _____

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

4) Production Equipment (#):	5) Controlled (y/n):
Debarkers _____	_____
Saws _____	_____
Planers _____	_____
Grinders/Hogs _____	_____
Sanders _____	_____
Screens _____	_____
Sawdust bins _____	_____
Woodchip bins _____	_____
Bark bins _____	_____

6) Pollution control equipment (y/n & #):

Baghouse _____
Cyclone_____
Multiclone_____
Water-sprays _____
Other–specify_____

7) Annual mill production (million-board feet/year): _____
8) Hourly mill production (million-board feet/hour): average _____ maximum _____
9) Amount of biomass fuel received (tons/year): _____
10) Amount of mill wood/waste/bark shipped (tons/year): _____
11) Kiln Propane Fuel Use (MMCF or Gallons/year): _____
12) Exhaust airflow rates to air pollution control equipment (CFM) _____

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