Tuolumne County
Air Pollution Control District
Annual Reporting Form
Wood Shavings Facility

(Please complete all of the following information)

Company Name:_____
Physical Address:_____
Mailing Address:_____
Responsible Official: _____ Telephone:_____
Company Contact: _____ Telephone: _____
Contact Email: _____ Fax:_____

1) Calendar year of the information reported: **2023**
2) Normal operating schedule: Hrs/Day_____ Days/Week _____ Weeks/Yr _____
3) Total annual hours of shavings mill operations: _____
4) Total annual hours of burner/dryer operations: _____

5) Total annual shavings production (tons): _____
6) Total annual wood fuel used (tons): _____

7) Any changes to facility operations or equipment in calendar year 2023 (please explain):

_____
_____
_____
_____
_____
_____
_____
_____

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