

ASPHALT PLANTS

PRODUCTION & EQUIPMENT INFORMATION

Reporting Year: _____

Please fill in all blanks with either appropriate information or NA (Not Applicable).
Copy this form as needed to complete inventories for all of your facilities.

1. Montana Air Quality Permit # _____
2. Company Name: _____ Contact: _____
3. Mailing Address: _____ City: _____ State: ____ Zip Code: _____
4. Phone Number: _____ E-mail Address (required): _____
5. Asphalt Plant Make/Model/Year: _____
6. Date of last Stack Test: _____
Emission Factor from last Stack Test: _____ Grains per dry standard cubic foot of air
And/or: _____ Pounds per ton of asphalt produced

Production Rate during the last Stack Test _____ Tons/hour
7. Asphalt Plant Type (Batch, Drum, etc): _____
8. Emission Control (Baghouse, Wet Scrubber, etc): _____
9. Dryer Fuel Type (circle one): Coal Propane Natural Gas Oil Diesel Other
Amount of fuel: _____
10. Total Annual Hours of Operation: _____ Hours/Day: _____ Days/Week: _____
11. Total Asphalt Produced: _____ Tons
12. % Throughput by Quarter (%Tons by Quarter): Jan-Mar _____ % Apr-June _____ %
July-Sep _____ % Oct-Dec _____ %
13. Asphalt Cement Heater Model/Year: _____
Total Annual Heater Fuel Usage:
Oil _____ Gallons
Diesel _____ Gallons
Propane _____ Gallons
Natural Gas _____ Million Cubic Feet (MMCF) - Convert Decatherms
to MMCF
Other _____ Tons, gallons, or MMCF
14. Total Vehicle Miles Traveled: _____ Miles

Equipment: Front loaders _____ Miles Haul Trucks _____ Miles
(Includes Pit Area & Private Access/Haul Roads by front loaders, haul trucks, and other vehicles)

15. Road/Pit Dust Fugitive Emission Control (may circle more than one as appropriate):

Water Chemical Suppressant Paved Roads Other _____

16. If you have included equipment that is not identified in your Air Quality Permit, please comment:

If you included equipment in Section #16, please call the Department at (406) 444-3490, you may need to update your permit. If your permit does not accurately reflect the equipment you are using and you do not have it updated, you may be subject to a violation and financial penalties.

17. Equipment is currently located out of state: Yes or No

18. If in Montana, current location: Latitude (in Decimal Degrees)_____

Longitude (in Decimal Degrees)_____

County _____

(Please try to include 5 digits to the right of the decimal point for the latitude and longitude)

I certify the data submitted above for Permit # _____ is based on information and belief formed after reasonable inquiry; the statements and information in the document are true, accurate, and complete.

Signed: _____

Name: _____

Position: _____

Date: _____

7. If you have included equipment that is not identified in your Air Quality Permit, please comment:

If you included equipment in Section #7, please call the Department at (406) 444-3490, you may need to update your permit. If your permit does not accurately reflect the equipment you are using and you do not have it updated, you may be subject to a violation and financial penalties.

8. Equipment is currently located out of state: Yes or No

9. If in Montana, current location: Latitude (in Decimal Degrees) _____
Longitude (in Decimal Degrees) _____
County _____

(Please try to include 5 digits to the right of the decimal point for the latitude and longitude)

I certify the data submitted above for Permit # _____ is based on information and belief formed after reasonable inquiry; the statements and information in the document are true, accurate, and complete.

Signed: _____

Name: _____

Position: _____

Date: _____

If you included equipment in Section #12, please call the Department at (406) 444-3490, you may need to update your permit. If your permit does not accurately reflect the equipment you are using and you do not have it updated, you may be subject to a violation and financial penalties.

13. Equipment is currently located out of state: Yes or No

14. If in Montana, current location: Latitude (in Decimal Degrees) _____

Longitude (in Decimal Degrees) _____

County _____

(Please try to include 5 digits to the right of the decimal point for the latitude and longitude)

I certify the data submitted above for Permit # _____ is based on information and belief formed after reasonable inquiry; the statements and information in the document are true, accurate, and complete.

Signed: _____

Name: _____

Position: _____

Date: _____

12. Total Vehicle Miles Traveled: _____ Miles

Equipment: Front Loaders _____ Miles Haul Trucks _____ Miles
(Includes Pit Area & Private Access/Haul Roads by front loaders, haul trucks, and other vehicles)

13. Road/Pit Dust Fugitive Emission Control (may circle more than one as appropriate):

Water Chemical Suppressant Paved Roads Other _____

14. If you have included equipment that is not identified in your Air Quality Permit, please comment:

If you included equipment in Section #14, please call the Department at (406) 444-3490, you may need to update your permit. If your permit does not accurately reflect the equipment you are using and you do not have it updated, you may be subject to a violation and financial penalties.

15. Equipment is currently located out of state: Yes or No

16. If in Montana, current location: Latitude (in Decimal Degrees) _____
Longitude (in Decimal Degrees) _____
County _____

(Please try to include 5 digits to the right of the decimal point for the latitude and longitude)

I certify the data submitted above for Permit # _____ is based on information and belief formed after reasonable inquiry; the statements and information in the document are true, accurate, and complete.

Signed: _____

Name: _____

Position: _____

Date: _____

OTHER FACILITY EQUIPMENT

PRODUCTION & EQUIPMENT INFORMATION

Reporting Year: _____

**To be used for any equipment other than an Asphalt Plant, Concrete Batch Plant, Crusher/Screen,
Generator or Engine**

**Please fill in all blanks with either appropriate information or NA (Not Applicable).
Copy this form as needed to complete inventories for all of your facilities.**

1. Montana Air Quality Permit # _____
2. Company Name: _____ Contact: _____
3. Mailing Address: _____ City: _____ State: _____ Zip Code: _____
4. Phone Number: _____ E-mail Address (required): _____
5. Equipment Make/Model/Year: _____
6. Date of last Stack Test: _____
Emission Factor from last Stack Test: _____ Grains per dry standard cubic foot of air
And/or: _____ Pounds per ton of product produced

Production Rate during the last Stack Test _____ Tons/hour
7. Emission Control on Process (Spraybar, Foggers/Misters, Filter, Baghouse, Wet Material):

8. Fuel Type (circle one): Coal Propane Natural Gas Oil Diesel Other
Amount of fuel: _____
9. Total Annual Hours of Operation: _____ Hours/Day: _____ Days/Week: _____
10. Annual Throughput _____ Tons and Type of Material _____
11. % Throughput by Quarter (%Tons by Quarter): Jan-Mar _____ % Apr-June _____ %
July-Sep _____ % Oct-Dec _____ %
12. Total Vehicle Miles Traveled: _____ Miles

Equipment: Front Loaders _____ Miles Haul Trucks _____ Miles
(Includes Pit Area & Private Access/Haul Roads by front loaders, haul trucks, and other vehicles)
13. Road/Pit Dust Fugitive Emission Control (may circle more than one as appropriate):

Water Chemical Suppressant Paved Roads Other _____

14. If you have included equipment that is not identified in your Air Quality Permit, please comment:

If you included equipment in Section #14, please call the Department at (406) 444-3490, you may need to update your permit. If your permit does not accurately reflect the equipment you are using and you do not have it updated, you may be subject to a violation and financial penalties.

15. Equipment is currently located out of state: Yes or No

16. If in Montana, current location: Latitude (in Decimal Degrees) _____
Longitude (in Decimal Degrees) _____
County _____

(Please try to include 5 digits to the right of the decimal point for the latitude and longitude)

I certify the data submitted above for Permit # _____ is based on information and belief formed after reasonable inquiry; the statements and information in the document are true, accurate, and complete.

Signed: _____

Name: _____

Position: _____

Date: _____