

AGRICULTURAL COMMODITY PROCESSING SUPPLEMENTAL FORM

Section I - Facility/Owner Information

1. **Business Name:** _____ **Facility ID:** _____

2. Contact Name: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Address: _____

Section II - Process/Equipment Information (Complete all items)

1. Please indicate the type of products being processed at the facility:

a. Walnuts b. Almonds c. Prunes d. Rice

e. Beans f. Seeds g. Other (specify): _____

2. Please specify the following:

Maximum Daily Processing Rate: _____ (Circle one: lbs, tons, cwt)
Maximum Annual Processing Rate: _____ (Circle one: lbs, tons, cwt)
Typical Operation Schedule: _____ Hours/Day; _____ Days/Week; _____ Weeks/Year.

3. Please either describe or attach a flow diagram of the process. Please note the main process equipment used in the operation. (Example: receiving pit/hopper, screens, scalper, aspirator, drying tower, air legs, storage silo, etc.)

4. If emission control equipment is being used (cyclones, baghouses, dust collectors, water spray, etc), please describe in detail the equipment being controlled.

5. If the facility burns fuel (natural gas, propane, diesel, etc.) for any process, please specify the following:

Fuel Type: _____	Fuel Type: _____
Make/Model burner: _____	Make/Model burner: _____
Number of burners: _____	Number of burners: _____
Maximum Burner Capacity (Btu/hr): _____	Maximum Burner Capacity (Btu/hr): _____
Maximum Usage (Hours/year): _____	Maximum Usage (Hours/year): _____
Fuel Type: _____	Fuel Type: _____
Make/Model burner: _____	Make/Model burner: _____
Number of burners: _____	Number of burners: _____
Maximum Burner Capacity (Btu/hr): _____	Maximum Burner Capacity (Btu/hr): _____
Maximum Usage (Hours/year): _____	Maximum Usage (Hours/year): _____

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Section III – Receptor Information

1. Description of Nearest Receptor (i.e. Residential Area, business, school, etc.): _____
2. Facility Distance to the Nearest Receptor: _____ feet

Section IV - Applicant Certification Statement

THE ABOVE INFORMATION IS SUBMITTED TO DESCRIBE THE DESIGN AND USE OF THE EQUIPMENT FOR WHICH APPLICATION FOR AUTHORITY TO CONSTRUCT IS BEING MADE.

SIGNATURE OF RESPONSIBLE

OFFICIAL OF FIRM: _____ DATE: ____/____/____

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING THIS DATA FORM

NAME: _____ TITLE: _____

APPLICATION /Agricultural Commodity Processing.doc, 06/27/2023