



Serving Sutter and Yuba Counties

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 Air Pollution Control Officer

CALENDAR YEAR _____ THROUGHPUT/PRODUCTION REPORT (Generic)

Enter Year

1. COMPANY NAME		2. EQUIPMENT LOCATION		3. PERMIT #	
4. PROCESS DESCRIPTION		5. RESPONSIBLE OFFICIAL'S NAME (Print)		(Signature)	
6. TITLE			7. PHONE NUMBER		

8. MONTHLY PERCENTAGE OF PRODUCTION [Must add up to 100 percent]

January	February	March	April	May	June	July	August	September	October	November	December
_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %

9. ACTUAL PRODUCTION THROUGHPUT (SPECIFY UNITS)

TYPE OF PROCESS **	TOTAL ANNUAL THROUGHPUT	UNITS

10. FUEL USAGE (SPECIFY UNITS - gallons, cubic feet, therms, etc.)

TYPE OF FUEL	TOTAL ANNUAL THROUGHPUT	UNITS
Diesel		gallons
Natural Gas		
Propane		
Gasoline		
Waste Gas/Other		

11. DISTANCE (in feet) to the edge of the nearest receptor in each category

RESIDENTIAL	
BUSINESS	
SCHOOL	

**** Instructions:** Please review your current Permit to Operate and Recordkeeping Conditions and list the **ACTUAL amount** of throughput used in the previous calendar year (January 1 to December 31) **for each permitted process at the facility.** Include the Type of Process (aggregate, automotive coatings, diesel engine maintenance & testing, etc.), the Total Annual Throughput (4,000 tons, 90 gallons, 12 hours, etc.), and the associated fuel usage for the process (if known). Please use additional sheets as necessary to provide all required information.