



MINNESOTA POLLUTION CONTROL AGENCY
ENVIRONMENTAL ANALYSIS AND OUTCOMES DIVISION
NATE EDEL
520 LAFAYETTE ROAD N
ST. PAUL, MN 55155

2011 Air Emission Inventory For Nonmetallic Mineral Processing Permittees

Company Name:

Facility ID#:

Site Name:

Please make corrections to the Emission Inventory Contact information below, if necessary:

Inventory Contact Name:

Inventory Contact Title:

Mailing Address:

Phone:

Fax:

Email:

Production and Processing

Process	Tons/year	Comment
Total Produced		none
Total Amount Crushed (excluding fines)		(Tons processed x number of times crushed)
Total Fines Crushed (final product 3/16 inch or smaller)		(Tons processed x number of times crushed)
Total Screened		(Tons Processed x number of times screened)
Total Transferred		(Tons Processed x number of transfer drops)

Non Process Dust Control Option (Circle One)

Small 0%	Medium 50%	Large 75%
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Unpaved Roads

(Do not report the total vehicle miles traveled. Report the distance of one round-trip only)

Distance of One Round Trip		Mile(s)
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Sand Heaters

Fuel	Amount Fuel Burned	Unit
Natural Gas		Cubic Feet ^(*)
Propane		Gallons

Generators/Internal Combustion Engines

(Do not include fuel used in mobile sources such as loaders and trucks)

Fuel	Amount Fuel Burned	Unit
Diesel		Gallons
Diesel/Biodiesel Mix		Gallons
Natural Gas		Cubic Feet ^(*)
Gasoline		Gallons
Propane		Gallons

^(*)Natural gas may be identified in ccf (hundred cubic feet), therms, or cubic feet on gas bill. If natural gas amounts are not in cubic feet, please identify what units you are giving natural gas amounts.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervised by qualified personnel. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I understand that the data provided in this document will be used by the MPCA to calculate a fee, which my facility will be required to pay under Minn. R. 7002.0065, based on the tons of pollution emitted by the facility.

Signature and Title of Company Official:

Date: _____

Name and Title of Company Official (please print):

Forms must be received by April 1, please mail us this form with an original signature. A copied or faxed signature is unacceptable.

Please contact Nate Edel (651) 757-2332 with any questions.