|  |  |
| --- | --- |
|  | 2023 Air emission inventory for Nonmetallic mineral processing permitteesAir Emission Inventory ProgramDoc Type: Air Emission Inventory - Criteria |

## Instructions:Read each statement, fill in the appropriate fields, and sign at the bottom.

## **Submittal:** Please mail the completed form with an original signature **postmarked** **no later than April 1**.**A *copied or faxed* signature is unacceptable.**

|  |  |
| --- | --- |
| **Mail to:** | Rachel OlmansonMinnesota Pollution Control Agency520 Lafayette Road NorthSt. Paul, MN 55155-4194 |

## Questions:Please contact Rachel Olmanson at rachel.olmanson@state.mn.us or 651-757-2473.

## Facility information

|  |  |  |  |
| --- | --- | --- | --- |
| Facility name: |       | Facility/Air Permit number: |       |
| Site name: |       | Master AI number: |       |

## Inventory contact(Update the emission inventory contact information below, if necessary.)

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name: |       | Contact title: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip code: |       |
| Phone: |       | Email: |       |

## Production and processing information

|  |  |  |
| --- | --- | --- |
| **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 (check one)

[ ]  Small (0%) [ ]  Medium (50%) [ ]  Large (75%)

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) |

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.

## Certification

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 Minnesota Pollution Control Agency 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:

|  |  |  |  |
| --- | --- | --- | --- |
| Print name: |       | Title: |       |
| Signature: |  | Date (mm/dd/yyyy): |  |