SACRAMENTO METROPOLITAN
AIR QUALITY
MANAGEMENT DISTRICT

———— ANNUAL REPORT – CONCRETE BATCHING

(enter year here)

Company Name: _____ **Permit #:** _____

Facility Address: _____

Facility Contact: _____ Facility Contact Title: _____

Phone Number: _____ E-Mail: _____

Instructions:
- List the annual throughput/production for each quarter of the previous year.
- Provide control, monthly activity, vehicle traffic, and storage pile data.

CHECK TYPE OF BATCHING		AMOUNT OF MATERIAL PRODUCED/HANDLED IN 2021			
Central Mix	Truck Mix	Concrete (cubic yards/yr.)	Cement (tons/year)	Aggregate (tons/year)	Sand (tons/year)

PLEASE INDICATE TYPE OF DUST CONTROL UNDER EACH PROCESS: (i.e., water, baghouse)		
Sand & aggregate transfer to bin	Weigh Hopper Loading	Truck or Mixer Loadout

MONTHLY ACTIVITY											
Uniform:_____ or indicate % activity below for each month. *(Total monthly activity should add up to 100% for the year)*											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

VEHICLE TRAFFIC			
TOTAL MILES TRAVELED FOR ALL CONCRETE AND RAW MATERIAL TRUCKS ON PLANT SITE ONLY			
PAVED HAUL ROADS		UNPAVED HAUL ROADS	
Vehicle Miles/Year	Control (Sweep, water, chemical)	Vehicle Miles/Year	Control (Water, chemical)

For each load, average round trip distance traveled by the haul truck on plant site:

Paved Road (miles)	Unpaved Road (miles)

Average weight of haul truck empty:_____tons; loaded:_____tons

Average area of storage piles: _____acres; Percent Active (on daily basis): _____ ; Type of Control: _____

Any information presented must be true and correct to the best of your knowledge. California Health and Safety Code 42400.3.5 and 42402.4 establish separate criminal and civil penalties for any person who, knowingly and with intent to deceive, falsifies any document required to be kept pursuant to any rule, regulation, permit, or order from the Sacramento Metropolitan Air Quality Management District. By signing below, I certify that all information is true and accurate and complete to the best of my knowledge and ability.

Name: _____Signature: _____ Date: _____