

El Dorado County
Air Quality Management District
 Aggregate Screening Supplemental Questionnaire

Business Name: _____ **Date:** _____
Prepared By: _____

| | |
|--|--|
| Screen ID | |
| Make | |
| Model | |
| Serial Number | |
| Number of Decks | |
| Maximum processed per hour | |
| Maximum processed per day | |
| Maximum processed per 1st calendar quarter | |
| Maximum processed per 2nd calendar quarter | |
| Maximum processed per 3rd calendar quarter | |
| Maximum processed per 4th calendar quarter | |
| Maximum processed per calendar year | |
| Control device(s) | |
| Minimum moisture content of aggregate entering screen | |