

**Hot Mix Asphalt Plants**



\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Facility Address (City, State, Zip)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Date

**Type of Plant:**

**Drum**      **Controlled by fabric filter:**  **yes**  **no**    **Scrubber:**  **yes**  **no**

*Or*

**Batch**      **Controlled by fabric filter:**  **yes**  **no**    **Scrubber:**  **yes**  **no**

**Tons of hot Mix Asphalt produced using:**

**Natural Gas:** \_\_\_\_\_ **tons**

**Oil:** \_\_\_\_\_ **tons**

**Waste Oil:** \_\_\_\_\_ **tons**

**Do you have a silo?**  **yes**  **no**

Any questions regarding this form should be directed to Karen Slattery at (401) 222-2808 ext 7030 or email [karen.slattery@dem.ri.gov](mailto:karen.slattery@dem.ri.gov)