



Michigan Department of Environmental Quality - Air Quality Division
Michigan Air Emissions Reporting System (MAERS)
2008 SP-101 SUPPLEMENTAL PORTABLE

Authorized under 1994 P.A. 451, as amended. Completion of this form is required for portable sources.

GENERAL INSTRUCTIONS: Verify the accuracy of all information and make any necessary additions or corrections.
Refer to the General Instructions Booklet for more detailed instructions.

FORM REFERENCE

1. Form Type SP-101	2. AQD Source ID (SRN)
----------------------------	------------------------

PORTABLE MATERIAL USAGE SCHEDULE

3. Operator's ID	4. SCC Code	5. Total Material Throughput
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
TOTALS MUST EQUAL		100%

PORTABLE MATERIAL USAGE SCHEDULE

3. Operator's ID	4. SCC Code	5. Total Material Throughput
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
TOTALS MUST EQUAL		100%