



Jennifer M. Granholm, Governor  
Steven E. Chester, Director

Michigan Department of Environmental Quality  
Air Quality Division

## 2008 MICHIGAN AIR EMISSIONS REPORTING SYSTEM (MAERS)

### SP-101 SUPPLEMENTAL PORTABLE FORM INSTRUCTIONS AND EXAMPLE

#### Completion of this form is required for portable sources only.

This form is required for each portable source. The SP form is in the MAERS software as an electronic form accessible through the FORMS dropdown menu. Total throughput per SCC and total emissions are broken down by percentages per county on the SP-101 Supplemental Portable form.

Paper copy submittals, use additional sheets as necessary. **Submit these forms with the P-101 Signature and Password form to the appropriate DEQ-Air Quality district office. The submittal will not be considered administratively complete without this form.**

#### FORM REFERENCE SECTION:

1. **Form Type** - DEQ Air Quality reference identification for the form.
2. **AQD Source ID (SRN) - (Required)** - AQD Source ID (SRN) is where the SRN must be entered.
3. **Operator's ID - (Required)** – Use the Operator's ID that was used on the A-101 form Field 3.
4. **State Classification Code (SCC) - (Required)** List the SCC, Field 4 from the A-101 Activity form.
5. **Total Material Throughput - (Required)** List the Material Throughput, Field 14B from the A-101 Activity form.
6. **County Name - (Required)** List the counties where this equipment operated. To add a county select EDIT, ADD COUNTY, then choose the appropriate county from the dropdown list.
7. **Percentage of Throughput - (Required)** Indicate the percentage of throughput for each county for the SCC listed above. Enter to the nearest percent. The totals of these percentages must equal 100%.



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

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

**GENERAL INSTRUCTIONS** - Refer to the General Instructions Booklet for more detailed instructions.

<b>FORM REFERENCE</b>	
1. Form Type <b>SP-101</b>	2. AQD Source ID (SRN) <b>A1234</b>

<b>PORTABLE MATERIAL USAGE SCHEDULE</b>		
3. Operator's ID <b>EUPLANT1</b>	4. SCC Code <b>30502510</b>	5. Total Material Throughput <b>500 TON</b>
6. County Name <b>Ingham</b>	7. Percentage of Throughput <b>45</b>	
6. County Name <b>Eaton</b>	7. Percentage of Throughput <b>15</b>	
6. County Name <b>Clinton</b>	7. Percentage of Throughput <b>40</b>	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
<b>TOTALS MUST EQUAL</b>		<b>100%</b>

<b>PORTABLE MATERIAL USAGE SCHEDULE</b>		
3. Operator's ID <b>EUPLANT1</b>	4. SCC Code <b>30502511</b>	5. Total Material Throughput <b>400 TON</b>
6. County Name <b>Ingham</b>	7. Percentage of Throughput <b>35</b>	
6. County Name <b>Eaton</b>	7. Percentage of Throughput <b>30</b>	
6. County Name <b>Clinton</b>	7. Percentage of Throughput <b>35</b>	
6. County Name	7. Percentage of Throughput	
6. County Name	7. Percentage of Throughput	
<b>TOTALS MUST EQUAL</b>		<b>100%</b>

EQP 5760 (8/08)

Page \_\_\_\_ of \_\_\_\_