MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
EMISSIONS INVENTORY QUESTIONNAIRE, OR EIQ
FORM 2.0P PORTABLE PLANT INFORMATION

COMPANY NAME	FIPS COUNTY NO.	PLANT NO.	YEAR OF DATA

PORTABLE EQUIPMENT OPERATING SITE INFORMATION

FIPS COUNTY NO.	PLANT NO.	PROJECT NO.	TYPE OF INSTALLATION/UNIT		
SITE OR LOCATION NAME		PERCENT OF TOTAL THROUGHPUT AT SITE (%)		FIRST DATE AT SITE	LAST DATE AT SITE
ADDRESS		**Period of Operation**	HOURS	DAYS	WEEKS
CITY		ZIP CODE +4	PHONE NUMBER WITH AREA CODE		

	Latitude	Longitude	UTM Coordinates			
Degrees			EASTING (M)	NORTHING (M)	ACC (M)	HORIZONTAL DATUM (CHECK ONE)
Minutes						☐ NAD27 ☐ NAD83
Seconds						☐ WGS84

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MO 780-1433 (12-09)