



MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM

**EMISSIONS INVENTORY QUESTIONNAIRE, OR EIQ
FORM 3.0 EMISSIONS FEE CALCULATION**

FACILITY NAME		FIPS COUNTY NO.			PLANT NO.		YEAR OF DATA		
1. EMISSION UNIT NO.	Use one row to list the emissions from one emission unit. Sum the emissions in the page total box at the bottom of the column. If more than one page is needed, use the first row of the duplicated page to list the page totals from this page. Express figures in tons per year and round to two decimal places.								
SCC	AIR POLLUTANT								
	PM ₁₀	SO _x	NO _x	VOC	CO	LEAD	HAPs	PM _{2.5}	NH ₃
PAGE TOTALS									
Note: Fill out the lower portion of this form one time only.									
2. ACTUAL EMISSIONS (Use the sum of all page totals for each pollutant for actual emission figures below.)									
Total	PM ₁₀	SO _x	NO _x	VOC	CO	LEAD	HAPs	PM _{2.5}	NH ₃
Copy the actual emissions from section 2 to the appropriate box(es) in the Total Plant Emissions Section of <i>Form 1.0 General Plant Information</i> .									
3. CHARGEABLE EMISSIONS (Maximum 4,000 Tons/Yr. cap per pollutant)									
Total					NO FEES FOR CO			NO FEES FOR PM _{2.5}	NO FEES FOR NH ₃
4. SUM OF CHARGEABLE EMISSIONS SUBJECT TO FEES									
Round chargeable emissions to the nearest whole ton. The minimum emission tonnage is one ton, and the maximum is 12,000 tons per year.							Tons/Yr.		
5. TOTAL ANNUAL EMISSIONS FEE									
Multiply the sum of chargeable emissions as calculated in section 4 by \$48 and enter this amount in section 5. The minimum fee is \$48.						\$			
6. ANNUAL EMISSIONS FEE REMITTED TO THE CITY OF KANSAS CITY OR ST. LOUIS COUNTY LOCAL AIR AGENCY									
CHECK NUMBER			CHECK DATE			AMOUNT REMITTED IN CALENDAR YEAR OF RECORD			
7. ANNUAL EMISSIONS FEE REMITTED TO THE STATE (SECTION 5 MINUS SECTION 6)									
CHECK NUMBER			CHECK DATE			CHECK AMOUNT			
						\$			
8. INCLUDE A CHECK FOR THE AMOUNT IN SECTION 7, PAYABLE TO THE MISSOURI AIR POLLUTION CONTROL PROGRAM.									
Mail the check for the emissions fee to the State Air Agency listed on Form 1.0.									
9. SEND THE COMPLETED QUESTIONNAIRE AND ANY SUPPORTING DOCUMENTATION TO THE AGENCY LISTED AT THE BOTTOM OF FORM 1.0 GENERAL PLANT INFORMATION.									