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# EIQ1.0 General Plant Information Application

## Instructions for Form 780-1431

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Air Pollution Control Program fact sheet

2/2009

This information should be consistent with the permit. This form is required from all facilities.

**Request Confidentiality** - Placing a mark in this box tells the Air Pollution Control Program that you are interested in seeking confidentiality for your Emission Inventory Questionnaire, or EIQ, information. It does not complete the confidentiality process. For more information regarding the confidentiality process, please review *Confidential EIQ Information*, available on the department's Web site at [www.dnr.mo.gov/forms/confidentialeiq-info.pdf](http://www.dnr.mo.gov/forms/confidentialeiq-info.pdf).

**Facility Name** - Enter the official company name or plant designation for the facility submitting this EIQ, if not already preprinted. This name should match what is listed on the mailing label. If your official company name has changed in the calendar year of record, enter the new name in the box. This official facility name must be entered on every form submitted.

**FIPS County Number, Plant No. and Year of Data** - This information may be preprinted on the form. If any of the boxes are blank, fill in any of the known information. Year of Data is the calendar year of record. The Federal Information Processing Standard, or FIPS, County Number, Plant Number and Year of Data must be entered on every form and any documentation submitted. If you do not know your plant number or classification, contact the Air Pollution Control Program to have a number assigned.

**Facility Street Address, City and ZIP Code +4** - Enter the physical street address of the facility's location.

**County Name** - Enter the county name where the facility submitting this EIQ is located.

**Facility Phone Number, Extension** - Enter the facility phone number and extension where the contact person can be reached.

**Fax Number** - Enter the telephone number where the contact person can receive a faxed document.

**Facility Mailing Address, City, State and ZIP Code +4** - Enter the mailing address of the facility if it is different than the street address.

**Facility Contact Name and Title** - Enter the name of the person most familiar with the operations of the facility. This contact should be able to answer any questions regarding the facility. Also, list the title of the contact person.

**Facility Contact E-mail** - Enter the facility contact person's e-mail address.

**Where to send EIQ in the Future** - Check the appropriate box.

**Product/Principal Activity** - Enter the general product manufactured, the material handled by your facility or the principal activity performed at this location.

**Standard Industrial Classification Code** - This is a four digit code that identifies the type of process or liquid associated with this emission unit. The Air Pollution Control Program will assign this number.

**North American Industry Classification System, or NAICS, Code** - This six digit code represents the economic activity performed at the facility.

**Number of Employees** - Enter the total number of full-time and the equivalent number of part-time employees. For example, two part-time workers each employed 20 hours per week are equivalent to one full-time worker.

**Geographical Coordinates** - The geographical coordinates field is required and must be entered in either the Universal Transverse Mercator coordinate system or with latitude and longitude coordinates.

**Accuracy or ACC (M)** - The estimated accuracy (in meters) of the coordinates of the locational coordinates. If the accuracy is unknown, please leave blank.

**Horizontal Datum** - The projected coordinate system used to collect the locational coordinates. Reference NAD27, NAD83 or WGS84. The preferred reference is NAD83.

**Parent Company Information** - Complete this block if another company at a different location owns your company totally or in part.

**Total Plant Emissions** - After the actual air emissions are totaled for each pollutant in Block 2 on Form 3.0, Emissions Fee Calculation, transfer the appropriate figures (two decimal places) for each pollutant to this block.

**Certification** - The last two lines on the page must be completed by the person completing the form and an authorized company representative. Also, include their titles in the blocks. Both signature blocks must be signed. Unsigned EIQRs will not be accepted

**Payment Amount, Check/Authorization Number and Payment Date** - Fill in your company's payment information.

### **For More Information**

Missouri Department of Natural Resources  
Air Pollution Control Program  
P.O. Box 176  
Jefferson City, MO 65102-0176  
800-361-4827 or 573-751-4817  
573-751-2706 fax  
[www.dnr.mo.gov/env/apcp/index.html](http://www.dnr.mo.gov/env/apcp/index.html)