



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM

**EMISSIONS INVENTORY QUESTIONNAIRE, OR EIQ  
FORM 2.2 INCINERATOR WORKSHEET**

FACILITY NAME	FIPS COUNTY NO.	PLANT NO.	YEAR OF DATA
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**1. EQUIPMENT INFORMATION**

EMISSION UNIT NO.	SOURCE CLASSIFICATION CODE (SCC)	SCC UNITS	SEG. NO.
MAXIMUM HOURLY DESIGN RATE	UNITS/HR.	MAKE / MODEL	SERIAL NUMBER

**INCINERATOR USE (CHECK ONE):**

- Government     
  Commercial     
  Institutional     
  Industrial  
 Other (specify):

**EQUIPMENT TYPE (CHECK APPROPRIATE BOXES):**

- Pathological     
  Sewage sludge     
  Multiple chambers     
  Controlled air  
 Other (specify):

NUMBER OF CHAMBERS NOT INCLUDING STACK	SECONDARY CHAMBER TEMPERATURE (F)
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**2. WASTE INFORMATION AND THROUGHPUTS**

PROCESS WASTE TYPES	HEAT CONTENT (BTU/UNITS)	ANNUAL THROUGHPUT	UNITS
Total annual throughput =			LBS./YR.
Total annual throughput (TONS/YR.) = {Total annual throughput (LBS./YR.)} / 2,000			TONS/YR.

Enter the total annual throughput (TONS/YR.) into Section 3 on Form 2.0.