



MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM

EMISSIONS INVENTORY QUESTIONNAIRE (EIQ)
FORM 2.5L GENERAL LIQUID STORAGE TANK INFORMATION

FACILITY NAME			FIPS COUNTY NO.	PLANT NO.	YEAR OF DATA	
EMISSION UNIT NO.	TANK ID.	SCC (BREATHING OR WORKING)	SEG. NO.	DIAMETER (FT.)	HEIGHT (FT.)	LENGTH (FT.)
CAPACITY (IN THOUSANDS OF GALLONS)		THROUGHPUT (IN THOUSANDS OF GALLONS)		TANKS PROGRAM USED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CAS NUMBER		CHEMICAL	CHOOSE TYPE OF TANK (CHECK ONE) <input type="checkbox"/> Vertical fixed roof <input type="checkbox"/> Vertical floating roof <input type="checkbox"/> Horizontal fixed roof <input type="checkbox"/> Underground			
EMISSION UNIT NO.	TANK ID.	SCC (BREATHING OR WORKING)	SEG. NO.	DIAMETER (FT.)	HEIGHT (FT.)	LENGTH (FT.)
CAPACITY (IN THOUSANDS OF GALLONS)		THROUGHPUT (IN THOUSANDS OF GALLONS)		TANKS PROGRAM USED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CAS NUMBER		CHEMICAL	CHOOSE TYPE OF TANK (CHECK ONE) <input type="checkbox"/> Vertical fixed roof <input type="checkbox"/> Vertical floating roof <input type="checkbox"/> Horizontal fixed roof <input type="checkbox"/> Underground			
EMISSION UNIT NO.	TANK ID.	SCC (BREATHING OR WORKING)	SEG. NO.	DIAMETER (FT.)	HEIGHT (FT.)	LENGTH (FT.)
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