



MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM

EMISSIONS INVENTORY QUESTIONNAIRE, OR EIQ
DRY CLEANER - NON-CHLORINATED AND PETROLEUM BASED SOLVENTS

FIPS COUNTY NO.	PLANT NO.	COUNTY	EMISSION UNIT NO.	SCC	SEG. NO.	YEAR OF DATA			
1. DRY CLEANER INFORMATION									
FACILITY NAME		CONTACT PERSON NAME/TITLE		PHONE NUMBER WITH AREA CODE		FAX NUMBER WITH AREA CODE			
STREET ADDRESS			CITY		STATE	ZIP CODE +4			
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY		STATE	ZIP CODE +4			
2. PARENT COMPANY INFORMATION									
PARENT COMPANY NAME				OWNER'S PHONE NUMBER WITH AREA CODE					
STREET ADDRESS, P.O. BOX OR ROUTE NUMBER				FAX NUMBER WITH AREA CODE					
CITY				STATE	ZIP CODE +4				
3. MACHINE INFORMATION									
NUMBER OF DRY TO DRY MACHINES		NUMBER OF TRANSFER MACHINES			TOTAL COMBINED DRYER CAPACITY Lbs.				
4. SOLVENT DETAIL									
SOLVENT TYPE (CHECK ONE)									
<input type="checkbox"/> Stoddard <input type="checkbox"/> Other (specify):									
Calculate Solvent Use				Non-Chlorinated (Non-perc)					
Gallons on hand from previous year									
Gallons brought on-site during calendar year (+)									
Unused gallons transferred off-site (-)									
Gallons on hand at end of calendar year (-)									
(a) Total gallons used during calendar year (=)									
5. CALCULATE GALLONS SOLVENT SHIPPED AS WASTE									
Number of Filters	×	Conversion Factor (Default = 0.1)	=	(b)	Gallons of Sludge	×	0.1	=	(c)
6. CALCULATE AIR EMISSIONS FEE									
$\frac{[a-b-c] \times \text{Solvent Density}}{2,000 \text{ pounds per ton}}$			Solvent Density lbs./gal. Stoddard: 6.316 Other:		1.	Tons/Yr.			
One ton minimum used to calculate fees (See instructions for current fee schedule).			Tons/Yr. (rounded to the nearest whole number) × Emission Fee		2.	\$			
7. CERTIFICATION									
The undersigned certifies that they have personally examined and are familiar with the information and statements contained herein and further certifies they believe this information is true, accurate and complete. The undersigned certifies that knowingly making a false statement or misrepresenting the facts presented in this document is a violation of state law.									
PRINTED NAME AND TITLE OF PERSON COMPLETING FORM				SIGNATURE OF PERSON COMPLETING FORM		DATE			
PRINTED NAME AND TITLE OF AUTHORIZED COMPANY REPRESENTATIVE				SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE		DATE			
CHECK INFORMATION					OFFICE USE ONLY				
EMISSION FEE	CHECK AMOUNT	CHECK DATE	CHECK NO.	LOGGED IN BY	DATE RECEIVED				