### EMISSIONS INVENTORY QUESTIONNAIRE, OR EIQ

**DRY CLEANER - NON-CHLORINATED AND PETROLEUM BASED SOLVENTS**

<table>
<thead>
<tr>
<th>FIPS COUNTY NO.</th>
<th>PLANT NO.</th>
<th>COUNTY</th>
<th>EMISSION UNIT NO.</th>
<th>SCC</th>
<th>SEG. NO.</th>
<th>YEAR OF DATA</th>
</tr>
</thead>
</table>

#### 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

<table>
<thead>
<tr>
<th>NUMBER OF DRY TO DRY MACHINES</th>
<th>NUMBER OF TRANSFER MACHINES</th>
<th>TOTAL COMBINED DRYER CAPACITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lbs.</td>
</tr>
</tbody>
</table>

#### 4. SOLVENT DETAIL

- **SOLVENT TYPE (CHECK ONE)**
  - [ ] Stoddard
  - [ ] 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 (c)**

#### 5. CALCULATE GALLONS SOLVENT SHIPPED AS WASTE

<table>
<thead>
<tr>
<th>Number of Filters</th>
<th>Conversion Factor (Default = 0.1)</th>
<th>=</th>
<th>(b) Gallons of Sludge</th>
<th>× 0.1</th>
<th>=</th>
<th>(c)</th>
</tr>
</thead>
</table>

#### 6. CALCULATE AIR EMISSIONS FEE

- \[
\frac{[a-b-c] \times \text{Solvent Density}}{2,000 \text{ pounds per ton}} \times \text{Emission Fee}
\]

- Solvent Density: Stoddard: 6.316 Other: 2.000

- One ton minimum used to calculate fees
  - Tons/Yr. (rounded to the nearest whole number) x Emission Fee

#### 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

<table>
<thead>
<tr>
<th>EMISSION FEE</th>
<th>CHECK AMOUNT</th>
<th>CHECK DATE</th>
<th>CHECK NO.</th>
<th>LOGGED IN BY</th>
<th>DATE RECEIVED</th>
</tr>
</thead>
</table>

MO 780-1954 (12-09)