City of Kansas City
Kansas City Health Department
Air Quality Program, 3rd Floor
2400 Troost Avenue
Kansas City, Missouri 64108

Emissions Inventory Questionnaire (EIQ)
FORM 1.0 GENERAL PLANT INFORMATION

Shaded Areas for Office Use Only

Facility Name		FIPS	Plant No.	County No.	Year of Data
Facility Street Address		County Name	Region	Classification / Permits	
City	ZIP Code	Facility Phone Number			
Facility Mailing Address		Product/Principal Activity			
City	ZIP Code	Number of Employees	Land in Acres		
Facility Contact Person	Title	Where to Send EIQ in Future (Check One) ☐ Facility Mailing Address ☐ Parent Co. Mailing Address			

	Latitude	Longitude
Degrees		
Minutes		
Seconds		

UTM Coordinates		
Zone	Easting (m)	Northing (m)

CSTR Legal Description				
(1/4):	(1/4):	Section	Township	Range

Parent Company Name	Contact Person	Phone Number	
Mailing Address	City	State	ZIP Code

TOTAL PLANT EMISSIONS FROM FORM 3.0 (TONS PER YEAR)

PM10	SOx	NOx	VOC	CO	LEAD	HAPs	

The undersigned hereby certifies that they have personally examined and are familiar with the information and statements contained herein and further certifies that they believe this information and statements to be 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.

Print Name of Person Completing Form	Title	Check Amount
Signature	Date	Check Number
Print Name of Authorized Company Representative	Title	Check Date
Signature	Date	OFFICE USE ONLY: Logged In By / Date Received

MO 780-1431 (11/99)

INSTRUCTIONS

FORM 1.0 GENERAL PLANT INFORMATION

This is a **REQUIRED** form for all facilities.

Facility Name: Enter the official company name and/or plant designation for the facility that is submitting this Emissions Inventory Questionnaire (EIQ) if not already preprinted. This name will usually be the same as on the mailing label. If your official company name has changed in the calendar year of record, please enter the new name in the box. This official facility name must be entered on every form submitted.

Facility Street Address, City and ZIP Code: The street address is the physical location of the facility.

Facility Mailing Address, City and ZIP Code: The mailing address should be entered if the mailing address of the facility is different from the street address.

Facility Contact Person: The facility contact is the person most familiar with the operations of the plant and who should answer any questions regarding information about the facility. Also, list the title of the contact person.

FIPS County Number, County No., Plant No., Year of Data, Region, and Classification: This information may be preprinted on the form. If any of the boxes are blank, fill in any of the known information. See "List of Missouri Counties" in this instruction packet for appropriate FIPS (3 digit), county (old 4 digit) codes and Department of Natural Resources regions. Year of Data is the calendar year of record. If you do not know your plant number or classification, leave blank. Air Pollution Control personnel will assign. The FIPS County Number, Plant Number and Year of Data must be entered on every form and any documentation submitted.

Facility Phone Number: The facility phone number is the telephone number where the contact person can be reached.

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

Number of Employees: Enter the total number of full-time and the equivalent number of part-time employees. Two part-time workers employed 20 hours per week are equivalent to one full-time worker.

Land in Acres: Enter the number of acres at the plant location and any surrounding land that the same facility also owns.

Where to send EIQ in Future: Check appropriate box.

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

Instructions for Form 1.0
General Plant Information
Continued

CSTR Legal Description: United States Public Land Survey – The system of partitioning land into parcels, also called township and range. On lands where CSTR is applicable, this information is found in the legal description (abstracts, deeds, etc.) of the land. An example of this description:

The northwest quarter of the northeast quarter of section 3 of township 8 north, range 1 west, etc. is written on Form 1.0 as follows:

CSTR Legal Description				
(1/4):	(1/4):	Section	Township	Range
NW	NE	3	8N	1W

The County/Township/Section/Range field must be completed except those facilities that report to a local agency.

Resources for obtaining coordinates:

1. Global Positioning Units
2. Utilizing local resources available to the company such as enhanced 911 systems, planning and zoning offices, county clerk's offices, etc. that are now becoming involved in assigning locator information to companies.
3. Utility Companies
4. Map Interpolation
5. Address Geocoding
6. Architectural Plans (Surveys)

Parent Company Information: Complete this block if your company is owned totally or in part by another company at a different location.

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 **(2 decimal places)** for each pollutant to this block.

Certification: The last two lines on the page are to be completed by the person completing the form and by an authorized company representative. Include their titles in the blocks also. **Both signature blocks must be signed**; unsigned EIQs will **NOT** be accepted.

Check Amount, Check Number, Check Date: Fill in your company's check information.

NOTE: Requests for EIQ confidentiality must be submitted annually in letter format, signed by an authorized company representative.