Facility General Information

Please use this form to complete all the necessary information regarding your facility. Please complete all the information.

Section 1: Facility Identification

a.) County Code:	**b.) Plant ID:**
c.) Facility Name:	

Section 2: Physical Address

a.) Source Address:
b.) Source City, Zip Code:

Section 3: Mailing Address

Mailing Address:
a.) Mailing Address:
b.) Mailing City, State, Zip Code:

Section 4: Source Coordinates

Source Location:	
a.) UTM Vertical:	**UTM Horizontal:**
b.) Latitude:	**Longitude:**

Section 5: Industrial Classification

a.) Primary NAICS Code:
b.) Primary SIC Code:

Section 6: Contact Information

a.) Emissions Contact Official and Title:
b.) Emissions Contact Phone Number:
c.) Emissions Contact Fax Number:
d.) Emissions Contact e-mail Address:
e.) Year of Inventory:
f.) Date Updated:
g.) Signature: