



**FORM 1.0 - GENERAL FACILITY INFORMATION**  
ANNUAL EMISSIONS INVENTORY QUESTIONNAIRE - Version 1.5

**2018**

FACILITY NAME		PLACE ID#	PERMIT# or LTF#	
FACILITY ADDRESS		CITY	STATE	ZIP CODE
FACILITY CONTACT	TITLE	PHONE #		
E-MAIL				
PRODUCT/PRINCIPAL ACTIVITY		NAICS	NUMBER OF EMPLOYEES	

FORMS COMPLETED (*mark all that apply*):

<input type="checkbox"/> <a href="#">Generators &amp; Boilers</a>	<input type="checkbox"/> <a href="#">Soil Vapor Extraction</a>	<input type="checkbox"/> <a href="#">Misc Equipment</a>
<input type="checkbox"/> <a href="#">Dry Cleaning</a>	<input type="checkbox"/> <a href="#">Air Curtain Incinerators</a>	<input type="checkbox"/> <a href="#">Misc Emissions</a>
<input type="checkbox"/> <a href="#">Cotton Gin</a>	<input type="checkbox"/> <a href="#">Rock Products</a>	

Please note, under A.R.S. § 49-432(E) the following portions of the emissions inventory report can never be held confidential:

1. The name and address of any permit applicant or permittee,
2. The chemical constituents, concentrations and amounts of any emission of any air contaminant, and
3. The existence or level of a concentration of an air pollutant in the environment.

If you do wish to claim confidentiality on any remaining portions of the report, you must attach a detailed explanation as to why the release of that information would cause substantial harm to your competitive position. See A.R.S. § 49-432(C)(1) for details.

PARENT COMPANY NAME				
MAILING ADDRESS		CITY	STATE	ZIP CODE
CONTACT NAME	CONTACT TITLE	CONTACT E-MAIL		

**TOTAL FACILITY EMISSIONS (TONS PER YEAR)**

*If you are using the PDF forms, emission totals do not need to be reported. Simply fill out your operational data (activity levels, throughputs, etc) on the appropriate forms and submit them to ADEQ. ADEQ will calculate your emission totals and contact you if additional information is needed.*

**CERTIFICATION OF TRUTH & ACCURACY**

*I certify that based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.*

SIGNATURE OF RESPONSIBLE OFFICIAL	DATE
<b>X</b>	

PRINTED NAME	TITLE

**CONTACT INFORMATION**  
Arizona Department of Environmental Quality  
Air Quality Division  
Attention: State Implementation Planning  
1110 W. Washington St.  
Phoenix, AZ 85007



