AIR QUALITY BUREAU
7900 Hickman Rd., Suite 1
Urbandale, IA 50322

IOWA DNR Emission Inventory Questionnaire

Form INV-1 Facility Identification

☐ YES ☐ NO - *Would you like an instruction book mailed to you for the next inventory cycle?*

1) Application Type	Initial ☐	Supplemental Information ☐	
2) Facility Number			
3) Company/Facility Name			
4) Emission Year			
5) Facility Street Address			
6) Facility City			IA
7) Zip Code			
8) Facility Contact Person			
9) Facility Contact Phone Number			
10) Mailing Street/PO Box			
11) Mailing City			
12) State			
13) Zip Code			
14) Parent Company / Owner Name			
15) Parent Company / Owner Mailing Address			
16) City			
17) State			
18) Zip Code			
19) Parent Company Contact/Agent			
20) Parent Company Contact Phone Number			
21) Standard Industrial Classification (SIC)			
22) Activity Description			
23) SECONDARY ACTIVITIES			
SIC			
Activity Description			
SIC			
Activity Description			
24) PLANT LOCATION			
Latitude			
Longitude			

Duplicate this form as needed

TYPE ALL INFORMATION

(DNR Form 542-4000. November 1, 2006)