Air Quality Bureau
6200 Park Ave Ste 200
Des Moines IA 50321

R. Series/Initials: CON 10-1/ _____
Facility ID: _____
WK Act/Doc Code: MS/ _____

Facility Identification Form

*Required

*1. Request Date: _____ ***2. Field Office #:** _____

*3. Plant Changes Request: Check all that apply

☐ New Facility ID   ☐ Facility ID Correction   ☐ Name Change   ☐ Address Change   **Plant Closure Type**   ☐ Permanent   ☐ Temporary   ☐ Plant Reopened

3A. Correct Plant Number (for plant number correction requests, if known)**:** _____

*4. Comments (Enter the reason why the form is needed)**:**

*5. Current/New Facility Name: _____

*6. Equipment Address: _____

*7. Facility City: _____ ***8. Zip Code:** _____ ***9. County:** _____

10. Identify any facilities within five miles of the permitted facility that this company owns and/or operates (include Facility ID and Name)**:**

_____   _____   _____

Please enter old information if different from above:

11. Old Facility Name: _____

12. Old Facility ID: _____

13. Old Equipment Address: _____

14. Old Facility City: _____

15. Old Zip Code: _____ **16. Old County:** _____

RECORDS CENTER ONLY

Plant Number (new facility or facility number correction)**:** _____

Request Completion Date: _____

This form is used to request: 1. a new plant number and 2. changes to a facility's existing information, i.e., plant number, facility name, facility location, and facility operating status.

How to complete this form:

R.SERIES/Initials: R.SERIES has already been populated for you. You will only need to enter the initials of your name.

Facility ID: Enter the existing plant number for the facility. Leave blank if requesting that a new Facility ID be assigned.

WK ACT/Doc Code: This information is already included on the form.

1. Enter the submittal date of your request.

2. Use pull-down menu to enter the number of the Field Office associated with the facility's location.

3. Check one or more of the following changes: (a) New Plant Number; (b) Plant Number Correction; (c) Name Change; (d) Address Change; (e) Permanent or (f) Temporary Plant Closure; and/or (g) Plant Reopened.

3A. If you have discovered that a correction to a plant number is needed, provide the number that you believe should be assigned to this facility.

4. Use this field to provide details about the request, such as the source of information. For example: *"per phone conversation with Ms. X on [insert date], this facility closed on [insert date]."*

5. Provide the current facility name. For a name change, enter the new name.

6.-8. Provide the physical address for the facility.

9. Use the pull-down menu to select the county where the facility is located.

10. Provide the facility ID number and facility name for any facilities your company owns or operates within 5 miles of the facility identified in items 5-9.

11.-16. Enter the information that you are requesting to be changed.

How to handle this form:

1. Complete and submit this form electronically *(no hard copies)*.

2. E-mail the completed form to: **DNR AQB Admin Support** (DNR_AQB_Admin_Support@iowa.gov).

3. On the e-mail subject line, indicate the type of plant change required and include the plant number, if one exists.

4. E-mail questions regarding the status of your request to: **DNR AQB Admin Support** (DNR_AQB_Admin_Support@iowa.gov).