

# Arkansas Point Source Inventory

## Facility General Information

Section 1: Facility Identification	
a) AFIN*:	
b) Air Permits Active During Reporting Period: (Please list permit numbers)	
c) Facility Name:	
Section 2: Physical Address	
a) Source Address (Not P.O. Box): (911 Address)	
b) Source City, State, Zip Code:	
Section 3: Mailing Address	
a) Mailing Street Address:	
b) Mailing City, State, Zip Code:	
Section 4: Contact Information	
a) Emissions Contact Person:	
b) Emissions Contact Title:	
c) Emissions Contact Phone Number:	
d) Emissions Contact Alternate Phone Number:	
e) Emissions Contact E-mail:	
f) Responsible Official Name:	
g) Responsible Official Title:	
h) Responsible Official Phone Number:	

I acknowledge that DEQ personnel will only make changes to this facility's report when authorized by a facility representative (SLEIS account holder listed in this facility's SLEIS application).

Per the definition listed in [Arkansas Pollution Control & Ecology Commission Rule 19, Chapter 2 \(Page 2-5\)](#), I, the responsible official, an owner or operator of the facility, certify that the information contained in this inventory form is true, accurate, and complete to the best of my knowledge.

By checking this box, I verify that I am the responsible official named above. The aforementioned responsible official must have submitted an Electronic Signature Agreement form.

\_\_\_\_\_

Date

This form MUST be completed (no blank fields) and attached to your Emission Inventory prior to report submission in SLEIS.

\*Please enter the facility AFIN (DEQ Facility Identification Number) or the EPA Facility Identification Number