



Michigan Department of Environmental Quality - Air Quality Division
Michigan Air Emissions Reporting System (MAERS)
2008 S-101 SOURCE

Authorized under 1994 P.A. 451, as amended. Completion of information is required. Civil and/or criminal penalties possible for providing false information.

GENERAL INSTRUCTIONS: Verify the accuracy of all information on last year's forms or summary report and make any necessary additions or corrections. Refer to the General Instructions Booklet for more detailed instructions.

FORM REFERENCE

1. Form Type S-101	2. AQD Source ID (SRN)
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SOURCE IDENTIFICATION

Change

(For AQD Use Only) Add

3. Source Name

4. NAICS Code

5. Portable Yes
 No

6A. Street Number and Name (where emission unit(s) is located)

6B. Address Continued

7. County

8. City

9. Zip Code

10. Latitude

___ ° ___' ___" Decimal Degrees

11. Longitude

___ ° ___' ___" Decimal Degrees

12. Horizontal Collection Method

13. Source Map Scale Number

14. Horizontal Accuracy Measure

Meters

15. Horizontal Reference Datum Code

16. Reference Point Code

17. Principal Product

18. Number of Employees

19. Employer Federal Identification Number

20A. ROP Subject Yes No

20B. If Yes, Permit Number

OWNER INFORMATION

Change

Add

21. Owner Name

22A. Mailing Address (Street Number and Name or P.O. Box)

22B. Address Continued

23. City

24. State/Province

25. Country

26. Zip or Postal Code