APPENDIX B—BLANK FORMS

This appendix contains blank IEAS forms. Thorough instructions for completing the forms are available in Chapter 6.

Account Information : Provide general account information; ***for new accounts only***.

Contact Information : Provide contact information; ***for all accounts adding or changing contact information***.

Structural Overview : List all new paths; ***for all accounts adding or changing account structure***.

Facility Information : Provide information about a new facility (FIN); ***for accounts adding a new FIN to account structure***. Different Facility Information forms are available for different FIN types. Select the appropriate form for each new FIN from the following FIN types:

Non-flare Combustion Unit;
Flare (Combustion Unit— Flare Profile);
VOC Process;
Loading;
Cleaning;
Coating or Printing;
Storage Tank;
Cooling Tower;
Wastewater: Wastewater System;
Wastewater: Wastewater System Component;
Leaking Component Fugitives; or
Other.

Abatement Device Information : Provide information about a new CIN; ***for accounts adding a new CIN to account structure*.**

Emission Point Information : Provide information about a new emission point (EPN); ***for accounts adding a new EPN to account structure***. Different forms are available for different EPN types. Select the appropriate form for each new EPN, depending upon whether it is a:

Stack,
Flare, or
Fugitive area.

Path Emissions : Create a new emissions path and report the new path's emissions; ***for accounts adding a new emissions path to account structure***.

Account Emissions : Report total account emissions; ***for new accounts only***.

Material Throughput : Report material throughput information; ***for all accounts***. Different forms are available for these different facility types:

Combustion Units;
Storage and Loading Facilities;
Printing, Painting, and Degreasing Facilities;
Wastewater Facilities; and
Feed and Product Operations.

Revision Request : Summarize request for FIN, EPN, and CIN changes; the IEAS reserves the right to approve or disapprove any and all such requests.

Account Information

TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Industrial Emissions Assessment Section

Company Name :		**TCEQ Air Account Number** :
Company Role in Account (*Select one*.) ☐ Owner ☐ Operator ☐ Both	**Customer Reference Number (CN)** :	**Regulated Entity Reference Number (RN)** :

SITE INFORMATION

Account Status: ☐ New Point Source Account **OR** ☐ Merger If merger, provide the other site's account number: _____	**Account Type** : ☐ Stationary ☐ Portable
Site Name :	**Location Description :** _____
Near City :	**County :** / **ZIP Code:**

CENTROID GEOGRAPHICAL COORDINATES

Latitude and Longitude		**OR**	**UTM Coordinates** *in NAD of 1983*		
Latitude	Longitude		Zone	East Meters	North Meters
___ deg _____ min _____ sec	____ deg _____ min _____ sec		_____	_____	_____

STANDARD INDUSTRIAL CLASSIFICATION CODES (SIC)

Primary SIC : _____ **Secondary SIC** : _____ **Business Description :** _____

SITE STATUS AND OPERATING SCHEDULE

Site Status (Please select one below.)

☐ Operational ☐ Temporarily Shutdown ☐ Permanently Shutdown

☐ Planned ☐ Seasonal ☐ Under Construction

☐ NESHAP Demolition ☐ NESHAP Renovation ☐ NESHAP Spraying

Operating Schedule : ___ hours/day ___ days/week ____ weeks/year

Total Annual Operating Time : _____ hours

Seasonal Operating Percentages **(NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%.)**

Spring : _____% Summer : _____ % Fall : _____% Winter : _____ %

Contact Information

TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Industrial Emissions Assessment Section

Company Name:	Site Name:	TCEQ Air Account Number:

EMISSIONS INVENTORY CONTACT

Name: **Title:** _____

Mailing Address : _____

_____

City: _____ **State :** _____ **ZIP Code + 4 :** _____ - _____

Business Address : _____

_____

City: _____ **State :** _____ **ZIP Code + 4 :** _____ - _____

Telephone Numbers and e-Mail Address

Business : _____ **ext :** _____

Alternate Business : _____ **ext :** _____

Fax : _____

e-Mail Address : _____

PLANT OR SITE CONTACT

Name: **Title**: _____

Mailing Address : _____

_____

City: _____ **State :** _____ **ZIP Code + 4 :** _____ - _____

Business Address : _____

_____

City: _____ **State :** _____ **ZIP Code + 4 :** _____ - _____

Telephone Numbers and e-Mail Address

Business : _____ **ext :** _____

Alternate Business : _____ **ext :** _____

Fax : _____

e-Mail Address : _____

Note: If you need to update contact information for multiple accounts, please complete page 2 of this form.

Contact Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory
Industrial Emissions Assessment Section

Company Name:	**TCEQ Air Account Number:**

The contact information changes and/or additions submitted for the above account are valid for all of the following air accounts:

AIR ACCOUNT NUMBER	REGULATED ENTITY REFERENCE NUMBER (RN):	COMPANY NAME	SITE NAME

Structural Overview
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory
Industrial Emissions Assessment Section

Page _____ of _____ Structural Overview pages.

Company Name:	**Site Name:**	**TCEQ Air Account Number:**

NEW OR MODIFIED PATHS LIST

Facility Identification Number (FIN) *10 character maximum*	**Emission Point Number (EPN)** *10 character maximum*	**Control Identification Number (CIN)** *10 character maximum*	**Primary Indicator**

Facility Information **TCEQ Emissions Inventory Year** _____	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Non-Flare Combustion Unit**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**Plant ID:**

FACILITY IDENTIFICATION

FIN :	**Facility Name:**	**SCC :**								

OPERATING SCHEDULE

Facility Status (Circle ONE): Active Idle Permitted But Not Built	**Facility Status Effective Date:** _____	**Operating Schedule** Start Time : _____ **NOTE:** Start Time REQUIRED Hours/Day : ____ Days/Week : ___ Weeks/Year : _____

Seasonal Operating Percentages	Spring : ____ % Summer : _____ % Fall : _____ % Winter : _____ % (**NOTE:** Spring % + Summer % + Fall % + Winter % **must equal** 100%.)	**Annual Operating Hours :** **Percent Max Capacity** : %

COMBUSTION PROFILE AND DETAIL

Unit Type (Profile) (Please check one box below.)

☐ Heater ☐ Boiler ☐ Dryer ☐ IC Engine: ___ -cycle, _____ -burn ☐ Incinerator ☐ Furnace ☐ Kiln

☐ Turbine ☐ Oven ☐ Fluid Catalytic Cracking Unit (FCCU) ☐ Thermal Oxidizer ☐ Other : _____

☐ Boiler-EGU ☐ IC Engine-EGU: ___ -cycle, _____ -burn ☐ Turbine-EGU

Design Capacity : _____ MMBtu/hr

Engine Rating : _____ hp

Firing Type *(Check one.)* ☐ Front ☐ Opposed ☐ Tangential ☐ Internal ☐ Other: _____

Generation Capacity: _____ MW

FACILITY COMMENTS

_____

_____

Facility Information **TCEQ Emissions Inventory Year _____**	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Combustion Unit: Flare Profile**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**Plant ID:**

FACILITY IDENTIFICATION

FIN :	**Facility Name:**	**SCC :**								

OPERATING SCHEDULE

Facility Status (Circle ONE): Active Idle Permitted But Not Built	**Facility Status Effective Date:** _____	**Operating Schedule** Start Time : _____ **NOTE:** Start Time REQUIRED Hours/Day : ____ Days/Week : ___ Weeks/Year : _____

Seasonal Operating Percentages	Spring : ____ % Summer : ____ % Fall : ____ % Winter : ____ % (**NOTE:** Spring % + Summer % + Fall % + Winter % **must equal** 100%.)	**Annual Operating Hours :** **Percent Max Capacity** : %

ASSIST TYPE	**SERVICE TYPE**	**DESIGN CAPACITY**
☐ Air Assisted ☐ Steam Assisted ☐ Unassisted	☐ Both Routine Process and Upset/Maintenance ☐ Routine Process ☐ Upset / Maintenance	_____ MMBtu / hr

FACILITY COMMENTS

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory
Industrial Emissions Assessment Section

Storage Tank

Company Name:	Site Name:	TCEQ Air Account Number:	Plant ID:

FACILITY IDENTIFICATION

FIN : | **Facility Name:** | **SCC :** | | | | | | | | |

OPERATING SCHEDULE

Facility Status (Circle ONE):
Active Idle Permitted But Not Built

Status Effective Date: _____

Operating Schedule Start Time : _____ **NOTE:** Start Time REQUIRED
Hours/Day : ____ Days/Week : ___ Weeks/Year : _____

Seasonal Operating Percentages
Spring : _____% Summer : _____ % Fall : _____% Winter : _____ %
(**NOTE:** Spring % + Summer % + Fall % + Winter % **must equal** 100%.)

Annual Operating Hours :

Percent Max Capacity : %

TANK DETAIL

Tank Type (*Check one.*)

- ☐ Horizontal Fixed Roof
- ☐ Vertical Fixed Roof
- ☐ Internal Floating Roof
- ☐ Pressure Tank
- ☐ External Floating Roof: Double Deck, Single Seal
- ☐ External Floating Roof: Double Deck, Double Seal
- ☐ External Floating Roof: Pontoon, Single Seal
- ☐ External Floating Roof: Pontoon, Double Seal
- ☐ Domed External Floating Roof: Double Deck
- ☐ Domed External Floating Roof: Pontoon
- ☐ Underground Tank
- ☐ Other :_____

Fill Method (*Check one .*)
☐ Submerged ☐ Splash ☐ Bottom

Vapor Space Ht: _____ ft

Tank Dimensions
Length (if Horizontal Fixed Roof) or Height (for all other tanks) : ____ ft
Diameter : ____ ft Capacity : _____ M gallons

Shell Characteristics
Construction : _____ Color/Shade : _____ Paint Condition : _____ Internal Shell Condition : _____

Roof Characteristics
Color/Shade : _____ Paint Condition : _____ Slope (if cone) : _____ ft/ft Radius (if dome) : _____ ft

Breather Vent Settings
Vacuum : _____ psig Pressure : _____ psig

Floating Roof Tank Construction and Rim-Seal System
Primary Seal : _____ Secondary Seal : _____

Non- Self Supporting Internal Floating Roof Tank Column Information
Number of Columns : _____ Effective Column Diameter (if known) : _____

Internal Floating Roof Tank Deck Characteristics
Deck Type : _____ Deck Fitting Category : _____ Construction : _____ Deck Seam : _____ Deck Seam Length : _____ feet

FACILITY COMMENTS

Facility Information **TCEQ Emissions Inventory Year _____**	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Cooling Tower**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**Plant ID:**

FACILITY IDENTIFICATION

FIN :	**Facility Name**:	**SCC** : ☐ 38500101 (Mechanical Draft) ☐ 38500102 (Natural Draft)

OPERATING SCHEDULE

Facility Status (Circle ONE): Active Idle Permitted But Not Built	**Facility Status Effective Date:** _____	**Operating Schedule** Start Time : _____ **NOTE:** Start Time REQUIRED Hours/Day : ____ Days/Week : ___ Weeks/Year : _____

Seasonal Operating Percentages	Spring : _____% Summer : _____ % Fall : _____% Winter : _____ (**NOTE:** Spring % + Summer % + Fall % + Winter % **must equal** 100%.)	**Annual Operating Hours :** **Percent Max Capacity** : %

DESIGN INFORMATION	**SAMPLING DATA**
Design Flow Rate : _____ MMgal/day (maximum)	**Sampled for VOC?** ☐ No ☐ Yes (*Describe sampling in* Facility Comments *below*)
Draft Design Type : ☐ Natural Draft ☐ Mechanical Draft	**Sampling Schedule :** ☐ Daily ☐ Weekly ☐ Monthly ☐ Other : _____
Number of Cells : _____	**Sampling Data Used to Calculate Emissions?** ☐ No ☐ Yes

FACILITY COMMENTS

Facility Information **TCEQ Emissions Inventory Year** _____	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Wastewater: Wastewater System**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**Plant ID:**

FACILITY IDENTIFICATION

FIN :	**Facility Name:**	**SCC :**								

OPERATING SCHEDULE

Facility Status (Circle ONE): Active Idle Permitted But Not Built	**Facility Status Effective Date:** _____	**Operating Schedule**	Start Time : _____ **NOTE:** Start Time REQUIRED Hours/Day : ____ Days/Week : ___ Weeks/Year : _____

Seasonal Operating Percentages	Spring : _____% Summer : _____ % Fall : _____% Winter : _____ % (**NOTE:** Spring % + Summer % + Fall % + Winter % **must equal** 100%.)	**Annual Operating Hours :** **Percent Max Capacity**: _____ %

WASTEWATER DETAIL

Aeration : ☐ Diffused Air ☐ Mechanical ☐ None	**Surface Area**: _____ ft^2	**Biodegradation Mechanism** : ☐ Biodegradation Activity ☐ Activated Sludge Activity ☐ None

Depth: ___ ft	**Flow Rate**: _____MMGD	**Flow Model** : ☐ Flowthrough ☐ Disposal	**Prestripping Performed?** ☐ Yes ☐ No

Device Type : ☐ Surface Impoundment ☐ Subsurface Impoundment ☐ Other (specify): _____

COMPONENT COUNTS

Drains (p-leg seal) : _____ **Drains** (water pot seal) : _____ **Drains** (no water seal) : _____ **Dedicated sewer vents** : _____ **Manholes** : _____

Covered lift stations : _____ totaling _____ ft^2 **Uncovered lift stations** : _____ totaling _____ ft^2 **Weirs** : _____ totaling _____ ft^2

Covered junction boxes : _____ totaling _____ ft^2 **Uncovered junction boxes** : _____ totaling _____ ft^2

Covered trenches : _____ totaling _____ linear feet **Uncovered trenches** : _____ totaling _____ linear feet

FACILITY COMMENTS

_____

Facility Information **TCEQ Emissions Inventory Year** _____	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Leaking Component Fugitives**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**Plant ID:**

FACILITY IDENTIFICATION

FIN :	**Facility Name:**	**SCC:**								

OPERATING SCHEDULE

Facility Status (Circle ONE): Active Idle Permitted But Not Built	**Facility Status Effective Date:** _____	**Operating Schedule** Start Time : _____ **NOTE:** Start Time REQUIRED Hours/Day : ____ Days/Week : ___ Weeks/Year : _____

Seasonal Operating Percentages	Spring : ____% Summer : _____ % Fall : _____% Winter : _____ (**NOTE:** Spring % + Summer % + Fall % + Winter % **must equal** 100%.)	**Annual Operating Hours :** **Percent Max Capacity** : %

EMISSIONS DETERMINATION METHODOLOGY (Check one method. If more than one method is used, create separate FINs.)

☐ Oil and Gas Factors	☐ SOCMI Average Factors	☐ SOCMI Screening Range (Leak / No Leak) Factors
☐ Refinery Factors	☐ SOCMI with Ethylene Factors	☐ Correlation Equations
☐ Petroleum Marketing Terminal Factors	☐ SOCMI without Ethylene Factors	☐ Other (explain): _____

LEAK DETECTION AND REPAIR (LDAR) PROGRAM (If more than one LDAR program is used [not including 28CNTA and 28CNTQ], create separate FINs.)

☐ None ☐ 28LAER ☐ 28M ☐ 28MID ☐ 28RCT ☐ 28VHP
☐ AVO ☐ HRVOC ☐ Other: _____

Connector monitoring program: ☐ 28CNTA ☐ 28CNTQ ☐ None

This LDAR program is (*check one*): ☐ Voluntary ☐ Required by Permit or Rule

FACILITY COMMENTS

_____

_____

Facility Information **TCEQ Emissions Inventory Year _____**	TCEQ Air Emissions Inventory	**Leaking Component Fugitives** Fugitive Data

TCEQ Air Account Number:	**FIN:**

COMPONENT COUNTS

	Service	Non-Monitored	Monitored				
		# components	# components	leak definition (ppm)	# leakers	# pegged	frequency
Valves	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H_2O/Light oil						
Pumps	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H_2O/Light oil						
Flanges	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H_2O/Light oil						
Open-Ended Lines	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H_2O/Light oil						
Connectors	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H_2O/Light oil						
Relief Valves	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H_2O/Light oil						
Compressor Seals	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H_2O/Light oil						
Other	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H_2O/Light oil						

VOC PERCENTAGES	**MONITORING EQUIPMENT DATA**
Gas / vapor stream : _____ %	Pegged Component Screening Value: _____ppm
Light liquid stream : _____ %	Calibration Range: _____min _____max

Facility Information **TCEQ Emissions Inventory Year _____**	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Other Source**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**Plant ID:**

FACILITY IDENTIFICATION

FIN :	**Facility Name:**	**SCC:**								

OPERATING SCHEDULE

Facility Status (Circle ONE): Active Idle Permitted But Not Built	**Facility Status Effective Date:** _____	**Operating Schedule** Start Time : _____ **NOTE:** Start Time REQUIRED Hours/Day : ____ Days/Week : ___ Weeks/Year : _____

Seasonal Operating Percentages	Spring : ____% Summer : ____ % Fall : ____% Winter : ____ % (**NOTE:** Spring % + Summer % + Fall % + Winter % **must equal** 100%.)	**Annual Operating Hours :** **Percent Max Capacity** : _____ %

GENERATING GROUP

Other (describe) : _____

FACILITY COMMENTS

_____

_____

Facility Information **TCEQ Emissions Inventory Year _____**	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**VOC Process**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**Plant ID:**

FACILITY IDENTIFICATION

FIN :	**Facility Name :**	**SCC :**								

OPERATING SCHEDULE

Facility Status (Circle ONE): Active Idle Permitted But Not Built	**Facility Status Effective Date:** _____	**Operating Schedule** Start Time : _____ **NOTE:** Start Time REQUIRED Hours/Day : ____ Days/Week : ___ Weeks/Year : _____

Seasonal Operating Percentages	Spring : ___ % Summer : ____ % Fall : ____% Winter : ____ % (**NOTE:** Spring % + Summer % + Fall % + Winter % **must equal** 100%.)	**Annual Operating Hours :** **Percent Max Capacity** : %

PROCESS PROFILE

Unit Type (Profile) (Please check one box below.)

☐ Analyzer	☐ Glycol Still	☐ Mixing Vessel	☐ Polyethylene Unit
☐ Polypropylene Unit	☐ Reactor	☐ Blowdown Operations	☐ Other : _____

FACILITY COMMENTS

_____

_____

Facility Information TCEQ Emissions **Inventory Year** _____	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Loading**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**Plant ID:**

FACILITY IDENTIFICATION

FIN :	**Facility Name :**	**SCC :**								

OPERATING SCHEDULE

Facility Status (Circle ONE): Active Idle Permitted But Not Built	**Facility Status Effective Date:** _____	**Operating Schedule** Start Time : _____ **NOTE:** Start Time REQUIRED Hours/Day : ____ Days/Week : ___ Weeks/Year : _____

Seasonal Operating Percentages	Spring : ____ % Summer : ____ % Fall : ____ % Winter : ____ % (**NOTE:** Spring % + Summer % + Fall % + Winter % **must equal** 100%.)	**Annual Operating Hours :** **Percent Max Capacity** : _____ %

LOADING PROFILE

Loading Type (Profile) (Please check one box below.)

☐ Marine ☐ Railcar ☐ Railcar and Tank Truck ☐ Tank Truck ☐ Other : _____

FACILITY COMMENTS

_____

_____

Facility Information **TCEQ Emissions Inventory Year** _____	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Cleaning**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**Plant ID:**

FACILITY IDENTIFICATION

FIN :	**Facility Name :**	**SCC :**								

OPERATING SCHEDULE

Facility Status (Circle ONE): Active Idle Permitted But Not Built	**Facility Status Effective Date**: _____	**Operating Schedule** Start Time : _____ **NOTE:** Start Time REQUIRED Hours/Day : ____ Days/Week : ___ Weeks/Year : _____

Seasonal Operating Percentages	Spring : ____ % Summer : _____ % Fall : _____ % Winter :_____ % (**NOTE:** Spring % + Summer % + Fall % + Winter % **must equal** 100%.)	**Annual Operating Hours :** **Percent Max Capacity** : ____ %

CLEANING PROCESS PROFILE

Process Type (Profile) (Please check one box below.)

☐ Barge Cleaning	☐ Dip Degreasing	☐ Railcar Cleaning
☐ Tank Car Cleaning	☐ Vapor Degreasing	☐ Other : _____

FACILITY COMMENTS

_____

_____

Facility Information **TCEQ Emissions Inventory Year _____**	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Wastewater: Wastewater System Component**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**Plant ID:**

FACILITY IDENTIFICATION

FIN :	**Facility Name :**	**SCC :**								

OPERATING SCHEDULE

Facility Status (Circle ONE): Active Idle Permitted But Not Built	**Facility Status Effective Date**: _____	**Operating Schedule** Start Time : _____ **NOTE:** Start Time REQUIRED Hours/Day : ____ Days/Week : ___ Weeks/Year : _____

Seasonal Operating Percentages	Spring :____% Summer : ____ % Fall : ____ % Winter : ____ % (**NOTE:** Spring % + Summer % + Fall % + Winter % **must equal** 100%.)	**Annual Operating Hours** **Percent Max Capacity** : ____ %

WASTEWATER COMPONENT PROFILE

Unit Type (Profile) (Please check one box below.)

☐ Basin ☐ Clarifier ☐ Closed Sump ☐ Lift Station ☐ Open Sump

☐ Reactor ☐ Separator ☐ Stripper ☐ Other Component: _____

FACILITY COMMENTS

_____

_____

Facility Information **TCEQ Emissions Inventory Year _____**	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Coating or Printing**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**Plant ID:**

FACILITY IDENTIFICATION

FIN :	**Facility Name:**	**SCC :**								

OPERATING SCHEDULE

Facility Status (Circle ONE): Active Idle Permitted But Not Built	**Facility Status Effective Date:** _____	**Operating Schedule** Start Time: _____ **NOTE:** Start Time REQUIRED Hours/Day :___ Days/Week :__ Weeks/Year : ___

Seasonal Operating Percentages	Spring : ___ % Summer : ___ % Fall : ___ % Winter : ___ % (**NOTE:** Spring % + Summer % + Fall % + Winter % **must equal** 100%.)	**Annual Operating Hours :** **Percent Max Capacity** :_____ %

FACILITY COMMENTS

_____

_____

_____

Abatement Device Information

TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory
Industrial Emissions Assessment Section

You may use this one form to add up to two new CINs to your account.

Company Name:	Site Name:	TCEQ Air Account Number:	RN:

ABATEMENT DEVICE INFORMATION

CIN :	Control Device Name :	Abatement Code :	Number of Units :
Primary Abatement Device:		CIN Effective Date:	

Annual Operation	Percent Time Offline	Inspection and Maintenance Schedule (Select one.)
hours	%	☐ Annually ☐ Biannually ☐ Continuous ☐ Daily ☐ Hourly ☐ Monthly ☐ Quarterly ☐ Weekly

CONTROL EFFICIENCY (Please check all contaminants controlled by this abatement device and enter the control efficiency in the space provided.)

☐ Volatile Organic Compounds : _____ % ☐ Nitrogen Oxides : ____ % ☐ Carbon Monoxide : ____ % ☐ Sulfur Dioxide : _____ %

☐ Inorganic Compounds: ____ % ☐ Total Suspended Particulates : _____ % ☐ PM 10 : _____ % ☐ C1-C3 compounds: _____ %

☐ C4+ Compounds : _____ % ☐ Hydrogen Sulfide (H_2S) : ____ % ☐ Ammonia (NH_3) : _____ %

ABATEMENT DEVICE INFORMATION

CIN :	Control Device Name :	Abatement Code :	Number of Units :
Primary Abatement Device:		CIN Effective Date:	

Annual Operation	Percent Time Offline	Inspection and Maintenance Schedule (Select one.)
hours	%	☐ Annually ☐ Biannually ☐ Continuous ☐ Daily ☐ Hourly ☐ Monthly ☐ Quarterly ☐ Weekly

CONTROL EFFICIENCY (Please check all contaminants controlled by this abatement device and enter the control efficiency in the space provided.)

☐ Volatile Organic Compounds : _____ % ☐ Nitrogen Oxides : ____ % ☐ Carbon Monoxide : ____ % ☐ Sulfur Dioxide : _____ %

☐ Inorganic Compounds: ____ % ☐ Total Suspended Particulates : _____ % ☐ PM 10 : _____ % ☐ C1-C3 compounds: _____ %

☐ C4+ Compounds : _____ % ☐ Hydrogen Sulfide (H_2S) : ____ % ☐ Ammonia (NH_3) : _____ %

Emission Point Information **TCEQ Emissions Inventory Year _____**	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Stack**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**RN:**

EMISSION POINT IDENTIFICATION					
EPN :	**Point Name :**				
GEOGRAPHICAL COORDINATES *Fill in ONE section below.*					
Latitude and Longitude		**OR**	**UTM Coordinates** *in NAD of 1983*		
Lat : ___ deg ___ min ___ sec	Long : ___ deg ___ min ___ sec		Zone ___	E _____ meters	N _____ meters
STACK INFORMATION					
Diameter: _____ feet	Height : _____ feet	Horizontal Discharge? ☐ No ☐ Yes			
Moisture: _____ %	Temperature: _____ degrees Fahrenheit	Velocity : _____ feet / second			
NOTES					

Cooling Tower (Natural Draft or Mechanical Draft)
Diameter = diameter of tower top (natural draft); of fan (mechanical draft); or of one fan (multicell tower)
Height = tower height
Velocity = air exit velocity at tower top (natural draft); or velocity of the fan-propelled air under normal operating conditions (mechanical draft); or velocity of one fan (multicell tower)
Temperature = air temperature at tower top (if unknown, assume 10-15 ^{0} warmer than ambient temperature)
Moisture = NOT zero; generally 5-10 %; you may wish to use a psychometric chart
Horizontal Discharge? = "no," except possibly for crossflow towers

Tank with No Abatement Device
Diameter = 3 feet
Height = tank height
Temperature = average ambient temperature at the account's location (*do* NOT *enter the word "ambient"*)
Velocity = 0.01 feet / second

Emission Point Information **TCEQ Emissions Inventory Year _____**	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Flare**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**RN:**

EMISSION POINT IDENTIFICATION					
EPN :	**Point Name :**				
GEOGRAPHICAL COORDINATES *Fill in one section below.*					
Latitude and Longitude		**OR**	**UTM Coordinates** *in NAD of 1983*		
Lat : __ deg ___ min __ sec	Long : __ deg ___min ___sec		Zone ___	E _____ meters	N _____ meters
FLARE INFORMATION					
Number of Pilots : _____	Average Flow Rate : _____ Mscf / minute				
Flow Determination: ☐ Continuous Measurement (by a flow meter at the flare header) ☐ Engineering Estimate ☐ One-time performance test					
Composition Determination: ☐ Continuous Measurement ☐ Engineering Estimate ☐ One-time performance test ☐ Periodic Testing					
Height : _____ feet	Inside Tip Diameter : _____ feet				
Low Heating Value :_____ Btu / scf	Molecular Weight : _____ lb / lb- mole	Temperature : _____ ^{O}F			

Be certain to complete and submit a Flare Data form. You will find this form in Appendix A, Technical Supplement 4.

Emission Point Information **TCEQ Emissions Inventory Year _____**	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Fugitive**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**RN:**

EMISSION POINT IDENTIFICATION					
EPN :	**Point Name :**				
GEOGRAPHICAL COORDINATES *Fill in one section below.*					
Latitude and Longitude		**OR**	**UTM Coordinates** *in NAD of 1983*		
Lat : __ deg ___ min __ sec	Long : ___ deg ___ min ___ sec		Zone _____	E _____ meters	N _____ meters
FUGITIVE INFORMATION					
Orientation: ___ degrees (☐ East or ☐ West) of North		Height: _____ feet	Length: _____ feet	Width: _____ feet	

NOTES

Orientation = the orientation of the fugitive area's long axis, measured from due north.

Height = the fugitive area's height, in feet.

1. For a trench or empoundment, enter "3."
2. For marine vessels, this is the probably the height of the vessel's hatch(es), vent, or of the transfer mechanism connection above water. Because the vessel will rise and fall as a result of loading or unloading, use an average height.

Length = the fugitive area's length, in feet.

Width = the fugitive area's width, in feet.

Path Emissions

TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Industrial Emissions Assessment Section

Company Name:	Site Name:	TCEQ Air Account Number:	RN:

CREATE A PATH

FIN :	EPN :	CIN(s) :

Path Comment(s) : **Path Effective Date:**

Total Annual Aggregate Heat Input (Combustion Units Only): _____ MMBtu

LIST NO_x EMISSIONS FACTOR AND SOURCE FOR THIS PATH (if applicable)

NO_x Emissions Factor	Emissions Factor Units	Factor Reference/Source

REPORT EMISSIONS FROM THIS PATH

Contaminant Name	Contaminant Code	Annual Emissions *(tons / year)*	Ozone Season Emissions *(pounds / day)*	Determination Methodology	SMSS *(tons / year)*	Emissions Events (EE) *(tons/year)*

Account Emissions

TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Industrial Emissions Assessment Section

Company Name:	Site Name:	TCEQ Air Account Number:	RN:

REPORT TOTAL EMISSIONS FOR THIS ACCOUNT

CONTAMINANT	ANNUAL (tons/year)	OZONE (pounds/day)	SMSS (tons/year)	Emissions Events (EE) (tons/year)
PM_{10}				
Lead				
Sulfur Dioxide				
Nitrogen Oxides				
Carbon Monoxide				
Volatile Organic Compounds				
$PM_{2.5}$				

EMISSIONS EVENTS CERTIFICATION

Pursuant to Texas Health and Safety Code 382.0215(f) I do hereby certify that no emissions events were experienced at this account during the emissions inventory reporting calendar year. (*Sign here if and only if you reported no emissions from emissions events.)*

Signature : _____

SIGNATURE OF LEGALLY RESPONSIBLE PARTY

I do hereby certify that information reported in this inventory is true, accurate, and fully represents the emissions that occurred during the emissions inventory reporting calendar year to the best of my knowledge.

Signature : _____ **Printed Name** : _____

Title : _____ **Date** : _____

Material Throughput
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory
Industrial Emissions Assessment Section

Combustion Units

You may use this form to report confidential data. If you do so, mark the form "CONFIDENTIAL."

Company Name:	Site Name:	TCEQ Air Account Number:	RN:

MATERIAL DETAIL

FIN	Fuel / Waste Name	Quantity	Units	Heat Value	% Ash	% Sulfur	Usage Start Date	Usage End Date

TCEQ-20041a (10-29-05)

Material Throughput
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory
Industrial Emissions Assessment Section

Storage and Loading Facilities

You may use this form to report confidential data. If you do so, mark the form "CONFIDENTIAL."

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**RN:**

MATERIAL DETAIL

FIN	Material Name	Vapor Molecular Weight (pounds / pound-mole)	Density (pounds / gallon)	Monthly Throughput (thousand gallons)	Total Vapor Pressure (psia)	Average Annual Temperature (degrees Fahrenheit)	Usage Start Date	Usage End Date

Material Throughput
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory
Industrial Emissions Assessment Section

Printing, Painting, and Degreasing Facilities

You may use this form to report confidential data. If you do so, mark the form "CONFIDENTIAL."

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**RN:**

MATERIAL DETAIL

FIN	Material Name	Quantity	Units	Density (pounds / gallon)	% Weight of Solvents	% Weight of Solids	Usage Start Date	Usage End Date

TCEQ-20041c (10-29-05)

Material Throughput **TCEQ Emissions Inventory Year _____**	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	**Wastewater Facilities**

You may use this form to report confidential data. If you do so, mark the form "CONFIDENTIAL."

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**RN:**

MATERIAL DETAIL				
FIN	**Material Name**	**Contaminant Code**	**Inlet Concentration** (ppm)	**Outlet Concentration** (ppm)

Material Throughput
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory
Industrial Emissions Assessment Section

Feed and Product Operations

You may use this form to report confidential data. If you do so, mark the form "CONFIDENTIAL."

Company Name:	Site Name:	TCEQ Air Account Number:	RN:

	FEED DATA			PRODUCT DATA		
FIN	Feed Name	Quantity	Units	Product Name	Quantity	Units

TCEQ-20041e (10-29-05)

Revision Request TCEQ Emissions Inventory Year _____	TCEQ Air Emissions Inventory Industrial Emissions Assessment Section	This is page number _____ of _____ .

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**RN:**

REVISION REQUEST LIST					
Facility Identification Number (FIN)		Emission Point Number (EPN)		Control Identification Number (CIN)	
Existing FIN	**Requested FIN**	**Existing EPN**	**Requested EPN**	**Existing CIN**	**Requested CIN**

REASON(S) FOR REVISION REQUEST(S)