

# BLANK FORMS

Here are blank IEAS forms. Some general instructions—

**Account Information:** *For new accounts only.*

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

- cleaning**
- coating or printing**
- cooling tower**
- flare (combustion unit— flare profile)**
- leaking component fugitives;**
- loading**
- non-flare combustion unit**
- storage tank**
- VOC process**
- wastewater: wastewater system**
- wastewater: wastewater system component**
- other**

**Abatement Device Information:** Submit information about a new abatement device, distinguished by its control identification number (CIN); *for accounts adding a new CIN to account structure.*

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

- flare,**
- fugitive area, or**
- stack.**

**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; *for all accounts*. Different forms are available for these different facility types:

**combustion units;**

**feed and product operations;**

**oil field storage tanks;**

**printing, painting, and degreasing facilities;**

**storage and loading facilities; and**

**wastewater facilities.**

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

**Account Information**  
TCEQ Emissions Inventory Year \_\_\_\_\_

**TCEQ Air Emissions Inventory**  
Industrial Emissions Assessment Section

<b>Company Name:</b> _____		<b>TCEQ Air Account Number:</b> _____			
<b>Company Role in Account (Mark one):</b> <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both		<b>Customer Reference Number (CN):</b> _____	<b>Regulated Entity Reference Number (RN):</b> _____		
<b>SITE INFORMATION</b>					
<b>Account Status:</b> <input type="checkbox"/> New Point Source Account <b>OR</b> <input type="checkbox"/> Merger If merger, provide the other site's account number: _____		<b>Account Type:</b> <input type="checkbox"/> Stationary <input type="checkbox"/> Portable			
<b>Site Name:</b> _____		<b>Location Description:</b> _____			
<b>Near City:</b> _____		<b>County:</b> _____	<b>ZIP Code:</b> _____		
<b>CENTROID GEOGRAPHICAL COORDINATES</b>					
<b>Latitude and Longitude in NAD of 1983</b>		<b>O R</b>	<b>UTM Coordinates in NAD of 1983</b>		
Latitude ____ deg ____ min ____ sec	Longitude ____ deg ____ min ____ sec		Zone _____	East Meters _____	North Meters _____
<b>STANDARD INDUSTRIAL CLASSIFICATION CODES (SIC)</b>					
<b>Primary SIC:</b> _____		<b>Secondary SIC:</b> _____		<b>Business Description:</b> _____	
<b>SITE STATUS AND OPERATING SCHEDULE</b>					
<b>Site Status (Mark only one box below)</b> <input type="checkbox"/> Operational <input type="checkbox"/> Temporarily Shutdown <input type="checkbox"/> Permanently Shutdown <input type="checkbox"/> Planned <input type="checkbox"/> Seasonal <input type="checkbox"/> Under Construction <input type="checkbox"/> NESHAP Demolition <input type="checkbox"/> NESHAP Renovation <input type="checkbox"/> NESHAP Spraying			<b>Operating Schedule:</b> ____ hours/day    ____ days/week    ____ weeks/year		
			<b>Total Annual Operating Time:</b> _____ hours		
<b>Seasonal Operating Percentages (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)</b> Spring: _____%    Summer: _____%    Fall: _____%    Winter: _____%					



**Contact Information**  
TCEQ Emissions Inventory Year \_\_\_\_\_

**TCEQ Air Emissions Inventory**  
Industrial Emissions Assessment Section

<b>Company Name:</b> _____	<b>Site Name:</b> _____	<b>TCEQ Air Account Number:</b> _____
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**EMISSIONS INVENTORY CONTACT**

<b>Name:</b> _____	<b>Title:</b> _____
<b>Mailing Address:</b> _____ _____ City: _____ State: ____ ZIP Code + 4: _____ - ____	<p style="text-align: center;"><b>Telephone Numbers and E-Mail Address</b></p> Business: _____ ext: ____ Alternate Business: _____ ext: ____ Fax: _____ E-Mail Address: _____
<b>Business Address:</b> _____ _____ City: _____ State: ____ ZIP Code + 4: _____ - ____	

**PLANT OR SITE CONTACT**

<b>Name:</b> _____	<b>Title:</b> _____
<b>Mailing Address:</b> _____ _____ City: _____ State: ____ ZIP Code + 4: _____ - ____	<p style="text-align: center;"><b>Telephone Numbers and E-Mail Address</b></p> Business: _____ ext: ____ Alternate Business: _____ ext: ____ Fax: _____ E-Mail Address: _____
<b>Business Address:</b> _____ _____ City: _____ State: ____ ZIP Code + 4: _____ - ____	

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











**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:
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**FACILITY IDENTIFICATION**

FIN:	Facility Name:	SCC:									
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**OPERATING SCHEDULE**

<b>Facility Status (Circle ONE):</b> Active    Idle    Permitted but not built	<b>Facility Status Effective Date:</b> _____	<b>Operating Schedule</b> Start Time: _____ <b>NOTE: Start Time REQUIRED</b> Hours/Day: ____ Days/Week: ____ Weeks/Year: _____
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<b>Seasonal Operating Percentages</b> Spring: ____ %    Summer: ____ %    Fall: ____ %    Winter: ____ % (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	<b>Annual Operating Hours:</b> _____ <b>Percent Max Capacity:</b> _____%
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**CLEANING PROCESS PROFILE**

**Process Type (Profile) (Mark only one box below)**

<input type="checkbox"/> Barge Cleaning	<input type="checkbox"/> Dip Degreasing	<input type="checkbox"/> Railcar Cleaning
<input type="checkbox"/> Tank Car Cleaning	<input type="checkbox"/> Vapor Degreasing	<input type="checkbox"/> Other: _____

**FACILITY COMMENTS**

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**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:
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**FACILITY IDENTIFICATION**

FIN:	Facility Name:	SCC:									
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**OPERATING SCHEDULE**

<b>Facility Status (Circle ONE):</b> Active    Idle    Permitted but not built		<b>Facility Status Effective Date:</b> _____	<b>Operating Schedule</b> Start Time: _____ <b>NOTE: Start Time REQUIRED</b> Hours/Day: ____ Days/Week: ____ Weeks/Year: ____	
<b>Seasonal Operating Percentages</b>	Spring: ____ %    Summer: ____ %    Fall: ____ %    Winter: ____ % <b>(NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)</b>	<b>Annual Operating Hours:</b> _____ <b>Percent Max Capacity:</b> ____ %		

**FACILITY COMMENTS**

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**Facility Information**  
TCEQ Emissions Inventory Year \_\_\_\_\_

TCEQ Air Emissions Inventory  
Industrial Emissions Assessment Section

**Cooling Tower**

<b>Company Name:</b> _____	<b>Site Name:</b> _____	<b>TCEQ Air Account Number:</b> _____	<b>Plant ID:</b> _____
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**FACILITY IDENTIFICATION**

<b>FIN:</b> _____	<b>Facility Name:</b> _____	<b>SCC:</b> <input type="checkbox"/> 38500101 (Mechanical Draft) <input type="checkbox"/> 38500102 (Natural Draft)
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**OPERATING SCHEDULE**

<b>Facility Status (Circle ONE):</b> Active    Idle    Permitted but not built	<b>Facility Status Effective Date:</b> _____	<b>Operating Schedule</b> Start Time: _____ <b>NOTE: Start Time REQUIRED</b> Hours/Day: ____ Days/Week: ____ Weeks/Year: _____
<b>Seasonal Operating Percentages</b> Spring: ____%    Summer: ____%    Fall: ____%    Winter: _____ <b>(NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)</b>	<b>Annual Operating Hours:</b> _____	<b>Percent Max Capacity:</b> _____ %

**DESIGN INFORMATION**

**SAMPLING DATA**

<b>Design Flow Rate:</b> _____ MMgal/day (maximum)
<b>Draft Design Type:</b> <input type="checkbox"/> Natural Draft <input type="checkbox"/> Mechanical Draft
<b>Number of Cells:</b> _____

<b>Sampled for VOC?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>HRVOC Service?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Sampling Schedule:</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
<b>Sampling Data Used to Calculate Emissions?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

**FACILITY COMMENTS**

<p>_____</p> <p>_____</p>
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Facility Information  
TCEQ Emissions Inventory Year \_\_\_\_\_

TCEQ Air Emissions Inventory  
Industrial Emissions Assessment Section

**Combustion Unit: Flare Profile**

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>Plant ID:</b>
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**FACILITY IDENTIFICATION**

<b>FIN:</b>	<b>Facility Name:</b>	<b>SCC:</b>									
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**OPERATING SCHEDULE**

<b>Facility Status (Circle ONE):</b> Active    Idle    Permitted but not built	<b>Facility Status Effective Date:</b> _____	<b>Operating Schedule</b> Start Time: _____ <b>NOTE: Start Time REQUIRED</b> Hours/Day: ____ Days/Week: ____ Weeks/Year: _____
<b>Seasonal Operating Percentages</b> Spring: ____ %    Summer: ____ %    Fall: ____ %    Winter: ____ % <b>(NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)</b>	<b>Annual Operating Hours:</b> _____	
		<b>Percent Max Capacity:</b> _____%

<b>ASSIST TYPE</b>	<b>SERVICE TYPE</b>	<b>DESIGN CAPACITY</b>
<input type="checkbox"/> Air Assisted <input type="checkbox"/> Steam Assisted <input type="checkbox"/> Unassisted	<input type="checkbox"/> Both Routine Process and Upset/Maintenance <input type="checkbox"/> Routine Process <input type="checkbox"/> Upset/Maintenance	_____ MMBtu/hr
		<b>HRVOC Service?</b>
		<input type="checkbox"/> No <input type="checkbox"/> Yes

**FACILITY COMMENTS**

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**Facility Information**  
TCEQ Emissions Inventory Year \_\_\_\_\_

TCEQ Air Emissions Inventory  
Industrial Emissions Assessment Section

**Leaking Component Fugitives**

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>Plant ID:</b>
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**FACILITY IDENTIFICATION**

<b>FIN:</b>	<b>Facility Name:</b>	<b>SCC:</b>							
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**OPERATING SCHEDULE**

<b>Facility Status (Circle ONE):</b> Active    Idle    Permitted but not built	<b>Facility Status Effective Date:</b> _____	<b>Operating Schedule</b> Start Time: _____ <b>NOTE: Start Time REQUIRED</b> Hours/Day: ____ Days/Week: ____ Weeks/Year: _____
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<b>Seasonal Operating Percentages</b>	Spring: ____%    Summer: ____%    Fall: ____%    Winter: ____ <b>(NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)</b>	<b>Annual Operating Hours:</b> _____ <b>Percent Max Capacity:</b> ____ %
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**EMISSIONS DETERMINATION METHODOLOGY (Mark only one method. If more than one method is used, create separate FINs.)**

<input type="checkbox"/> Oil and gas factors	<input type="checkbox"/> SOCM I average factors	<input type="checkbox"/> SOCM I screening range (leak / no leak) factors
<input type="checkbox"/> Refinery factors	<input type="checkbox"/> SOCM I with ethylene factors	<input type="checkbox"/> Correlation equations
<input type="checkbox"/> Petroleum marketing terminal factors	<input type="checkbox"/> SOCM I without ethylene factors	<input type="checkbox"/> Other (explain): _____

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

<input type="checkbox"/> None	<input type="checkbox"/> 28LAER	<input type="checkbox"/> 28M	<input type="checkbox"/> 28MID	<input type="checkbox"/> 28RCT	<input type="checkbox"/> 28VHP
<input type="checkbox"/> AVO	<input type="checkbox"/> HRVOC	<input type="checkbox"/> Other: _____			

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

**This LDAR program is (mark only one box):**  Voluntary     Required by permit or rule

**FACILITY COMMENTS**

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**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				
		Number of components	Number of components	Leak definition (ppm)	Number of leakers	Number pegged	Monitoring Frequency
Valves	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H <sub>2</sub> O/Light oil						
Pumps	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H <sub>2</sub> O/Light oil						
Flanges	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H <sub>2</sub> O/Light oil						
Open-Ended Lines	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H <sub>2</sub> O/Light oil						
Connectors	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H <sub>2</sub> O/Light oil						
Relief Valves	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H <sub>2</sub> O/Light oil						
Compressor Seals	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H <sub>2</sub> O/Light oil						
Other	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H <sub>2</sub> O/Light oil						

**VOC PERCENTAGES**

**MONITORING EQUIPMENT DATA**

Gas/vapor stream: \_\_\_\_\_ %  
Light liquid stream: \_\_\_\_\_ %

Pegged Component Screening Value: \_\_\_\_\_ ppm  
Calibration Range: \_\_\_\_\_ min \_\_\_\_\_ max



**Facility Information**  
TCEQ Emissions Inventory Year \_\_\_\_\_

**TCEQ Air Emissions Inventory**  
Industrial Emissions Assessment Section

**Loading**

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>Plant ID:</b>
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**FACILITY IDENTIFICATION**

<b>FIN:</b>	<b>Facility Name:</b>	<b>SCC:</b>								
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**OPERATING SCHEDULE**

<b>Facility Status (Circle ONE):</b>			<b>Facility Status Effective Date:</b> _____	<b>Operating Schedule</b>		
Active	Idle	Permitted but not built		Start Time: _____	<b>NOTE: Start Time REQUIRED</b>	
				Hours/Day: ____	Days/Week: ____	Weeks/Year: ____
<b>Seasonal Operating Percentages</b>	Spring: ____ % Summer: ____ % Fall: ____ % Winter: ____ %			<b>Annual Operating Hours:</b> _____		
	<b>(NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)</b>				<b>Percent Max Capacity:</b> _____%	

**LOADING PROFILE**

**Loading Type (Profile)** (Mark only *one* box below)

Marine   
 Railcar   
 Railcar and Tank Truck   
 Tank Truck   
 Other: \_\_\_\_\_

**FACILITY COMMENTS**

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### Facility Information

TCEQ Emissions Inventory Year \_\_\_\_\_

TCEQ Air Emissions Inventory  
Industrial Emissions Assessment Section

### Non-Flare Combustion Unit

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>Plant ID:</b>
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#### FACILITY IDENTIFICATION

<b>FIN:</b>	<b>Facility Name:</b>	<b>SCC:</b>								
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#### OPERATING SCHEDULE

<b>Facility Status (Circle ONE):</b> Active    Idle    Permitted but not built	<b>Facility Status Effective Date:</b> _____	<b>Operating Schedule</b> Start Time: _____ <b>NOTE: Start Time REQUIRED</b> Hours/Day: _____ Days/Week: _____ Weeks/Year: _____	
		<b>Seasonal Operating Percentages</b> Spring: _____ %    Summer: _____ %    Fall: _____ %    Winter: _____ % (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	<b>Annual Operating Hours:</b> _____ <b>Percent Max Capacity:</b> _____%

#### COMBUSTION PROFILE AND DETAIL

<b>Unit Type (Profile) (Mark only one box below)</b> <input type="checkbox"/> Heater <input type="checkbox"/> Boiler <input type="checkbox"/> Dryer <input type="checkbox"/> IC Engine: ___ -cycle, _____ -burn <input type="checkbox"/> Incinerator <input type="checkbox"/> Furnace <input type="checkbox"/> Kiln <input type="checkbox"/> Turbine <input type="checkbox"/> Oven <input type="checkbox"/> Fluid Catalytic Cracking Unit (FCCU) <input type="checkbox"/> Thermal Oxidizer <input type="checkbox"/> Other: _____ <input type="checkbox"/> Boiler-EGU <input type="checkbox"/> IC Engine-EGU: ___ -cycle, _____ -burn <input type="checkbox"/> Turbine-EGU		<b>Design Capacity:</b> _____ MMBtu/hr  <b>Engine Rating:</b> _____ hp
<b>Firing Type (Mark one) :</b> <input type="checkbox"/> Front <input type="checkbox"/> Opposed <input type="checkbox"/> Tangential <input type="checkbox"/> Internal <input type="checkbox"/> Other: _____		
<b>Generation Capacity:</b> _____ MW		

#### FACILITY COMMENTS

_____ _____ _____
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### Facility Information

TCEQ Emissions Inventory Year \_\_\_\_\_

### TCEQ Air Emissions Inventory

Industrial Emissions Assessment Section

### Storage Tank

<b>Company Name:</b> _____		<b>Site Name:</b> _____		<b>TCEQ Air Account Number:</b> _____		<b>Plant ID:</b> _____			
<b>FACILITY IDENTIFICATION</b>									
<b>FIN:</b> _____		<b>Facility Name:</b> _____				<b>SCC:</b> _____			
<b>OPERATING SCHEDULE</b>									
<b>Facility Status (Circle ONE):</b> Active   Idle   Permitted but not built		<b>Status Effective Date:</b> _____		<b>Operating Schedule</b>		Start Time: _____		<b>NOTE: Start Time REQUIRED</b>	
				Hours/Day: _____		Days/Week: _____		Weeks/Year: _____	
<b>Seasonal Operating Percentages</b>		Spring: _____% Summer: _____% Fall: _____% Winter: _____% <b>(NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)</b>				<b>Annual Operating Hours:</b> _____			
						<b>Percent Max Capacity:</b> _____%			
<b>TANK DETAIL</b>									
<b>Tank Type (Mark only <u>one</u> box below)</b>						<b>Fill Method (Mark one)</b>			
<input type="checkbox"/> Horizontal fixed roof		<input type="checkbox"/> External floating roof: double deck, single seal		<input type="checkbox"/> Domed external floating roof: double deck		<input type="checkbox"/> Submerged		<input type="checkbox"/> Splash	
<input type="checkbox"/> Vertical fixed roof		<input type="checkbox"/> External floating roof: double deck, double seal		<input type="checkbox"/> Domed external floating roof: pontoon		<input type="checkbox"/> Bottom			
<input type="checkbox"/> Internal floating roof		<input type="checkbox"/> External floating roof: pontoon, single seal		<input type="checkbox"/> Underground tank					
<input type="checkbox"/> Pressure tank		<input type="checkbox"/> External floating roof: pontoon, double seal		<input type="checkbox"/> Other: _____				<b>Vapor Space Ht:</b> _____ ft	
<b>Tank Dimensions</b>				<b>Shell Characteristics</b>					
Length (if Horizontal Fixed Roof) or Height (for all other tanks): _____ ft				Construction: _____ Color/Shade: _____ Paint Condition: _____ Internal Shell Condition: _____					
Diameter: _____ ft Capacity: _____ M gallons									
<b>Roof Characteristics</b>					<b>Breather Vent Settings</b>				
Color/Shade: _____ Paint Condition: _____ Slope (if cone): _____ ft/ft Radius (if dome): _____ ft					Vacuum: _____ psig Pressure: _____ psig				
<b>Floating-Roof Tank Construction and Rim-Seal System</b>				<b>Non-Self-Supporting Internal Floating-Roof Tank Columns</b>					
Primary Seal: _____ Secondary Seal: _____				Number of Columns: _____ Effective Column Diameter (if known): _____					
<b>Internal Floating-Roof Tank Deck Characteristics</b>									
Deck Type: _____ Deck Fitting Category: _____ Construction: _____ Deck Seam: _____ Deck Seam Length: _____ feet									
<b>FACILITY COMMENTS</b>									



**Facility Information**  
TCEQ Emissions Inventory Year \_\_\_\_\_

TCEQ Air Emissions Inventory  
Industrial Emissions Assessment Section

**VOC Process**

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>Plant ID:</b>
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**FACILITY IDENTIFICATION**

<b>FIN:</b>	<b>Facility Name:</b>	<b>SCC:</b>									
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**OPERATING SCHEDULE**

<b>Facility Status (Circle ONE):</b> Active    Idle    Permitted but not built	<b>Facility Status Effective Date:</b> _____	<b>Operating Schedule</b> Start Time: _____ <b>NOTE: Start Time REQUIRED</b> Hours/Day: ____ Days/Week: ____ Weeks/Year: _____
<b>Seasonal Operating Percentages</b> Spring: ____ %    Summer: ____ %    Fall: ____ %    Winter: ____ % <b>(NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)</b>	<b>Annual Operating Hours:</b> _____	<b>Percent Max Capacity:</b> _____ %

**PROCESS PROFILE**

**Unit Type (Profile)** (Mark only *one* box below)

<input type="checkbox"/> Analyzer	<input type="checkbox"/> Glycol still	<input type="checkbox"/> Mixing vessel	<input type="checkbox"/> Polyethylene unit
<input type="checkbox"/> Polypropylene unit	<input type="checkbox"/> Reactor	<input type="checkbox"/> Blowdown operations	<input type="checkbox"/> Other: _____

**FACILITY COMMENTS**




**Facility Information**  
TCEQ Emissions Inventory Year \_\_\_\_\_

TCEQ Air Emissions Inventory  
Industrial Emissions Assessment Section

**Wastewater:  
Wastewater System**

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>Plant ID:</b>
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**FACILITY IDENTIFICATION**

<b>FIN:</b>	<b>Facility Name:</b>	<b>SCC:</b>									
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**OPERATING SCHEDULE**

<b>Facility Status (Circle ONE):</b> Active    Idle    Permitted but not built	<b>Facility Status Effective Date:</b> _____	<b>Operating Schedule</b>	Start Time: _____ <b>NOTE: Start Time REQUIRED</b> Hours/Day: ____ Days/Week: ____ Weeks/Year: _____
<b>Seasonal Operating Percentages</b> Spring: _____%    Summer: _____%    Fall: _____%    Winter: _____% (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)			<b>Annual Operating Hours:</b> _____ <b>Percent Max Capacity:</b> _____%

**WASTEWATER DETAIL**

<b>Aeration:</b> <input type="checkbox"/> Diffused Air <input type="checkbox"/> Mechanical <input type="checkbox"/> None	<b>Surface Area:</b> _____ ft <sup>2</sup>	<b>Biodegradation Mechanism:</b> <input type="checkbox"/> Biodegradation Activity <input type="checkbox"/> Activated Sludge Activity <input type="checkbox"/> None	
<b>Depth:</b> ____ ft	<b>Flow Rate:</b> _____ MMGD	<b>Flow Model:</b> <input type="checkbox"/> Flowthrough <input type="checkbox"/> Disposal	<b>Prestripping Performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Device Type:</b> <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Subsurface Impoundment <input type="checkbox"/> Other (specify): _____			

**COMPONENT COUNTS**

<b>Drains (p-leg seal):</b> _____	<b>Drains (water pot seal):</b> _____	<b>Drains (no water seal):</b> _____	<b>Dedicated sewer vents:</b> _____	<b>Manholes:</b> _____
<b>Covered lift stations:</b> _____ totaling _____ ft <sup>2</sup>	<b>Uncovered lift stations:</b> _____ totaling _____ ft <sup>2</sup>	<b>Weirs:</b> _____ totaling _____ ft <sup>2</sup>		
<b>Covered junction boxes:</b> _____ totaling _____ ft <sup>2</sup>	<b>Uncovered junction boxes:</b> _____ totaling _____ ft <sup>2</sup>			
<b>Covered trenches:</b> _____ totaling _____ linear feet	<b>Uncovered trenches:</b> _____ totaling _____ linear feet			

**FACILITY COMMENTS**

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**Facility Information**  
TCEQ Emissions Inventory Year \_\_\_\_\_

TCEQ Air Emissions Inventory  
Industrial Emissions Assessment Section

**Wastewater: Wastewater System Component**

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>Plant ID:</b>
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**FACILITY IDENTIFICATION**

<b>FIN:</b>	<b>Facility Name:</b>	<b>SCC:</b>									
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**OPERATING SCHEDULE**

<b>Facility Status (Circle ONE):</b> Active    Idle    Permitted but not built	<b>Facility Status Effective Date:</b> _____	<b>Operating Schedule</b> Start Time: _____ <b>NOTE: Start Time REQUIRED</b> Hours/Day: ____ Days/Week: ____ Weeks/Year: ____
<b>Seasonal Operating Percentages</b> Spring: ____%    Summer: ____%    Fall: ____%    Winter: ____% <b>(NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)</b>	<b>Annual Operating Hours:</b> _____	<b>Percent Max Capacity:</b> _____ %

**WASTEWATER COMPONENT PROFILE**

**Unit Type (Profile)** (Mark only one box below)

<input type="checkbox"/> Basin	<input type="checkbox"/> Clarifier	<input type="checkbox"/> Closed Sump	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Open Sump
<input type="checkbox"/> Reactor	<input type="checkbox"/> Separator	<input type="checkbox"/> Stripper	<input type="checkbox"/> Other Component: _____	

**FACILITY COMMENTS**

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**Facility Information**  
TCEQ Emissions Inventory Year \_\_\_\_\_

TCEQ Air Emissions Inventory  
Industrial Emissions Assessment Section

**Other Source**

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>Plant ID:</b>
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**FACILITY IDENTIFICATION**

<b>FIN:</b>	<b>Facility Name:</b>	<b>SCC:</b>									
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**OPERATING SCHEDULE**

<b>Facility Status (Circle ONE):</b> Active    Idle    Permitted but not built		<b>Facility Status Effective Date:</b> _____	<b>Operating Schedule</b> Start Time: _____ <b>NOTE: Start Time REQUIRED</b> Hours/Day: ____ Days/Week: ____ Weeks/Year: _____	
<b>Seasonal Operating Percentages</b>	Spring: ____%    Summer: ____%    Fall: ____%    Winter: ____%			<b>Annual Operating Hours:</b> _____
	<b>(NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)</b>			<b>Percent Max Capacity:</b> ____%

**GENERATING GROUP**

Other (describe): \_\_\_\_\_

**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.**

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>RN:</b>
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**ABATEMENT DEVICE INFORMATION**

<b>CIN:</b>	<b>Control Device Name:</b>	<b>Abatement Code:</b>	<b>Number of Units:</b>
<b>Primary Abatement Device:</b>		<b>CIN Effective Date:</b>	
<b>Annual Operation</b> _____ hours	<b>Percent Time Offline</b> _____ %	<b>Inspection and Maintenance Schedule (Select one)</b>	
<input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Continuous <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly			
<b>CONTROL EFFICIENCY</b> (Please check all contaminants controlled by this abatement device and enter the control efficiency in the space provided)			
<input type="checkbox"/> Volatile Organic Compounds: _____ % <input type="checkbox"/> Nitrogen Oxides: _____ % <input type="checkbox"/> Carbon Monoxide: _____ % <input type="checkbox"/> Sulfur Dioxide: _____ %			
<input type="checkbox"/> Inorganic Compounds: _____ % <input type="checkbox"/> Total Suspended Particulates: _____ % <input type="checkbox"/> PM <sub>10</sub> : _____ % <input type="checkbox"/> C1-C3 compounds: _____ %			
<input type="checkbox"/> C4+ Compounds: _____ % <input type="checkbox"/> Hydrogen Sulfide (H <sub>2</sub> S): _____ % <input type="checkbox"/> Ammonia (NH <sub>3</sub> ): _____ %			

**ABATEMENT DEVICE INFORMATION**

<b>CIN:</b>	<b>Control Device Name:</b>	<b>Abatement Code:</b>	<b>Number of Units:</b>
<b>Primary Abatement Device:</b>		<b>CIN Effective Date:</b>	
<b>Annual Operation</b> _____ hours	<b>Percent Time Offline</b> _____ %	<b>Inspection and Maintenance Schedule (Select one)</b>	
<input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Continuous <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly			
<b>CONTROL EFFICIENCY</b> (Please check all contaminants controlled by this abatement device and enter the control efficiency in the space provided)			
<input type="checkbox"/> Volatile Organic Compounds: _____ % <input type="checkbox"/> Nitrogen Oxides: _____ % <input type="checkbox"/> Carbon Monoxide: _____ % <input type="checkbox"/> Sulfur Dioxide: _____ %			
<input type="checkbox"/> Inorganic Compounds: _____ % <input type="checkbox"/> Total Suspended Particulates: _____ % <input type="checkbox"/> PM <sub>10</sub> : _____ % <input type="checkbox"/> C1-C3 compounds: _____ %			
<input type="checkbox"/> C4+ Compounds: _____ % <input type="checkbox"/> Hydrogen Sulfide (H <sub>2</sub> S): _____ % <input type="checkbox"/> Ammonia (NH <sub>3</sub> ): _____ %			



**Emission Point Information**

TCEQ Emissions Inventory Year \_\_\_\_\_

TCEQ Air Emissions  
Inventory  
Industrial Emissions Assessment Section

**Flare**

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>RN:</b>
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EMISSION POINT IDENTIFICATION				
<b>EPN:</b>	<b>Point Name:</b>			
GEOGRAPHICAL COORDINATES <i>Fill in <u>one</u> section below.</i>				
<b>Latitude and Longitude</b> <i>in NAD of 1983</i>		<b>O R</b>	<b>UTM Coordinates</b> <i>in NAD of 1983</i>	
Lat: __ deg __ min __ sec	Long: __ deg __ min __ sec		Zone __	E _____ meters
FLARE INFORMATION				
Number of Pilots: _____		Average Flow Rate : _____ Mscf / minute		
<b>Flow Determination:</b> <input type="checkbox"/> Continuous Measurement (by a flow meter at the flare header) <input type="checkbox"/> Engineering Estimate <input type="checkbox"/> One-time performance test				
<b>Composition Determination:</b> <input type="checkbox"/> Continuous Measurement <input type="checkbox"/> Engineering Estimate <input type="checkbox"/> One-time performance test <input type="checkbox"/> Periodic Testing				
Height: _____ feet		Inside Tip Diameter: _____ feet		
Low Heating Value : _____ Btu/scf	Molecular Weight : _____ lb/lb-mole		Temperature: _____ °F	



**Emission Point Information**

TCEQ Emissions Inventory Year \_\_\_\_\_

**TCEQ Air Emissions Inventory**

Industrial Emissions Assessment Section

**Fugitive**

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>RN:</b>
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EMISSION POINT IDENTIFICATION				
<b>EPN:</b>	<b>Point Name:</b>			
GEOGRAPHICAL COORDINATES <i>Fill in one section below.</i>				
Latitude and Longitude <i>in NAD of 1983</i>		O R	UTM Coordinates <i>in NAD of 1983</i>	
Lat: ___ deg ___ min ___ sec	Long: ___ deg ___ min ___ sec		Zone _____	E _____ meters
FUGITIVE INFORMATION				
Orientation: ___ degrees ( <input type="checkbox"/> East or <input type="checkbox"/> 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.

- For a trench or impoundment, enter "3."

- 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.



**Emission Point Information**

TCEQ Emissions Inventory Year \_\_\_\_\_

**TCEQ Air Emissions Inventory**

Industrial Emissions Assessment Section

**Stack**

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>RN:</b>
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**EMISSION POINT IDENTIFICATION**

<b>EPN:</b>	<b>Point Name:</b>
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**GEOGRAPHICAL COORDINATES** *Fill in one section below.*

<b>Latitude and Longitude</b> <i>in NAD of 1983</i>		<b>OR</b>	<b>UTM Coordinates</b> <i>in NAD of 1983</i>		
Lat: ___ deg ___ min ___ sec	Long: ___ deg ___ min ___ sec		Zone ___	E _____ meters	N _____ meters

**STACK INFORMATION**

Diameter: _____ feet	Height: _____ feet	Horizontal Discharge? <input type="checkbox"/> No <input type="checkbox"/> 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° 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



## Path Emissions

TCEQ Emissions Inventory Year \_\_\_\_\_

## TCEQ Air Emissions Inventory

Industrial Emissions Assessment Section

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>RN:</b>
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### CREATE A PATH

<b>FIN:</b>	<b>EPN:</b>	<b>CIN(s):</b>
<b>Path Comment(s):</b>		<b>Path Effective Date:</b>
<b>Total Annual Aggregate Heat Input (Combustion Units Only):</b> _____ MMBtu		

### LIST NO<sub>x</sub> EMISSIONS FACTOR AND SOURCE FOR THIS PATH (if applicable)

NO <sub>x</sub> Emissions Factor	Emissions Factor Units	Factor Reference/Source
_____	_____	_____

### REPORT EMISSIONS FROM THIS PATH

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



**Account Emissions**  
TCEQ Emissions Inventory Year \_\_\_\_

TCEQ Air Emissions Inventory  
Industrial Emissions Assessment Section

<b>Company Name:</b> _____	<b>Site Name:</b> _____	<b>TCEQ Air Account Number:</b> _____	<b>RN:</b> _____
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**REPORT TOTAL EMISSIONS FOR THIS ACCOUNT**

CONTAMINANT	ANNUAL (tons/year)	OZONE (pounds/day)	SMSS (tons/year)	Emissions Events (EE) (tons/year)
PM <sub>10</sub>				
Lead				
Sulfur Dioxide				
Nitrogen Oxides				
Carbon Monoxide				
Volatile Organic Compounds				
PM <sub>2.5</sub>				

**SITE QUANTIFIABLE EVENT TOTALS**

Note: Report TOTAL NUMBER of each event type for the reported EIY Year per 30 TAC Sections 101.201 and 101.211.

**Reportable Emission Events:** \_\_\_\_\_ **Reportable Scheduled Maintenance, Startup, Shutdown Activities:** \_\_\_\_\_

**Non-Reportable Emission Events:** \_\_\_\_\_ **Non-Reportable Scheduled Maintenance, Startup, Shutdown Activities:** \_\_\_\_\_

**EMISSIONS EVENTS CERTIFICATION**

Pursuant to Texas Health and Safety Code 382.0215(f) I 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 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:** \_\_\_\_\_



























**Revision Request**  
TCEQ Emissions Inventory Year \_\_\_\_\_

**TCEQ Air Emissions Inventory**  
Industrial Emissions Assessment Section

This is page number \_\_\_\_\_ of \_\_\_\_\_.

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>RN:</b>
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<b>REVISION REQUEST LIST</b>					
Facility Identification Number (FIN)		Emission Point Number (EPN)		Control Identification Number (CIN)	
Existing FIN	Requested FIN	Existing EPN	Requested EPN	Existing CIN	Requested CIN

<b>REASON(S) FOR REVISION REQUEST(S)</b>

