

FORM INSTRUCTIONS

Here are detailed instructions for filling out **all** IEAS forms, along with specimens of the forms filled out. Note that blank pages appear throughout, to ensure that the sample forms appear on left pages, and that the related instructions begin on right pages.

The IEAS strongly encourages you to review all of the information in this book before attempting to complete these forms.

To update account-level information, complete the Account Information form or the Contact Information form.

To establish structure for a new account, or to modify the structure of an existing account, first list each new path on the Structural Overview form. Then complete the following:

1. For each new FIN, complete the appropriate Facility Information form. A different Facility Information form exists for each of the following facility 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

Complete the Facility Information form that best matches your facility's type. For example, you should complete a Non-Flare Combustion Unit Facility Information form for an internal combustion engine.

2. For each new CIN, complete the Abatement Device Information form.
3. For each new EPN, complete the appropriate Emission Point Information form. A different form exists for each of the following emission point types:
 - flare
 - fugitive
 - stack

Complete the Emission Point Information form that best matches your emission point's type. For example, a compressor engine most likely has a stack emission point, so the complete the Stack Emission Point Information form.

4. For each new path, complete the Path Emissions form.
5. For accounts that have **never** submitted an inventory, complete the Account Emissions form in addition to the forms mentioned previously.
6. To establish or update emissions inventory contact information, complete the Contact Information form.
7. For each FIN, you may complete an optional Material Throughput form. A different form exists for each of the following emissions sources:
 - combustion units
 - feed and product operations
 - printing, painting, and degreasing facilities
 - storage and loading facilities
 - wastewater facilities

Note: You may use the material throughput form to report confidential data. These are the only IEAS forms that you may mark “confidential.”

Account Information

TCEQ Emissions Inventory Year 06

SAMPLE FORM

Company Name: ¹ Johnson Gas Company		TCEQ Air Account Number: ² HG6789X		
Company Role in Account (Mark one): ³ <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both		Customer Reference Number (CN): ⁴ CN998877665	Regulated Entity Reference Number (RN): ⁵ RN123456789	
SITE INFORMATION				
Account Status: ⁶ <input type="checkbox"/> New Point Source Account OR <input checked="" type="checkbox"/> Merger If merger, provide the other site's account number: <u>HX0000Z</u>		Account Type: ⁷ <input checked="" type="checkbox"/> Stationary <input type="checkbox"/> Portable		
Site Name: ⁸ Creek Compressor Station		Location Description: ⁹ Two miles southwest of Corbin on FM 2345		
Near City: ¹⁰ Houston		County: ¹¹ Harris	ZIP Code: ¹² 78943	
CENTROID GEOGRAPHICAL COORDINATES				
Latitude and Longitude ¹³ in NAD of 1983		OR	UTM Coordinates ¹⁴ in NAD of 1983	
Latitude ____ deg ____ min ____ sec	Longitude ____ deg ____ min ____ sec		Zone <u>14</u>	East Meters <u>614005</u>
STANDARD INDUSTRIAL CLASSIFICATION CODES (SIC)				
Primary SIC: ¹⁵ <u>1311</u>		Secondary SIC: ¹⁶ _____ Business Description: ¹⁷ <u>Natural Gas Compression and Transmission Station</u>		
SITE STATUS AND OPERATING SCHEDULE				
Site Status ¹⁸ (Mark only one box below) <input checked="" 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		Operating Schedule: ¹⁹ <u>24</u> hours/day <u>7</u> days/week <u>52</u> weeks/year		
		Total Annual Operating Time: ²⁰ <u>8760</u> hours		
Seasonal Operating Percentages ²¹ (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%) Spring: <u>25</u> % Summer: <u>25</u> % Fall: <u>25</u> % Winter: <u>25</u> %				

INSTRUCTIONS: Account Information Form

Complete the **Account Information** form only if this is the account's first inventory. This form requests general account information that allows the IEAS to correctly identify air accounts.

1. **Company Name:** The official name of the company responsible for the account.
2. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
3. **Company Role in Account:** Select whether the company listed is the account's owner, operator, or both. Mark only *one* box.
4. **Customer Reference Number (CN):** The number that Central Registry assigns to an individual or business that is involved in a TCEQ-regulated activity. This is an optional field.
5. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
6. **Account Status:** Choose whether the account is a **new account** or **merging** with another point source account. Mark only *one* box. If this account is a merger, please indicate the air account number of the other affected site.
7. **Account Type:** Specify whether the account is a **stationary** account, or a **portable** account. Mark only *one* box. A rock crusher or a concrete batch plant is an example of a portable account..
8. The **Site Name** associated with the account.
9. **Location Description:** The street address or a verbal description of the site's physical location.
10. **Near City:** The city nearest to the site.
11. The **County** where the account is located.
12. The **ZIP Code** of the account's physical location (not the mailing address).
13. The account centroid's **Latitude and Longitude**, in degrees, minutes, and seconds. Use the North American Datum of 1983 (NAD83) coordinates, in whole numbers.
14. **UTM Coordinates:** The account centroid's Universal Transverse Mercator (UTM) coordinates. Use the NAD83 coordinates, in whole numbers. You may enter either lat/long or UTM coordinates (only one set of coordinates is required).
15. **Primary Standard Industrial Classification (SIC):** The four-digit numeric code that best describes the account's primary operations. Assigned by the appropriate TCEQ regional office upon creation of the account number.
16. **Secondary Standard Industrial Classification (SIC):** The four-digit numeric code that best describes the account's secondary operations. Assigned by the appropriate TCEQ regional office upon creation of the account number.
17. **Business Description:** Describe the primary business conducted at the site.
18. **Site Status:** Pick the site's current operating status. Mark only *one* box.
19. **Operating Schedule:** The account's normal operating schedule during the

emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—

Hours/Day: The number of hours per day the account is normally active; from 0 through 24.

Days/Week: The number of days per week the account is normally active; from 0 through 7.

Weeks/Year: The number of weeks per year the account is normally active; from 0 through 52.

- 20. Total Annual Operating Time:** The account's total annual operating hours. Use a whole number from 0 through 8,760.
- 21. Seasonal Operating Percentages:** The percentage of annual account operations that occurred during each "season." For the emissions inventory, "spring" includes March through May; "summer" includes June through August; "fall" includes September through November; and "winter" includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.

Contact InformationTCEQ Emissions Inventory Year 06**SAMPLE FORM**Company Name:¹ Johnson Gas CompanySite Name:² Creek Compressor StationTCEQ Air Account Number:³ HG6789X**EMISSIONS INVENTORY CONTACT**Name:⁴ Cody McLainTitle:⁵ Environmental CoordinatorMailing Address:⁶ 11783 Canyon Bluff DriveCity: Austin State: TX ZIP Code + 4: 78753 - 0001Business Address:⁷ _____

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

Telephone Numbers and E-Mail Address⁸Business: (512) 555-1144 ext: _____

Alternate Business: _____ ext: _____

Fax: (512) 555-1515E-Mail Address: cmclain@johnsongas.com**PLANT OR SITE CONTACT**Name:⁹ Matoaka JohnsonTitle:¹⁰ PresidentMailing Address:¹¹ P.O. Box 2757City: Austin State: TX ZIP Code + 4: 78753 - 2757Business Address:¹² 11783 Canyon Bluff DriveCity: Austin State: TX ZIP Code + 4: 78753 - 0001**Telephone Numbers and E-Mail Address¹³**Business: (512) 555-1144 ext: _____

Alternate Business: _____ ext: _____

Fax: (512) 555-1515E-Mail Address: mjohnson@johnsongas.com**Note:** If you need to update contact information for multiple accounts, please complete page 2 of this form.

INSTRUCTIONS: Contact Information Form, Page 1

Complete page one of the **Contact Information** form if some or all of the contact information is new or has changed. The information on this form allows the IEAS to contact the appropriate person(s) regarding an account.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.

Supply the following information for the emissions inventory contact person:

4. **Name:** The company employee who answers questions about the emissions inventory. The inventory will be mailed to this person. Do not list a consultant.
5. **Title:** The job title of the emissions inventory contact.
6. **Mailing Address:** The address where the Emissions Inventory will be sent.
7. **Business Address:** The contact's physical address, if different from the mailing address.
8. **Telephone Numbers and E-Mail Address.**

Supply the following information for the plant or site contact:

9. **Name:** The company employee who is responsible for all of the account's air-related issues. Do not list a consultant.
10. **Title:** The job title of the plant contact.
11. **Mailing Address.**
12. **Business Address.**
13. **Telephone Numbers and E-Mail Address.**

INSTRUCTIONS: Contact Information Form, Page 2

Complete page two of the **Contact Information** form if some or all of the contact information submitted on page one of the form needs to be updated for multiple air accounts.

1. **Company Name:** The official name of the company responsible for the account.
2. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
3. **Air Account Number:** List each TCEQ air account number whose contact information you wish to update with the contact information submitted on page 1 of the form.
4. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
5. **Company Name:** Specify the official company name for each account whose contact information you wish to update with the contact information submitted on page one of the form.
6. **Site Name:** The site name of each account whose contact information you wish to update with the contact information submitted on page one of the form.

Structural Overview
TCEQ Emissions Inventory Year 06

SAMPLE FORM

Page 1 of 1 Structural Overview pages.

Company Name:¹ Johnson Gas Company Site Name:² Creek Compressor Station TCEQ Air Account Number:³ H66789X

NEW OR MODIFIED PATHS LIST																																							
Facility Identification Number (FIN) ⁴ 10-character maximum										Emission Point Number (EPN) ⁵ 10-character maximum										Control Identification Number (CIN) ⁶ 10-character maximum										Primary Indicator ⁷									
T	A	N	K	1						F	L	A	R	E	1					F	L	A	R	E	1														
F	L	A	R	E	1					F	L	A	R	E	1																								
T	A	N	K	2						T	A	N	K	2																									
E	N	G	I	N	E	1				S	T	A	C	K	1	A																							
E	N	G	I	N	E	1				S	T	A	C	K	1	B																							
P	A	I	N	T	B	T	H	1		V	E	N	T	A																									
P	A	I	N	T	B	T	H	2		V	E	N	T	A																									
G	R	I	N	D	E	R	5			V	E	N	T	5					V	E	N	T	U	R	I	5													
G	R	I	N	D	E	R	5			V	E	N	T	5					B	A	G	H	O	U	S	E	1		YES										

TCEQ-20035 (1-03-07)

INSTRUCTIONS: Structural Overview Form

List all new or modified paths on the **Structural Overview** form first when you add or change account structure. Properly completing this form allows the IEAS to ensure that the emissions inventory structure accurately reflects an account's processes.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Facility Identification Number (FIN):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit.
5. **Emission Point Number (EPN):** Assign a unique label that identifies the emission point. The EPN is limited to 10 alphanumeric characters.
6. **Control Identification Number (CIN):** Assign a unique label that identifies the abatement device. The CIN is limited to 10 alphanumeric characters.
7. **Primary Indicator:** Indicate the primary abatement device by writing "Yes" for paths with multiple abatement devices.

Facility Information
TCEQ Emissions Inventory Year 06

SAMPLE FORM

Cleaning

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	Plant ID: ⁴ PARTS6
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FACILITY IDENTIFICATION

FIN: ⁵ Degreaser ⁶	Facility Name: ⁶ Perc Parts Degreaser 6	SCC: ⁷	4	0	1	0	0	2	5	3
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OPERATING SCHEDULE

Facility Status ⁸ (Circle ONE): <input checked="" type="radio"/> Active <input type="radio"/> Idle <input type="radio"/> Permitted but not built	Facility Status Effective Date: ⁹ <u>8/29/06</u>	Operating Schedule ¹⁰ Start Time: <u>0600</u> NOTE: Start Time REQUIRED Hours/Day: <u>16</u> Days/Week: <u>7</u> Weeks/Year: <u>52</u>
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Seasonal Operating Percentages ¹¹ Spring: <u>0</u> % Summer: <u>3</u> % Fall: <u>88</u> % Winter: <u>9</u> % (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	Annual Operating Hours: ¹² <u>2080</u> Percent Max Capacity: ¹³ <u>16</u> %
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CLEANING PROCESS PROFILE

Process Type¹⁴ (Profile) (Mark only *one* box below)

<input type="checkbox"/> Barge Cleaning	<input checked="" 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 COMMENTS¹⁵

INSTRUCTIONS: Cleaning Facility Information Form

Complete the **Cleaning Facility Information** form to add cleaning processes or operations to your account.

- 1. Company Name:** The official name of the company responsible for the account.
- 2. The Site Name** associated with the account.
- 3. TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within an account. The Plant ID is limited to 10 alphanumeric characters, and is an optional field. *Example:* PARTS6
- 5. FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* DEGREASER6
- 6. Facility Name:** Label the FIN with a plain text name. The facility name is limited to 40 alphanumeric characters. *Example:* PERC PARTS DEGREASER 6
- 7. SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies your specific industrial process. The chosen SCC describes the FIN as accurately as possible.
- 8. Facility Status:** Circle the appropriate facility status. A facility should be listed as "Active" if it operated *at any time* during the year.
- 9. Facility Status Effective Date:** Indicate the date when the facility first became operational or permitted.
- 10. Operating Schedule:** The facility's normal operating schedule during the emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—
 - Start Time:** For facilities that operate less than 24 hours per day, the time the operation usually starts; based on a 24-hour clock (military time).
 - Hours/Day:** The number of hours per day the facility is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the facility is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the facility is normally active; from 0 through 52.

11. **Seasonal Operating Percentages:** The percentage of annual facility operations that occurred during each “season.” For the emissions inventory, “spring” includes March through May; “summer” includes June through August; “fall” includes September through November; and “winter” includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.
12. **Annual Operating Hours:** The facility’s total annual operating hours. Use a whole number from 0 through 8,760.
13. **Percent Max Capacity:** Calculate the ratio of the facility’s actual operating capacity to the facility’s maximum capacity:

$$\textit{Percent Max Capacity} = \frac{\textit{Capacity}_{\textit{actual}}}{\textit{Capacity}_{\textit{maximum}}} \times 100$$

14. **Process Type (Profile):** Indicate the type of cleaning process. Mark only *one* box. For “Other,” describe the cleaning process in the space provided.
15. **Facility Comments:** Describe the facility’s function; or give clarifying information related to facility activities or parameters. This field is limited to 100 alphanumeric characters.

Facility Information
TCEQ Emissions Inventory Year 06

SAMPLE FORM

Coating or Printing

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	Plant ID: ⁴ PARTS3
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FACILITY IDENTIFICATION

FIN: ⁵ PaintBth 3	Facility Name: ⁶ Paint Booth Number 3	SCC: ⁷ 4 0 2 0 2 5 0 1
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OPERATING SCHEDULE

Facility Status ⁸ (Circle ONE): <input checked="" type="radio"/> Active <input type="radio"/> Idle <input type="radio"/> Permitted but not built	Facility Status Effective Date: ⁹ <u>1/14/06</u>	Operating Schedule ¹⁰ <u>0600</u> NOTE: Start Time REQUIRED	
		Start Time: <u>16</u> <u>7</u> <u>52</u>	Days/Week: Weeks/Year:
Seasonal Operating Percentages ¹¹ Spring: <u>20</u> % Summer: <u>30</u> % Fall: <u>35</u> % Winter: <u>15</u> % (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)		Annual Operating Hours: ¹² <u>4480</u>	
		Percent Max Capacity: ¹³ <u>16</u> %	

FACILITY COMMENTS¹⁴

INSTRUCTIONS: Coating or Printing Facility Information Form

Complete the **Coating or Printing Facility Information** form to add a surface coating or printing operation to your account.

- 1. Company Name:** The official name of the company responsible for the account.
- 2. The Site Name** associated with the account.
- 3. TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within an account. The Plant ID is limited to 10 alphanumeric characters, and is an optional field. *Example:* PARTS3
- 5. FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* PAINTBTH3
- 6. Facility Name:** Label the FIN with a plain text name. The facility name is limited to 40 alphanumeric characters. *Example:* PAINT BOOTH NUMBER 3
- 7. SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies your specific industrial process. The chosen SCC describes the FIN as accurately as possible.
- 8. Facility Status:** Circle the appropriate facility status. A facility should be listed as "Active" if it operated *at any time* during the year.
- 9. Facility Status Effective Date:** Indicate the date when the facility first became operational or permitted.
- 10. Operating Schedule:** The facility's normal operating schedule during the emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—
 - Start Time:** For facilities that operate less than 24 hours per day, the time the operation usually starts; based on a 24-hour clock (military time).
 - Hours/Day:** The number of hours per day the facility is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the facility is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the facility is normally active; from 0 through 52.

11. **Seasonal Operating Percentages:** The percentage of annual facility operations that occurred during each “season.” For the emissions inventory, “spring” includes March through May; “summer” includes June through August; “fall” includes September through November; and “winter” includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.
12. **Annual Operating Hours:** The facility’s total annual operating hours. Use a whole number from 0 through 8,760.
13. **Percent Max Capacity:** Calculate the ratio of the facility’s actual operating capacity to the facility’s maximum capacity:

$$\textit{Percent Max Capacity} = \frac{\textit{Capacity}_{\textit{actual}}}{\textit{Capacity}_{\textit{maximum}}} \times 100$$

14. **Facility Comments:** Describe the facility’s function, or give clarifying information related to facility activities or parameters. This field is limited to 100 alphanumeric characters.

Facility Information
TCEQ Emissions Inventory Year 06

SAMPLE FORM

Cooling Tower

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	Plant ID: ⁴ ETO UNIT
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FACILITY IDENTIFICATION

FIN: ⁵ CT3	Facility Name: ⁶ Unit 3 Cooling Tower	SCC: ⁷ <input checked="" type="checkbox"/> 38500101 (Mechanical Draft) <input type="checkbox"/> 38500102 (Natural Draft)
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OPERATING SCHEDULE

Facility Status ⁸ (Circle ONE): <input checked="" type="radio"/> Active <input type="radio"/> Idle <input type="radio"/> Permitted but not built	Facility Status Effective Date: ⁹ <u>01/01/04</u>	Operating Schedule ¹⁰ Start Time : <u>0600</u> NOTE: Start Time REQUIRED Hours/Day : <u>24</u> Days/Week : <u>7</u> Weeks/Year : <u>52</u>
Seasonal Operating Percentages ¹¹ Spring: <u>25</u> % Summer: <u>25</u> % Fall: <u>25</u> % Winter: <u>25</u> % (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	Annual Operating Hours: ¹² <u>8760</u>	Percent Max Capacity: ¹³ <u>42.7</u> %

DESIGN INFORMATION	SAMPLING DATA
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Design Flow Rate: ¹⁴ <u>7</u> MMgal/day (maximum)	Sampled for VOC? ¹⁷ <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Draft Design Type: ¹⁵ <input type="checkbox"/> Natural Draft <input checked="" type="checkbox"/> Mechanical Draft	HRVOC Service? ¹⁸ <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Number of Cell(s): ¹⁶ <u>1</u>	Sampling Schedule: ¹⁹ <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other : _____
	Sampling Data Used to Calculate Emissions? ²⁰ <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

FACILITY COMMENTS²¹

Sampled for VOCs using Method 8260B

INSTRUCTIONS: Cooling Tower Facility Information Form

Complete the **Cooling Tower Facility Information** form to add a cooling tower to your account.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Plant ID:** Choose a name that identifies a unique unit or process within an account. The Plant ID is limited to 10 alphanumeric characters, and is an optional field. *Example:* ETO UNIT
5. **FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* CT3
6. **Facility Name:** Label the FIN with a plain text name. The facility name is limited to 40 alphanumeric characters. *Example:* UNIT 3 COOLING TOWER
7. **SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies your specific industrial process. Select the appropriate SCC for your cooling tower.
8. **Facility Status:** Circle the appropriate facility status. A facility should be listed as "Active" if it operated *at any time* during the year.
9. **Facility Status Effective Date:** Indicate the date when the facility first became operational or permitted.
10. **Operating Schedule:** The facility's normal operating schedule during the emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—
 - Start Time:** For facilities that operate less than 24 hours per day, the time the operation usually starts; based on a 24-hour clock (military time).
 - Hours/Day:** The number of hours per day the facility is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the facility is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the facility is normally active; from 0 through 52.

11. **Seasonal Operating Percentages:** The percentage of annual facility operations that occurred during each “season.” For the emissions inventory, “spring” includes March through May; “summer” includes June through August; “fall” includes September through November; and “winter” includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.
12. **Annual Operating Hours:** The facility’s total annual operating hours. Use a whole number from 0 through 8,760.
13. **Percent Max Capacity:** Calculate the ratio of the facility’s actual operating capacity to the facility’s maximum capacity:

$$\text{Percent Max Capacity} = \frac{\text{Capacity}_{\text{actual}}}{\text{Capacity}_{\text{maximum}}} \times 100$$

14. **Design Flow Rate:** The maximum flow rate the tower is designed to accommodate, in million gallons per day.
15. **Design Draft Type:** Indicate whether the tower is designed with natural draft or mechanical draft.
16. **Number of Cells:** The number of cells that make up the cooling tower (for mechanical draft towers).
17. **Sampled for VOC?:** Designate whether the samples are tested for VOC content.
18. **HRVOC Service?:** Indicate whether any contaminants designated as highly reactive VOCs (HRVOCs) are in process-fluid streams contacted by the cooling tower water. For emissions inventory purposes, HRVOCs are ethylene, propylene, all isomers of butene, and 1,3-butadiene. Mark only *one* box.
19. **Sampling Schedule:** Specify the sampling schedule. Mark only *one* box. For “Other,” describe the sampling schedule in the space provided.
20. **Are sampling data used to calculate emissions?:** State whether emissions are estimated using sampling data.
21. **Facility Comments:** Describe the facility’s function, or give clarifying information related to facility activities or parameters. If samples are tested for VOCs, describe the test method here. This field is limited to 100 alphanumeric characters.

Facility Information
TCEQ Emissions Inventory Year 06

SAMPLE FORM

Combustion Unit: Flare Profile

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	Plant ID: ⁴ BD Process
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FACILITY IDENTIFICATION

FIN: ⁵ FLARE 1	Facility Name: ⁶ S-Series Flare	SCC: ⁷	3	1	0	0	0	2	0	5
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OPERATING SCHEDULE

Facility Status ⁸ (Circle ONE): <input checked="" type="radio"/> Active <input type="radio"/> Idle <input type="radio"/> Permitted but not built	Facility Status Effective Date: ⁹ <u>1/1/06</u>	Operating Schedule ¹⁰ Start Time: <u>0800</u> NOTE: Start Time REQUIRED Hours/Day: <u>24</u> Days/Week: <u>7</u> Weeks/Year: <u>52</u>
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Seasonal Operating Percentages ¹¹ Spring: <u>25</u> % Summer: <u>25</u> % Fall: <u>25</u> % Winter: <u>25</u> % (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	Annual Operating Hours: ¹² <u>8760</u>	Percent Max Capacity: ¹³ <u>84</u> %
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ASSIST TYPE ¹⁴ <input type="checkbox"/> Air Assisted <input checked="" type="checkbox"/> Steam Assisted <input type="checkbox"/> Unassisted	SERVICE TYPE ¹⁵ <input type="checkbox"/> Both Routine Process and Upset/Maintenance <input checked="" type="checkbox"/> Routine Process <input type="checkbox"/> Upset/Maintenance	DESIGN CAPACITY ¹⁶ <u>2.74</u> MMBtu / hr
		HRVOC Service? ¹⁷ <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

FACILITY COMMENTS¹⁸

INSTRUCTIONS: Combustion Unit—Flare Profile Facility Information Form

Complete the **Combustion Unit—Flare Profile Facility Information** form to add a flare to your account.

- 1. Company Name:** The official name of the company responsible for the account.
- 2. Site Name:** The **Site Name** associated with the account.
- 3. TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within an account. The Plant ID is limited to 10 alphanumeric characters, and is an optional field. *Example:* BD PROCESS
- 5. FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* FLARE1
- 6. Facility Name: Label the FIN with a plain text name.** The facility name is limited to 40 alphanumeric characters. *Example:* S-SERIES FLARE
- 7. SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies your specific industrial process. The chosen SCC describes the FIN as accurately as possible.
- 8. Facility Status:** Circle the appropriate facility status. A facility should be listed as "Active" if it operated *at any time* during the year.
- 9. Facility Status Effective Date:** Indicate the date when the facility first became operational or permitted.
- 10. Operating Schedule:** The facility's normal operating schedule during the emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—
 - Start Time:** For facilities that operate less than 24 hours per day, the time the operation usually starts; based on a 24-hour clock (military time).
 - Hours/Day:** The number of hours per day the facility is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the facility is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the facility is normally active; from 0 through 52.

11. **Seasonal Operating Percentages:** The percentage of annual facility operations that occurred during each “season.” For the emissions inventory, “spring” includes March through May; “summer” includes June through August; “fall” includes September through November; and “winter” includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.
12. **Annual Operating Hours:** The facility’s total annual operating hours. Use a whole number from 0 through 8,760.
13. **Percent Max Capacity:** Calculate the ratio of the facility’s actual operating capacity to the facility’s maximum capacity:

$$\text{Percent Max Capacity} = \frac{\text{Capacity}_{\text{actual}}}{\text{Capacity}_{\text{maximum}}} \times 100$$

14. **Assist Type:** Select the flare’s assist type. Mark only *one* box.
15. **Service Type:** Indicate the flare’s service type. Mark only *one* box.
16. **Design Capacity:** The unit’s maximum heat input rating, in million Btu per hour.
17. **HRVOC Service?:** Specify whether any contaminants destructed by the flare are designated as highly reactive VOCs (HRVOCs). For emissions inventory purposes, HRVOCs are ethylene, propylene, all isomers of butene, and 1,3-butadiene. Mark only *one* box.
18. **Facility Comments:** Describe the facility’s function, or give clarifying information related to facility activities or parameters. This field is limited to 100 alphanumeric characters.

Facility Information

TCEQ Emissions Inventory Year 06

SAMPLE FORM

Leaking Component Fugitives

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	Plant ID: ⁴ ELFUG1
FACILITY IDENTIFICATION			
FIN: ⁵ FUG1	Facility Name: ⁶ Fugitive Area Number 1	SCC: ⁷	3 1 0 0 0 2 2 0
OPERATING SCHEDULE			
Facility Status ⁸ (Circle ONE): <input checked="" type="radio"/> Active <input type="radio"/> Idle <input type="radio"/> Permitted but not built	Facility Status Effective Date: ⁹ <u>1/1/06</u>	Operating Schedule ¹⁰ Start Time: _____ NOTE: Start Time REQUIRED Hours/Day: _____ Days/Week: _____ Weeks/Year: _____	
Seasonal Operating Percentages ¹¹ Spring: _____% Summer: _____% Fall: _____% Winter: _____% (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	Annual Operating Hours: ¹² <u>8760</u> Percent Max Capacity: ¹³ <u>100</u> %		
EMISSIONS DETERMINATION METHODOLOGY ¹⁴ (Mark only <i>one</i> method. If more than one method is used, create separate FINs.)			
<input checked="" 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 ¹⁵ [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 checked="" type="checkbox"/> 28VHP <input type="checkbox"/> AVO <input type="checkbox"/> HRVOC <input type="checkbox"/> Other: _____			
Connector monitoring program: ¹⁶ <input type="checkbox"/> 28CNTA <input checked="" type="checkbox"/> 28CNTQ <input type="checkbox"/> None			
This LDAR program is (mark only <i>one box</i>): ¹⁷ <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Required by Permit or Rule			
FACILITY COMMENTS ¹⁸			

INSTRUCTIONS: Leaking Component Fugitives Facility Information Form, Page 1

Complete the **Leaking Component Fugitives Facility Information** form for each FIN representing a piping component fugitive area.

- 1. Company Name:** The official name of the company responsible for the account.
- 2. The Site Name** associated with the account.
- 3. TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within an account. The Plant ID is limited to 10 alphanumeric characters, and is an optional field. *Example:* ELF1
- 5. FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* FUG1
- 6. Facility Name:** Label the FIN with a plain text name. The facility name is limited to 40 alphanumeric characters. *Example:* FUGITIVE AREA NUMBER 1
- 7. SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies your specific industrial process. The chosen SCC describes the FIN as accurately as possible.
- 8. Facility Status:** Circle the appropriate facility status. A facility should be listed as "Active" if it operated *at any time* during the year.
- 9. Facility Status Effective Date:** Indicate the date when the facility first became operational or permitted.
- 10. Operating Schedule:** The facility's normal operating schedule during the emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—
 - Start Time:** For facilities that operate less than 24 hours per day, the time the operation usually starts; based on a 24-hour clock (military time).
 - Hours/Day:** The number of hours per day the facility is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the facility is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the facility is normally active; from 0 through 52.

11. **Seasonal Operating Percentages:** The percentage of annual facility operations that occurred during each “season.” For the emissions inventory, “spring” includes March through May; “summer” includes June through August; “fall” includes September through November; and “winter” includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.
12. **Annual Operating Hours:** The facility’s total annual operating hours. Use a whole number from 0 through 8,760.
13. **Percent Max Capacity:** Calculate the ratio of the facility’s actual operating capacity to the facility’s maximum capacity:

$$\textit{Percent Max Capacity} = \frac{\textit{Capacity}_{\textit{actual}}}{\textit{Capacity}_{\textit{maximum}}} \times 100$$

14. **Emissions Determination Methodology:** Select the method used to determine your piping fugitive emissions.
15. **Leak-Detection and -Repair (LDAR) Program:** Specify the LDAR program for the fugitive area.
16. **Connector Monitoring Program:** The connector monitoring program for the fugitive area.
17. **This LDAR program is:** Indicate whether monitoring is voluntary or required by a rule or permit.
18. **Facility Comments:** Describe the facility’s function, or give clarifying information related to facility activities or parameters. This field is limited to 100 alphanumeric characters.

Facility Information

TCEQ Emissions Inventory Year 06

**SAMPLE
FORM**

**Leaking Component Fugitives
Fugitive Data**

TCEQ Air Account Number:¹ HG6789X

FIN:² FUG1

COMPONENT COUNTS

	Service	Non-Monitored	Monitored				Monitoring Frequency ⁹
		Number of components ⁴	Number of components ⁵	Leak definition ⁶ (ppm)	Number of leakers ⁷	Number pegged ⁸	
Valves	Gas/Vapor		105 ³	10000	13	2	Quarterly
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Pumps	Gas/Vapor		5	10000	1		Monthly
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Flanges	Gas/Vapor		522	10000	27	4	Quarterly
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Open-Ended Lines	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Connectors	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Relief Valves	Gas/Vapor		1	10000			Quarterly
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Compressor Seals	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Other	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						

VOC PERCENTAGES¹⁰

MONITORING EQUIPMENT DATA¹¹

Gas-vapor stream: 20 %

Pegged Component Screening Value: 10,000 ppm

Light liquid stream: 95 %

Calibration Range: 5 min 10,000 max

INSTRUCTIONS: Leaking Component Fugitives Facility Information Form, Page 2

Complete the **Leaking Component Fugitives Facility Information** form for each FIN representing a piping component fugitive area.

- 1. TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
- 2. FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* FUG1
- 3. Component Counts:** The number of components (valves, flanges, etc.) in each service type (gas/vapor, light liquid, etc.). Note that water/light oil service applies only to the oil and gas industry.
- 4. Nonmonitored Number of Components:** For each component type, The number of nonmonitored components in the fugitive area. If an LDAR program is in place, include components exempt from monitoring in this column.
- 5. Monitored Number of Components:** List the number of instrument-monitored components in the fugitive area.
- 6. Leak Definition:** Indicate the level above which a component is considered to be leaking and must be repaired, in parts per million.
- 7. Number of Leakers:** The number of components that leaked at or above the leak definition threshold. Count each component once for each monitoring period during which it leaked. For example, if a valve monitored quarterly was found to be leaking each quarter in a year, it is counted as four leakers.
- 8. Number Pegged:** The number of components where the monitoring instrument showed a pegged screening value. Count each component once for each monitoring period during which it leaked at or above the pegged rate. For example, if a valve monitored quarterly was found to be leaking above the pegged rate each quarter in a year, it is counted as four pegged valves.
- 9. Monitoring Frequency:** Specify how frequently components are monitored (annually, quarterly, monthly, etc.).
- 10. VOC Percentages:** Indicate the average VOC content for the gas-vapor stream and the light liquid stream.
- 11. Monitoring Equipment Data:** The equipment's calibration value range and the "pegged" screening value.

Facility Information
TCEQ Emissions Inventory Year 06

SAMPLE FORM

Loading

Company Name:¹ Johnson Gas Company	Site Name:² Creek Compressor Station	TCEQ Air Account Number:³ HG6789X	Plant ID:⁴ TERMINAL3
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FACILITY IDENTIFICATION

FIN:⁵ TNKTRKLDG3	Facility Name:⁶ TERMINAL 3 TANK TRUCK LOADING	SCC:⁷	4	0	4	0	0	1	5	0
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OPERATING SCHEDULE

Facility Status⁸ (Circle ONE): <input checked="" type="radio"/> Active <input type="radio"/> Idle <input type="radio"/> Permitted but not built	Facility Status Effective Date:⁹ <u>6/11/05</u>	Operating Schedule¹⁰ Start Time : <u>0800</u> NOTE: Start Time REQUIRED Hours/Day : <u>24</u> Days/Week : <u>7</u> Weeks/Year : <u>52</u>
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Seasonal Operating Percentages¹¹ Spring: <u>0</u> % Summer: <u>30</u> % Fall: <u>55</u> % Winter: <u>15</u> % (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	Annual Operating Hours:¹² <u>4380</u>
	Percent Max Capacity:¹³ <u>44</u> %

LOADING PROFILE

Loading Type¹⁴ (Profile) (Mark only one box below)

Marine Railcar Railcar and Tank Truck Tank Truck Other : _____

FACILITY COMMENTS¹⁵

INSTRUCTIONS: Loading Facility Information Form

Complete the **Loading Facility Information** form to add loading operations to your account.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Plant ID:** Choose a name that identifies a unique unit or process within an account. The Plant ID is limited to 10 alphanumeric characters, and is an optional field. *Example:* TERMINAL3
5. **FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* TNKTRKLDG3
6. **Facility Name:** Label the FIN with a plain text name. The facility name is limited to 40 alphanumeric characters. *Example:* TERMINAL 3 TANK TRUCK LOADING
7. **SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies your specific industrial process. The chosen SCC describes the FIN as accurately as possible.
8. **Facility Status:** Circle the appropriate facility status. A facility should be listed as "Active" if it operated *at any time* during the year.
9. **Facility Status Effective Date:** Indicate the date when the facility first became operational or permitted.
10. **Operating Schedule:** The facility's normal operating schedule during the emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—
 - Start Time:** For facilities that operate less than 24 hours per day, the time the operation usually starts; based on a 24-hour clock (military time).
 - Hours/Day:** The number of hours per day the facility is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the facility is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the facility is normally active; from 0 through 52.

11. **Seasonal Operating Percentages:** The percentage of annual facility operations that occurred during each “season.” For the emissions inventory, “spring” includes March through May; “summer” includes June through August; “fall” includes September through November; and “winter” includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.
12. **Annual Operating Hours:** The facility’s total annual operating hours. Use a whole number from 0 through 8,760.
13. **Percent Max Capacity:** Calculate the ratio of the facility’s actual operating capacity to the facility’s maximum capacity:

$$\textit{Percent Max Capacity} = \frac{\textit{Capacity}_{\textit{actual}}}{\textit{Capacity}_{\textit{maximum}}} \times 100$$

14. **Loading Type (Profile):** Indicate the type of loading process. Mark only *one* box. For “Other,” describe the loading process in the space provided.
15. **Facility Comments:** Describe the facility’s function, or give clarifying information related to facility activities or parameters. This field is limited to 100 alphanumeric characters.

Facility Information

TCEQ Emissions Inventory Year 06

SAMPLE FORM

Non-Flare Combustion Unit

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	Plant ID: ⁴ PROCESS1
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FACILITY IDENTIFICATION

FIN: ⁵ ENGINE1	Facility Name: ⁶ COMPRESSOR ENGINE NUMBER 1	SCC: ⁷ 2 0 2 0 0 2 5 4
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OPERATING SCHEDULE

Facility Status ⁸ (Circle ONE): <input checked="" type="radio"/> Active <input type="radio"/> Idle <input type="radio"/> Permitted but not built	Facility Status Effective Date: ⁹ <u>2/25/06</u>	Operating Schedule ¹⁰ Start Time : <u>0600</u> NOTE: Start Time REQUIRED Hours/Day : <u>20</u> Days/Week : <u>7</u> Weeks/Year : <u>52</u>
Seasonal Operating Percentages ¹¹ Spring: <u>30</u> % Summer: <u>29</u> % Fall: <u>31</u> % Winter: <u>10</u> % (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	Annual Operating Hours: ¹² <u>7280</u>	Percent Max Capacity: ¹³ <u>77</u> %

Spring:

COMBUSTION PROFILE AND DETAIL

Unit Type ¹⁴ (Profile) (Mark only <i>one</i> box below) <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 checked="" type="checkbox"/> IC Engine-EGU: <u>4</u> -cycle, <u>LEAN</u> -burn <input type="checkbox"/> Turbine-EGU	Design Capacity: ¹⁵ <u>160</u> MMBtu/hr
Firing Type ¹⁷ (Mark one): <input type="checkbox"/> Front <input type="checkbox"/> Opposed <input type="checkbox"/> Tangential <input checked="" type="checkbox"/> Internal <input type="checkbox"/> Other: _____	Engine Rating: ¹⁶ <u>2085</u> hp
Generation Capacity: ¹⁸ <u>28</u> MW	

FACILITY COMMENTS

INSTRUCTIONS: Non-Flare Combustion Unit Facility Information Form

Complete the **Facility Information: Non-Flare Combustion Unit** form to add a combustion unit *other than a flare* to your account.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Plant ID:** Choose a name that identifies a unique unit or process within an account. The Plant ID is limited to 10 alphanumeric characters, and is an optional field. *Example:* PROCESS1
5. **FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* ENGINE1
6. **Facility Name:** Label the FIN with a plain text name. The facility name is limited to 40 alphanumeric characters. *Example:* COMPRESSOR ENGINE NUMBER 1
7. **SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies your specific industrial process. The chosen SCC describes the FIN as accurately as possible.
8. **Facility Status:** Circle the appropriate facility status. A facility should be listed as "Active" if it operated *at any time* during the year.
9. **Facility Status Effective Date:** Indicate the date when the facility first became operational or permitted.
10. **Operating Schedule:** The facility's normal operating schedule during the emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—
 - Start Time:** For facilities that operate less than 24 hours per day, the time the operation usually starts; based on a 24-hour clock (military time).
 - Hours/Day:** The number of hours per day the facility is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the facility is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the facility is normally active; from 0 through 52.

11. **Seasonal Operating Percentages:** The percentage of annual facility operations that occurred during each “season.” For the emissions inventory, “spring” includes March through May; “summer” includes June through August; “fall” includes September through November; and “winter” includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.
12. **Annual Operating Hours:** The facility’s total annual operating hours. Use a whole number from 0 through 8,760.
13. **Percent Max Capacity:** Calculate the ratio of the facility’s actual operating capacity to the facility’s maximum capacity:

$$\text{Percent Max Capacity} = \frac{\text{Capacity}_{\text{actual}}}{\text{Capacity}_{\text{maximum}}} \times 100$$

14. **Unit Type (Profile):** Select the type of combustion unit. Mark only *one* box.
 - For “IC Engine” or “IC Engine-EGU,” fill in the number of cycles (2 or 4) and the engine burn type (rich or lean).
 - If the selection is “Other,” please describe the type of combustion unit in the space provided.
 - Note that electric generation units (EGUs) have their own separate profiles: Boiler-EGU, IC Engine-EGU, and Turbine-EGU.
15. **Design Capacity:** The unit’s maximum heat input rating, in million Btu per hour.
16. **Engine Rating:** Indicate the unit’s work output, in horsepower.
17. **Firing Type:** Choose the most appropriate burner type. Mark only *one* box. For “Other,” describe the firing type in the space provided.
18. **Generation Capacity:** Specify the maximum electrical generating output in megawatts for electric generation units. The capacity is based on a continuous steady-state operation.
19. **Facility Comments:** Describe the facility’s function, or give clarifying information related to facility activities or parameters. This field is limited to 100 alphanumeric characters.

Facility Information

TCEQ Emissions Inventory Year 06

SAMPLE FORM

Storage Tank

Company Name:¹
Johnson Gas Company

Site Name:²
Creek Compressor Station

TCEQ Air Account Number:³
HG6789X

Plant ID:⁴
TANK FARM1

FACILITY IDENTIFICATION

FIN:⁵ OILTANK4

Facility Name:⁶ Oil Tank Number 4

SCC:⁷ 4 0 4 0 0 3 0 1

OPERATING SCHEDULE

Facility Status⁸ (Circle ONE):
 Active Idle Permitted but not built

Status Effective Date:⁹ 1/1/05

Operating Schedule¹⁰ 0800 **NOTE:** Start Time REQUIRED
Hours/Day : 24 Days/Week : 7 Weeks/Year : 52
Start Time :

Seasonal Operating Percentages¹¹

Spring: 25 % Summer: 25 % Fall: 25 % Winter: 25 %
(NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)

Annual Operating Hours:¹² 8760

Percent Max Capacity:¹³ 100 %

TANK DETAIL

Tank Type¹⁴ (Mark only one box below.)

- Horizontal fixed roof External floating roof: double deck, single seal Domed external floating roof: double deck
 Vertical fixed roof External Floating Roof: double deck, double seal Domed external floating roof: pontoon
 Internal floating roof External floating roof: pontoon, single seal Underground tank
 Pressure tank External floating roof: pontoon, double seal Other: _____

Fill Method¹⁵ (Mark one)

- Submerged Splash
 Bottom

Vapor Space Ht.:¹⁶ 10 ft

Tank Dimensions¹⁷

Length (if Horizontal Fixed Roof) or Height (for all other tanks): 25 ft
Diameter: 10 ft Capacity: 14.68 M gallons

Shell Characteristics¹⁸

Construction: W Color/Shade: LG Paint Condition: G Internal Shell Condition: G

Roof Characteristics¹⁹

Color/Shade: LG G 0.0625 ft/ft Radius (if dome): _____ ft
Paint Condition: _____

Breather Vent Settings²⁰

Vacuum: -0.03 psig Pressure: -0.03 psig

Floating Roof Tank Construction and Rim-Seal System²¹

Primary Seal: _____ Secondary Seal: _____

Non-Self-Supporting Internal Floating-Roof Tank Columns²²

Number of Columns: _____ Effective Column Diameter: _____

Internal Floating-Roof Tank Deck Characteristics²³

Deck Type: _____ Deck Fitting Category: _____ Construction: _____ Deck Seam: _____ Deck Seam Length: _____ feet

FACILITY COMMENTS

²⁴

INSTRUCTIONS: Storage Tank Facility Information Form

Complete the **Storage Tank Facility Information** form to add a tank to your account.

- 1. Company Name:** The official name of the company responsible for the account.
- 2. The Site Name** associated with the account.
- 3. TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within an account. The Plant ID is limited to 10 alphanumeric characters, and is an optional field. *Example:* STORE
- 5. FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* OILTANK4
- 6. Facility Name:** Label the FIN with a plain text name. The facility name is limited to 40 alphanumeric characters. *Example:* OIL TANK NUMBER 4
- 7. SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies your specific industrial process. The chosen SCC describes the FIN as accurately as possible.
- 8. Facility Status:** Circle the appropriate facility status. A facility should be listed as "Active" if it operated *at any time* during the year.
- 9. Facility Status Effective Date:** Indicate the date when the facility first became operational or permitted.
- 10. Operating Schedule:** The facility's normal operating schedule during the emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—
 - Start Time:** For facilities that operate less than 24 hours per day, the time the operation usually starts; based on a 24-hour clock (military time).
 - Hours/Day:** The number of hours per day the facility is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the facility is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the facility is normally active; from 0 through 52.

11. **Seasonal Operating Percentages:** The percentage of annual facility operations that occurred during each “season.” For the emissions inventory, “spring” includes March through May; “summer” includes June through August; “fall” includes September through November; and “winter” includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.
12. **Annual Operating Hours:** The facility’s total annual operating hours. Use a whole number from 0 through 8,760.
13. **Percent Max Capacity:** Calculate the ratio of the facility’s actual operating capacity to the facility’s maximum capacity:

$$\textit{Percent Max Capacity} = \frac{\textit{Capacity}_{\textit{actual}}}{\textit{Capacity}_{\textit{maximum}}} \times 100$$

14. **Tank Type:** Indicate the tank type. Mark only *one* box. For “Other,” describe the tank type in the space provided.
15. **Fill Method:** Select how the tank is filled. Mark only *one* box.
16. **Vapor Space Height:** The tank’s average vapor space height, in feet.
17. **Tank Dimensions:** List the tank height (if vertical) or length (if horizontal), in feet; tank diameter, in feet; and tank capacity, in thousand gallons.
18. **Shell Characteristics:** The tank’s exterior paint color and shade, exterior paint condition, and internal shell condition. The available choices for each are—
Construction: **E** (epoxy-coated rivets), **F** (fiberglass), **G** (gunite), **R** (riveted), **W** (welded), or **O** (other)
Color/Shade: **AD** (aluminum: diffuse or non-reflective), **AS** (aluminum: specular or reflective), **LG** (light gray), **MG** (medium gray), **WH** (white), or **OT** (other)
Paint Condition: **G** (good) or **P** (poor)
Internal Shell Condition: **G** (good) or **P** (poor)
19. **Roof Characteristics:** The tank’s roof paint color and shade; roof paint condition; and roof slope (cone) or roof radius (dome). The available choices for roof color and condition are—
Paint Color: **AD** (aluminum: diffuse or non-reflective), **AS** (aluminum: specular or reflective), **LG** (light gray), **MG** (medium gray), **WH** (white), or **OT** (other)
Paint Condition: **G** (good) or **P** (poor)
20. **Breather Vent Settings:** Specify the tank’s vacuum and pressure settings, in pounds per square inch, gauge.
21. **Floating Roof Tank Construction and Rim-Seal System:** Describe the construction and rim-seal system for floating roof tanks. The available choices are—
Primary Seal: **LM** (liquid-mounted), **MS** (mechanical shoe), **VR** (vapor rim), or **OT** (other)
Secondary Seal: **NO** (none), **RM** (rim-mounted), **SM** (shoe-mounted), **WS** (weather shield), or **OT** (other)

- 22. Internal Floating-Roof Tank Column Information:** The number of columns and effective column diameter for non–self-supporting internal floating-roof tanks.
- 23. Floating-Roof Tank Deck Characteristics:** Indicate the deck type, fitting category, construction, seam, and seam length. The available choices for each are:
- Deck Type:** **B** (bolted) or **W** (welded)
 - Deck Fitting Category:** **D** (detailed) or **T** (typical)
 - Construction:** **P** (panel) or **S** (sheet)
 - Deck Seam:** **5 × 7.5 ft** or **5 × 12 ft** (for panel construction)
5 ft, 6 ft, or 7 ft (for sheet construction)
 - Deck Seam Length:** Report the total length of all bolted or riveted seams on the deck, in feet. Enter **0** for welded decks.
- 24. Facility Comments:** Describe the facility’s function, or give clarifying information related to facility activities or parameters. This field is limited to 100 alphanumeric characters.

Facility Information
TCEQ Emissions Inventory Year 06

SAMPLE FORM

VOC Process

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	Plant ID: ⁴ HDPE UNIT 3
--	--	---	--

FACILITY IDENTIFICATION

FIN: ⁵ HDPEUNIT3	Facility Name: ⁶ HD POLYETHYLENE UNIT 3	SCC: ⁷	3	0	1	0	1	8	0	7
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OPERATING SCHEDULE

Facility Status ⁸ (Circle ONE): <input checked="" type="radio"/> Active <input type="radio"/> Idle <input type="radio"/> Permitted but not built	Facility Status Effective Date: ⁹ <u>1/1/06</u>	Operating Schedule ¹⁰ Start Time: <u>0600</u> NOTE: Start Time REQUIRED Hours/Day: <u>24</u> Days/Week: <u>7</u> Weeks/Year: <u>52</u>
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Seasonal Operating Percentages ¹¹ Spring: <u>30</u> % Summer: <u>20</u> % Fall: <u>25</u> % Winter: <u>25</u> % (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	Annual Operating Hours: ¹² <u>8760</u>	Percent Max Capacity: ¹³ <u>83</u> %
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PROCESS PROFILE

Unit Type¹⁴ (Profile) (Mark only *one* box below)

<input type="checkbox"/> Analyzer	<input type="checkbox"/> Glycol Still	<input type="checkbox"/> Mixing Vessel	<input checked="" type="checkbox"/> Polyethylene Unit
<input type="checkbox"/> Polypropylene Unit	<input type="checkbox"/> Reactor	<input type="checkbox"/> Blowdown Operations	<input type="checkbox"/> Other: _____

FACILITY COMMENTS¹⁵

INSTRUCTIONS: VOC Process Facility Information Form

Complete the **VOC Process Facility Information** form to add a VOC process not currently covered by one of the other FIN group types.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Plant ID:** Choose a name that identifies a unique unit or process within an account. The Plant ID is limited to 10 alphanumeric characters, and is an optional field. *Example:* HDPEUNIT3
5. **FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* HDPEUNIT3
6. **Facility Name:** Label the FIN with a plain text name. The facility name is limited to 40 alphanumeric characters. *Example:* HD POLYETHYLENE UNIT 3
7. **SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies your specific industrial process. The chosen SCC describes the FIN as accurately as possible.
8. **Facility Status:** Circle the appropriate facility status. A facility should be listed as "Active" if it operated *at any time* during the year.
9. **Facility Status Effective Date:** Indicate the date when the facility first became operational or permitted.
10. **Operating Schedule:** The facility's normal operating schedule during the emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—
 - Start Time:** For facilities that operate less than 24 hours per day, the time the operation usually starts; based on a 24-hour clock (military time).
 - Hours/Day:** The number of hours per day the facility is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the facility is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the facility is normally active; from 0 through 52.

11. **Seasonal Operating Percentages:** The percentage of annual facility operations that occurred during each “season.” For the emissions inventory, “spring” includes March through May; “summer” includes June through August; “fall” includes September through November; and “winter” includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.
12. **Annual Operating Hours:** The facility’s total annual operating hours. Use a whole number from 0 through 8,760.
13. **Percent Max Capacity:** Calculate the ratio of the facility’s actual operating capacity to the facility’s maximum capacity:

$$\textit{Percent Max Capacity} = \frac{\textit{Capacity}_{\textit{actual}}}{\textit{Capacity}_{\textit{maximum}}} \times 100$$

14. **Unit Type (Profile):** Indicate the type of VOC process. Mark only *one* box. For “Other,” describe the unit in the space provided.
15. **Facility Comments:** Describe the facility’s function, or give clarifying information related to facility activities or parameters. This field is limited to 100 alphanumeric characters.

Facility Information

TCEQ Emissions Inventory Year 06

SAMPLE FORM

Wastewater: Wastewater System

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	Plant ID: ⁴ TREATMENTA
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FACILITY IDENTIFICATION

FIN: ⁵ POND 1	Facility Name: ⁶ HOLDING POND NUMBER 1	SCC: ⁷	3	0	6	0	0	5	1	9
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OPERATING SCHEDULE

Facility Status ⁸ (Circle ONE): <input checked="" type="radio"/> Active <input type="radio"/> Idle <input type="radio"/> Permitted but not built	Facility Status Effective Date: ⁹ <u>1/1/06</u>	Operating Schedule ¹⁰ Start Time: <u>0600</u> NOTE: Start Time REQUIRED Hours/Day: <u>24</u> Days/Week: <u>7</u> Weeks/Year: <u>52</u>
Seasonal Operating Percentages ¹¹ Spring: <u>20</u> % Summer: <u>29</u> % Fall: <u>21</u> % Winter: <u>30</u> % (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	Annual Operating Hours: ¹² _____	
		Percent Max Capacity: ¹³ <u>8760</u> %

WASTEWATER DETAIL

88

Aeration: ¹⁴ <input checked="" type="checkbox"/> Diffused Air <input type="checkbox"/> Mechanical <input type="checkbox"/> None	Surface Area: ¹⁵ <u>10,000</u> ft ²	Biodegradation Mechanism: ¹⁶ <input type="checkbox"/> Biodegradation Activity <input checked="" type="checkbox"/> Activated Sludge Activity <input type="checkbox"/> None	
Depth: ¹⁷ <u>5</u> ft	Flow Rate: ¹⁸ <u>10</u> MGD	Flow Model: ¹⁹ <input checked="" type="checkbox"/> Flowthrough <input type="checkbox"/> Disposal	Prestripping Performed? ²⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Device Type: ²¹ <input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Subsurface Impoundment <input type="checkbox"/> Other (specify): _____			

COMPONENT COUNTS²²

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 COMMENTS²³

INSTRUCTIONS: Wastewater System Facility Information Form

Complete the **Wastewater System Facility Information** form to add a wastewater system to your account.

- 1. Company Name:** The official name of the company responsible for the account.
- 2. The Site Name** associated with the account.
- 3. TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within an account. The Plant ID is limited to 10 alphanumeric characters, and is an optional field. *Example:* TREATMENT1
- 5. FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* POND1
- 6. Facility Name:** Label the FIN with a plain text name. The facility name is limited to 40 alphanumeric characters. *Example:* HOLDING POND NUMBER 1
- 7. SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies your specific industrial process. The chosen SCC describes the FIN as accurately as possible.
- 8. Facility Status:** Circle the appropriate facility status. A facility should be listed as "Active" if it operated *at any time* during the year.
- 9. Facility Status Effective Date:** Indicate the date when the facility first became operational or permitted.
- 10. Operating Schedule:** The facility's normal operating schedule during the emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—
 - Start Time:** For facilities that operate less than 24 hours per day, the time the operation usually starts; based on a 24-hour clock (military time).
 - Hours/Day:** The number of hours per day the facility is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the facility is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the facility is normally active; from 0 through 52.

11. **Seasonal Operating Percentages:** The percentage of annual facility operations that occurred during each “season.” For the emissions inventory, “spring” includes March through May; “summer” includes June through August; “fall” includes September through November; and “winter” includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.
12. **Annual Operating Hours:** The facility’s total annual operating hours. Use a whole number from 0 through 8,760.
13. **Percent Max Capacity:** Calculate the ratio of the facility’s actual operating capacity to the facility’s maximum capacity:

$$\text{Percent Max Capacity} = \frac{\text{Capacity}_{\text{actual}}}{\text{Capacity}_{\text{maximum}}} \times 100$$

14. **Aeration:** Indicate the type of aeration. Mark only *one* box.
15. **Surface Area:** The wastewater facility’s surface area, in square feet.
16. **Biodegradation Mechanism:** Select the type of biodegradation used. Mark only *one* box.
17. **Depth:** The wastewater facility’s depth, in feet.
18. **Flow Rate:** The flow rate through the facility, in million gallons per day.
19. **Flow Model:** Describe whether the facility receives wastewater for ultimate disposal (choose disposal), or whether it continuously receives wastewater feed and discharges treated water (choose flowthrough).
20. **Prestripping Performed?:** Specify whether the wastewater is prestripped prior to treatment.
21. **Device Type:** The wastewater system device type. Mark only *one* box. For “Other,” describe the device.
22. **Collection System Component Counts:** The number of each component type, and each associated total surface area, in square feet.
23. **Facility Comments:** Describe the facility’s function, or give clarifying information related to facility activities or parameters. This field is limited to 100 alphanumeric characters.

Facility Information

TCEQ Emissions Inventory Year 06

SAMPLE FORM

Wastewater: Wastewater System Component

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	Plant ID: ⁴ TREATMENTA
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FACILITY IDENTIFICATION

FIN: ⁵ SUMP-1	Facility Name: ⁶ UNIT 1 Open Sump	SCC: ⁷	5	0	3	0	0	7	1	0
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OPERATING SCHEDULE

Facility Status ⁸ (Circle ONE): <input checked="" type="radio"/> Active <input type="radio"/> Idle <input type="radio"/> Permitted but not built	Facility Status Effective Date: ⁹ <u>1/1/06</u>	Operating Schedule ¹⁰ Start Time: <u>0800</u> NOTE: Start Time REQUIRED Hours/Day: <u>24</u> Days/Week: <u>7</u> Weeks/Year: <u>52</u>
Seasonal Operating Percentages ¹¹ Spring: <u>25</u> % Summer: <u>25</u> % Fall: <u>25</u> % Winter: <u>25</u> % (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	Annual Operating Hours: ¹² <u>8760</u>	Percent Max Capacity: ¹³ <u>83</u> %

WASTEWATER COMPONENT PROFILE

Unit Type¹⁴ (Profile) (Mark only one box below)

<input type="checkbox"/> Basin	<input checked="" 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 COMMENTS¹⁵

INSTRUCTIONS: Wastewater Component Facility Information Form

Complete the **Wastewater Component Facility Information** form to add a specific component of a wastewater system to your account.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Plant ID:** Choose a name that identifies a unique unit or process within an account. The Plant ID is limited to 10 alphanumeric characters, and is an optional field. *Example:* ABC
5. **FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* ABC-SUMP
6. **Facility Name:** Label the FIN with a plain text name. The facility name is limited to 40 alphanumeric characters. *Example:* ABC UNIT OPEN SUMP
7. **SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies your specific industrial process. The chosen SCC describes the FIN as accurately as possible.
8. **Facility Status:** Circle the appropriate facility status. A facility should be listed as "Active" if it operated *at any time* during the year.
9. **Facility Status Effective Date:** Indicate the date when the facility first became operational or permitted.
10. **Operating Schedule:** The facility's normal operating schedule during the emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—
 - Start Time:** For facilities that operate less than 24 hours per day, the time the operation usually starts; based on a 24-hour clock (military time).
 - Hours/Day:** The number of hours per day the facility is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the facility is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the facility is normally active; from 0 through 52.

11. **Seasonal Operating Percentages:** The percentage of annual facility operations that occurred during each “season.” For the emissions inventory, “spring” includes March through May; “summer” includes June through August; “fall” includes September through November; and “winter” includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.
12. **Annual Operating Hours:** The facility’s total annual operating hours. Use a whole number from 0 through 8,760.
13. **Percent Max Capacity:** Calculate the ratio of the facility’s actual operating capacity to the facility’s maximum capacity:

$$\textit{Percent Max Capacity} = \frac{\textit{Capacity}_{\textit{actual}}}{\textit{Capacity}_{\textit{maximum}}} \times 100$$

14. **Unit Type (Profile):** Indicate the wastewater unit type. Mark only *one* box. For “Other,” describe the wastewater component in the space provided.
15. **Facility Comments:** Describe the facility’s function, or give clarifying information related to facility activities or parameters. This field is limited to 100 alphanumeric characters.

Facility Information TCEQ Emissions Inventory Year <u>06</u>
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SAMPLE FORM

Other Source

Company Name:¹ Johnson Gas Company	Site Name:² Creek Compressor Station	TCEQ Air Account Number:³ HG6789X	Plant ID:⁴ BLAST
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FACILITY IDENTIFICATION

FIN:⁵ SANDBLAST1	Facility Name:⁶ SANDBLASTING AREA 1	SCC:⁷	3	0	9	0	0	2	0	2
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OPERATING SCHEDULE

Facility Status⁸ (Circle ONE): <input checked="" type="radio"/> Active <input type="radio"/> Idle <input type="radio"/> Permitted but not built	Facility Status Effective Date:⁹ <u>1/1/06</u>	Operating Schedule¹⁰ Start Time: <u>0600</u> NOTE: Start Time REQUIRED Hours/Day: <u>24</u> Days/Week: <u>7</u> Weeks/Year: <u>52</u>
Seasonal Operating Percentages¹¹ Spring: <u>25</u> % Summer: <u>25</u> % Fall: <u>25</u> % Winter: <u>25</u> % (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)		Annual Operating Hours:¹² <u>8760</u>
		Percent Max Capacity:¹³ <u>88</u> %

GENERATING GROUP¹⁴

Other (describe): Sandblast area used for surface preparation

FACILITY COMMENTS¹⁵

_____ _____ _____

INSTRUCTIONS: Other Facility Information Form

Complete the **Other Facility Information** form to add a facility that is not a combustion unit (including a flare), a VOC process facility, a loading facility, a cleaning facility, a coating or painting facility, a storage tank, a cooling tower, a wastewater facility, or a leaking component fugitive area.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Plant ID:** Choose a name that identifies a unique unit or process within an account. The Plant ID is limited to 10 alphanumeric characters, and is an optional field.
5. **FIN (Facility Identification Number):** Assign a unique label that identifies the facility. The FIN is limited to 10 alphanumeric characters. The emissions inventory FIN *must* match the site's permit. *Example:* SANDBLAST1
6. **Facility Name:** Label the FIN with a plain text name. The facility name is limited to 40 alphanumeric characters. *Example:* SANDBLASTING AREA 1
7. **SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies your specific industrial process. The chosen SCC describes the FIN as accurately as possible.
8. **Facility Status:** Circle the appropriate facility status. A facility should be listed as "Active" if it operated *at any time* during the year.
9. **Facility Status Effective Date:** Indicate the date when the facility first became operational or permitted.
10. **Operating Schedule:** The facility's normal operating schedule during the emissions inventory year. Use only whole numbers (no decimal places). The operating schedule includes—
 - Start Time:** For facilities that operate less than 24 hours per day, the time the operation usually starts; based on a 24-hour clock (military time).
 - Hours/Day:** The number of hours per day the facility is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the facility is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the facility is normally active; from 0 through 52.

11. **Seasonal Operating Percentages:** The percentage of annual facility operations that occurred during each “season.” For the emissions inventory, “spring” includes March through May; “summer” includes June through August; “fall” includes September through November; and “winter” includes January, February, and December of the same calendar year. Use only whole numbers that add up to 100.
12. **Annual Operating Hours:** The facility’s total annual operating hours. Use a whole number from 0 through 8,760.
13. **Percent Max Capacity:** Calculate the ratio of the facility’s actual operating capacity to the facility’s maximum capacity:

$$\textit{Percent Max Capacity} = \frac{\textit{Capacity}_{\textit{actual}}}{\textit{Capacity}_{\textit{maximum}}} \times 100$$

14. **Generating Group:** Detail the type of facility in the space provided.
15. **Facility Comments:** Describe the facility’s function, or give clarifying information related to facility activities or parameters. This field is limited to 100 alphanumeric characters.

Abatement Device Information

TCEQ Emissions Inventory Year 06

SAMPLE FORM

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

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	RN: ⁴ RN123456789
--	--	---	--

ABATEMENT DEVICE INFORMATION			
CIN: ⁵ FLARE1	Control Device Name: ⁶ S-Series Flare	Abatement Code: ⁷ 511	Number of Units: ⁸ 1
Primary Abatement Device: ⁹ Yes		CIN Effective Date: ¹⁰ 1/1/05	
Annual Operation ¹¹ 8760 hours	Percent Time Offline ¹² %	Inspection and Maintenance Schedule ¹³ (Select one) <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Continuous <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	
CONTROL EFFICIENCY ¹⁴ (Please check all contaminants controlled by this abatement device and enter the control efficiency in the space provided)			
<input checked="" type="checkbox"/> Volatile Organic Compounds: <u>98</u> % <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 ₁₀ : _____ % <input checked="" type="checkbox"/> C1-C3 compounds: <u>99</u> % <input checked="" type="checkbox"/> C4+ Compounds: <u>98</u> % <input checked="" type="checkbox"/> Hydrogen Sulfide (H ₂ S): <u>97</u> % <input type="checkbox"/> Ammonia (NH ₃): _____ %			

ABATEMENT DEVICE INFORMATION			
CIN: ⁵ FILTER	Control Device Name: ⁶ 5 Fabric Filters	Abatement Code: ⁷ 300	Number of Units: ⁸ 5
Primary Abatement Device: ⁹ No		CIN Effective Date: ¹⁰ 3/5/06	
Annual Operation ¹¹ 8760 hours	Percent Time Offline ¹² _____ %	Inspection and Maintenance Schedule ¹³ (Select one) <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Continuous <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	
CONTROL EFFICIENCY ¹⁴ (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 checked="" type="checkbox"/> Total Suspended Particulates: <u>80</u> % <input type="checkbox"/> PM ₁₀ : _____ % <input type="checkbox"/> C1-C3 compounds: _____ % <input type="checkbox"/> C4+ Compounds: _____ % <input type="checkbox"/> Hydrogen Sulfide (H ₂ S): _____ % <input type="checkbox"/> Ammonia (NH ₃): _____ %			

INSTRUCTIONS: Abatement Device Information Form

Complete the **Abatement Device Information** form to add a control device to your account. The form requests information necessary for quality assurance purposes.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
5. **Control Identification Number (CIN):** Assign a unique label that identifies the abatement device. The CIN is limited to 10 alphanumeric characters. *Example:* FLARE1 or FILTER
6. **Control Device Name:** Label the CIN with a plain text name. The control device name is limited to 40 alphanumeric characters. *Example:* S-SERIES FLARE or 5 FABRIC FILTERS
7. **Abatement Code:** Choose the numeric code that identifies specific abatement devices. A list of abatement codes appears in Appendix C.
8. **Number of Units:** Specify the number of individual devices grouped together under this CIN. *Example:* If a series of five filters is represented by CIN: FILTER, enter “5.”
9. **Primary Abatement Device:** Write “Yes” if the abatement device is the primary abatement device for the associated path.
10. **CIN Effective Date:** Indicate the date that the abatement device became operational.
11. **Annual Operation:** The device’s total annual operating hours. Use a whole number from 0 to 8,760.
12. **Percent Time Offline (PTO):** Calculate the ratio of the device’s downtime to the annual operating time. Use a maximum of two decimal places.

$$PTO = \frac{\text{Hours Offline}}{\text{Annual Operating Hours}} \times 100$$

Example: FLARE1 operated on an emergency basis for a total of 1200 hours during the year. The flare was offline for 288 hours and malfunctioned for an additional 83 hours. The PTO for FLARE1 is:

$$PTO = \frac{288 + 83}{1200} \times 100 = 30.92$$

- 13 . Inspection and Maintenance Schedule:** Pick the device's inspection schedule. Mark only *one* box.
- 14. Control Efficiency:** List the contaminants that are abated by the control device. Mark all that apply. Indicate the control efficiency claimed for each contaminant. Use a maximum of two decimal places.

Example: Per its permit, a flare reduces C1–C3 compounds by 99 percent, and all compounds containing four or more carbons by 98 percent. Its overall destruction efficiency for VOC compounds is 98 percent. It also converts 97 percent of hydrogen sulfide to sulfur dioxide. This example is illustrated on the sample form as CIN: FLARE1.

Emission Point InformationTCEQ Emissions Inventory Year 06**SAMPLE FORM****Flare****Company Name:**¹

Johnson Gas Company

Site Name:²

Creek Compressor Station

TCEQ Air Account Number:³

HG6789X

RN:⁴

RN123456789

EMISSION POINT IDENTIFICATION**EPN:**⁵ FLARE1**Point Name:**⁶ S-Series Flare**GEOGRAPHICAL COORDINATES** *Fill in one section below.***Latitude and Longitude**⁷ *in NAD of 1983*

Lat: __ deg __ min __ sec

Long: __ deg __ min __ sec

**O
R****UTM Coordinates**⁸ *in NAD of 1983*Zone 15E 347693 metersN 1756493 meters**FLARE INFORMATION**Number of Pilots:⁹ 1Average Flow Rate:¹⁰ 0.4 Mscf/minute**Flow Determination:**¹¹ Continuous measurement (by a flow meter at the flare header) Engineering estimate One-time performance test**Composition Determination:**¹² Continuous measurement Engineering estimate One-time performance test Periodic TestingHeight:¹³ 80 feetInside Tip Diameter:¹⁴ 0.67 feetLow Heating Value:¹⁵ 900 Btu/scfMolecular Weight:¹⁶ 22 lb/lb-moleTemperature:¹⁷ 1400 °F

INSTRUCTIONS: Flare Emission Point Information Form

Complete the **Flare Emission Point Information** form for each new flare-type EPN.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
5. **Emission Point Number (EPN):** Assign a unique label that identifies the emission point. The EPN is limited to 10 alphanumeric characters. The emissions inventory EPN *must* match the site's permit. *Example:* FLARE1
6. **Point Name:** Label the EPN with a plain text name. The point name is limited to 40 alphanumeric characters. *Example:* S-SERIES FLARE
7. The EPN's **Latitude and Longitude**, in degrees, minutes, and seconds. Use the North American Datum of 1983 (NAD83) coordinates, in whole numbers.
8. **UTM Coordinates:** The EPN's Universal Transverse Mercator (UTM) coordinates. Use the NAD83 coordinates, in whole numbers. You may enter either lat/long or UTM coordinates (only one set of coordinates is required).
9. The **Number of Pilots** that service the flare.
10. **Average Flow Rate:** The average volumetric flow rate of flared gas, in thousand standard cubic feet per minute.
11. **Flow Determination:** Indicate how the volume of product sent to the flare is determined. Mark only *one* box.
12. **Composition Determination:** Choose how the composition of the flared gas stream is determined. Mark only *one* box.
13. **Height:** The flare's elevation above ground level, in feet.
14. **Inside Tip Diameter:** The inside diameter of the flare tip, in feet.
15. **Low Heating Value:** The lower heating value of the flared gas, in British thermal units per standard cubic foot.
16. **Molecular Weight:** Indicate the average molecular weight of flared gas, in pounds per pound-mole.
17. **Temperature:** The temperature of the flame tip, in degrees Fahrenheit.

Emission Point Information

TCEQ Emissions Inventory Year 06

SAMPLE FORM

Fugitive

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	RN: ⁴ RN123456789
--	--	---	--

EMISSION POINT IDENTIFICATION

EPN: ⁵ FUG1	Point Name: ⁶ Fugitive Area Number 1
-------------------------------	--

GEOGRAPHICAL COORDINATES *Fill in one section below.*

Latitude and Longitude ⁷ in NAD of 1983		O R	UTM Coordinates ⁸ in NAD of 1983	
Lat : __ deg __ min __ sec	Long : __ deg __ min __ sec		Zone <u>15</u>	E <u>347693</u> meters

FUGITIVE INFORMATION

Orientation: ⁹ <u>60</u> degrees (<input checked="" type="checkbox"/> East or <input type="checkbox"/> West) of North	Height: ¹⁰ _____ feet	Length: ¹¹ <u>100</u> feet	Width: ¹² _____ 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.

INSTRUCTIONS: Fugitive Emission Point Information Form

Complete a **Fugitive Emission Point Information** form for each new fugitive-type EPN.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
5. **Emission Point Number (EPN):** Assign a unique label that identifies the emission point. The EPN is limited to 10 alphanumeric characters. The emissions inventory EPN *must* match the site's permit. *Example:* FUG1
6. **Point Name:** Label the EPN with a plain text name. The point name is limited to 40 alphanumeric characters. *Example:* FUGITIVE AREA NUMBER 1.
7. The EPN's **Latitude and Longitude**, in degrees, minutes, and seconds. Use the North American Datum of 1983 (NAD83) coordinates, in whole numbers.
8. **UTM Coordinates:** The EPN's Universal Transverse Mercator (UTM) coordinates. Use the NAD83 coordinates, in whole numbers. You may enter either lat/long or UTM coordinates (only one set of coordinates is required).
9. **Orientation:** Specify the fugitive area's long axis direction, measured in degrees of rotation from true north. The orientation may be measured in degrees East of North or degrees West of North. In Figure 1 the orientation could be described as 60 degrees East of North or 120 degrees West of North.
10. **Height:** The fugitive area's height, in feet. If the fugitive area is at or below ground level, as in the case of a trench or impoundment, enter "3."
11. **Length:** The fugitive area's length, in feet.
12. **Width:** The fugitive area's width, in feet.

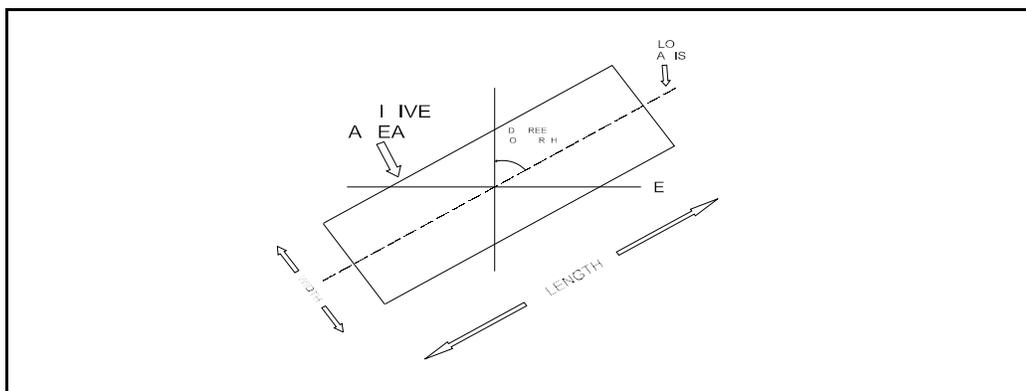


Figure 1. Orientation of a Fugitive Area

Emission Point Information
TCEQ Emissions Inventory Year 06

SAMPLE FORM

Stack

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	RN: ⁴ RN123456789
--	--	---	--

EMISSION POINT IDENTIFICATION

EPN: ⁵ TANK2	Point Name: ⁶ Oil Tank Number 2
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GEOGRAPHICAL COORDINATES *Fill in one section below.*

Latitude and Longitude ⁷ <i>in NAD of 1983</i>		OR	UTM Coordinates ⁸ <i>in NAD of 1983</i>		
Lat : ___ deg ___ min ___ sec	Long : ___ deg ___ min ___ sec		Zone <u>15</u>	E <u>347693</u> meters	N <u>1756493</u> meters

STACK INFORMATION

Diameter: ⁹ <u>3</u> feet	Height: ¹⁰ <u>15</u> feet	Horizontal Discharge? ¹¹ <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Moisture: ¹² <u>0</u> %	Temperature: ¹³ <u>67.9</u> degrees Fahrenheit	Velocity: ¹⁴ <u>0.01</u> feet/second

NOTES

Cooling Tower (Natural Draft or Mechanical Draft) ¹⁵
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 psychrometric chart
Horizontal Discharge? = "no," except possibly for crossflow towers

Tank with No Abatement Device ¹⁶
Diameter = 3 feet
Height = tank height
Temperature = average ambient temperature at the account's location (<i>do NOT enter the word "ambient"</i>)
Velocity = 0.01 feet/second

INSTRUCTIONS: Stack Emission Point Information Form

Complete the **Stack Emission Point Information** form for each new stack-type EPN.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
5. **Emission Point Number (EPN):** Assign a unique label that identifies the emission point. The EPN is limited to 10 alphanumeric characters. The emissions inventory EPN *must* match the site's permit. *Example:* TANK2
6. **Point Name:** Label the EPN with a plain text name. The point name is limited to 40 alphanumeric characters. *Example:* OIL TANK NUMBER 2
7. The EPN's **Latitude and Longitude**, in degrees, minutes, and seconds. Use the North American Datum of 1983 (NAD83) coordinates, in whole numbers.
8. **UTM Coordinates:** The EPN's Universal Transverse Mercator (UTM) coordinates. Use the NAD83 coordinates, in whole numbers. You may enter either lat/long or UTM coordinates (only one set of coordinates is required).
9. **Diameter:** The stack's diameter, in feet.
10. **Height:** Specify the stack's height, in feet.
11. **Horizontal Discharge?:** Describe the stack's discharge direction. Choose "No" if the stack has an unobstructed vertical discharge; otherwise, choose "Yes." Mark only *one* box.
12. **Moisture:** The moisture content of the exit-gas stream, as a percentage.
13. **Temperature:** The exhaust exit temperature, in degrees Fahrenheit.
14. **Velocity:** The exhaust exit velocity, in feet per second.
15. **Notes for a Cooling Tower—**
 - Height:** The height from ground level to the top of the tower, in feet.
 - Diameter:** For a natural draft tower, the diameter at the top of the tower. For a mechanical draft tower, the diameter of the fan. For a multi-celled mechanical draft tower, the average diameter of the fans, in feet.
 - Velocity:** For a natural draft tower, the velocity of the air exiting the top of the tower. For a mechanical draft tower, the velocity of the fan-propelled air under normal operating conditions. For a multi-celled mechanical draft tower, the average velocity from the fans, in feet per second.
 - Temperature:** The temperature of the air exiting the top of the tower, in

degrees Fahrenheit. The temperature may be assumed to be 10 to 15 degrees higher than the ambient air temperature.

Moisture: The moisture contained in the air exiting the cooling tower, as a percentage. The moisture is generally between 5 and 10 percent. Note that a psychometric chart may be used to determine the amount of water in saturated air at a given temperature.

Horizontal Discharge: Cooling towers should not have horizontal discharge. One possible exception would be a crossflow tower.

16. Notes for a *Tank* not linked to an abatement device—

Height: The height of the tank, in feet.

Diameter: Use the default value of 3 feet.

Velocity: Use the default value of 0.01 feet per second.

Temperature: The account location's average annual ambient temperature, in degrees Fahrenheit. **Do not enter the word "ambient."**

Path Emissions

TCEQ Emissions Inventory Year 06

SAMPLE FORM

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	RN: ⁴ RN123456789
--	--	---	--

CREATE A PATH

FIN: ⁵ ENGINE1	EPN: ⁶ STACK1A	CIN(s): ⁷
Path Comment(s): ⁸ Rich-burn 500 hp compressor		Path Effective Date: ⁹ 03/24/06
Total Annual Aggregate Heat Input (Combustion Units Only): ¹⁰ <u>420,000</u> MMBtu		

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

NO_x Emissions Factor ¹¹	¹²	¹³
<u>10.0</u>	<u>g/hp-hr</u>	<u>Manufacturer's Data</u>

REPORT EMISSIONS FROM THIS PATH

Contaminant Name ¹⁴	Contaminant Code ¹⁵	Emissions Factor Units		Determination Methodology ¹⁸	SMSS ¹⁹ (tons / year)	Emissions Events (EE) ²⁰ (tons/year)
		Annual Emissions ¹⁶ (tons/year)	Ozone Season Emissions ¹⁷ (pounds/day)			
TSP—unspeciated	10000	0.3021	1.6416	A	0	0
PM ₁₀ —unspeciated	20000	0.3021	1.6416	A	0	0
PM _{2.5} total	39999	0.3021	1.6416	A	0	0
VOC—unspeciated	50001	6.3590	34.5546	A	0	0
Acetaldehyde	51620	0.2866	1.5574	A	0	0
Formaldehyde	51680	1.8102	9.8366	A	0	0
Nitrogen Oxides	70400	12.9884	70.5890	V	0.01	0.04
Sulfur Dioxide	70510	0.0502	0.2728	A	0	0
Carbon Monoxide	90300	16.0089	87.0051	V	0.01	0.04

INSTRUCTIONS: Path Emissions Form

Complete the **Path Emissions** form to add a new path and report the path's emissions. Recall that a path consists of at least a FIN and an EPN; if emissions are abated, then the path also includes a CIN.

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
5. **FIN:** Indicate the path's facility.
6. **EPN:** Specify the path's emission point.
7. **CIN(s):** Identify the path's abatement device(s), if applicable. List the primary abatement device first, if the path includes more than one abatement device.
8. **Path Comments:** Supply any clarifying information related to the path.
9. **Path Effective Date:** Indicate the date when the facility began emitting through this emission point.
10. **Total Annual Aggregate Heat Input:** For **combustion units only**, the total heat value of all fuels that the unit combusted by the unit during the year, in million British thermal units.
11. **NO_x Emissions Factor:** If this path emitted NO_x emissions, write the numerical value of the NO_x emissions factor in the blank provided.
12. **Emissions Factor Units:** The units associated with the NO_x emissions factor, preferable in lb/MMBtu.
13. **Factor Reference/Source:** Site the reference or source from which the NO_x emissions factor originated. Reference or source examples include: stack-test data, CEMS data, manufacturer's data, and AP-42.

For each contaminant associated with the path, use one line to enter the following information:

14. **Contaminant Name:** The air contaminant being reported.
15. **Contaminant Code:** The five-digit code associated with the air contaminant. A list of contaminant codes is available in Appendix B.
16. **Annual Emissions:** Total contaminant emission rate for the year, measured in tons per year. Use a maximum of four decimal places, and do not use scientific notation.
17. **Ozone Season Emissions:** Average actual contaminant emission rate during the ozone season, in pounds per day. Recall that the ozone season is defined as the 92 days from June 1 through August 31. This information is mandatory for all accounts in El Paso County and for all accounts that lie east of the 100° Central Meridian. Ozone season rates are not calculated by the IEAS database, and must be supplied by the company.

- 18. Determination Methodology:** The method used to determine the reported emissions. The available choices are: **A** (AP-42 and other EPA- or TCEQ-approved factors), **B** (material balance), **D** (continuous emissions monitoring systems, CEMS), **E** (estimation), **F** (predictive emissions monitoring systems, PEMS), **M** (measured data), **O** (other), **S** (scientific calculation), and **V** (vendor-supplied factors).
- 19. Scheduled Maintenance, Startup, and Shutdown Activities (SMSS):** Total contaminant emission rate from scheduled maintenance, startup, and shutdown activities, in tons per year.
- 20. Emissions Events (EE):** Total contaminant emission rate from emissions events, in tons per year.

Account Emissions
TCEQ Emissions Inventory Year 06

SAMPLE FORM

Company Name:¹ Johnson Gas Company Site Name:² Creek Compressor Station TCEQ Air Account Number:³ HG6789X RN:⁴ RN123456789

REPORT TOTAL EMISSIONS FOR THIS ACCOUNT

CONTAMINANT	ANNUAL (tons/year) ⁵	OZONE	SMSS (tons/year) ⁷	Emissions Events (EE) ⁸ (tons/year)
PM ₁₀ ⁹	4.0700	22.1196	0	0
Lead ¹⁰	0	0	0	0
Sulfur Dioxide ¹¹	143.6177	780.5310	0	14.3051
Nitrogen Oxides ¹²	138.4900	752.6630	1.2050	6.3791
Carbon Monoxide ¹³	220.9090	1200.5924	2.3498	5.6482
Volatile Organic Compounds ¹⁴	44.2613	240.5505	0	9.8762
PM _{2.5} ¹⁵	4.0700	22.1196	0	0

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:¹⁶ 2 Reportable Scheduled Maintenance, Startup, Shutdown Activities:¹⁸ 1

Non-Reportable Emission Events:¹⁷ 3 Non-Reportable Scheduled Maintenance, Startup, Shutdown Activities:¹⁹ 0

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:²⁰ _____

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:²¹ J. M. Bass Printed Name:²² _____

Title:²³ Plant Manager Date:²⁴ _____

INSTRUCTIONS: Account Emissions Form

Complete an **Account Emissions** form only if no EIQ has previously been submitted for your account.

- 1. Company Name:** The official name of the company responsible for the account.
- 2. The Site Name** associated with the account.
- 3. TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
- 4. Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
- 5. Annual (Tons/Year):** Report the account-wide annual emissions for each of the six listed contaminants, in tons per year.
- 6. Ozone Pounds per Day (Ozone Season):** The account-wide daily ozone season emissions for each of the listed contaminants, in pounds per day. This field is required for all accounts located in El Paso County or east of the 100° Central Meridian.
- 7. SMSS (Tons/Year):** The account-wide annual emissions from scheduled maintenance, startup or shutdown activities, in tons per year.
- 8. Emissions Events (EE) (Tons/Year):** The account-wide annual emissions from emissions events, in tons per year.
- 9. PM₁₀ (particulate matter 10 microns or less in diameter):** Sum of all the PM₁₀ emissions reported in the account.
- 10. Lead:** Sum of all the lead emissions reported in the account.
- 11. Sulfur Dioxide:** Sum of all the sulfur dioxide emissions reported in the account.
- 12. Nitrogen Oxides:** Sum of all the nitrogen oxides emissions reported in the account.
- 13. Carbon Monoxide:** Sum of all the carbon monoxide emissions reported in the account.
- 14. Volatile Organic Compounds:** Sum of all the volatile organic compound emissions reported in the account.
- 15. PM_{2.5} (particulate matter 2.5 microns or less in diameter):** Sum of all the PM_{2.5} emissions reported in the account.
- 16. Reportable Emission Events:** Report the total number of reportable emission events that occurred during the inventory year. A reportable emissions event is any emissions event that in any 24-hour period, results in an unauthorized emission from any emission point equal to or in excess of the reportable quantity as defined in 30 TAC Section 101.1.
- 17. Non-Reportable Emission Events:** The total number of non-reportable emission events that occurred during the inventory year. A non-reportable emissions event is any emissions event that in any 24-hour period does not result in an unauthorized emission from any emission point equal to or in excess of the reportable quantity as defined in 30 TAC Section 101.1.

18. **Reportable Scheduled Maintenance, Startup, Shutdown Activities:** The total number of reportable SMSS activities that occurred during the inventory year. A reportable SMSS activity is defined in 30 TAC Section 101.1, where prior notice and a final report is submitted as required by 30 TAC Section 101.211.
19. **Non-Reportable Scheduled Maintenance, Startup, Shutdown Activities:** The total number of non-reportable SMSS activities that occurred during the inventory year. A non-reportable SMSS activity is one that is recorded as required by 30 TAC Section 101.211.
20. **Emissions Events Certification:** Sign this statement if the site experienced no emissions from emissions events.
21. **Signature:** Sign this statement if you are the legally responsible person for the account. You certify that the information reported in the inventory is true, accurate, and fully represents the emissions that occurred during the emissions inventory reporting calendar year. Note that the legally responsible party cannot be a consultant. If you have questions regarding the definition of the legally responsible party, please consult 30 TAC 122.165, Certification by a Responsible Official.
22. **Printed Name:** Print the signer's name clearly.
23. **Title:** The signer's title.
24. **Date:** Indicate the date that the certifying statement was signed.

Material ThroughputTCEQ Emissions Inventory Year 06**SAMPLE FORM****Combustion Units**

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

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	RN: ⁴ RN123456789
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MATERIAL DETAIL

FIN ⁵	Fuel/Waste Name ⁶	Quantity ⁷	Units ⁸	Heat Value ⁹	% Ash ¹⁰	% Sulfur ¹¹	Usage Start Date ¹²	Usage End Date ¹³
GASBOILER	Natural Gas	3,426,610	MMscf	1006.47 Btu/scf	0	0.0006	1/1/06	12/31/06
	Fuel Oil Number 5	19,824	Gallons	141,582 But/gal	0	0.130	1/1/06	2/3/06
	Fuel Oil Number 5	29,736	Gallons	141,582 Btu/gal	0	0.130	11/17/06	12/31/06
COALBOILER	Coal	2,716,581	Tons	8415 Btu/lb	5.36	0.39	1/1/06	12/31/06
	Oil	673.55	M gallons	140,117 Btu/gal	0	0.06	1/1/06	12/31/06
LIGBOILER	Lignite	2,340,260	Tons	1.327E+7 Btu/ton	15.4	0.7455	1/1/06	12/31/06
	Natural Gas	195.85	MMscf	1028 Btu/scf	0	0.0006	1/1/06	12/31/06
ENGINE1	Natural Gas	84.239	MMscf	1006.47 Btu/scf	0	0.0006	1/1/06	12/31/06
RBLR1	Natural Gas	38.840	MMscf	1006.47 Btu/scf	0	0.0006	1/1/06	12/31/06
FLARE1	Methane	23.785	MMscf	1012 Btu/scf	0	0.0006	1/1/06	12/31/06

INSTRUCTIONS: Material Throughput for Combustion Units Form

Use the **Material Throughput for Combustion Units** form to report fuel usage at all FINs that are combustion units. You may use a single form for multiple FINs. **You may mark this form “CONFIDENTIAL.”**

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
5. **FIN:** Indicate the FIN for each combustion unit for which you are reporting fuel usage.
6. **Fuel/Waste Name:** The fuel or waste burned.
7. **Quantity:** Write the quantity of fuel or waste burned.
8. **Units:** Specify the units for the quantity of fuel or waste burned.
9. **Heat Value:** The lower heating value of the fuel or waste burned, in British thermal units.
10. **% Ash:** For solid fuels, the concentration of ash produced by the fuel, as a percentage of total weight.
11. **% Sulfur:** Express the concentration of sulfur in the fuel, as a percentage of total weight.
12. **Usage Start Date:** The date when you began burning the fuel or waste.
13. **Usage End Date:** The date when you stopped burning the fuel or waste.

Material ThroughputTCEQ Emissions Inventory Year 06**SAMPLE FORM****Feed and Product Operations**

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

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789	RN: ⁴ RN123456789
--	--	--	--

	FEED DATA			PRODUCT DATA		
FIN ⁵	Feed Name ⁶	Quantity ⁷	Units ⁸	Product Name ⁹	Quantity ¹⁰	Units ¹¹
MOLD1	Blue #031 Resin (34% by weight styrene)	15,933	Pounds			
MOLD1	Red #145 Resin (37% by weight styrene)	67,840	Pounds			
GELCOAT1	Blue #997 Gelcoat (32% by weight styrene, 8% by weight methyl methacrylate)	25,243	Pounds			
GELCOAT1	Red #890 Gelcoat (41% by weight styrene, 11% by weight methyl methacrylate)	89,570	Pounds			

INSTRUCTIONS: Material Throughput for Feed and Product Operations Form

Use a **Material Throughput for Feed and Product Operations** form to report material usage at all FINs that are not combustion units; oilfield storage tanks; printing, painting, or degreasing facilities; storage or loading facilities; or wastewater facilities. You may use a single form for multiple FINs. **You may mark this form “CONFIDENTIAL.”**

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
5. **FIN:** Indicate the FIN for each feed or product operation for which you are reporting material throughput.
6. **Feed Name:** The material used.
7. **Quantity:** Report the quantity of material used.
8. **Units:** Specify the units for the quantity of material used.
9. **Product Name:** The material produced.
10. **Quantity:** The quantity of material produced.
11. **Units:** Designate the units for the material produced.

INSTRUCTIONS: Material Throughput for Oil Field Storage Tanks

Use a **Material Throughput for Oil Field Storage Tanks** form to report the material throughput at all FINs that are oilfield storage tanks. You may use a single form for multiple FINs. **You may mark this form “CONFIDENTIAL.”**

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
5. **FIN:** Indicate the FIN for each oilfield storage tank for which you are reporting material throughput.
6. **Product Stored:** Characterize whether the stored material is oil or condensate. Condensate is a liquid hydrocarbon with an API gravity greater than 40° API at 60°F (and a specific gravity less than 0.8251).
7. **Stock-Tank API Gravity:** The liquid’s API gravity, in degrees API. The API gravity is the weight per unit volume of hydrocarbon liquids as measured by a system recommended by the American Petroleum Institute (API):

$$API\ gravity = \frac{141.5}{Specific\ Gravity} - 131.5$$

8. **Last Stage Separator Pressure:** Indicate the pressure of the separator, in pounds per square inch gauge. This is the pressure of the final separator before the storage tank.
9. **Annual Throughput:** Report the material’s annual throughput, in barrels of product per year.
10. **VOC Fraction of Stock-Tank Gas:** The weight fraction of VOC in the gas, as a percentage.
11. **Gas/Oil Ratio (GOR):** Calculate the gas/oil ratio of the hydrocarbon product, in standard cubic feet of gas per barrel of oil.

SAMPLE FORM

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

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789	RN: ⁴ RN123456789
--	--	--	--

MATERIAL DETAIL								
FIN ⁵	Material Name ⁶	Quantity ⁷	Units ⁸	Density ⁹ (pounds/gallon)	% Weight of Solvents ¹⁰	% Weight of Solids ¹¹	Usage Start Date ¹²	Usage End Date ¹³
PAINTBTH16	Basecoat	676.38	Gallons	11.78	5.62	56.59	1/1/06	12/31/06
	Glaze	2030.39	Gallons	9.23	11.02	30.53	1/1/06	12/31/06
	Texture	197.81	Gallons	15.45	2.24	94.13	1/1/06	12/31/06
	Topcoat	46.07	Gallons	8.51	8.84	33.09	1/1/06	12/31/06
PRINTSTA3C	Ink	753.1	Gallons	7.84	13.94	38.73	1/1/06	12/31/06
SOLV2	Solvent	1346.91	Gallons	0.94	100	0	1/1/06	12/31/06

INSTRUCTIONS: Material Throughput for Printing, Painting, and Degreasing Facilities Form

Use a **Material Throughput for Printing, Painting, and Degreasing Facilities** form to report material usage at all FINs that are printing, surface coating or degreasing facilities. You may use a single form for multiple FINs. **You may mark this form “CONFIDENTIAL.”**

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
5. **FIN:** Indicate the FIN for each printing, painting, or degreasing facility for which you are reporting material usage.
6. **Material Name:** The material used.
7. **Quantity:** Report the quantity of material used.
8. **Units:** Specify the units for the quantity of material used.
9. **Density:** The material's density, in pounds per gallon.
10. **% Weight of Solvents:** Express the concentration of solvents in the material, as a percentage of total weight.
11. **% Weight of Solids:** The concentration of solids in the material, as a percentage of total weight.
12. **Usage Start Date:** The date when material usage began.
13. **Usage End Date:** The date when material usage ended.

SAMPLE FORM

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

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789	RN: ⁴ RN123456789
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MATERIAL DETAIL								
FIN ⁵	Material Name ⁵	Vapor Molecular Weight ⁶ (pounds/pound-mole)	Density ⁷ (pounds/gallon)	Monthly Throughput ⁸ (thousand gallons)	Total Vapor Pressure ⁹ (psia)	Average Annual Temperature ¹⁰ (degrees Fahrenheit)	Usage Start Date ¹¹	Usage End Date ¹²
OILTANK213	Distillate Oil No 2	130.000	0.0002	536.64	0.0089	67.9125	01/01/05	12/31/05
TRUCKLOAD	Gasoline (RVP 6)	69	5.6	128.9733	4.3783	81.579	01/01/05	12/31/05
	Gasoline (RVP 7)	68	5.6	86.9786	5.2	81.579	01/01/05	12/31/05
	Gasoline (RVP 13)	62	5.6	79.8671	9.9	81.579	03/05/05	05/05/05
TANK108016	Acetone	58.08	6.628	70.1715	3.713	67.9125	01/01/05	08/17/05
	Ethyl Acrylate	100.11	7.75	53.8796	0.599	67.9125	08/27/05	12/31/05
ACETANK	Acetone	58.08	6.628	30.25	3.713	67.9125	01/01/05	06/30/05
	Acetone	58.08	6.628	70.1715	3.713	67.9125	07/01/05	08/15/05
	Acetone	58.08	6.628	30.25	3.713	67.9125	08/16/05	12/31/05

INSTRUCTIONS: Material Throughput for Storage and Loading Facilities Form

Use a **Material Throughput for Storage and Loading Facilities** form to report material usage at all FINs that are storage or loading facilities. You may use a single form for multiple FINs. **You may mark this form “CONFIDENTIAL.”**

- 1. Company Name:** The official name of the company responsible for the account.
- 2. The Site Name** associated with the account.
- 3. TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
- 4. Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
- 5. FIN:** Indicate the FIN for each storage or loading facility for which you are reporting material throughput.
- 6. Material Name:** The material being stored or loaded.
- 7. Vapor Molecular Weight:** The material’s vapor molecular weight, in pounds per pound-mole.
- 8. Density:** Specify the material’s density, in pounds per gallon.
- 9. Monthly Throughput:** Report the material’s monthly throughput, in thousands of gallons. For operations experiencing seasonal variations or peak months, either average the annual throughput over 12 months or report the seasonal usage on separate lines. See ACETANK on the sample form as an example.
- 10. Total Vapor Pressure:** The liquid’s true vapor pressure at the average annual storage/loading temperature, in pounds per square inch absolute.
- 11. Average Annual Temperature:** The material’s average annual temperature, in degrees Fahrenheit.
- 12. Usage Start Date:** The date when you began storing or loading the material.
- 13. Usage End Date:** The date when you stopped storing or loading the material.

Material ThroughputTCEQ Emissions Inventory Year 06**SAMPLE FORM****Wastewater Facilities**

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

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789	RN: ⁴ RN123456789
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MATERIAL DETAIL

FIN ⁵	Material Name ⁶	Contaminant Code ⁷	Inlet Concentration ⁸ (ppm)	Outlet Concentration ⁹ (ppm)
POND1	Toluene	52490	6.50	2.10
POND1	Xylene	52510	8.59	4.18
POND1	Benzene	52420	2.10	0.18
POND1	Hexane	56660	1.20	0.006
POND1	Crude oil	59001	4.90	4.0
POND1	Maleic acid	51200	3.18	1.01
POND1	Paraffins	59330	0.25	0.18
POND1	Ethyl benzene	52450	0.98	0.63
POND1	VOC mixture	50001	18.0	12.03
POND1	Butadiene	55150	0.76	0.021

INSTRUCTIONS: Material Throughput for Wastewater Facilities Form

Use a **Material Throughput for Wastewater Facilities** form to report chemical usage or throughput at all FINs that are wastewater facilities. You may use a single form for multiple FINs. **You may mark this form “CONFIDENTIAL.”**

1. **Company Name:** The official name of the company responsible for the account.
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
5. **FIN:** Indicate the FIN for each wastewater facility for which you are reporting material throughput.
6. **Material Name:** The material being treated.
7. **Contaminant Code:** The material’s contaminant code. A list of contaminant codes is available in Appendix B.
8. **Inlet Concentration:** Specify the influent material’s concentration, in parts per million. This is the material entering the wastewater facility.
9. **Outlet Concentration:** The effluent material’s concentration, in parts per million. This is the material leaving the wastewater facility after treatment.

Revision Request

TCEQ Emissions Inventory Year 06

SAMPLE FORM

This is page number 1 of 1.

Company Name:¹
Johnson Gas Company

Site Name:²
Creek Compressor Station

TCEQ Air Account Number:³
HG6789

RN:⁴
RN123456789

REVISION REQUEST LIST

Facility Identification Number (FIN)		Emission Point Number (EPN)		Control Identification Number (CIN)	
Existing FIN ⁵	Requested FIN ⁶	Existing EPN ⁷	Requested EPN ⁸	Existing CIN ⁹	Requested CIN ¹⁰
01001	ENGINE1	01001	STACK1	CC1	CATCONV1
01002	ENGINE2	01002	STACK2	CC2	CATCONV2

REASON(S) FOR REVISION REQUEST(S)¹¹

To bring FIN and EPN names in line with the Title V permit.

INSTRUCTIONS: Revision Request Form

Use the **Revision Request** form to request changes to FIN, EPN, and CIN designations. Please give the reason or reasons for each renaming requests at the bottom of the page. **Please note that the revision of existing FINs, EPNs, and CINs will only be done to match a permit.**

Please do not use this form to make structural changes to your account.

1. **Company Name:** The official name of the company responsible for the account..
2. The **Site Name** associated with the account.
3. **TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the IEAS.
4. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
5. **Existing FIN:** The FIN to be renamed.
6. **Requested FIN:** Assign the revised FIN as you want it to appear on the EIQ.
7. **Existing EPN:** Indicate the EPN to be renamed.
8. **Requested EPN:** Select the revised EPN as you want it to appear on the EIQ.
9. **Existing CIN:** Specify the CIN to be renamed.
10. **Requested CIN:** Choose the revised CIN as you want it to appear on the EIQ.
11. **Reason(s) for Revision Request(s):** The reason for each requested revision.
Note that the IEAS reserves the right to approve or disapprove any and all revision requests.