

BLANK FORMS

Here are blank EAS forms. Some general instructions—

Account Information: *For new emissions inventories only.*

Contact Information: *For adding or changing contact information.*

Account Emissions: Report total site-wide emissions; *for new emissions inventories only.*

Structural Overview: List all new paths; *for all sites adding or changing the emissions inventory structure.*

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

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

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

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

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

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

Material Throughput: Report material throughput; *for all emissions inventories.* Different forms are available for these different facility types:
combustion units;
feed and product operations;
oil field storage tanks;
printing, painting, and degreasing facilities;
storage and loading facilities; and
wastewater facilities.

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

Contact Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Company Name: _____	Site Name: _____	TCEQ Air Account Number: _____
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EMISSIONS INVENTORY CONTACT

Name: _____	Title: _____
Mailing Address: _____ _____	Telephone Numbers and E-Mail Address Business: _____ ext: _____ Alternate Business: _____ ext: _____ Fax: _____ E-Mail Address: _____
City: _____ State: _____ ZIP Code + 4: _____ - _____	
Business Address: _____ _____	
City: _____ State: _____ ZIP Code + 4: _____ - _____	

PLANT OR SITE CONTACT

Name: _____	Title: _____
Mailing Address: _____ _____	Telephone Numbers and E-Mail Address Business: _____ ext: _____ Alternate Business: _____ ext: _____ Fax: _____ E-Mail Address: _____
City: _____ State: _____ ZIP Code + 4: _____ - _____	
Business Address: _____ _____	
City: _____ State: _____ ZIP Code + 4: _____ - _____	

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

Account Emissions
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Company Name: _____	Site Name: _____	TCEQ Air Account Number: _____	RN: _____
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REPORT TOTAL EMISSIONS

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

SITE QUANTIFIABLE EVENT TOTALS

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

Reportable Emission Events: _____	Reportable Scheduled Maintenance, Startup, Shutdown Activities: _____
Non-Reportable Emission Events: _____	Non-Reportable Scheduled Maintenance, Startup, Shutdown Activities: _____
Excess Opacity Events: _____	

EMISSIONS EVENTS CERTIFICATION

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

Signature: _____

SIGNATURE OF LEGALLY RESPONSIBLE PARTY

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

Signature: _____	Printed Name: _____
Title: _____	Date: _____

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Cleaning

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

FIN:	Facility Name:	SCC:									
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OPERATING SCHEDULE

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

CLEANING PROCESS PROFILE

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

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

FACILITY COMMENTS

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Coating or Printing

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

FIN:	Facility Name:	SCC:									
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OPERATING SCHEDULE

Facility Status (Circle ONE):			Facility Status Effective Date: _____	Operating Schedule		
Active	Idle	Permitted but not built		Start Time: _____	NOTE: Start Time REQUIRED	
				Hours/Day: _____	Days/Week: _____	Weeks/Year: _____

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

FACILITY COMMENTS

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Cooling Tower

Company Name: _____	Site Name: _____	TCEQ Air Account Number: _____	Plant ID: _____
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FACILITY IDENTIFICATION

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

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

DESIGN INFORMATION	SAMPLING DATA
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Design Flow Rate: _____ MMgal/day (maximum)	Sampled for VOC? <input type="checkbox"/> No <input type="checkbox"/> Yes
	HRVOC Service? <input type="checkbox"/> No <input type="checkbox"/> Yes
Draft Design Type: <input type="checkbox"/> Natural Draft <input type="checkbox"/> Mechanical Draft	Sampling Schedule: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
Number of Cells: _____	Sampling Data Used to Calculate Emissions? <input type="checkbox"/> No <input type="checkbox"/> Yes

FACILITY COMMENTS

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Combustion Unit: Flare Profile

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

FIN:	Facility Name:	SCC:									
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OPERATING SCHEDULE

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

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

FACILITY COMMENTS

_____ _____ _____

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Leaking Component Fugitives

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

FIN:	Facility Name:	SCC:									
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OPERATING SCHEDULE

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

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

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

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

Connector monitoring program: 28CNTA 28CNTQ None

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

FACILITY COMMENTS

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air
Emissions
Inventory

**Leaking Component Fugitives
Fugitive Data**

TCEQ Air Account Number: _____ **FIN:** _____

COMPONENT COUNTS							
	Service	Non-Monitored	Monitored				
		Number of components	Number of components	Leak definition (ppm)	Number of leakers	Number pegged	Monitoring Frequency
Valves	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Pumps	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Flanges	Gas/Vapor						
	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						
	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 PERCENTAGES	MONITORING EQUIPMENT DATA
Gas/vapor stream: _____%	Pegged Component Screening Value: _____ ppm
Light liquid stream: _____%	Calibration Range: _____ min _____ max

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Loading

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

FIN:	Facility Name:	SCC:													
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OPERATING SCHEDULE

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

LOADING PROFILE

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

Marine
 Railcar
 Railcar and Tank Truck
 Tank Truck
 Other: _____

FACILITY COMMENTS

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Non-Flare Combustion Unit

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

FIN:	Facility Name:	SCC:									
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OPERATING SCHEDULE

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

COMBUSTION PROFILE AND DETAIL

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

Generation Capacity: _____ MW

FACILITY COMMENTS

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Storage Tank

Company Name: _____	Site Name: _____	TCEQ Air Account Number: _____	Plant ID: _____
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FACILITY IDENTIFICATION

FIN: _____	Facility Name: _____	SCC: _____									
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OPERATING SCHEDULE

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

Tank Type (Mark only <u>one</u> box below)	Fill Method (Mark one)
<input type="checkbox"/> Horizontal fixed roof <input type="checkbox"/> External floating roof: double deck, single seal <input type="checkbox"/> Domed external floating roof: double deck <input type="checkbox"/> Vertical fixed roof <input type="checkbox"/> External floating roof: double deck, double seal <input type="checkbox"/> Domed external floating roof: pontoon <input type="checkbox"/> Internal floating roof <input type="checkbox"/> External floating roof: pontoon, single seal <input type="checkbox"/> Underground tank <input type="checkbox"/> Pressure tank <input type="checkbox"/> External floating roof: pontoon, double seal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom
Vapor Space Ht: _____ ft	

Tank Dimensions	Shell Characteristics
Length (if Horizontal Fixed Roof) or Height (for all other tanks): _____ ft Diameter: _____ ft Capacity: _____ M gallons	Construction: _____ Color/Shade: _____ Paint Condition: _____ Internal Shell Condition: _____

Roof Characteristics	Breather Vent Settings
Color/Shade: _____ Paint Condition: _____ Slope (if cone): _____ ft/ft Radius (if dome): _____ ft	Vacuum: _____ psig Pressure: _____ psig

Floating-Roof Tank Construction and Rim-Seal System	Non-Self-Supporting Internal Floating-Roof Tank Columns
Primary Seal: _____ Secondary Seal: _____	Number of Columns: _____ Effective Column Diameter (if known): _____

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

FACILITY COMMENTS

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

VOC Process

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

FIN:	Facility Name:	SCC:											
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OPERATING SCHEDULE

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

PROCESS PROFILE

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

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

FACILITY COMMENTS

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

**Wastewater:
Wastewater System**

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

FIN:	Facility Name:	SCC:									
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OPERATING SCHEDULE

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

WASTEWATER DETAIL

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

COMPONENT COUNTS

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

FACILITY COMMENTS

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Wastewater: Wastewater System Component

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

FIN:	Facility Name:	SCC:												
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OPERATING SCHEDULE

Facility Status (Circle ONE): Active Idle Permitted but not built	Facility Status Effective Date: _____	Operating Schedule	
		Start Time: _____ NOTE: Start Time REQUIRED	Hours/Day: ____ Days/Week: ____ Weeks/Year: _____

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

WASTEWATER COMPONENT PROFILE

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

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

FACILITY COMMENTS

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Other Source

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

FIN:	Facility Name:	SCC:													
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OPERATING SCHEDULE

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

GENERATING GROUP

Other (describe): _____

FACILITY COMMENTS

Abatement Device Information

TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

You may use this one form to add up to two new CINs to the EI.

Company Name:	Site Name:	TCEQ Air Account Number:	RN:
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ABATEMENT DEVICE INFORMATION

CIN:	Control Device Name:	Abatement Code:	Number of Units:
Primary Abatement Device:		CIN Effective Date:	
Annual Operation _____ hours	Percent Time Offline _____ %	Inspection and Maintenance Schedule (Select one) <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Continuous <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	
CONTROL EFFICIENCY (Please check all contaminants controlled by this abatement device and enter the control efficiency in the space provided)			
<input type="checkbox"/> Volatile Organic Compounds: _____ %	<input type="checkbox"/> Nitrogen Oxides: _____ %	<input type="checkbox"/> Carbon Monoxide: _____ %	<input type="checkbox"/> Sulfur Dioxide: _____ %
<input type="checkbox"/> Inorganic Compounds: _____ %	<input type="checkbox"/> Total Suspended Particulates: _____ %	<input type="checkbox"/> PM ₁₀ : _____ %	<input type="checkbox"/> C ₁ -C ₃ compounds: _____ %
<input type="checkbox"/> C ₄₊ Compounds: _____ %	<input type="checkbox"/> Hydrogen Sulfide (H ₂ S): _____ %	<input type="checkbox"/> Ammonia (NH ₃): _____ %	

ABATEMENT DEVICE INFORMATION

CIN:	Control Device Name:	Abatement Code:	Number of Units:
Primary Abatement Device:		CIN Effective Date:	
Annual Operation _____ hours	Percent Time Offline _____ %	Inspection and Maintenance Schedule (Select one) <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Continuous <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	
CONTROL EFFICIENCY (Please check all contaminants controlled by this abatement device and enter the control efficiency in the space provided)			
<input type="checkbox"/> Volatile Organic Compounds: _____ %	<input type="checkbox"/> Nitrogen Oxides: _____ %	<input type="checkbox"/> Carbon Monoxide: _____ %	<input type="checkbox"/> Sulfur Dioxide: _____ %
<input type="checkbox"/> Inorganic Compounds: _____ %	<input type="checkbox"/> Total Suspended Particulates: _____ %	<input type="checkbox"/> PM ₁₀ : _____ %	<input type="checkbox"/> C ₁ -C ₃ compounds: _____ %
<input type="checkbox"/> C ₄₊ Compounds: _____ %	<input type="checkbox"/> Hydrogen Sulfide (H ₂ S): _____ %	<input type="checkbox"/> Ammonia (NH ₃): _____ %	

Emission Point Information

TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Flare

Company Name: _____

Site Name: _____

TCEQ Air Account Number: _____

RN: _____

EMISSION POINT IDENTIFICATION

EPN: _____

Point Name: _____

GEOGRAPHICAL COORDINATES *Fill in one section below.*Latitude and Longitude *in NAD of 1983*UTM Coordinates *in NAD of 1983*

Lat: ___ deg ___ min ___ sec

Long: ___ deg ___ min ___ sec

OR

Zone _____

E _____ meters

N _____ meters

FLARE INFORMATION

Number of Pilots: _____

Average Flow Rate: _____ Mscf/minute

Flow Determination: Continuous Measurement (by a flow meter at the flare header) Engineering Estimate One-time performance test**Composition Determination:** Continuous Measurement Engineering Estimate One-time performance test Periodic Testing

Height: _____ feet

Inside Tip Diameter: _____ feet

Low Heating Value: _____ Btu/scf

Molecular Weight: _____ lb/lb-mole

Temperature: _____ °F

Emission Point Information

TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Fugitive

Company Name:

Site Name:

TCEQ Air Account Number:

RN:

EMISSION POINT IDENTIFICATION

EPN:

Point Name:

GEOGRAPHICAL COORDINATES *Fill in one section below.***Latitude and Longitude** *in NAD of 1983*

OR

UTM Coordinates *in NAD of 1983*

Lat: ___ deg ___ min ___ sec

Long: ___ deg ___ min ___ sec

Zone

E _____ meters

N _____ meters

FUGITIVE INFORMATIONOrientation: _____ degrees (East or West) of North

Height: _____ feet

Length: _____ feet

Width: _____ feet

NOTES**Orientation** = the orientation of the fugitive area's long axis, measured from due north.**Height** = the fugitive area's height, in feet.**Length** = the fugitive area's length, in feet.**Width** = the fugitive area's width, in feet.

- For a trench or impoundment, enter "3."
- For marine vessels, this is 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.

Emission Point Information

TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Stack

Company Name:	Site Name:	TCEQ Air Account Number:	RN:
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EMISSION POINT IDENTIFICATION

EPN:	Point Name:
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GEOGRAPHICAL COORDINATES *Fill in one section below.*

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

STACK INFORMATION

Diameter: _____ feet	Height: _____ feet	Horizontal Discharge? <input type="checkbox"/> No <input type="checkbox"/> Yes
Moisture: _____%	Temperature: _____ degrees Fahrenheit	Velocity: _____ feet/second

NOTES

Cooling Tower (Natural Draft or Mechanical Draft)	Tank with No Abatement Device
Diameter = diameter of tower top (natural draft); of fan (mechanical draft); or of one fan (multicell tower)	Diameter = 3 feet
Height = tower height	Height = tank 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 = average ambient temperature at the site's location <i>(do NOT enter the word "ambient")</i>
Temperature = air temperature at tower top (if unknown, assume 10–15° warmer than ambient temperature)	Velocity = 0.01 feet/second
Moisture = NOT zero; generally 5–10%; you may wish to use a psychometric chart	
Horizontal Discharge? = "no," except possibly for crossflow towers	

Revision Request
TCEQ Emissions Inventory Year ____

SAMPLE FORM

This is page number ____ of ____

Company Name:	Site Name:	TCEQ Air Account Number:	RN:
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REVISION REQUEST LIST

Facility Identification Number (FIN)		Emission Point Number (EPN)		Control Identification Number (CIN)	
Existing FIN	Requested FIN	Existing EPN	Requested EPN	Existing CIN	Requested CIN

REASON(S) FOR REVISION REQUEST(S)
