

FORM INSTRUCTIONS

Here are detailed instructions for filling out **all** EAS 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 EAS strongly encourages you to review all of the information in this book before attempting to complete these forms.

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

For regulated entities that have **never** submitted an inventory, complete the Account Emissions form in addition to the forms mentioned previously.

To establish the structure for a new emissions inventory, or to modify the structure of an existing emissions inventory, 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 emissions point, so the complete the Stack Emission Point Information form.

4. For each new path, complete the Path Emissions form.
5. To establish or update emissions inventory contact information, complete the Contact Information form.
6. 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 EAS forms that you may mark "confidential."

Account InformationTCEQ Emissions Inventory Year 07**SAMPLE FORM**

Company Name: ¹ Johnson Gas Company		TCEQ Air Account Number: ² HG6789X	
Company Role (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			
Status: ⁶ <input type="checkbox"/> New Point Source OR <input checked="" type="checkbox"/> Merger If merger, provide the other site's TCEQ Air Account number: <u>HX0000Z</u>		Point Source 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		UTM Coordinates ¹⁴ in NAD of 1983	
Latitude ____ deg ____ min ____ sec	Longitude ____ deg ____ min ____ sec	OR Zone <u>14</u>	East Meters <u>614005</u>
			North Meters <u>3352377</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)		Operating Schedule: ¹⁹ <u>24</u> hours/day <u>7</u> days/week <u>52</u> weeks/year	
<input checked="" type="checkbox"/> Operational <input type="checkbox"/> Temporarily Shut Down <input type="checkbox"/> Permanently Shut Down <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		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 first inventory being submitted for the regulated entity. This form requests general account information that allows the EAS to correctly identify air accounts.

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
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 EAS.
3. **Company Role:** Select whether the company listed is the regulated entity'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.
5. **Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
6. **Status:** Choose whether this is a **new regulated entity** or whether this regulated entity is **merging** with another regulated entity. Mark only *one* box. If it is a merger, please indicate the air account number of the other affected site.
7. **Point Source Type:** Specify whether the regulated entity is a **stationary** source, or a **portable** source. Mark only *one* box. A rock crusher or a concrete batch plant is an example of a portable source.
8. **Site Name:** The name of the regulated entity.
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. **County:** The name of the county where the regulated entity is located.
12. The **ZIP Code** of the site's physical location (not the mailing address).
13. The **Latitude and Longitude** of the regulated entity's centroid, in degrees, minutes, and seconds. Use the North American Datum of 1983 (NAD83) coordinates, in whole numbers.
14. **UTM Coordinates:** The Universal Transverse Mercator (UTM) coordinates of the regulated entity's centroid. 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 regulated entity's primary operations. Assigned by the TCEQ.
16. **Secondary Standard Industrial Classification (SIC):** The four-digit numeric code that best describes the regulated entity's secondary operations. Assigned by the TCEQ.

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 regulated entity'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 regulated entity is normally active; from 0 through 24.
 - Days/Week:** The number of days per week the regulated entity is normally active; from 0 through 7.
 - Weeks/Year:** The number of weeks per year the regulated entity is normally active; from 0 through 52.
20. **Total Annual Operating Time:** The regulated entity's total annual operating hours. Use a whole number from 0 through 8,760.
21. **Seasonal Operating Percentages:** The percentage of annual 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 Information
TCEQ Emissions Inventory Year 07

SAMPLE FORM

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

EMISSIONS INVENTORY CONTACT

Name: ⁴ <i>Cody McLain</i>	Title: ⁵ <i>Environmental Coordinator</i>
Mailing Address: ⁶ <i>11783 Canyon Bluff Drive</i>	Telephone Numbers and E-Mail Address ⁸ Business: <i>(512) 555-1144</i> ext: _____ Alternate Business: _____ ext: _____ Fax: <i>(512) 555-1515</i> E-Mail Address: <i>cmclain@johnsongas.com</i>
City: <i>Austin</i> State: <i>TX</i> ZIP Code + 4: <i>78753 - 0001</i>	
Business Address: ⁷	
City: _____ State: _____ ZIP Code + 4: _____ - _____	

PLANT OR SITE CONTACT

Name: ⁹ <i>Matoaka Johnson</i>	Title: ¹⁰ <i>President</i>
Mailing Address: ¹¹ <i>P.O. Box 2575</i>	Telephone Numbers and E-Mail Address ¹³ Business: <i>(512) 555-1144</i> ext: _____ Alternate Business: _____ ext: _____ Fax: <i>(512) 555-1515</i> E-Mail Address: <i>mjohnson@johnsongas.com</i>
City: <i>Austin</i> State: <i>TX</i> ZIP Code + 4: <i>78753 - 2757</i>	
Business Address: ¹² <i>11783 Canyon Bluff Drive</i>	
City: <i>Austin</i> State: <i>TX</i> ZIP Code + 4: <i>78753 - 0001</i>	

Note: If you need to update contact information for multiple sites, 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 EAS to contact the appropriate person(s) regarding an emissions inventory.

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
2. **Site Name:** The name of the regulated entity.
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 EAS.

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 responding to emissions inventory questions. 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 regulated entities.

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
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 EAS.
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 regulated entity whose contact information you wish to update with the contact information submitted on page one of the form.
6. **Site Name:** The name of each regulated entity whose contact information you wish to update with the contact information submitted on page one of the form.

Account EmissionsTCEQ Emissions Inventory Year 07**SAMPLE FORM**Company Name:¹ Johnson Gas CompanySite Name:² Creek Compressor StationTCEQ Air Account Number:³ HG6789XRN:⁴ RN123456789**REPORT TOTAL EMISSIONS**

CONTAMINANT	ANNUAL (tons/year) ⁵	OZONE (pounds/day) ⁶	SMSS (tons/year) ⁷	Emissions Events (EE) (tons/year) ⁸
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 EIQ Year per 30 TAC 101.201 and 101.211.

Reportable Emission Events:¹⁶ 2Reportable Scheduled Maintenance, Startup, Shutdown Activities:¹⁹ 1Non-Reportable Emission Events:¹⁷ 3Non-Reportable Scheduled Maintenance, Startup, Shutdown Activities:²⁰ 0Excess Opacity Events:¹⁸ 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 regulated entity during the emissions inventory reporting calendar year. (Sign here if and only if you reported no emissions from emissions events.)

Signature:²¹ _____**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:²² I. M. BossPrinted Name:²³ I. M. BossTitle:²⁴ Plant ManagerDate:²⁵ March 7, 2007

INSTRUCTIONS: Account Emissions Form

Complete an **Account Emissions** form only if no EIQ has previously been submitted for a regulated entity.

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
2. **Site Name:** The name of the regulated entity.
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 EAS.
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 site-wide annual emissions for each of the six listed contaminants, in tons per year.
6. **Ozone Pounds per Day (Ozone Season):** The site-wide daily ozone season emissions for each of the listed contaminants, in pounds per day. This field is required for all regulated entities located in El Paso County or east of the 100° Central Meridian.
7. **SMSS (Tons/Year):** The site-wide annual emissions from scheduled maintenance, startup or shutdown activities, in tons per year.
8. **Emissions Events (EE) (Tons/Year):** The site-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 emissions inventory.
10. **Lead:** Sum of all the lead emissions reported in the emissions inventory.
11. **Sulfur Dioxide:** Sum of all the sulfur dioxide emissions reported in the emissions inventory.
12. **Nitrogen Oxides:** Sum of all the nitrogen oxides emissions reported in the emissions inventory.
13. **Carbon Monoxide:** Sum of all the carbon monoxide emissions reported in the emissions inventory.
14. **Volatile Organic Compounds:** Sum of all the volatile organic compound emissions reported in the emissions inventory.
15. **PM_{2.5} (particulate matter 2.5 microns or less in diameter):** Sum of all the PM_{2.5} emissions reported in the emissions inventory.
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 emissions point equal to or in excess of the reportable quantity as defined in 30 TAC 101.1. If no events occurred, fill in zero. You should not leave this blank.

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 emissions point equal to or in excess of the reportable quantity as defined in 30 TAC 101.1. If no events occurred, fill in zero. You should not leave this blank.
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 101.1, where prior notice and a final report is submitted as required by 30 TAC 101.211. If no activities occurred, fill in zero. You should not leave this blank.
19. **Excess Opacity Events:** The total number of excess opacity events where the opacity readings equaled or exceeded 15 percentage points above an applicable opacity limit, averaged over a six-minute period. If no activities occurred, fill in zero. This should not be left blank.
20. **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 101.211. If no activities occurred, fill in zero. You should not leave this blank.
21. **Emissions Events Certification:** Sign this statement if the site experienced no emissions from emissions events.
22. **Signature:** Sign this statement if you are the legally responsible person for the regulated entity. 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.
23. **Printed Name:** Print the signer's name clearly.
24. **Title:** The signer's title.
25. **Date:** Indicate the date that the certifying statement was signed.

SAMPLE FORM

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

NEW OR MODIFIED PATHS LIST

Facility Identification Number (FIN) ⁴ <i>10-character maximum</i>										Emission Point Number (EPN) ⁵ <i>10-character maximum</i>										Control Identification Number (CIN) ⁶ <i>10-character maximum</i>										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	2				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	

INSTRUCTIONS: Structural Overview Form

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

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
2. **Site Name:** The name of the regulated entity.
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 EAS.
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 07

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 DEGREASER6	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>

Seasonal Operating Percentages ¹¹ (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	Spring: <u>0</u> % Summer: <u>3</u> % Fall: <u>88</u> % Winter: <u>9</u> %	Annual Operating Hours: ¹² <u>2080</u>
		Percent Max Capacity: ¹³ <u>16</u> %

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 Truck 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 the emissions inventory.

- 1. Company Name:** The official name of the company responsible for submitting the emissions inventory.
- 2. Site Name:** The name of the regulated entity.
- 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 EAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within the emissions inventory. 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—

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

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 07

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 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>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>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 the emissions inventory.

- 1. Company Name:** The official name of the company responsible for submitting the emissions inventory.
- 2. Site Name:** The name of the regulated entity.
- 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 EAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within the emissions inventory. 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—

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

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 07

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 (Circle ONE): ⁸ <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>
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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>43</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
	HRVOC Service? ¹⁸ <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Draft Design Type: ¹⁵ <input type="checkbox"/> Natural Draft <input checked="" type="checkbox"/> Mechanical Draft	Sampling Schedule: ¹⁹ <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
Number of Cells: ¹⁶ <u>1</u>	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 the emissions inventory.

- 1. Company Name:** The official name of the company responsible for submitting the emissions inventory.
- 2. Site Name:** The name of the regulated entity.
- 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 EAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within the emissions inventory. 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 the cooling water cools any process equipment or process fluid stream containing over 5 percent by weight of aggregate highly reactive volatile organic compounds (HRVOCs—ethylene, propylene, all isomers of butane, 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 07

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> %

ASSIST TYPE ¹⁴	SERVICE TYPE ¹⁵	DESIGN CAPACITY ¹⁶
<input type="checkbox"/> Air Assisted <input checked="" type="checkbox"/> Steam Assisted <input type="checkbox"/> Unassisted	<input type="checkbox"/> Both Routine Process and Upset/Maintenance <input checked="" type="checkbox"/> Routine Process <input type="checkbox"/> Upset/Maintenance	<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 the emissions inventory.

- 1. Company Name:** The official name of the company responsible for submitting the emissions inventory.
- 2. Site Name:** The name of the regulated entity.
- 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 EAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within the emissions inventory. 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 individual gas stream routed to the flare contains more than 5 percent by weight of aggregate highly reactive volatile organic compounds (HRVOCs—ethylene, propylene, all isomers of butane, 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 07

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
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FACILITY IDENTIFICATION

FIN: ⁵ FUG1	Facility Name: ⁶ Fugitive Area Number 1	SCC: ⁷ 3 1 0 0 0 2 2 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>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>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>100</u> %
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EMISSIONS DETERMINATION METHODOLOGY¹⁴ (Mark only *one* 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) PROGRAM¹⁵ [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 28CNTA 28CNTQ None

This LDAR program is (mark only *one box*):¹⁷ Voluntary Required by permit or rule

FACILITY COMMENTS¹⁸

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 submitting the emissions inventory.
- 2. Site Name:** The name of the regulated entity.
- 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 EAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within the emissions inventory. 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—

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

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 07

**SAMPLE
FORM**

**Leaking Component Fugitives
Fugitive Data**

TCEQ Air Account Number: ¹ HG6789X

FIN: ² FUG1

COMPONENT COUNTS ³							
	Service	Non-Monitored	Monitored				
		Number of components ⁴	Number of components ⁵	Leak definition (ppm) ⁶	Number of leakers ⁷	Number pegged ⁸	Monitoring Frequency ⁹
Valves	Gas/Vapor		105	10,000	13	2	Quarterly
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Pumps	Gas/Vapor		5	10,000	1		Monthly
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Flanges	Gas/Vapor		522	10,000	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						
Con-nectors	Gas/Vapor						
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Relief Valves	Gas/Vapor		1	10,000			Quarterly
	Light liquid						
	Heavy liquid						
	H ₂ O/Light oil						
Com-pressor 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 %
Light liquid stream: 95 %

Pegged Component Screening Value: 10,000 ppm
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 EAS.
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 when 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 when 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 07

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 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>6/11/05</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>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> %
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LOADING PROFILE¹⁴

Loading Type (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 the emissions inventory.

- 1. Company Name:** The official name of the company responsible for submitting the emissions inventory.
- 2. Site Name:** The name of the regulated entity.
- 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 EAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within the emissions inventory. The Plant ID is limited to 10 alphanumeric characters. This 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—

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

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 07

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>
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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> %

COMBUSTION PROFILE AND DETAIL

Unit Type ¹⁴ (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 checked="" type="checkbox"/> IC Engine-EGU: <u>4</u> -cycle, <u>LEAN</u> -burn <input type="checkbox"/> Turbine-EGU <input type="checkbox"/> Other: _____	Design Capacity: ¹⁵ <u>160</u> MMBtu/hr Engine Rating: ¹⁶ <u>2085</u> hp
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Firing Type¹⁷ (Mark one): Front Opposed Tangential Internal Other:

Generation Capacity:¹⁸ 28 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 the emissions inventory.

- 1. Company Name:** The official name of the company responsible for submitting the emissions inventory.
- 2. Site Name:** The name of the regulated entity.
- 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 EAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within the emissions inventory. The Plant ID is limited to 10 alphanumeric characters. This 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 07

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
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FACILITY IDENTIFICATION

FIN: ⁵ OILTANK4	Facility Name: ⁶ Oil Tank Number 4	SCC: ⁷ 4 0 4 0 0 3 0 1
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OPERATING SCHEDULE

Facility Status ⁸ (Circle ONE): <u>Active</u> Idle Permitted but not built	Status Effective Date: ⁹ <u>1/1/05</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>100</u> %
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TANK DETAIL

Tank Type ¹⁴ (Mark only <u>one</u> box below) <input checked="" 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: _____	Fill Method ¹⁵ (Mark <u>one</u>) <input type="checkbox"/> Submerged <input checked="" type="checkbox"/> Splash <input type="checkbox"/> Bottom
Vapor Space Ht: ¹⁶ <u>10</u> ft	

Tank Dimensions ¹⁷ Length (if Horizontal Fixed Roof) or Height (for all other tanks): <u>25</u> ft Diameter: <u>10</u> ft Capacity: <u>14.68</u> M gallons	Shell Characteristics ¹⁸ Construction: <u>W</u> Color/Shade: <u>LG</u> Paint Condition: <u>G</u> Internal Shell Condition: <u>G</u>
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Roof Characteristics ¹⁹ Color/Shade: <u>LG</u> Paint Condition: <u>G</u> Slope (if cone): <u>0.0625</u> ft/ft Radius (if dome): _____ ft	Breather Vent Settings ²⁰ Vacuum: <u>-0.03</u> psig Pressure: <u>0.03</u> psig
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Floating-Roof Tank Construction and Rim-Seal System ²¹ Primary Seal: _____ Secondary Seal: _____	Non-Self-Supporting Internal Floating-Roof Tank Columns ²² Number of Columns: _____ Effective Column Diameter (if known): _____
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Internal Floating-Roof Tank Deck Characteristics ²³ Deck Type: _____ Deck Fitting Category: _____ Construction: _____ Deck Seam: _____ Deck Seam Length: _____ feet	
--	--

FACILITY COMMENTS

INSTRUCTIONS: Storage Tank Facility Information Form

Complete the **Storage Tank Facility Information** form to add a tank to the emissions inventory.

- 1. Company Name:** The official name of the company responsible for submitting the emissions inventory.
- 2. Site Name:** The name of the regulated entity.
- 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 EAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within the emissions inventory. The Plant ID is limited to 10 alphanumeric characters. This 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—

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

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 07

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
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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>
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> %

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 COMMENTS

¹⁵

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 submitting the emissions inventory.
- 2. Site Name:** The name of the regulated entity.
- 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 EAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within the emissions inventory. The Plant ID is limited to 10 alphanumeric characters. This 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—

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

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 07

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 <u>8760</u>	Percent Max Capacity: ¹³ <u>88</u> %

WASTEWATER DETAIL

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> MMGD	Flow Model: ¹⁹ <input checked="" type="checkbox"/> Flowthrough <input type="checkbox"/> Disposal
Device Type: ²¹ <input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Subsurface Impoundment <input type="checkbox"/> Other (specify): _____		Prestripping Performed? ²⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

COMPONENT COUNTS²²

Drains (p-leg seal): _____ Drains (water pot seal): _____ Drains (no water seal): _____ Dedicated sewer vents: _____ Manholes: _____
 Covered lift stations: _____ totaling _____ ft² Uncovered lift stations: _____ totaling _____ ft² Weirs: _____ totaling _____ ft²
 Covered junction boxes: _____ totaling _____ ft² Uncovered junction boxes: _____ totaling _____ ft²
 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 the emissions inventory.

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
2. **Site Name:** The name of the regulated entity.
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 EAS.
4. **Plant ID:** Choose a name that identifies a unique unit or process within the emissions inventory. The Plant ID is limited to 10 alphanumeric characters. This 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 07

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 COMMENTS

¹⁵

INSTRUCTIONS: Wastewater System Component Facility Information Form

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

- 1. Company Name:** The official name of the company responsible for submitting the emissions inventory.
- 2. Site Name:** The name of the regulated entity.
- 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 EAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within the emissions inventory. The Plant ID is limited to 10 alphanumeric characters. This 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—

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

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 07

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 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>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 submitting the emissions inventory.
- 2. Site Name:** The name of the regulated entity.
- 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 EAS.
- 4. Plant ID:** Choose a name that identifies a unique unit or process within the emissions inventory. The Plant ID is limited to 10 alphanumeric characters. This 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—

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

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 InformationTCEQ Emissions Inventory Year 07**SAMPLE FORM**

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

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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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 <u>8760</u> hours	Percent Time Offline ¹² <u>31</u> %	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"/> C ₁ -C ₃ compounds: <u>99</u> %
<input checked="" type="checkbox"/> C ₄₊ 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 <u>8760</u> hours	Percent Time Offline ¹² <u>4</u> %	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"/> 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): ____ %	

INSTRUCTIONS: Abatement Device Information Form

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

- 1. Company Name:** The official name of the company responsible for submitting the emissions inventory.
- 2. Site Name:** The name of the regulated entity.
- 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 EAS.
- 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):** 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 II.
- 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 07**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 <i>Fill in <u>one</u> section below.</i>				
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
FLARE INFORMATION				
Number of Pilots: ⁹ <u>1</u>		Average Flow Rate: ¹⁰ <u>0.4</u> Mscf / minute		
Flow Determination: ¹¹ <input checked="" type="checkbox"/> Continuous Measurement (by a flow meter at the flare header) <input type="checkbox"/> Engineering Estimate <input type="checkbox"/> One-time performance test				
Composition Determination: ¹² <input type="checkbox"/> Continuous Measurement <input type="checkbox"/> Engineering Estimate <input type="checkbox"/> One-time performance test <input checked="" type="checkbox"/> Periodic Testing				
Height: ¹³ <u>80</u> feet		Inside Tip Diameter: ¹⁴ <u>0.67</u> feet		
Low Heating Value: ¹⁵ <u>900</u> Btu/scf	Molecular Weight: ¹⁶ <u>22</u> lb/lb-mole		Temperature: ¹⁷ <u>1400</u> °F	

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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 submitting the emissions inventory.
2. **Site Name:** The name of the regulated entity.
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 EAS.
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):** 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. **Number of Pilots:** 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 InformationTCEQ Emissions Inventory Year 07**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
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GEOGRAPHICAL COORDINATES *Fill in one section below.*

Latitude and Longitude ⁷ in NAD of 1983		OR	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 <u>10</u> feet	Length: ¹¹ <u>100</u> feet	Width: ¹² <u>100</u> 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.

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 submitting the emissions inventory.
2. **Site Name:** The name of the regulated entity.
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 EAS.
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):** 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.

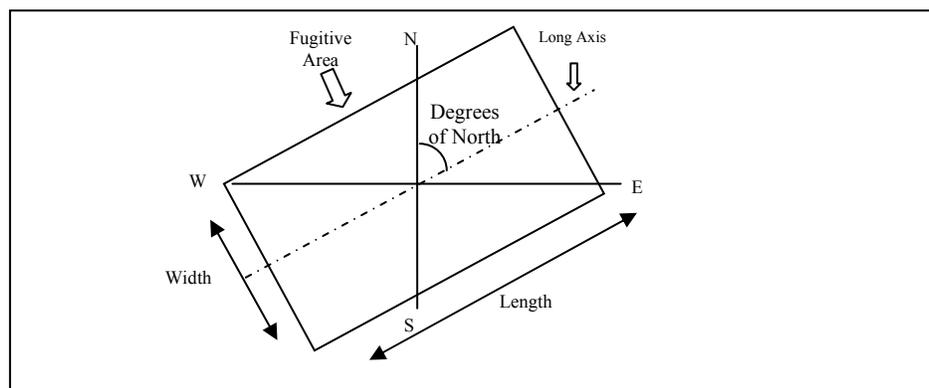


Figure 1. Orientation of Fugitive Area

Emission Point Information

TCEQ Emissions Inventory Year 07

SAMPLE FORM

Stack

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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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 in NAD of 1983		OR	UTM Coordinate ⁸ in NAD of 1983	
Lat: ___ deg ___ min ___ sec	Long: ___ deg ___ min ___ sec		Zone <u>15</u>	E <u>347693</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)	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 (do NOT enter the word "ambient")
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	

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 submitting the emissions inventory.
2. **Site Name:** The name of the regulated entity.
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 EAS.
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):** 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 site location's average annual ambient temperature, in degrees Fahrenheit. **Do not enter the word "ambient."**

Path Emissions

TCEQ Emissions Inventory Year 07

SAMPLE FORM

Already exists in the STARS database¹

FIN EPN CIN

Company Name: ² Johnson Gas Company	Site Name: ³ Creek Compressor Station	TCEQ Air Account Number: ⁴ HF6789X	RN: ⁵ RN123456789
--	--	---	--

CREATE A PATH

FIN: ⁶ ENGINE1	EPN: ⁷ STACK1A	CIN(s): ⁸
Path Comment(s): ⁹ Rich-burn 500 hp compressor		Path Effective Date: ¹⁰ 1/1/2006
Total Annual Aggregate Heat Input (Combustion Units Only): ¹¹ <u>420,000</u> MMBtu		

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

NO_x Emissions Factor ¹² <u>0.336</u>	Emissions Factor Units ¹³ <u>lb/MMBtu</u>	Factor Reference/Source ¹⁴ <u>Vendor's Data</u>
--	--	--

REPORT EMISSIONS FROM THIS PATH

Contaminant Name ¹⁵	Contaminant Code ¹⁶	Annual Emissions ¹⁷ (tons/year)	Ozone Season Emissions ¹⁸ (pounds/day)	Determination Methodology ¹⁹	SMSS ²⁰ (tons/year)	Emissions Events (EE) ²¹ (tons/year)
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. Already exists in the STARS database:** If the FIN, EPN or CIN of this path is already in the STARS database, please indicate by checking the appropriate box for all that apply.
- 2. Company Name:** The official name of the company responsible for submitting the emissions inventory.
- 3. Site Name:** The name of the regulated entity.
- 4. TCEQ Air Account Number:** The account number as assigned by the TCEQ. If an account number has not been previously assigned, please contact the EAS.
- 5. Regulated Entity Reference Number (RN):** The number that Central Registry assigns to a location where a TCEQ-regulated activity occurs.
- 6. FIN:** Indicate the path's facility.
- 7. EPN:** Specify the path's emission point.
- 8. 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.
- 9. Path Comments:** Supply any clarifying information related to the path.
- 10. Path Effective Date:** Indicate the date when the facility began emitting through this emission point.
- 11. 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.
- 12. 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.
- 13. Emissions Factor Units:** The units associated with the NO_x emissions factor, preferable in lb/MMBtu.
- 14. Factor Reference/Source:** Cite the reference or source where 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:

- 15. Contaminant Name:** The air contaminant being reported.
- 16. Contaminant Code:** The five-digit code associated with the air contaminant. A list of contaminant codes is available in Appendix I.

17. **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.
18. **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 regulated entities in El Paso County and for all those that are located east of the 100° Central Meridian. Ozone season rates are not calculated by the EAS database, and must be supplied by the company.
19. **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).
20. **Scheduled Maintenance, Startup, and Shutdown Activities (SMSS):** Total contaminant emission rate from scheduled maintenance, startup, and shutdown activities, in tons per year.
21. **Emissions Events (EE):** Total contaminant emission rate from emissions events, in tons per year.

Material ThroughputTCEQ Emissions Inventory Year 07**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	1/1/07	12/31/07
	Fuel Oil Number 5	19,824	Gallons	141,582 Btu/gal	0	0.130	1/1/07	2/3/07
	Fuel Oil Number 5	29,736	Gallons	141,582 Btu/gal	0	0.130	11/17/07	12/31/07
COALBOILER	Coal	2,716,581	Tons	8415 Btu/lb	5.36	0.39	1/1/07	12/31/07
	Oil	673.55	Mgallons	140,117 Btu/gal	0	0.06	1/1/07	12/31/07
LIGBOILER	Lignite	2,340,260	Tons	1.327E+7 Btu/ton	15.4	0.7455	1/1/07	12/31/07
	Natural Gas	195.85	MMscf	1028 Btu/scf	0	0.0006	1/1/07	12/31/07
ENGINE1	Natural Gas	84.239	MMscf	1006.47 Btu/scf	0	0.0006	1/1/07	12/31/07
RBLR1	Natural Gas	38.840	MMscf	1006.47 Btu/scf	0	0.0006	1/1/07	12/31/07
FLARE1	Methane	23.785	MMscf	1012 Btu/scf	0	0.0006	1/1/07	12/31/07

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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. A single form may be used for multiple FINs. **This form can be marked “CONFIDENTIAL.”**

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
2. **Site Name:** The name of the regulated entity.
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 EAS.
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 where fuel usage is being reported.
6. **Fuel/Waste Name:** The type of fuel or waste burned.
7. **Quantity:** 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.

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 HG6789X	RN: ⁴ RN123456789
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	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. A single form may be used for multiple FINs. **This form may be marked “CONFIDENTIAL.”**

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
2. **Site Name: The name of the regulated entity.**
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 EAS.
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 where material throughput is being reported.
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. A single form may be used for multiple FINs. **This form may be marked “CONFIDENTIAL.”**

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
2. **Site Name:** The name of the regulated entity.
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 EAS.
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 where material throughput is being reported.
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):

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

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 HG6789X	RN: ⁴ RN123456789
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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	1/1/07	12/31/07
	Glaze	2030.39	Gallons	9.23	11.02	30.53	1/1/07	12/31/07
	Texture	197.81	Gallons	15.45	2.24	94.13	1/1/07	12/31/07
	Topcoat	46.07	Gallons	8.51	8.84	33.09	1/1/07	12/31/07
PRINTSTA3C	Ink	753.1	Gallons	7.84	13.94	38.73	1/1/07	12/31/07
SOLV2	Solvent	1346.91	Gallons	0.94	100	0	1/1/07	12/31/07

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. A single form may be used for multiple FINs. **This form may be marked CONFIDENTIAL.”**

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
2. **Site Name: The name of the regulated entity.**
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 EAS.
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 where material usage is being reported.
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.

Material ThroughputTCEQ Emissions Inventory Year 07**SAMPLE FORM****Storage and Loading 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 HG6789X	RN: ⁴ RN123456789
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MATERIAL DETAIL								
FIN ⁵	Material Name ⁶	Vapor Molecular Weight ⁷ (pounds/pound-mole)	Density ⁸ (pounds/gallon)	Monthly Throughput ⁹ (thousand gallons)	Total Vapor Pressure ¹⁰ (psia)	Average Annual Temperature ¹¹ (degrees Fahrenheit)	Usage Start Date ¹²	Usage End Date ¹³
OILTANK213	Distillate Oil No 2	130.00	0.0002	536.64	0.0089	67.9125	1/1/07	12/31/07
TRUCKLOAD	Gasoline (RVP 6)	69	5.6	128.9733	4.3783	81.579	1/1/07	12/31/07
	Gasoline (RVP 7)	68	5.6	86.9786	5.2	81.579	1/1/07	12/31/07
	Gasoline (RVP 13)	62	5.6	79.8671	9.9	81.579	3/5/07	5/5/07
TANK108016	Acetone	58.08	6.628	70.1715	3.713	67.9125	1/1/07	8/17/07
	Ethyl Acrylate	100.11	7.75	53.8796	0.599	67.9125	8/27/07	12/31/07
ACETANK	Acetone	58.08	6.628	30.25	3.713	67.9125	1/1/07	6/30/07
	Acetone	58.08	6.628	70.1715	3.713	67.9125	7/1/07	8/15/07
	Acetone	58.08	6.628	30.25	3.713	67.9125	8/16/07	12/31/07

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. A single form may be used for multiple FINs. **This form may be marked “CONFIDENTIAL.”**

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
2. **Site Name:** The name of the regulated entity.
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 EAS.
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 where material throughput is being reported.
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.

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 HG6789X	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
	Xylene	52510	8.59	4.18
	Benzene	52420	2.10	0.18
	Hexane	56660	1.20	0.006
	Crude Oil	59001	4.90	4.0
	Maleic Acid	51200	3.18	1.01
	Paraffins	59330	0.25	0.18
	Ethyl Benzene	52450	0.98	0.63
	VOC mixture	50001	18.0	12.03
	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. A single form may be used for multiple FINs. **This form may be marked “CONFIDENTIAL.”**

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
2. **Site Name:** The name of the regulated entity.
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 EAS.
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 where material throughput is being reported.
6. **Material Name:** The material being treated.
7. **Contaminant Code:** The material's contaminant code. A list of contaminant codes is available in Appendix I.
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 07

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 HG6789X	RN: ⁴ RN123456789
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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 the emissions inventory.

1. **Company Name:** The official name of the company responsible for submitting the emissions inventory.
2. **Site Name:** The name of the regulated entity.
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 EAS.
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 EAS reserves the right to approve or disapprove any and all revision requests.