

Abatement Device Information

TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

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

CIN:	Control Device Name:	CIN Effective Date:
Primary Abatement Device: <input type="checkbox"/> Yes <input type="checkbox"/> No		Abatement Code:
Number of Units:		
Annual Operation _____ hours	Percent Time Offline _____ %	Inspection and Maintenance Schedule (Select one) <input type="checkbox"/> Annual <input type="checkbox"/> Biannual <input type="checkbox"/> Continuously <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly <input type="checkbox"/> Other <input type="checkbox"/> None

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

<input type="checkbox"/> Volatile Organic Compounds: _____ %	<input type="checkbox"/> Nitrogen Oxides: _____ %	<input type="checkbox"/> Carbon Monoxide: _____ %	<input type="checkbox"/> Sulfur Dioxide: _____ %
<input type="checkbox"/> Inorganic Compounds: _____ %	<input type="checkbox"/> Particulate Matter (PM): _____ %	<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): _____ %	

PATH(S) ABATED BY THIS DEVICE

FIN	EPN	FIN	EPN