Facility Information TCEQ Emissions Inventory Year _____	TCEQ Air Emissions Inventory	**Cleaning**

Company Name:	**Site Name:**	**TCEQ Air Account Number:**	**Plant ID:**

FACILITY IDENTIFICATION

FIN:	**Facility Name:**	**SCC:**							

OPERATING SCHEDULE

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

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

CLEANING PROCESS PROFILE

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

☐ Vapor Degreasing   ☐ Dip Degreasing   ☐ Barge Cleaning

☐ Railcar Cleaning   ☐ Tank Truck Cleaning   ☐ Other: _____

FACILITY COMMENTS

_____

_____