

**Facility Information**  
TCEQ Emissions Inventory Year \_\_\_\_\_

TCEQ Air Emissions Inventory

**VOC Process**

<b>Company Name:</b>	<b>Site Name:</b>	<b>TCEQ Air Account Number:</b>	<b>Plant ID:</b>
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**FACILITY IDENTIFICATION**

<b>FIN:</b>	<b>Facility Name:</b>	<b>SCC:</b>																	
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**OPERATING SCHEDULE**

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

**PROCESS PROFILE**

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

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

**FACILITY COMMENTS**

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