

Facility InformationTCEQ Emissions Inventory Year 11**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 <i>only ONE</i>): <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>
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 <i>one</i> 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"/> Kiln	<input type="checkbox"/> Turbine	<input type="checkbox"/> Oven	<input type="checkbox"/> Fluid Catalytic Cracking Unit (FCCU)	<input type="checkbox"/> Thermal Oxidizer	
<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: _____	
Firing Type ¹⁵ (Mark one): <input type="checkbox"/> Front <input type="checkbox"/> Opposed <input type="checkbox"/> Tangential <input checked="" type="checkbox"/> Internal <input type="checkbox"/> Other:					
Design Capacity: ¹⁶ <u>160</u> MMBtu/hr	Engine Rating: ¹⁷ <u>2085</u> hp	Power-Generation Capacity: ¹⁸ <u>28</u> MW			

FACILITY COMMENTS¹⁹

INSTRUCTIONS: Non-Flare Combustion Unit Facility Information Form

Complete the **Non-Flare Combustion Unit Facility Information** form to add a combustion unit *other than a flare* to the emissions inventory.

1. **Company Name:** The official name of the owner or operator 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, the EAS will assign an air account number based on the location of the regulated entity.
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 the specific industrial process. The chosen SCC must describe 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. For EI purposes, an EGU is defined as a unit that contains boilers, auxillary steam boilers, I.C. engines or stationary gas turbines (including duct burners used in turbine exhaust ducts) that generate electricity for compensation, and is owned or operated by a person doing business in Texas, including a municipal corporation, an electric cooperative, or a river authority.

15. **Firing Type:** Choose the most appropriate burner type. Mark only *one* box. For “Other,” describe the firing type in the space provided.

16. **Design Capacity:** The unit’s maximum heat input rating, in million Btu per hour.

17. **Engine Rating:** Indicate the unit’s work output, in horsepower.

18. **Power-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 11

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 <i>only</i> 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> %
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ASSIST TYPE ¹⁴ <input checked="" type="checkbox"/> Steam Assisted <input type="checkbox"/> Unassisted <input type="checkbox"/> Air Assisted	SERVICE TYPE ¹⁵ <input checked="" type="checkbox"/> Routine Process <input type="checkbox"/> Upset/Maintenance <input type="checkbox"/> Both Routine Process and Upset/Maintenance	DESIGN CAPACITY ¹⁶ <u>2.74</u> MMBtu/hr HRVOC Service? ¹⁷ <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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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 owner or operator 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, the EAS will assign an air account number based on the location of the regulated entity.
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 the specific industrial process. The chosen SCC must describe 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 butene, 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 11

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): <input checked="" type="radio"/> Active <input type="radio"/> Idle <input type="radio"/> 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 Type¹⁴ (Mark only one box below)

- Horizontal fixed roof Internal floating roof External floating roof: double deck, single seal Domed external floating roof: double deck
- Vertical fixed roof Pressure tank External floating roof: double deck, double seal Domed external floating roof: pontoon
- Underground tank External floating roof: pontoon, single seal External floating roof: pontoon, double seal Other: _____

Tank Dimensions ¹⁵ Length (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	Tank Location ¹⁶ <input checked="" type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground	Shell Characteristics ¹⁷ Color/Shade: <u>LG</u> Paint Condition: <u>G</u> Construction: <u>W</u> Internal Shell Condition: <u>G</u>	Fill Method ¹⁸ (Mark one) <input type="checkbox"/> Submerged <input checked="" type="checkbox"/> Splash <input type="checkbox"/> Bottom Vapor Space Ht: ¹⁹ <u>10</u> ft
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Roof Characteristics ²⁰ Color/Shade: <u>LG</u> Slope (if cone): <u>0.0625</u> ft/ft Paint Condition: <u>G</u> Radius (if dome): _____ ft	Heated or Hot Product Tanks ²¹ Is the tank heated? (VFR only) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Receives hot products? (all tanks) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Breather Vent Settings ²² Vacuum: <u>-0.03</u> psig Pressure: <u>-0.03</u> psig
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Floating-Roof Tank Construction and Rim-Seal System ²³ Primary Seal: _____ Secondary Seal: _____	Non-Self-Supporting Internal Floating-Roof Tank Columns ²⁴ Number of Columns: _____ Effective Column Diameter (if known): _____
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Internal Floating-Roof Tank Deck Characteristics²⁵

Deck Type: _____ Deck Fitting Category: _____ Construction: _____ Deck Seam: _____ Deck Seam Length: _____ feet

FACILITY COMMENTS²⁶

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 owner or operator 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, the EAS will assign an air account number based on the location of the regulated entity.
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:* TANK FARM1
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 the specific industrial process. The chosen SCC must describe 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. **Tank Dimensions:** List the tank height (if vertical) or length (if horizontal), in feet; tank diameter, in feet; and tank capacity, in thousand gallons.
16. **Tank Location:** Specify whether the tank is located above or below ground. Mark only *one* box.
17. **Shell Characteristics:** The tank’s exterior paint color and shade, exterior paint condition, and internal shell condition. The available choices for each are—
- Color/Shade:** **AD** (aluminum: diffuse or non-reflective), **AS** (aluminum: specular or reflective), **LG** (light gray), **MD** (medium gray), **WH** (white), or **OT** (other)
- Paint Condition:** **G** (good) or **P** (poor)
- Construction:** **E** (epoxy-coated rivets), **F** (fiberglass), **G** (gunite), **R** (riveted), **W** (welded), or **O** (other)
- Internal Shell Condition:** **G** (good) or **P** (poor)
18. **Fill Method:** Select how the tank is filled. Mark only *one* box.
19. **Vapor Space Height:** The tank’s average vapor space height, in feet.
20. **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—
- Color/Shade:** **AD** (aluminum: diffuse or non-reflective), **AS** (aluminum: specular or reflective), **LG** (light gray), **MD** (medium gray), **WH** (white), or **OT** (other)
- Paint Condition:** **G** (good) or **P** (poor)
21. **Heated or Hot Product Tanks—**

Is the tank heated?: For vertical fixed roof tanks only, indicate whether the tank is heated to a constant temperature above ambient temperature. For all other tanks, indicate “No.”

Receives hot products?: Indicate whether the tank receives hot products—defined as materials with temperatures above ambient temperature. For pressure tanks, indicate “No.”

22. **Breather Vent Settings:** Specify the tank’s vacuum and pressure settings, in pounds per square inch, gauge.

23. **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)

24. **Non–Self-Supporting Internal Floating-Roof Tank Column**

Information: The number of columns and effective column diameter for non–self-supporting internal floating-roof tanks.

25. **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.

26. **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.

Note: All tank characteristics are defined within the *User’s Guide to TANKS* at www.epa.gov/ttn/chief/software/tanks/tank4man.pdf.

Facility Information
TCEQ Emissions Inventory Year 11

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 only 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> %
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DESIGN INFORMATION	SAMPLING DATA
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HRVOC Service? ¹⁴ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Cells: ¹⁷ <u>1</u>
Design Flow Rate: ¹⁵ <u>7</u> MMgal/day (maximum)	Sampled for VOC? ¹⁸ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Draft Design Type: ¹⁶ <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: _____
	Sampling Data Used to Calculate Emissions? ²⁰ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 owner or operator 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, the EAS will assign an air account number based on the location of the regulated entity.
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 the specific industrial process. Select the appropriate SCC for the 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. **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 butene, and 1,3-butadiene). Mark only *one* box.

15. **Design Flow Rate:** The maximum flow rate the tower is designed to accommodate, in million gallons per day.

16. **Draft Design Type:** Indicate whether the tower is designed with natural draft or mechanical draft.

17. **Number of Cells:** The number of cells that make up the cooling tower (for mechanical draft towers).

18. **Sampled for VOC?:** Designate whether the samples are tested for VOC content.

19. **Sampling Schedule:** Specify the sampling schedule. Mark only *one* box. For “Other,” describe the sampling schedule in the space provided.

20. **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 11

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 <i>only</i> 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	Flow Rate: ¹⁵ <u>10</u> MMGD	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	Surface Area: ¹⁸ <u>10,000</u> ft ²	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): _____		

COMPONENT COUNTS²²

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

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 owner or operator 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, the EAS will assign an air account number based on the location of the regulated entity.
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:* TREATMENTA
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 the specific industrial process. The chosen SCC must describe 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. **Flow Rate:** The flow rate through the facility, in million gallons per day.
16. **Biodegradation Mechanism:** Select the type of biodegradation used. Mark only one box.
17. **Depth:** The wastewater facility’s depth, in feet.
18. **Surface Area:** The wastewater facility’s surface area, in square feet.
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. **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 11

SAMPLE FORM

Component Fugitives

Company Name: ¹ Johnson Gas Company	Site Name: ² Creek Compressor Station	TCEQ Air Account Number: ³ HG6789X	Plant ID: ⁴ ELFUG1
--	--	---	---

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>	
		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> %

EMISSIONS DETERMINATION METHODOLOGY¹⁴ (Mark one. If more than one method is used, create separate FINs.)

<input checked="" type="checkbox"/> Oil and gas factors <input type="checkbox"/> Refinery factors <input type="checkbox"/> Petroleum marketing terminal factors	<input type="checkbox"/> SOCOMI average factors <input type="checkbox"/> SOCOMI with ethylene factors <input type="checkbox"/> SOCOMI without ethylene factors	<input type="checkbox"/> SOCOMI screening range factors (leak/no leak) <input type="checkbox"/> Correlation equations <input type="checkbox"/> Other (explain): _____	% VOC in Stream ¹⁵ Gas/vapor: <u>5.8</u> Light Liq: <u>98.5</u>
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LEAK DETECTION AND REPAIR (LDAR) PROGRAM¹⁶ (If more than one LDAR program is used, create separate FINs.)

<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: _____	LDAR Present? ¹⁷ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Monitoring equipment data:¹⁸ Calibration Range (ppm): 5 min 10,000 max Pegged component screening value: 100,000 ppm

Connector monitoring program:¹⁹ 28CNTA 28CNTQ None

This LDAR program is (mark only one box):²⁰ Voluntary Required by permit or rule

FACILITY COMMENTS²¹

INSTRUCTIONS: Component Fugitives Facility Information Form

Complete the **Component Fugitives Facility Information** form for each FIN representing a piping component fugitive area.

1. **Company Name:** The official name of the owner or operator 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, the EAS will assign an air account number based on the location of the regulated entity.
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:* ELFUG1
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 the specific industrial process. The chosen SCC must describe 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 the piping fugitive emissions.

15. **% VOC in Stream:** Enter the average VOC content as a percentage for the gas-vapor stream and the light liquid stream.

16. **Leak Detection and Repair (LDAR) Program:** Specify the LDAR program for the fugitive area.

17. **LDAR Present?:** Indicate whether an LDAR program is present for the fugitive area.

18. **Monitoring Equipment Data:** Indicate the minimum and maximum value ranges for the equipment’s calibration and the “pegged” component screening value.

19. **Connector Monitoring Program:** The connector monitoring program for the fugitive area.

20. **This LDAR Program Is:** Indicate whether monitoring is voluntary or required by a rule or permit.

21. **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 11

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 <i>only</i> 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> %
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GENERATING GROUP¹⁴

Other (describe): Sandblast area used for surface preparation

FACILITY COMMENTS¹⁵

INSTRUCTIONS: Other Source 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 owner or operator 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, the EAS will assign an air account number based on the location of the regulated entity.
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: BLAST
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 the specific industrial process. The chosen SCC must describe 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.

Facility InformationTCEQ Emissions Inventory Year 11**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 <i>only</i> 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>16</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 Type ¹⁴ (Profile) (Mark only <i>one</i> box below)				
<input type="checkbox"/> Analyzer	<input type="checkbox"/> Polypropylene unit	<input checked="" 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 COMMENTS¹⁵

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 owner or operator 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, the EAS will assign an air account number based on the location of the regulated entity.
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:* HDPE UNIT 3
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 the specific industrial process. The chosen SCC must describe the FIN as accurately as possible. Based on the unit type, use the following codes:

Unit Type	SCC
Glycol Still	31000227
Polyethylene Unit (Low Density)	30101812
Polyethylene Unit (High Density)	30101807
Polypropylene Unit	30101802
Blowdown Operations (with vapor recovery vented to flare)	30600401
Blowdown Operations (without control)	30600402
Delayed Coker Unit	30601402
Flexicoker Unit	30601201

For a unit type of **Other** that is not listed above, choose an SCC that best represents the process.

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 11

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 <i>only</i> 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> %

LOADING PROFILE

Loading Type (Profile)¹⁴ (Mark only *one* box below)

Railcar and Tank Truck
 Railcar
 Tank Truck
 Marine
 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 owner or operator 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, the EAS will assign an air account number based on the location of the regulated entity.
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 the specific industrial process. The chosen SCC must describe 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 11

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

Process Type¹⁴ (Profile) (Mark only *one* box below)

<input type="checkbox"/> Vapor Degreasing	<input checked="" type="checkbox"/> Dip Degreasing	<input type="checkbox"/> Barge Cleaning
<input type="checkbox"/> Railcar Cleaning	<input type="checkbox"/> Tank Truck Cleaning	<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 owner or operator 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, the EAS will assign an air account number based on the location of the regulated entity.
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 the specific industrial process. The chosen SCC must describe 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. This field is limited to 100 alphanumeric characters.

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 11

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 <i>only</i> 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>
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 owner or operator 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, the EAS will assign an air account number based on the location of the regulated entity.
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 the specific industrial process. The chosen SCC must describe 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 11

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 <i>only</i> 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>83</u> %

WASTEWATER COMPONENT PROFILE

Unit Type¹⁴ (Profile) (Mark only *one* box below)

<input type="checkbox"/> Basin	<input type="checkbox"/> Open Sump	<input type="checkbox"/> Closed Sump	<input type="checkbox"/> Reactor	<input type="checkbox"/> Stripper
<input type="checkbox"/> Separator	<input checked="" type="checkbox"/> Clarifier	<input type="checkbox"/> Lift Station	<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 owner or operator 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, the EAS will assign an air account number based on the location of the regulated entity.
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:* TREATMENTA
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:* SUMP-1
6. **Facility Name:** Label the FIN with a plain text name. The facility name is limited to 40 alphanumeric characters. *Example:* UNIT 1 OPEN SUMP
7. **SCC (Source Classification Code):** Choose the eight-digit EPA-developed code that identifies the specific industrial process. The chosen SCC must describe 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.