

SECTION XI

SOURCE SURVEILLANCE

XI - SOURCE SURVEILLANCE

A. GENERAL

The source surveillance system provides general procedures for:

1. Monitoring the status of compliance of all stationary emission sources in the state.
2. Detecting and initiating any necessary action to abate emissions from sources not otherwise known to the state agency.
3. Periodic testing and inspection of all stationary sources.
4. Investigating and taking necessary action with respect to complaints.
5. Enforcing rules and regulations applicable to visual emissions.
6. Automatic data processing of reports for management purposes.

B. SYSTEM CONCEPT

1. The system will be implemented in two phases. Phase I consists of acquiring a complete listing of all stationary emission sources in the state, the Master Source Surveillance List (MSSL). Phase I has been initiated and will be completed during calendar year 1974. Phase II is an on-site inspection (using the form shown in Attachment I) of each source listed to:
 - a. Determine violations of any rules or regulations.
 - b. Allow for the review of records maintained by the source as required by Rule 9 (Section XIV). (May include Rule 11 in certain situations)
 - c. Determine if visible emissions are in compliance (Rule 103, Section XIV).
 - d. Ascertain if compliance sampling is needed.
 - e. Obtain information concerning complaints.
 - f. Maintain a current MSSL.

2. Phase II has been initiated and runs concurrently with Phase I. Phase II is a continuing program to fulfill the requirements of FR 158, Paragraph 420.19 and supplement emissions inventory. Data collected in both phases will be computerized. Software programs are being generated to optimize information retrieval for management purposes.

C. IMPLEMENTATION

1. Phase I - Sequential actions

- a. Compilation of a list of all currently known sources.
- b. A compiled list is distributed to Local Control Programs (where they exist) and State Regional Offices in all other areas.
- c. State, Local, and Regional offices, as appropriate, verify this list by on-site inspection. Verification may result in additions (where new sources unknown to the state are discovered) or deletions (where it is evident the source was listed in error) to the list.
- d. The corrected verified list is forwarded to the central office for computerization.
- e. The computer print-out master list (MSSL) is distributed to Central, Regional, and Local offices.

2. Phase II - Sequential actions

- a. Sources on the MSSL are subjected to an on-site inspection not less than biennially, to determine factors outlined in B 1 a through b above.
- b. A standardized inspection form is completed on all sources (Attachments 1 and 2).
- c. The compliance status and/or the necessity for the acquisition of additional data is determined. (Stack sampling, property line sampling, visible emissions observation, or a combination may be required.) All data are generated in accordance with procedures contained in the Compliance Sampling Manual submitted with the Implementation Plan.
- d. Completed reports are forwarded to the central office, (local program office where existant, with copy to central and regional office). Reports are computerized.

- e. Computerized material will be used for management action and planning.
3. Emissions data which are collected by, or reported to the State, will be correlated with applicable emission limitations and/or other measures. These data will be available to the general public at the Texas Air Pollution Control Services office during normal business hours. Rule 9 of the General Rules and Regulations provides the enforceable basis for this data including frequency of monitoring and reporting of the results of such monitoring to the State. The Texas Air Pollution Control Services is located at 820 East 53rd Street, Austin, Texas, 78751. Implementation Plans, air quality data, and emission data are also located at each Regional office. See Page XI-5 for addresses of these offices.

D. COMPLAINTS HANDLING PROCEDURES

1. Air pollution complaints may be received by the central office of Air Pollution Control Services, any one of the twelve regional offices, or by a local air pollution control program (see Attachment 3 - flow chart). When a complaint is received in the central office, it is channeled to the Compliance Program for logging and filing. If the complaint is from an area where a local program exists, such program is notified that it has primary jurisdiction in its resolution. Concurrently, the appropriate state Regional Office is provided the same information. Local programs report activities through the state Regional Programs. In the absence of a local program, the state Regional Office has the primary responsibility for all actions.
2. Complaints based upon the release of toxic or any other harmful pollutant will be given top priority, and an investigation initiated at once.
3. Complaints received at Regional Offices will be investigated and handled at that level except when a local program has jurisdiction. The Regional Office will refer such complaints to the local air pollution control program, and offer assistance if needed.
4. A complete report of all investigations is made by local and/or regional personnel. In the event that a violation of the Regulations of the Texas Air Control Board is determined, appropriate compliance action is taken to effect progress toward a solution. The source will be notified by the regional or local program personnel that a violation exists and will be requested to comply with the Regulations. In all situations, the Compliance Program staff in the Central Office in Austin

will keep abreast of the complaint to insure that corresponding investigations have been made and that all compliance work has been done. If a regional or local office needs assistance, Compliance Program personnel are responsible for initiating the actions.

E. THE SOURCE SURVEILLANCE CENTER

1. The Center is established in the state Central Office to collect, coordinate, and integrate reports generated by the Source Surveillance System and the Compliance Program.
2. A quarterly report containing the current compliance status, inspection history, complaints, type and amount of emissions, and location is printed and forwarded to appropriate program managers.
3. The quarterly report will be used by program managers to assist them in defining progress toward meeting required schedules.

<u>REGION</u>	<u>NAME AND ADDRESS</u>	<u>REGION</u>	<u>NAME AND ADDRESS</u>
1	George L. King, Jr. Acting Regional Supervisor 104 Pine Alexander Building, Room 3 Abilene, Texas 79601 915--673-4768	8	Melvin Lewis Regional Supervisor 3915-A Highway 377 (Benbrook Hwy.) Fort Worth, Texas 76116 817--732-5531 732-5532
2	Gerald Hudson, P.E. Acting Regional Supervisor 1906 Fourth Street, Suite 1 Lubbock, Texas 79415 806--744-0090 744-6055	9	John Mudd Acting Regional Supervisor 1747 Mick Williams Drive San Antonio, Texas 78209 512--828-1406
3	Eugene Fulton Regional Supervisor 1512 Lake Air Drive, Suite 114 Waco, Texas 76710 817--772-9240 772-9241	10	Howard Baker Regional Supervisor 80 Interstate 10 North Dick Fulbright Building Suite 210 Beaumont, Texas 77704 713--832-2441
4	Robert J. Guzman Acting Regional Supervisor P.O. Box 2193 Harlingen, Texas 78550 512--425-6010	11	Ralph Woody Russell Regional Supervisor Air Pollution Control Services Dept. of Public Health Reg. 3 P.O. Box 10736 El Paso, Texas 79996 915--779-3531
5	Lloyd Stewart Regional Supervisor 1305 Shoreline Blvd., Suite 124 Corpus Christi, Texas 78401 512--883-2961	12	Richard Leard, P.E. Regional Supervisor P.O. Box 2003 Tyler, Texas 75701 214--877-3111
6	Charles Gregory Short Regional Supervisor 808 Tower Street Odessa, Texas 79760 915--337-1547		<u>CENTRAL OFFICE</u> Texas Air Pollution Control Services 820 East 53rd Street Austin, Texas 78751
7	James R. Menke Regional Supervisor 1307 Sandy Lane Baytown, Texas 77520 713--427-9454		

TEXAS STATE DEPARTMENT OF HEALTH
 AIR POLLUTION CONTROL SERVICES
SOURCE SURVEILLANCE
INVESTIGATOR'S REPORT FORM

ATTACHMENT 1

County _____
 Date _____
 Time _____ To _____

Identification

MSSL Acct. No. _____ Region _____
 Subsequent Investigation: Yes _____ No _____
 Company Name _____ Land use area, A B C D
 Location _____
 Mailing Address _____ City _____ State _____ Zip _____
 Name of Responsible Management _____ Title _____ Telephone _____
 Person Contacted _____ Title _____

Source Information

MSSL Action: Remove _____ Add _____ No Change _____
 Nature of Business _____
 Industry Type: Chemical _____ Food/Agricultural _____ Metallurgical _____ Mineral _____ Petroleum _____ Wood _____
 Petroleum Storage _____ Petrochemical _____ Power Plant _____ Incinerator _____ Solid Waste Disposal Site _____
 Other _____
 Type and Number of Emission Sources: (A) Incinerators _____ (B) Stacks _____ (C) Flares _____ (D) Fugitive _____
 (E) Vents _____ (F) Outdoor Burning _____ (G) Other _____
 Particulate: (1) Dust _____ (2) Smoke _____ (3) Fumes _____ (4) Mist _____ (5) Other _____
 Gaseous: (6) SO₂ _____ (7) H₂S _____ (8) H₂SO₄ _____ (9) NO_x _____ (10) HF _____ (11) NH₃ _____ (12) Cl _____ (13) H_g _____
 (14) H/C _____ (15) CO _____ (16) O₃ _____ (17) Products of Combustion _____ (18) _____ (19) _____
 Odor _____ Emission Source _____
 Supplemental Sheet Required for point sources: Yes _____ No _____
 Commercial Incinerator: Yes _____ No _____ Capacity _____ Single Chamber _____
 Multi-Chamber _____ Afterburner _____ Date Installed: _____
 Emission Inventory Required: Yes _____ No _____ Emission Inventory Form Ever Submitted: Yes _____ No _____

Sampling Information

Sampling Recommended: Opacity _____ Property Line _____ Stack _____ None _____ Other _____
 Sampling Accomplished: Opacity _____ Property Line _____ Stack _____ None _____ Other _____
 Sampling Priority: High _____ Medium _____ Low _____
 No Sampling Because of: _____
 Previous Sampling: Yes _____ No _____
 Sampling Results: Opacity _____ %

Pollutant	Sample Time	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____

Compliance Info.

Self-monitoring required (Rule 9): Yes _____ No _____ Unknown _____ Accomplished: Yes _____ No _____
 Status of Records _____
 Compliance Progress Schedule Required: Yes _____ No _____ Submitted: Yes _____ No _____ Unknown _____
 On Schedule: Yes _____ No _____ Unknown _____
 Emergency Episode Emission Reduction Plan (Rule 803) Required: Yes _____ No _____ Unknown _____
 Submitted: Yes _____ No _____ Unknown _____

Complaint

Name and Title of Complainant _____
 Address _____ City _____ State _____ Zip _____
 Statement of Complainant: _____

Investigators _____ Date _____
 Approved by _____ Air Pollution Control Program _____
 Investigators' Comments: _____

Instructions for Source Surveillance
Investigator's Report Form

The numbered instructions below correspond to the numbered blanks on the attached Source Surveillance Investigator's Report Form. These instructions are to be used as an aid in filling out the form properly.

- (1) The name of the county in which the investigation occurs.
- (2) The date of the investigation. Example: 4-7-72. Do not write out the month.
- (3) The time (24-hour clock) the investigation was started and the time the investigation ended should be entered in these two spaces. Example: 0330 to 1500.
- (4) The Master Source Surveillance List Account Number is to be entered in this space. This number is the same as the Emission Inventory Account Number.
- (5) The Federal Air Quality Control Region Number is to be entered in this space.
- (6) Subsequent Investigation means reinvestigation, return investigation and indicates that the source has been investigated at a prior date using the current Investigator's Report Form.
- (7) Enter the entire company name in this blank. Do not abbreviate, unless the company is known by these abbreviations. Company name should be like the one listed on the MSSL.
- (8) Circle the appropriate land use letter for the location of the plant. In the event that the company's emissions are affecting a land use area other than the one which it is located, please underline the appropriate letter. If additional explanation is needed, please enter in the comments section. (A) Residential and Recreation (B) Commercial and Business (C) Industrial (D) Rural Area.
- (9) Enter the physical location of the plant in this blank.
- (10) Mailing address of plant.
- (11) Name and title of person responsible for the plant.
- (12) Name of person contacted and title such as plant manager, engineer, city manager, etc.
- (13) Master Source Surveillance List Action. If the company is not a source of pollution and is on the MSSL, put an X behind REMOVE. If the company is a source of pollution

- (14) Specific nature of business such as carbon black plant, ethylene plant, natural gas plant, and sulphur recovery plant.
- (15) Put an X behind the appropriate industry type. If the industrial type is not listed, write in behind OTHER.
- (16) Indicate the number of each type of emission source in the blanks behind the appropriate type of source. Example: If the company has four (4) incinerators and ten (10) flares, put the number 4 behind INCINERATORS and the number 10 behind FLARES. In the blank behind OTHER, indicate the type of Emission Source and indicate number of sources in parenthesis.
- (17) Indicate the type of emission and its source by filling in the blank behind the emission type with the source letter listed above. Example: If a company has SO₂, and H₂S coming from a stack and also dust from a vent, indicate as follows: (1) Dust E, (6) SO₂ B, (7) H₂S B.
- (18) A separate supplemental sheet should be used for multiple points of emissions within a plant.
- (19) Commercial Incinerator Information, put an X behind either YES or NO. Capacity should be stated in tons/per day. Single chamber, multi-chamber and after-burner blanks should be answered with a "YES" or "NO".
- (20) Emission Inventory required. Put an X behind either YES or NO: Check the emission inventory list and if there is still some question, mark the blank behind YES.
- (21) This question is to determine if an emission inventory form (no matter what date) has ever been submitted to the Texas Air Pollution Control Program.
- (22) Put an X in the appropriate blank for the type of sampling recommended.
- (23) Put an X in the appropriate blank for the type of sampling accomplished at the time of investigation.
- (24) Put an X in the sampling priority category that the investigator feels is necessary. If there is no priority, leave all categories blank.
- (25) If sampling cannot be accomplished, please indicate the reason, such as rain, plant shut-down, etc.
- (26) To the best of the investigator's knowledge, answer this question with an X behind YES or NO.
- (27) Indicate the percent opacity read in this blank. If more than one opacity is read, enter the highest reading.

- (28) Indicate the type of pollutant being sampled. Example: H₂S, SO₂, Particulate. In the event that only opacity is read, please leave numbers 28, 29, and 30 blank.
- (29) Indicate the length of time the sample was taken. Example: 30 minutes, 3 hours, etc. The sampling results are meaningless unless the time of sampling is indicated.
- (30) Enter the net sampling results. Particulates in micrograms per cubic meter and gases in ppm.
- (31) Enter an X behind the appropriate answer. Add any additional comments on this subject in the comments section below.
- (32) Information concerning self monitoring should be entered in this blank. Whether the records are up to date, the date of the last sampling and type of sampling results.
- (33) Enter an X in the appropriate blank. If the investigator is not familiar with the compliance schedule and marks UNKNOWN, he should explain in the comments section as to the plant's status. Make comments such as: progress made to comply, compliance plan still in proposal stage, compliance plan finalized, design complete, abatement equipment procured, installation of abatement in progress (indicating percent complete), abatement equipment adjusted and tested, etc.
- (34) Enter an X in the appropriate blank; if additional explanation is needed, please enter in the comments section below.
- (35) Enter the required information in the blanks. If the investigation is not complaint oriented, please leave blank.
- (36) Enter the name of the air pollution control program in this section. Please sign and date all investigator reports.
- (37) This section is for any comments the investigator has about the source. Attach additional sheets if required.
- (38) The blanks in the left column are provided so that a particular section can be eliminated if it does not apply or if this information has been obtained on a prior investigation and has not changed since the last investigation. To delete these sections that do not apply, put an NA in the blank.
- (39) General Information:
 - (A) Any information that is pertinent to the investigation on the Source Surveillance Investigator's Form should be entered in the comments section.

- (B) In the event that sampling is performed, the SSIR Form should be retained by the program until the sampling results are available to be entered in the form.

- (C) If a local city or county program makes an investigation, they should send two copies of the investigator's form to the Texas Air Pollution Control Services Regional Development Program, 820 East 53rd Street, Austin, Texas, 78751. If the investigation is made by a State Air Pollution Control Staff member, the original and one copy should be sent to the same address. The reports should be sent in at least once per week.

TEXAS STATE DEPARTMENT OF HEALTH
 AIR POLLUTION CONTROL SERVICES
 SOURCE SURVEILLANCE
 INVESTIGATOR'S REPORT FORM

ATTACHMENT 2

County (1)
 Date (2)
 Time (3) To _____

Identification

MSSL Acct. No. (4) Region (5)
 Subsequent Investigation: Yes (6) No _____
 Company Name (7) (8) Land use area, A B C D
 Location (9)
 Mailing Address (10) City _____ State _____ Zip _____
 Name of Responsible Management (11) Title _____ Telephone _____
 Person Contacted (12) Title _____

Source Information

MSSL Action: Remove (13) Add _____ No Change _____
 Nature of Business (14)
 Industry Type: Chemical (15) Food/Agricultural _____ Metallurgical _____ Mineral _____ Petroleum _____ Wood _____
 Petroleum Storage _____ Petrochemical _____ Power Plant _____ Incinerator _____ Solid Waste Disposal Site _____
 Other _____
 Type and Number of Emission Sources: (A) Incinerators (16) (B) Stacks _____ (C) Flares _____ (D) Fugitive _____
 (E) Vents _____ (F) Outdoor Burning _____ (G) Other _____
 Particulate: (1) Dust (17) (2) Smoke _____ (3) Fumes _____ (4) Mist _____ (5) Other _____
 Gaseous: (6) SO₂ _____ (7) H₂S _____ (8) H₂SO₄ _____ (9) NO_x _____ (10) HF _____ (11) NH₃ _____ (12) Cl _____ (13) H_g _____
 (14) H/C _____ (15) CO _____ (16) O₃ _____ (17) Products of Combustion _____ (18) _____ (19) _____
 Odor _____ Emission Source _____
 Supplemental Sheet Required for point sources: Yes (18) No _____
 Commercial Incinerator: Yes (19) No _____ Capacity _____ Single Chamber _____
 Multi-Chamber _____ Afterburner _____ Date Installed: _____
 Emission Inventory Required: Yes (20) No _____ Emission Inventory Form Ever Submitted: Yes (21) No _____

Sampling Information

Sampling Recommended: Opacity (22) Property Line _____ Stack _____ None _____ Other _____
 Sampling Accomplished: Opacity (23) Property Line _____ Stack _____ None _____ Other _____
 Sampling Priority: High (24) Medium _____ Low _____
 No Sampling Because of: (25)
 Previous Sampling: Yes (26) No _____
 Sampling Results: Opacity (27) %

Pollutant <u>(28)</u>	Sample Time <u>(29)</u>	Results <u>(30)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Compliance Info.

Self-monitoring required (Rule 9): Yes (31) No _____ Unknown _____ Accomplished: Yes _____ No _____
 Status of Records (32)
 Compliance Progress Schedule Required: Yes (33) No _____ Submitted: Yes _____ No _____ Unknown _____
 On Schedule: Yes _____ No _____ Unknown _____
 Emergency Episode Emission Reduction Plan (Rule 803) Required: Yes (34) No _____ Unknown _____
 Submitted: Yes _____ No _____ Unknown _____

Complaint

Name and Title of Complainant (35)
 Address _____ City _____ State _____ Zip _____
 Statement of Complainant: _____

Investigators _____ Date _____
 Approved by _____ Air Pollution Control Program (36)
 Investigators' Comments: (37)

