

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Coating or Printing

Company Name:	Site Name:	TCEQ Air Account Number:	Plant ID:
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FACILITY IDENTIFICATION

FIN:	Facility Name:	SCC:												
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OPERATING SCHEDULE

Facility Status (Circle <i>only</i> 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: _____	
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Seasonal Operating Percentages Spring: _____% Summer: _____% Fall: _____% Winter: _____% (NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)	Annual Operating Hours: _____
	Percent Max Capacity: _____ %

FACILITY COMMENTS
