Facility Information TCEQ Emissions Inventory Year _____	TCEQ Air Emissions Inventory	**Cooling Tower**

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

FACILITY IDENTIFICATION

FIN:	**Facility Name:**	**SCC:** ☐ 38500101 (Mechanical Draft) ☐ 38500102 (Natural Draft)

OPERATING SCHEDULE

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

DESIGN INFORMATION	SAMPLING DATA
HRVOC Service? ☐ Yes ☐ No	**Number of Cells:** _____
	Sampled for VOC? ☐ Yes ☐ No
Design Flow Rate: _____ MMgal/day (maximum)	**Sampling Schedule:** ☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____
Draft Design Type: ☐ Natural Draft ☐ Mechanical Draft	**Sampling Data Used to Calculate Emissions?** ☐ Yes ☐ No

FACILITY COMMENTS

_____

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