

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

**Wastewater:
Wastewater System**

Company Name: _____	Site Name: _____	TCEQ Air Account Number: _____	Plant ID: _____
----------------------------	-------------------------	---------------------------------------	------------------------

FACILITY IDENTIFICATION

FIN: _____	Facility Name: _____	SCC: _____	_____	_____	_____	_____	_____	_____	_____	_____
-------------------	-----------------------------	-------------------	-------	-------	-------	-------	-------	-------	-------	-------

OPERATING SCHEDULE

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

WASTEWATER DETAIL

Aeration: <input type="checkbox"/> Diffused Air <input type="checkbox"/> Mechanical <input type="checkbox"/> None	Flow Rate: _____ MMGD	Biodegradation Mechanism: <input type="checkbox"/> Biodegradation Activity <input type="checkbox"/> Activated Sludge Activity <input type="checkbox"/> None
Depth: _____ ft	Surface Area: _____ ft ²	Flow Model: <input type="checkbox"/> Flowthrough <input type="checkbox"/> Disposal
Device Type: <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Subsurface Impoundment <input type="checkbox"/> Other (specify): _____		Prestripping Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPONENT COUNTS

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 COMMENTS
