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Texas Commission on Environmental Quality

CHECKLIST WORKSHEET

NESHAP SUBPART CC BENZENE FENCELINE INVESTIGATION

Reg Ent Name : _____

Date : _____

Add ID _____

Investigator Name _____

| Item No | Description | Answer | Citations | Notes |
|---------|--|--------|--------------|-------|
| 1 | Was the report submitted to CEDRI? | | | |
| 2 | Was the report submitted by the due date? | | 63.655(h) | |
| 3 | Was the information provided in the facility information tab correct? | | | |
| 4 | Is the facility currently operating under a corrective action plan? | | | |
| 5 | If yes, has the facility implemented any of the proposed corrective actions and are they on schedule? | | | |
| 6 | Are there any annual average delta c values over 9 micrograms per cubic meter? | | | |
| 7 | If yes, has the facility implemented or completed any root cause / corrective action analyses and / or corrective actions? | | 63.658(g) | |
| 8 | Were there any elevated values in the Period Identification or Sample Results tab provided that require additional review (upset, spill, leak, incident, etc.)? | | | |
| 9 | A minimum of one sampling period concentration difference calculation should be performed to ensure accuracy with the requirement. Was the calculation performed accurately? | | | |
| 10 | Did the facility report the requisite number of duplicate and field blank samples for each sampling period? | | 63.658(c)(3) | |
| 11 | In the Sample Results tab, did the facility indicate any corrected values? | | | |
| 12 | If yes, has the facility received an approved site-specific monitoring plan from the EPA which allows for corrected value usage? | | 63.658(i) | |
| 13 | Are there any cascading requirements associated with this investigation that will require follow-up in the next quarterly investigation? | | | |