

Proposed Project Emissions Inventory Questionnaire for New Sources

Title V Operating Permit / New Source Review

Purpose: This form is used to capture detailed information about new air emission sources which have the potential to emit pollutants into the atmosphere. Information from this form will be used to address permit requirements such as new applications, notifications, amendments or revisions under **Fort Hood's Title V Air Operating Permit # O-01659**. The form shall be completed as soon as required equipment data is known to allow sufficient time to prepare permit applications for new sources prior to startup. **Reminder:** Some types of emission sources (e.g. boilers, generators and tanks) may also require startup or initial notifications to the Environmental Protection Agency.

Indicate proposed emission source type and complete all applicable fields for each piece of equipment. Complete the questionnaire sheet for each emission source type in this facility. Forms must be returned to the DPW, Environmental Division, Air Quality Program, Bldg 4622, (254) 287-8714, (254) 288-7976 or (254) 286-6262.

Requestor: _____ Date: ____/____/____ Phone: _____ Project#: _____

Building#: _____ Descriptive Name of Facility: _____

Location of Facility: _____ UTM Coordinate: Zone: 14 Northing: _____ Easting: _____

AUTHORIZATION FOR STARTUP

Authorized by: _____ Title: _____

Signature: _____ Date of Startup: ____/____/____

ENV Use Only

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<p>INTERNAL COMBUSTION UNITS (e.g. Test Cells, Covered by 30 TAC 106.511 and 30 TAC 106.512)</p> <p>Make: _____ Model: _____ Serial #: _____</p> <p>Power Rating: _____ KW; Horsepower: _____ HP</p> <p>Engine Type: 4SLB / 4SRB / 2SLB / Other (Circle one)</p> <p>Fuel Type: Natural Gas / Propane / Diesel; Integrated Fuel Tank Capacity: _____ gallons</p> <p>Make: _____ Model: _____ Serial #: _____</p> <p>Power Rating: _____ KW; Horsepower: _____ HP</p> <p>Engine Type: 4SLB / 4SRB / 2SLB / Other (Circle one)</p> <p>Fuel Type: Natural Gas / Propane / Diesel; Integrated Fuel Tank Capacity: _____ gallons</p> <p>Make: _____ Model: _____ Serial #: _____</p> <p>Power Rating: _____ KW; Horsepower: _____ HP</p> <p>Engine Type: 4SLB / 4SRB / 2SLB / Other (Circle one)</p> <p>Fuel Type: Natural Gas / Propane / Diesel; Integrated Fuel Tank Capacity: _____ gallons</p> <p>Seasonal Operating Percentage for This Emission Point: Spring _____% Summer _____% Fall _____% Winter _____%</p> <p>(Note: Total Must Equal 100%)</p> <p>Normal Operating Schedule: Start Time: _____ hours/day _____ days/week _____ weeks/year _____</p> <p>Normal Operating Rate: _____ gallons or CuFT/yr (Circle one)</p>	<p>FUEL STORAGE TANKS (Covered by 30 TAC 106.473, 30 TAC 106.478 and 30 TAC Chap 115)</p> <p>Make: _____ Model: _____ Serial #: _____</p> <p>Tank Volume: _____ gals; Tank Dimensions (ft): Diameter: _____ Length: _____</p> <p>Make: _____ Model: _____ Serial #: _____</p> <p>Tank Volume: _____ gals; Tank Dimensions (ft): Diameter: _____ Length: _____</p> <p>Make: _____ Model: _____ Serial #: _____</p> <p>Tank Volume: _____ gals; Tank Dimensions (ft): Diameter: _____ Length: _____</p> <p>Tank Type: Aboveground / Underground (Circle one)</p> <p>Vapor Control Equipped: YES / NO (Circle one)</p> <p>Roof Type: Horizontal Fixed Roof / Vertical Fixed Roof / Internal Floating Roof / Pressure Tank External Floating Roof (Circle one)</p> <p>Seasonal Operating Percentage for This Emission Point: Spring _____% Summer _____% Fall _____% Winter _____%</p> <p>(Note: Total Must Equal 100%)</p> <p>Normal Operating Schedule: Start Time: _____ hours/day _____ days/week _____ weeks/year _____</p> <p>Normal Operating Rate: gallons or CuFT/yr (Circle one)</p> <p>Operating Rate: _____ gallons/year</p> <p>Maximum Operating Rate: _____ gallons/year</p>
<p>EXTERNAL COMBUSTION UNITS (e.g. Boilers & Heaters Covered by 30 TAC 106.102 or 30 TAC 106.183)</p> <p>Fuel Type: Natural Gas / Diesel (Circle one)</p> <p>Make: _____ Model: _____ Serial #: _____</p> <p>Input Rating: _____ MMBTUH Height of Stack: _____ ft; Diameter of Stack: _____ ft; Stack Velocity: _____ ft/sec</p> <p>Make: _____ Model: _____ Serial #: _____</p> <p>Input Rating: _____ MMBTUH Height of Stack: _____ ft; Diameter of Stack: _____ ft; Stack Velocity: _____ ft/sec</p> <p>Seasonal Operating Percentage for This Emission Point: Spring _____% Summer _____% Fall _____% Winter _____%</p> <p>(Note: Total Must Equal 100%)</p> <p>Normal Operating Schedule: Start Time: _____ hours/day _____ days/week _____ weeks/year _____ Normal Operating Rate: _____ gallons or CuFT/yr (Circle one)</p>	<p>FUEL DISPENSING UNITS (Covered by 30 TAC 106.412)</p> <p>Make: _____ Model: _____ Serial #: _____</p> <p>Make: _____ Model: _____ Serial #: _____</p> <p>Make: _____ Model: _____ Serial #: _____</p> <p>Make: _____ Model: _____ Serial #: _____</p> <p>Fuel Type: MUR / Diesel / JP-8 / Other (Circle one)</p> <p>Dispensing Type: Retail / Bulk (Circle one)</p> <p>Vapor Control Equipped : YES / NO (Circle one)</p> <p>Dispenser Pump rate: _____ gallons/minute</p> <p>Seasonal Operating Percentage for This Emission Point: Spring _____% Summer _____% Fall _____% Winter _____%</p> <p>(Note: Total Must Equal 100%)</p> <p>Normal Operating Schedule: Start Time: _____ hours/day _____ days/week _____ weeks/year _____ Normal Operating Rate: _____ gallons or CuFT/yr (Circle one)</p>

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<p>SURFACE COATING OPERATIONS (Covered by 30 TAC 106.433, 30 TAC 106.436 or 30 TAC 116.110) Attach approved MSDS of each coating and solvent used in process</p> <p>Particulate Matter Control Efficiency of Booth: _____ % Booth Air Flow Rate: _____ scfm Transfer Efficiency of Paint Gun: _____ % Number of Paint Guns: _____ Associated Heater: YES / NO (Circle one/Complete Separate Questionnaire for Each Heater) Associated Gun Cleaner: YES / NO (Circle one/Complete Separate Questionnaire for Each Cleaner on degreaser section)</p> <p>Seasonal Operating Percentage for This Emission Point: Spring: _____ % Summer: _____ % Fall: _____ % Winter: _____ % (Note: Total Must Equal 100%) Normal Operating Schedule: Start Time: _____ hours/day _____ days/week _____ weeks/year _____ Normal Operating Rate: _____ gallons (each coating and solvent)</p>	<p>REFRIGERATION EQUIPMENT (e.g. Air Conditioning, Freezer) (Covered by 30 TAC 106.103)</p> <p>Make: _____ Model: _____ Serial #: _____ No. of compressors: _____ Refrigerant Type: _____ Amount of Charge: _____ lbs; Initial Charge Date: ____/____/____</p> <p>Make: _____ Model: _____ Serial #: _____ No. of compressors: _____ Refrigerant Type: _____ Amount of Charge: _____ lbs; Initial Charge Date: ____/____/____</p> <p>Make: _____ Model: _____ Serial #: _____ No. of compressors: _____ Refrigerant Type: _____ Amount of Charge: _____ lbs; Initial Charge Date: ____/____/____</p> <p>Make: _____ Model: _____ Serial #: _____ No. of compressors: _____ Refrigerant Type: _____ Amount of Charge: _____ lbs; Initial Charge Date: ____/____/____</p>
<p>WELDING OPERATIONS (Covered by 30 TAC 106.227) Attach approved MSDS of each welding rod type used in process</p> <p>Make: _____ Model: _____ Serial #: _____ Make: _____ Model: _____ Serial #: _____ Make: _____ Model: _____ Serial #: _____ Particulate Matter Control Efficiency of hood (if available): _____ % Exhaust Fan Ventilation Rate : _____ scfm Acetylene on hand: _____ lbs of gas Oxygen on hand: _____ lbs of gas</p> <p>Seasonal Operating Percentage for This Emission Point: Spring: _____ % Summer: _____ % Fall: _____ % Winter: _____ % (Note: Total Must Equal 100%) Normal Operating Schedule: Start Time: _____ hours/day _____ days/week _____ weeks/year _____ Normal Operating Rate: _____ # of rods/year</p>	<p>DEGREASERS (Covered by 30 TAC 106.454)</p> <p>Attach MSDS of proposed degreaser solvent</p> <p>Degreaser Type: Parts Cleaner / Paint Gun Cleaner (Circle one)</p> <p>Make: _____ Model: _____ Serial #: _____ Make: _____ Model: _____ Serial #: _____ Make: _____ Model: _____ Serial #: _____ Make: _____ Model: _____ Serial #: _____ Make: _____ Model: _____ Serial #: _____</p> <p>Seasonal Operating Percentage for This Emission Point: Spring: _____ % Summer: _____ % Fall: _____ % Winter: _____ % (Note: Total Must Equal 100%) Normal Operating Schedule: Start Time: _____ hours/day _____ days/week _____ weeks/year _____ Normal Operating Rate: _____ gallon/year</p>

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INTERNAL COMBUSTION UNITS (e.g. Generators, Covered by 30 TAC 106.511 and 30 TAC 106.512)

For Generators provide a copy of the Manufacturer's Emission Certification

Location: _____
 Location Description: _____
 Unit ID: _____ Asset: _____
 Unit Description: _____

Engine Details

Manufacturer: _____
 Model: _____
 Serial: _____
 Fuel: _____
 Displacement: _____ Cylinders: _____
 Rated HP: _____ RPM: _____
 Engine Type: _____
 Ignition Type: _____
 CEMS? CPMS? Hour Meter?

Manufacture date: _____
 Order Date: _____
 Install Date: _____
 Reconstruction Date: _____
 Usage Tracking Method: _____
 Crankcase Ventilation: _____
 Battery Install date: _____

Alternator Details

Manufacturer: _____
 Model: _____
 Serial: _____
 Rate KW: _____ Amps: _____
 Phase: _____ Frequency: _____
 Voltage: _____
 Power factor: _____

Integral Tank Details

Tank ID: _____
 Position: _____
 Volume: _____
 Length: _____ Diameter: _____

Switch Detail

Manufacturer: _____
 Model: _____
 Serial: _____
 Amps: _____ Poles: _____
 Bypass Capable _____
 Switch Type: _____

Details Collected at the Shop

Priority: _____
 Real Property ID: _____
 NSPS Applicable: _____
 NESHAP Exempt _____
 Max Demand Load: _____
 Inspection Anchor Date: _____

Authorization Letter	<input type="checkbox"/>	One-Line Diagram	<input type="checkbox"/>
Facility Schematics	<input type="checkbox"/>	Technical data Sheet	<input type="checkbox"/>
O & M Manual	<input type="checkbox"/>	Connection Diagrams	<input type="checkbox"/>
Approved Design	<input type="checkbox"/>	As-Built Drawings	<input type="checkbox"/>
MOA(s)	<input type="checkbox"/>		

Separate Tank Details

Tank ID: _____
 Position: _____
 Volume: _____
 Length: _____ Diameter: _____

Seasonal Operating Percentage for Emission Point:

Spring: ___% Summer: ___% Fall: ___% Winter: ___%

(Note: Total Must Equal 100%)

Normal Operating Schedule: Start Time: _____
 hours/day _____ days/week _____
 weeks/year _____

Normal Operating Rate: _____ gallons or CuFT/yr
 (Circle one)

ADDITION COMMENTS

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ENV Use Only

FIN, EPN and CIN determination comes from [Emissions Inventory Guidelines](#)

FIN # _____ EPN # _____ CIN # _____

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