



WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF AIR QUALITY
 601 57th Street, SE
 Charleston, WV 25304
 (304) 926-0475
www.dep.wv.gov/daq

**APPLICATION FOR NSR PERMIT
 AND
 TITLE V PERMIT REVISION
 (OPTIONAL)**

PLEASE CHECK ALL THAT APPLY TO **NSR (45CSR13)** (IF KNOWN):
 CONSTRUCTION **MODIFICATION** **RELOCATION**
 CLASS I ADMINISTRATIVE UPDATE **TEMPORARY**
 CLASS II ADMINISTRATIVE UPDATE **AFTER-THE-FACT**

PLEASE CHECK TYPE OF **45CSR30 (TITLE V)** REVISION (IF ANY):
 ADMINISTRATIVE AMENDMENT **MINOR MODIFICATION**
 SIGNIFICANT MODIFICATION
 IF ANY BOX ABOVE IS CHECKED, INCLUDE TITLE V REVISION INFORMATION AS **ATTACHMENT S** TO THIS APPLICATION

FOR TITLE V FACILITIES ONLY: Please refer to "Title V Revision Guidance" in order to determine your Title V Revision options (Appendix A, "Title V Permit Revision Flowchart") and ability to operate with the changes requested in this Permit Application.

Section I. General

1. Name of applicant (as registered with the WV Secretary of State's Office): Appalachian Shale Cracker Enterprise LLC	2. Federal Employer ID No. (FEIN): 46-4280565
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3. Name of facility (if different from above): ASCENT	4. The applicant is the: <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR <input checked="" type="checkbox"/> BOTH
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5A. Applicant's mailing address: 5100 Westheimer Road, Suite 585 Houston, Texas 77056	5B. Facility's present physical address: 9226 DuPont Road Washington, West Virginia 26181
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6. **West Virginia Business Registration.** Is the applicant a resident of the State of West Virginia? **YES** **NO**
 – If **YES**, provide a copy of the **Certificate of Incorporation/Organization/Limited Partnership** (one page) including any name change amendments or other Business Registration Certificate as **Attachment A**.
 – If **NO**, provide a copy of the **Certificate of Authority/Authority of L.L.C./Registration** (one page) including any name change amendments or other Business Certificate as **Attachment A**.

7. If applicant is a subsidiary corporation, please provide the name of parent corporation: **Appalachian Shale Cracker Enterprise, Inc.**

8. Does the applicant own, lease, have an option to buy or otherwise have control of the *proposed site*? **YES** **NO**
 – If **YES**, please explain: **The applicant owns a portion of the land and has an option to buy the remainder.**
 – If **NO**, you are not eligible for a permit for this source.

9. Type of plant or facility (stationary source) to be constructed, modified, relocated, administratively updated or temporarily permitted (e.g., coal preparation plant, primary crusher, etc.): Ethane Cracking, Polyethylene Manufacturing and supporting Utilities	10. North American Industry Classification System (NAICS) code for the facility: 325110 and 325211
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11A. DAQ Plant ID No. (for existing facilities only): NA	11B. List all current 45CSR13 and 45CSR30 (Title V) permit numbers associated with this process (for existing facilities only): NA
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All of the required forms and additional information can be found under the Permitting Section of DAQ's website, or requested by phone.

<p>12A.</p> <ul style="list-style-type: none"> For Modifications, Administrative Updates or Temporary permits at an existing facility, please provide directions to the <i>present location</i> of the facility from the nearest state road; For Construction or Relocation permits, please provide directions to the <i>proposed new site location</i> from the nearest state road. Include a MAP as Attachment B. <p>From Charleston, WV. Take I-77 North, Exit onto US 50, travel west, Exit onto WV-892 (DuPont Road) travel west approximately two miles. Facility will be located on right.</p>		
<p>12.B. New site address (if applicable): 9226 DuPont Road Washington, West Virginia 26181</p>	<p>12C. Nearest city or town: Washington, West Virginia</p>	<p>12D. County: Wood</p>
<p>12.E. UTM Northing (KM): 4,345.7</p>	<p>12F. UTM Easting (KM): 441.14</p>	<p>12G. UTM Zone: 17</p>
<p>13. Briefly describe the proposed change(s) at the facility: Construction of an ethane cracking and polyethylene manufacturing facility.</p>		
<p>14A. Provide the date of anticipated installation or change: Summer 2017</p> <ul style="list-style-type: none"> If this is an After-The-Fact permit application, provide the date upon which the proposed change did happen: / / 		<p>14B. Date of anticipated Start-Up if a permit is granted: Fourth quarter 2018 – first quarter 2019</p>
<p>14C. Provide a Schedule of the planned Installation of/Change to and Start-Up of each of the units proposed in this permit application as Attachment C (if more than one unit is involved).</p>		
<p>15. Provide maximum projected Operating Schedule of activity/activities outlined in this application: Hours Per Day 24 Days Per Week 7 Weeks Per Year 52</p>		
<p>16. Is demolition or physical renovation at an existing facility involved? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>17. Risk Management Plans. If this facility is subject to 112(r) of the 1990 CAAA, or will become subject due to proposed changes (for applicability help see www.epa.gov/ceppo), submit your Risk Management Plan (RMP) to U. S. EPA Region III.</p>		
<p>18. Regulatory Discussion. List all Federal and State air pollution control regulations that you believe are applicable to the proposed process (<i>if known</i>). A list of possible applicable requirements is also included in Attachment S of this application (Title V Permit Revision Information). Discuss applicability and proposed demonstration(s) of compliance (<i>if known</i>). Provide this information as Attachment D.</p>		
<p>Section II. Additional attachments and supporting documents.</p>		
<p>19. Include a check payable to WVDEP – Division of Air Quality with the appropriate application fee (per 45CSR22 and 45CSR13).</p>		
<p>20. Include a Table of Contents as the first page of your application package.</p>		
<p>21. Provide a Plot Plan, e.g. scaled map(s) and/or sketch(es) showing the location of the property on which the stationary source(s) is or is to be located as Attachment E (Refer to Plot Plan Guidance).</p> <ul style="list-style-type: none"> Indicate the location of the nearest occupied structure (e.g. church, school, business, residence). 		
<p>22. Provide a Detailed Process Flow Diagram(s) showing each proposed or modified emissions unit, emission point and control device as Attachment F.</p>		
<p>23. Provide a Process Description as Attachment G.</p> <ul style="list-style-type: none"> Also describe and quantify to the extent possible all changes made to the facility since the last permit review (if applicable). 		
<p>All of the required forms and additional information can be found under the Permitting Section of DAQ's website, or requested by phone.</p>		
<p>24. Provide Material Safety Data Sheets (MSDS) for all materials processed, used or produced as Attachment H.</p> <ul style="list-style-type: none"> For chemical processes, provide a MSDS for each compound emitted to the air. 		
<p>25. Fill out the Emission Units Table and provide it as Attachment I.</p>		
<p>26. Fill out the Emission Points Data Summary Sheet (Table 1 and Table 2) and provide it as Attachment J.</p>		

27. Fill out the **Fugitive Emissions Data Summary Sheet** and provide it as **Attachment K**.

28. Check all applicable **Emissions Unit Data Sheets** listed below:

<input checked="" type="checkbox"/> Bulk Liquid Transfer Operations	<input type="checkbox"/> Haul Road Emissions	<input type="checkbox"/> Quarry
<input type="checkbox"/> Chemical Processes	<input type="checkbox"/> Hot Mix Asphalt Plant	<input type="checkbox"/> Solid Materials Sizing, Handling and Storage Facilities
<input type="checkbox"/> Concrete Batch Plant	<input type="checkbox"/> Incinerator	<input checked="" type="checkbox"/> Storage Tanks
<input type="checkbox"/> Grey Iron and Steel Foundry	<input checked="" type="checkbox"/> Indirect Heat Exchanger	
<input checked="" type="checkbox"/> General Emission Unit, specify		

Fill out and provide the **Emissions Unit Data Sheet(s)** as **Attachment L**.

29. Check all applicable **Air Pollution Control Device Sheets** listed below:

<input type="checkbox"/> Absorption Systems	<input checked="" type="checkbox"/> Baghouse	<input checked="" type="checkbox"/> Flare
<input type="checkbox"/> Adsorption Systems	<input type="checkbox"/> Condenser	<input type="checkbox"/> Mechanical Collector
<input type="checkbox"/> Afterburner	<input type="checkbox"/> Electrostatic Precipitator	<input type="checkbox"/> Wet Collecting System

Other Collectors, specify **Thermal Oxidizer**

Fill out and provide the **Air Pollution Control Device Sheet(s)** as **Attachment M**.

30. Provide all **Supporting Emissions Calculations** as **Attachment N**, or attach the calculations directly to the forms listed in Items 28 through 31.

31. **Monitoring, Recordkeeping, Reporting and Testing Plans.** Attach proposed monitoring, recordkeeping, reporting and testing plans in order to demonstrate compliance with the proposed emissions limits and operating parameters in this permit application. Provide this information as **Attachment O**.

➤ Please be aware that all permits must be practically enforceable whether or not the applicant chooses to propose such measures. Additionally, the DAQ may not be able to accept all measures proposed by the applicant. If none of these plans are proposed by the applicant, DAQ will develop such plans and include them in the permit.

32. **Public Notice.** At the time that the application is submitted, place a **Class I Legal Advertisement** in a newspaper of general circulation in the area where the source is or will be located (See 45CSR§13-8.3 through 45CSR§13-8.5 and **Example Legal Advertisement** for details). Please submit the **Affidavit of Publication** as **Attachment P** immediately upon receipt.

33. **Business Confidentiality Claims.** Does this application include confidential information (per 45CSR31)?

YES **NO**

➤ If **YES**, identify each segment of information on each page that is submitted as confidential and provide justification for each segment claimed confidential, including the criteria under 45CSR§31-4.1, and in accordance with the DAQ's **"Precautionary Notice – Claims of Confidentiality"** guidance found in the **General Instructions** as **Attachment Q**.

Section III. Certification of Information

34. **Authority/Delegation of Authority.** Only required when someone other than the responsible official signs the application. Check applicable **Authority Form** below:

<input type="checkbox"/> Authority of Corporation or Other Business Entity	<input type="checkbox"/> Authority of Partnership
<input type="checkbox"/> Authority of Governmental Agency	<input type="checkbox"/> Authority of Limited Partnership

Submit completed and signed **Authority Form** as **Attachment R**.

All of the required forms and additional information can be found under the Permitting Section of DAQ's website, or requested by phone.

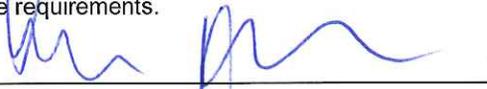
35A. **Certification of Information.** To certify this permit application, a Responsible Official (per 45CSR§13-2.22 and 45CSR§30-2.28) or Authorized Representative shall check the appropriate box and sign below.

Certification of Truth, Accuracy, and Completeness

I, the undersigned **Responsible Official** / **Authorized Representative**, hereby certify that all information contained in this application and any supporting documents appended hereto, is true, accurate, and complete based on information and belief after reasonable inquiry I further agree to assume responsibility for the construction, modification and/or relocation and operation of the stationary source described herein in accordance with this application and any amendments thereto, as well as the Department of Environmental Protection, Division of Air Quality permit issued in accordance with this application, along with all applicable rules and regulations of the West Virginia Division of Air Quality and W.Va. Code § 22-5-1 et seq. (State Air Pollution Control Act). If the business or agency changes its Responsible Official or Authorized Representative, the Director of the Division of Air Quality will be notified in writing within 30 days of the official change.

Compliance Certification

Except for requirements identified in the Title V Application for which compliance is not achieved, I, the undersigned hereby certify that, based on information and belief formed after reasonable inquiry, all air contaminant sources identified in this application are in compliance with all applicable requirements.

SIGNATURE  DATE: 05/01/2014
(Please use blue ink) *(Please use blue ink)*

35B. Printed name of signee: Luiz Fernando de Castro Santos		35C. Title: CEO
35D. E-mail: lfsantos@odebrecht.com	36E. Phone: 713-235-1856	36F. FAX: NA
36A. Printed name of contact person (if different from above): James E. Fain		36B. Title: Manager Environmental
36C. E-mail: james.fain@braskem.com	36D. Phone: 304-494-3271	36E. FAX: NA

PLEASE CHECK ALL APPLICABLE ATTACHMENTS INCLUDED WITH THIS PERMIT APPLICATION:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Attachment A: Business Certificate | <input checked="" type="checkbox"/> Attachment K: Fugitive Emissions Data Summary Sheet |
| <input checked="" type="checkbox"/> Attachment B: Map(s) | <input checked="" type="checkbox"/> Attachment L: Emissions Unit Data Sheet(s) |
| <input checked="" type="checkbox"/> Attachment C: Installation and Start Up Schedule | <input checked="" type="checkbox"/> Attachment M: Air Pollution Control Device Sheet(s) |
| <input checked="" type="checkbox"/> Attachment D: Regulatory Discussion | <input checked="" type="checkbox"/> Attachment N: Supporting Emissions Calculations |
| <input checked="" type="checkbox"/> Attachment E: Plot Plan | <input checked="" type="checkbox"/> Attachment O: Monitoring/Recordkeeping/Reporting/Testing Plans |
| <input checked="" type="checkbox"/> Attachment F: Detailed Process Flow Diagram(s) | <input checked="" type="checkbox"/> Attachment P: Public Notice |
| <input checked="" type="checkbox"/> Attachment G: Process Description | <input checked="" type="checkbox"/> Attachment Q: Business Confidential Claims |
| <input checked="" type="checkbox"/> Attachment H: Material Safety Data Sheets (MSDS) | <input checked="" type="checkbox"/> Attachment R: Authority Forms |
| <input checked="" type="checkbox"/> Attachment I: Emission Units Table | <input checked="" type="checkbox"/> Attachment S: Title V Permit Revision Information |
| <input checked="" type="checkbox"/> Attachment J: Emission Points Data Summary Sheet | <input checked="" type="checkbox"/> Application Fee |

Please mail an original and three (3) copies of the complete permit application with the signature(s) to the DAQ, Permitting Section, at the address listed on the first page of this application. Please DO NOT fax permit applications.

FOR AGENCY USE ONLY – IF THIS IS A TITLE V SOURCE:

- Forward 1 copy of the application to the Title V Permitting Group and:
- For Title V Administrative Amendments:
 - NSR permit writer should notify Title V permit writer of draft permit,
- For Title V Minor Modifications:
 - Title V permit writer should send appropriate notification to EPA and affected states within 5 days of receipt,
 - NSR permit writer should notify Title V permit writer of draft permit.
- For Title V Significant Modifications processed in parallel with NSR Permit revision:
 - NSR permit writer should notify a Title V permit writer of draft permit,
 - Public notice should reference both 45CSR13 and Title V permits,
 - EPA has 45 day review period of a draft permit.

All of the required forms and additional information can be found under the Permitting Section of DAQ's website, or requested by phone.

Attachment A

Attachment A

Business Certificate

The Business Certificate is included herein.

State of West Virginia



Certificate

I, Natalie E. Tennant, Secretary of State of the State of West Virginia, hereby certify that

APPALACHIAN SHALE CRACKER ENTERPRISE LLC

Control Number: 9A4D2

a limited liability company, organized under the laws of the State of Delaware has filed its "Application for Certificate of Authority" in my office according to the provisions of West Virginia Code §31B-10-1002. I hereby declare the organization to be registered as a foreign limited liability company from its effective date of February 14, 2014, until a certificate of cancellation is filed with our office.

Therefore, I hereby issue this

CERTIFICATE OF AUTHORITY OF A FOREIGN LIMITED LIABILITY COMPANY

to the limited liability company authorizing it to transact business in West Virginia

*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
February 14, 2014*



Natalie E. Tennant

Secretary of State

Natalie E. Tennant
Secretary of State
1900 Kanawha Blvd E
Bldg II, Suite 157-K
Charleston, WV 25305



Penney Barker, Manager
Corporations Division
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.com
E-mail: business@wvsos.com

WV APPLICATION FOR
CERTIFICATE OF AUTHORITY OF
LIMITED LIABILITY COMPANY

Office Hours: Monday - Friday
8:30 a.m. - 5:00 p.m. ET

FILE ONE ORIGINAL
(Two if you want a filed
stamped copy returned to you)
FEE: \$150

Control #

914102

1. The name of the company as registered in its home state is: Appalachian Shale Cracker Enterprise LLC

and the state or country of organization is: Delaware

CHECK HERE to indicate you have obtained and submitted with this application a **CERTIFICATE OF EXISTENCE (GOOD STANDING)**, dated during the current tax year, from your home state of original incorporation as required to process your application. The certificate may be obtained by contacting the Secretary of State's Office in the home state of original incorporation.

RECEIVED
FEB 14 2014
IN THE OFFICE OF
SECRETARY OF STATE

2. The name to be used in West Virginia will be: Home State name as listed above, if available in WV (If name is not available, check DBA Name box below and follow special instructions in Section 2, attached.)

DBA name _____
(See special instructions in Section 2. Regarding the Letter of Resolution attached to this application.)

3. The company will be a: [See instructions for limitations on professions which may form P.L.L.C. in WV. All members must have WV professional license. In most cases, a Letter of Authorization/Approval from the appropriate State Licensing Board is required to process the application.]
 regular L.L.C.
 Professional L.L.C. for the profession of _____

4. The street address of the principal office is: No. & Street: 5100 Westheimer Road, Suite 585

City/State/Zip: Houston, TX 77056

and the mailing address (if different) is: Street/Box: _____
City/State/Zip: _____

5. The address of the designated office of the company in WV, if any, will be: No. & Street: _____
City/State/Zip: _____

6. Agent of Process: Properly designated person to whom notice of legal process may be sent, if any: Name: CT Corporation System
Address: 5400 D Big Tyler Road
City/State/Zip: Charleston, West Virginia 25313

7. E-mail address where business correspondence may be received: marcusb@odebrecht.com

8. Website address of the business, if any: _____

9. The company is: an at-will company, for an indefinite period
 a term company, for the term of _____ years,
 which will expire on _____

10. The company is: member-managed. [List the names and addresses of all members.]
 manager-managed. [List the names and addresses of all managers.]

List the Name(s) and Address(es) of the Member(s)/Manager(s) of the company (attach additional pages if necessary).

Name	Street Address	City, State, Zip
Ticiania Vaz Sampaio Mariannetti	5100 Westheimer Rd. Suite 585	Houston, TX 77056
Mauricio Dantas Bezerra	5100 Westheimer Rd. Suite 585	Houston, TX 77056

11. All or specified members of a limited liability company are liable in their capacity as members for all or specified debts, obligations or liabilities of the company. No--All debts, obligations and liabilities are those of the company.
 Yes--Those persons who are liable in their capacity as members for all debts, obligations or liability of the company have consented in writing to the adoption of the provision or to be bound by the provision.

12. The purpose for which this limited liability company is formed are as follows:
 (Describe the type(s) of business activity which will be conducted, for example, "real estate," "construction of residential and commercial buildings," "commercial printing," "professional practice of architecture.")
petrochemicals

13. Is the business a Scrap Metal Dealer?

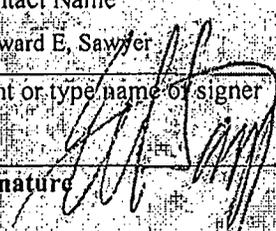
Yes [If "Yes," you must complete the Scrap Metal Dealer Registration Form (Form SMD-1) and proceed to question 14.]

No [Proceed to question 14.]

14. The number of pages attached and included in this application is: 1

15. The requested effective date is: the date & time of filing in the Secretary of State's Office
 [Requested date *may not be earlier than filing nor later than 90 days after filing in our office.*]
 the following date _____ and time _____

16. Contact and Signature Information* (See below Important Legal Notice Regarding Signature)

a.	Michele Beauvais-Wagoner	(305) 995-5203
	Contact Name	Phone Number
b.	Edward E. Sawyer	Attorney-in-Fact
	Print or type name of signer	Title / Capacity of Signer
c.		Feb. 6, 2014
	Signature	Date

* Important Legal Notice Regarding Signature: Per West Virginia Code §31B-2-209, Liability for false statement in filed record. If a record authorized or required to be filed under this chapter contains a false statement, one who suffers loss by reliance on the statement may recover damages for the loss from a person who signed the record or caused another to sign it on the person's behalf and knew the statement to be false at the time the record was signed.

**WV Application for Certificate of Authority of
Appalachian Shale Cracker Enterprise LLC**

(continued)

10. Name/Address of Managers of the Company (cont.)

Fernando Luiz Ayres
da Cunha Sato-Reis

5100 Westheimer Rd., Suite 585 Houston, TX 77056

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APPALACHIAN SHALE CRACKER ENTERPRISE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF FEBRUARY, A.D. 2014.

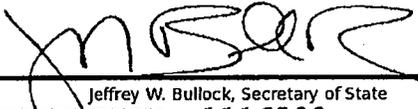
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5427666 8300

140143456

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1116890

DATE: 02-06-14

Attachment B

Attachment B

Site Location Map

The Site Location Map for Project ASCENT can be found as Figure B-1 in Appendix B of this application.

Attachment C

Attachment C

Schedule of Installation

Construction of the Project is scheduled to commence the second quarter of calendar year 2015 based on a 12-month PSD permitting timeline from the time of this application. With an estimated 36 to 42 month construction schedule, commercial operation is expected to occur during the fourth quarter of 2018 or the first quarter of 2019.

Attachment D

Attachment D

Regulatory Discussion

A narrative of the State and federal regulations that are potentially applicable for the Project ASCENT facility is included in Section 6.0 of the Permit Application Summary (Appendix A of this application).

Attachment E

Attachment E

Plot Plan

Figures are located in Appendix B of the application. The Plot Plan (or “Site Layout Map”) for Project ASCENT can be found as Figure B-2. In addition, the Location of Emissions Point Sources and Location of Project Components are included as Figures B-3 and B-4, respectively.

Attachment F

Attachment F

Process Flow Diagrams

Process flow diagrams for Project ASCENT can be found in Appendix C of this application.

Attachment G

Attachment G

Process Description

A non-confidential process description is included in Section 2.0 of the Permit Application Summary (Appendix A of this permit application). The confidential portions of the process description are included within this attachment.

Attachment G – Project Description

G.1 Ethane Cracker Plant

Conf.

G.2 Polyethylene (PE) Plants

Conf.

Attachment H

Attachment H

MSDS

MSDS files for this application are provided via electronic CD. The MSDS files are marked as confidential.

Attachment I

Attachment I
Emission Units Table
(includes all emission units and air pollution control devices
that will be part of this permit application review, regardless of permitting status)

Emission Unit ID ¹	Emission Point ID ²	Emission Unit Description	Year Installed/Modified	Design Capacity	Type ³ and Date of Change	Control Device ⁴
EC-PF-101	EC-PF-101	Pyrolysis Furnace 1	2018	396.8 MMBtu/hr	New	EC-PF-101
EC-PF-102	EC-PF-102	Pyrolysis Furnace 2	2018	396.8 MMBtu/hr	New	EC-PF-102
EC-PF-103	EC-PF-103	Pyrolysis Furnace 3	2018	396.8 MMBtu/hr	New	EC-PF-103
EC-PF-104	EC-PF-104	Pyrolysis Furnace 4	2018	396.8 MMBtu/hr	New	EC-PF-104
EC-PF-105	EC-PF-105	Pyrolysis Furnace 5	2018	396.8 MMBtu/hr	New	EC-PF-105
EC-PF-106	EC-PF-106	Pyrolysis Furnace 6	2018	396.8 MMBtu/hr	New	EC-PF-106
EC-TO-101	EC-TO-101	Thermal Oxidizer	2018	130 MMBtu/hr	New	NA
EC-FL-101	EC-FL-101	Main Flare	2018	0.82 MMBtu/hr	New	NA
EC-FL-102	EC-FL-102	Ethylene Storage Flare	2018	0.4 MMBtu/hr	New	NA
EC-FL-103	EC-FL-103	Tank Storage Flare	2018	0.4 MMBtu/hr	New	NA
PB-FL-105	PB-FL-105	PE Plant B (Low Pressure) Flare	2018	0.4 MMBtu/hr	New	NA
EC-FL-104	EC-FL-104	Oxygen Flare	2018	0.2 MMBtu/hr	New	NA
PC-TO-102	PC-TO-102	Regenerative Thermal Oxidizer	2018	20 MMBtu/hr	New	NA
SU-EG-101	SU-EG-101	Emergency Generator – Cracker Plant	2018	2800 kW	New	NA
SU-EG-102	SU-EG-102	Emergency Generator – PE Plant A	2018	2800 kW	New	NA
SU-EG-103	SU-EG-103	Emergency Generator – PE Plant C	2018	2800 kW	New	NA
SU-EG-104	SU-EG-104	Emergency Generator – PE Plant B	2018	2800 kW	New	NA
SU-EG-105	SU-EG-105	Emergency Generator – Utility #1	2018	2800 kW	New	NA
SU-EG-106	SU-EG-106	Emergency Generator – Utility #2	2018	2800 kW	New	NA
SU-EG-107	SU-EG-107	Emergency Generator – WWTP	2018	2800 kW	New	NA

Attachment I
Emission Units Table
(includes all emission units and air pollution control devices
that will be part of this permit application review, regardless of permitting status)

Emission Unit ID ¹	Emission Point ID ²	Emission Unit Description	Year Installed/Modified	Design Capacity	Type ³ and Date of Change	Control Device ⁴
SU-EG-108	SU-EG-108	Emergency Generator – Cooling Water	2018	350 kW	New	NA
SU-EG-109	SU-EG-109	Emergency Generator – Product Storage	2018	350 kW	New	NA
SU-FP-101	SU-FP-101	Firewater Pump #1	2018	485 kW	New	NA
SU-FP-102	SU-FP-102	Firewater Pump #2	2018	485 kW	New	NA
SU-FP-103	SU-FP-103	Firewater Pump #3	2018	485 kW	New	NA
EC-LR-102	EC-FL-102	Loading Rack	2018	NA	New	EC-FL-102
EC-LR-103	EC-FL-103	Loading Rack	2018	NA	New	EC-FL-103
SU-AB-101	SU-AB-101	Auxiliary Boiler 1	2018	206 MMBtu/hr	New	NA
SU-AB-102	SU-AB-102	Auxiliary Boiler 2	2018	206 MMBtu/hr	New	NA
SU-GT-101	SU-GT-101	Gas Turbine	2018	942.6 MMBtu/hr	New	NA
SU-GT-102	SU-GT-102	Heat Recovery Duct Burner	2018	346 MMBtu/hr	New	NA
EG-TK-101	EG-TK-101	Emergency Generator Diesel Tank	2018	5,124 gal	New	NA
EG-TK-102	EG-TK-102	Emergency Generator Diesel Tank	2018	5,124 gal	New	NA
EG-TK-103	EG-TK-103	Emergency Generator Diesel Tank	2018	5,124 gal	New	NA
EG-TK-104	EG-TK-104	Emergency Generator Diesel Tank	2018	5,124 gal	New	NA
EG-TK-105	EG-TK-105	Emergency Generator Diesel Tank	2018	5,124 gal	New	NA
EG-TK-106	EG-TK-106	Emergency Generator Diesel Tank	2018	5,124 gal	New	NA
EG-TK-107	EG-TK-107	Emergency Generator Diesel Tank	2018	5,124 gal	New	NA
EG-TK-108	EG-TK-108	Emergency Generator Diesel Tank	2018	767 gal	New	NA
EG-TK-109	EG-TK-109	Emergency Generator Diesel Tank	2018	767 gal	New	NA
FP-TK-101	FP-TK-101	Firewater Pump Diesel Tank	2018	884 gal	New	NA
FP-TK-102	FP-TK-102	Firewater Pump Diesel Tank	2018	884 gal	New	NA

Emission Units Table
(includes all emission units and air pollution control devices
that will be part of this permit application review, regardless of permitting status)

Emission Unit ID ¹	Emission Point ID ²	Emission Unit Description	Year Installed/Modified	Design Capacity	Type ³ and Date of Change	Control Device ⁴
FP-TK-103	FP-TK-103	Firewater Pump Diesel Tank	2018	884 gal	New	NA
20-TK-2942	EC-FL-103	Wash Oil Storage Tank	2018	55,359 gal	New	EC-FL-103
10-TK-1002A	EC-FL-103	PY-Gas Storage Tank	2018	338,923 gal	New	EC-FL-103
10-TK-1002B	EC-FL-103	PY-Gas Storage Tank	2018	338,923 gal	New	EC-FL-103
10-TK-1032	EC-FL-103	Hexene-1 Storage Tank	2018	345,287 gal	New	EC-FL-103
10-TK-1033	EC-FL-103	Inert Hydrocarbon Storage Tank	2018	134,447 gal	New	EC-FL-103
20-TK-2931	EC-FL-103	Spent Caustic Tank	2018	580,062 gal	New	EC-FL-103
20-TK-2951	EC-FL-103	Thermal Oxidizer Tank	2018	345,287 gal	New	EC-FL-103
10-TK-1050	10-TK-1050	Comonomer Storage Tank	2018	861,206 gal	New	EC-FL-102
SU-CT-101	SU-CT-101	Cooling Tower	2018	366,803 gpm	New	High-efficiency drift eliminators
EC-DB-101	NA	Debutanizer	2018	NA	New	NA
EC-DC-101	NA	Dryer and Chilling Train	2018	NA	New	NA
EC-DC-102	NA	Pressure Swing Adsorption	2018	NA	New	NA
EC-DE-101	NA	Deethanizer	2018	NA	New	NA
EC-DE-201	NA	Acetylene Reactor	2018	NA	New	NA
EC-DE-301	NA	C2 Splitter	2018	NA	New	NA
EC-DM-101	NA	Demethanizer	2018	NA	New	NA
EC-DP-101	NA	Depropanizer	2018	NA	New	NA
EC-DP-201	NA	C3 Splitter	2018	NA	New	NA
EC-HP-101	NA	Cracked Gas Compression 5 th Stage	2018	NA	New	NA
EC-LP-101	NA	Gas Compression	2018	NA	New	NA
EC-LP-201	NA	Acid Gas Removal	2018	NA	New	EC-TO-101
EC-QW-101	NA	Quench Tower	2018	NA	New	EC-TO-101
EC-QW-201	NA	Oil Water Separator	2018	NA	New	EC-TO-101
PA-PE-201	NA	PE Plant A Purification	2018	NA	New	NA

Emission Units Table
(includes all emission units and air pollution control devices
that will be part of this permit application review, regardless of permitting status)

Emission Unit ID ¹	Emission Point ID ²	Emission Unit Description	Year Installed/Modified	Design Capacity	Type ³ and Date of Change	Control Device ⁴
PA-PE-202	NA	PE Plant A Polymerization	2018	NA	New	NA
PA-PE-203	EC-FL-101	PE Plant A Purging and Vent Recovery	2018	NA	New	EC-FL-101
PA-PE-204	PA-PE-301 PA-PE-302 PA-PE-303 PA-PE-304	PE Plant A Extrusion & Pelletizing	2018	NA	New	PA-PE-301 PA-PE-302 PA-PE-303 PA-PE-304
PA-CA-101	PA-CA-101	Catalyst Activator	2018	NA	New	PA-CA-101
PC-PE-201	PC-TO-102	PE Plant C Compression	2018	NA	New	PC-TO-102
PC-PE-202	NA	PE Plant C Polymerization	2018	NA	New	NA
PC-PE-203	NA	PE Plant C Separation	2018	NA	New	NA
PC-PE-204	PC-PE-301	Extrusion & Pelletizing	2018	NA	New	PC-PE-301
PC-PE-205	PC-PE-302	Pellet Handling	2018	NA	New	PC-PE-302
PC-PE-206	PC-TO-102 PB-PE-303	Degassing & Transportation	2018	NA	New	PC-TO-102 PB-PE-303
PB-PE-201	NA	Purification	2018	NA	New	NA
PB-PE-202	NA	Polymerization	2018	NA	New	NA
PB-PE-203	PB-FL-105	Purging and Vent Recovery	2018	NA	New	PB-FL-105
PB-PE-204	PB-PE-301 PB-PE-302 PB-PE-303 PB-PE-304	Extrusion & Pelletizing	2018	NA	New	PB-PE-301 PB-PE-302 PB-PE-303 PB-PE-304

¹ For Emission Units (or Sources) use the following numbering system: 1S, 2S, 3S,... or other appropriate designation.

² For Emission Points use the following numbering system: 1E, 2E, 3E, ... or other appropriate designation.

³ New, modification, removal

⁴ For Control Devices use the following numbering system: 1C, 2C, 3C,... or other appropriate designation.

Attachment J

**Attachment J
EMISSION POINTS DATA SUMMARY SHEET**

Table 1: Emissions Data

Emission Point ID No. (Must match Emission Units Table & Plot Plan)	Emission Point Type ¹	Emission Unit Vented Through This Point (Must match Emission Units Table & Plot Plan)		Air Pollution Control Device (Must match Emission Units Table & Plot Plan)		Vent Time for Emission Unit (chemical processes only)		All Regulated Pollutants - Chemical Name/CAS ³ (Speciate VOCs & HAPS)	Maximum Potential Uncontrolled Emissions ⁴		Maximum Potential Controlled Emissions ⁵		Emission Form or Phase (At exit conditions, Solid, Liquid or Gas/Vapor)	Est. Method Used ⁶	Emission Concentration ⁷ (mg/m ³)
		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
EC-PF-101	Upward Vertical Stack	EC-PF-101	Cracker Furnace #1	NA	ULNB	C	8,760	NO _x CO Total VOC PM/PM10/PM2.5 SO ₂ SAM Lead Hexane Formaldehyde Total HAP CO _{2e}	23.81 4.88 1.19 3.57 0.46 0.061 <0.001 1.36 0.06 1.44 26,008	104.3 21.38 5.21 15.64 1.99 0.267 0.002 5.98 0.25 6.31 113,915	23.81 4.88 1.19 3.57 0.46 0.061 <0.001 1.36 0.06 1.44 26,008	104.3 21.38 5.21 15.64 1.99 0.267 0.002 5.98 0.25 6.31 113,915	Gas Gas Gas Solid Gas Liquid Solid Gas Gas Gas Gas	EE EE EE EE AP-42 EE AP-42 AP-42 AP-42 EE	NA NA NA NA NA NA NA NA NA NA NA
EC-PF-102	Upward Vertical Stack	EC-PF-102	Cracker Furnace #2	NA	ULNB	C	8,760	NO _x CO Total VOC PM/PM10/PM2.5 SO ₂ SAM Lead Hexane Formaldehyde Total HAP CO _{2e}	23.81 4.88 1.19 3.57 0.46 0.061 <0.001 1.36 0.06 1.44 26,008	104.3 21.38 5.21 15.64 1.99 0.267 0.002 5.98 0.25 6.31 113,915	23.81 4.88 1.19 3.57 0.46 0.061 <0.001 1.36 0.06 1.44 26,008	104.3 21.38 5.21 15.64 1.99 0.267 0.002 5.98 0.25 6.31 113,915	Gas Gas Gas Solid Gas Liquid Solid Gas Gas Gas Gas	EE EE EE EE AP-42 EE AP-42 AP-42 AP-42 EE	NA NA NA NA NA NA NA NA NA NA NA
EC-PF-103	Upward Vertical Stack	EC-PF-103	Cracker Furnace #3	NA	ULNB	C	8,760	NO _x CO Total VOC PM/PM10/PM2.5 SO ₂ SAM Lead Hexane Formaldehyde Total HAP CO _{2e}	23.81 4.88 1.19 3.57 0.46 0.061 <0.001 1.36 0.06 1.44 26,008	104.3 21.38 5.21 15.64 1.99 0.267 0.002 5.98 0.25 6.31 113,915	23.81 4.88 1.19 3.57 0.46 0.061 <0.001 1.36 0.06 1.44 26,008	104.3 21.38 5.21 15.64 1.99 0.267 0.002 5.98 0.25 6.31 113,915	Gas Gas Gas Solid Gas Liquid Solid Gas Gas Gas Gas	EE EE EE EE AP-42 EE AP-42 AP-42 AP-42 EE	NA NA NA NA NA NA NA NA NA NA NA

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		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
EC-PF-104	Upward Vertical Stack	EC-PF-104	Cracker Furnace #4	NA	ULNB	C	8,760	NO _x	23.81	104.3	23.81	104.3	Gas	EE	NA
								CO	4.88	21.38	4.88	21.38	Gas	EE	NA
								Total VOC	1.19	5.21	1.19	5.21	Gas	EE	NA
								PM/PM10/PM2.5	3.57	15.64	3.57	15.64	Solid	EE	NA
								SO ₂	0.46	1.99	0.46	1.99	Gas	AP-42	NA
								SAM	0.061	0.267	0.061	0.267	Liquid	EE	NA
								Lead	<0.001	0.002	<0.001	0.002	Solid	AP-42	NA
								Hexane	1.36	5.98	1.36	5.98	Gas	AP-42	NA
								Formaldehyde	0.06	0.25	0.06	0.25	Gas	AP-42	NA
								Total HAP	1.44	6.31	1.44	6.31	Gas	AP-42	NA
								CO _{2e}	26,008	113,915	26,008	113,915	Gas	EE	NA
								EC-PF-105	Upward Vertical Stack	EC-PF-105	Cracker Furnace #5	NA	ULNB	C	8,760
CO	4.88	21.38	4.88	21.38	Gas	EE	NA								
Total VOC	1.19	5.21	1.19	5.21	Gas	EE	NA								
PM/PM10/PM2.5	3.57	15.64	3.57	15.64	Solid	EE	NA								
SO ₂	0.46	1.99	0.46	1.99	Gas	AP-42	NA								
SAM	0.061	0.267	0.061	0.267	Liquid	EE	NA								
Lead	<0.001	0.002	<0.001	0.002	Solid	AP-42	NA								
Hexane	1.36	5.98	1.36	5.98	Gas	AP-42	NA								
Formaldehyde	0.06	0.25	0.06	0.25	Gas	AP-42	NA								
Total HAP	1.44	6.31	1.44	6.31	Gas	AP-42	NA								
CO _{2e}	26,008	113,915	26,008	113,915	Gas	EE	NA								
EC-PF-106	Upward Vertical Stack	EC-PF-106	Cracker Furnace #6 Hot Stand-by/ Decoking	NA	ULNB	C	8,760								
								CO	1.46	6.41	1.46	6.41	Gas	EE	NA
								Total VOC	0.36	1.56	0.36	1.56	Gas	EE	NA
								PM/PM10/PM2.5	3.54	15.49	3.54	15.49	Solid	EE	NA
								SO ₂	0.14	0.60	0.14	0.60	Gas	AP-42	NA
								SAM	0.018	0.080	0.018	0.080	Liquid	EE	NA
								Lead	<0.001	<0.001	<0.001	<0.001	Solid	AP-42	NA
								Hexane	0.41	1.79	0.41	1.79	Gas	AP-42	NA
								Formaldehyde	0.002	0.007	0.002	0.007	Gas	AP-42	NA
								Total HAP	0.43	1.89	0.43	1.89	Gas	AP-42	NA
								CO _{2e}	8,405	36,815	8,405	36,815	Gas	EE	NA

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EMISSION POINTS DATA SUMMARY SHEET**

Table 1: Emissions Data

Emission Point ID No. <i>(Must match Emission Units Table & Plot Plan)</i>	Emission Point Type ¹	Emission Unit Vented Through This Point <i>(Must match Emission Units Table & Plot Plan)</i>		Air Pollution Control Device <i>(Must match Emission Units Table & Plot Plan)</i>		Vent Time for Emission Unit <i>(chemical processes only)</i>		All Regulated Pollutants - Chemical Name/CAS ³ <i>(Speciate VOCs & HAPS)</i>	Maximum Potential Uncontrolled Emissions ⁴		Maximum Potential Controlled Emissions ⁵		Emission Form or Phase <i>(At exit conditions, Solid, Liquid or Gas/Vapor)</i>	Est. Method Used ⁶	Emission Concentration ⁷ <i>(mg/m³)</i>
		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
SU-GT-102	Upward Vertical Stack	SU-GT-102	HRSG Duct Burner	NA	SCR, Oxidation Catalyst	C	8,760	NO _x	32.07	140.5	6.41	28.09	Gas	AP-42	NA
								CO	32.07	140.5	6.41	28.09	Gas	AP-42	NA
								Total VOC	1.87	8.17	1.87	8.17	Gas	AP-42	NA
								PM10/PM2.5	2.58	11.29	2.58	11.29	Solid	AP-42	NA
								PM (Filterable)	0.64	2.82	0.64	2.82	Solid	AP-42	NA
								SO ₂	0.20	0.89	0.20	0.89	Gas	AP-42	NA
								SAM	0.027	0.120	0.027	0.120	Liquid	EE	NA
								Lead	<0.001	<0.001	<0.001	<0.001	Solid	AP-42	NA
								Hexane	0.61	2.67	0.61	2.67	Gas	AP-42	NA
								Formaldehyde	0.03	0.11	0.03	0.11	Gas	AP-42	NA
								Total HAP	0.64	2.82	0.64	2.82	Gas	AP-42	NA
								CO _{2e}	76,724	336,053	76,724	336,053	Gas	AP-42	NA
								SU-AB-101	Exhaust	SU-AB-101	Aux Boiler #1	NA	ULNB	C	8,760
CO	7.21	31.58	7.21	31.58	Gas	AP-42	NA								
Total VOC	0.27	1.17	0.27	1.17	Gas	AP-42	NA								
PM/PM10/PM2.5	0.41	1.80	0.41	1.80	Solid	AP-42	NA								
SO ₂	0.12	0.53	0.12	0.53	Gas	AP-42	NA								
SAM	0.016	0.072	0.016	0.072	Liquid	EE	NA								
Lead	<0.001	<0.001	<0.001	<0.001	Solid	AP-42	NA								
Hexane	0.36	1.59	0.36	1.59	Gas	AP-42	NA								
Formaldehyde	0.02	0.07	0.02	0.07	Gas	AP-42	NA								
Total HAP	0.38	1.68	0.38	1.68	Gas	AP-42	NA								
CO _{2e}	24,379	106,781	24,379	106,781	Gas	AP-42	NA								

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EMISSION POINTS DATA SUMMARY SHEET**

Table 1: Emissions Data

Emission Point ID No. (Must match Emission Units Table & Plot Plan)	Emission Point Type ¹	Emission Unit Vented Through This Point (Must match Emission Units Table & Plot Plan)		Air Pollution Control Device (Must match Emission Units Table & Plot Plan)		Vent Time for Emission Unit (chemical processes only)		All Regulated Pollutants - Chemical Name/CAS ³ (Speciate VOCs & HAPS)	Maximum Potential Uncontrolled Emissions ⁴		Maximum Potential Controlled Emissions ⁵		Emission Form or Phase (At exit conditions, Solid, Liquid or Gas/Vapor)	Est. Method Used ⁶	Emission Concentration ⁷ (mg/m ³)								
		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr											
SU-AB-102	Exhaust	SU-AB-102	Aux Boiler #2	NA	ULNB	C	8,760	NO _x	4.12	18.05	4.12	18.05	Gas	AP-42	NA								
								CO	7.21	31.58	7.21	31.58	Gas	AP-42	NA								
								Total VOC	0.27	1.17	0.27	1.17	Gas	AP-42	NA								
								PM10/PM2.5	0.41	1.80	0.41	1.80	Solid	AP-42	NA								
								SO ₂	0.12	0.53	0.12	0.53	Gas	AP-42	NA								
								SAM	0.016	0.072	0.016	0.072	Liquid	EE	NA								
								Lead	<0.001	<0.001	<0.001	<0.001	Solid	AP-42	NA								
								Hexane	0.36	1.59	0.36	1.59	Gas	AP-42	NA								
								Formaldehyde	0.02	0.07	0.02	0.07	Gas	AP-42	NA								
								Total HAP	0.38	1.68	0.38	1.68	Gas	AP-42	NA								
								CO _{2e}	24,379	106,781	24,379	106,781	Gas	AP-42	NA								
								EC-TO-101	Exhaust	EC-TO-101	Thermal Oxidizer Burner & Fire Box	NA	LNB	C	8,760	NO _x	5.20	22.78	5.20	22.78	Gas	AP-42	NA
																CO	5.20	22.78	5.20	22.78	Gas	AP-42	NA
								Total VOC	5.32	23.32	5.32	23.32	Gas	AP-42	NA								
								PM10/PM2.5	0.97	4.24	0.97	4.24	Solid	AP-42	NA								
								PM (Filterable)	0.24	1.06	0.24	1.06	Solid	AP-42	NA								
								SO ₂	0.08	0.33	0.08	0.33	Gas	AP-42	NA								
								SAM	0.010	0.045	0.010	0.045	Liquid	EE	NA								
								Lead	<0.001	<0.001	<0.001	<0.001	Solid	AP-42	NA								
								Hexane	0.23	1.00	0.23	1.00	Gas	AP-42	NA								
								Formaldehyde	0.009	0.04	0.009	0.04	Gas	AP-42	NA								
								Total HAP	0.24	1.06	0.24	1.06	Gas	AP-42	NA								
								CO _{2e}	127,040	556,434	127,040	556,434	Gas	AP-42	NA								

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		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
PC-TO-102	Upward Vertical Stack	PC-TO-102	RTO Burner & Fire Box	NA	NA	C	8,760	NO _x	0.80	3.50	0.80	3.50	Gas	AP-42	NA
								CO	1.65	7.21	1.65	7.21	Gas	AP-42	NA
								Total VOC	3.11	13.61	3.11	13.61	Gas	AP-42	NA
								PM10/PM2.5	0.15	0.65	0.15	0.65	Solid	AP-42	NA
								PM (Filterable)	0.04	0.16	0.04	0.16	Solid	AP-42	NA
								SO ₂	0.01	0.05	0.01	0.05	Gas	AP-42	NA
								SAM	0.002	0.007	0.002	0.007	Liquid	EE	NA
								Lead	<0.001	<0.001	<0.001	<0.001	Solid	AP-42	NA
								Hexane	0.04	0.16	0.04	0.16	Gas	AP-42	NA
								Formaldehyde	0.001	0.006	0.001	0.006	Gas	AP-42	NA
								Total HAP	0.04	0.16	0.04	0.16	Gas	AP-42	NA
								CO _{2e}	2,740	11,999	2,740	11,999	Gas	AP-42	NA
								EC-FL-101	Exhaust	EC-FL-101	Main Flare Pilot	NA	NA	C	8,760
CO	0.30	1.31	0.30	1.31	Gas	AP-42	NA								
Total VOC	0.004	0.02	0.004	0.02	Gas	AP-42	NA								
PM/PM10/PM2.5	0.02	0.07	0.02	0.07	Solid	AP-42	NA								
SO ₂	<0.001	0.003	<0.001	0.003	Gas	AP-42	NA								
SAM	<0.001	<0.001	<0.001	<0.001	Liquid	EE	NA								
Lead	<0.001	<0.001	<0.001	<0.001	Solid	AP-42	NA								
Hexane	<0.001	0.008	<0.001	0.008	Gas	AP-42	NA								
Formaldehyde	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA								
Total HAP	0.002	0.01	0.002	0.01	Gas	AP-42	NA								
CO _{2e}	97.04	425	97.04	425	Gas	AP-42	NA								

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		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
EC-FL-102	Exhaust	EC-FL-102	Ethylene Storage Flare Pilot	NA	NA	C	8,760	NO _x	0.03	0.12	0.03	0.12	Gas	AP-42	NA
								CO	0.14	0.64	0.14	0.64	Gas	AP-42	NA
								Total VOC	<0.001	0.001	<0.001	0.001	Gas	AP-42	NA
								PM/PM10/PM2.5	0.007	0.03	0.007	0.03	Solid	AP-42	NA
								SO ₂	<0.001	0.001	<0.001	0.001	Gas	AP-42	NA
								SAM	<0.001	<0.001	<0.001	<0.001	Liquid	EE	NA
								Lead	<0.001	<0.001	<0.001	<0.001	Solid	AP-42	NA
								Hexane	<0.001	0.008	<0.001	0.008	Gas	AP-42	NA
								Formaldehyde	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA
								Total HAP	<0.001	0.003	<0.001	0.003	Gas	AP-42	NA
								CO _{2e}	47.26	207	47.26	207	Gas	AP-42	NA
								PB-FL-105	Exhaust	PB-FL-105	PE Plant B Flare Pilot	NA	NA	C	8,760
CO	0.14	0.64	0.14	0.64	Gas	AP-42	NA								
Total VOC	<0.001	0.001	<0.001	0.001	Gas	AP-42	NA								
PM/PM10/PM2.5	0.007	0.03	0.007	0.03	Solid	AP-42	NA								
SO ₂	<0.001	0.001	<0.001	0.001	Gas	AP-42	NA								
SAM	<0.001	<0.001	<0.001	<0.001	Liquid	EE	NA								
Lead	<0.001	<0.001	<0.001	<0.001	Solid	AP-42	NA								
Hexane	<0.001	0.008	<0.001	0.008	Gas	AP-42	NA								
Formaldehyde	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA								
Total HAP	<0.001	0.003	<0.001	0.003	Gas	AP-42	NA								
CO _{2e}	47.26	207	47.26	207	Gas	AP-42	NA								

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		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
EC-FL-103	Exhaust	EC-FL-103	Tank Storage Flare	NA	NA	C	8,760	NO _x	0.03	0.12	0.03	0.12	Gas	AP-42	NA
								CO	0.14	0.64	0.14	0.64	Gas	AP-42	NA
								Total VOC	<0.001	0.001	<0.001	0.001	Gas	AP-42	NA
								PM/PM10/PM2.5	0.007	0.03	0.007	0.03	Solid	AP-42	NA
								SO ₂	<0.001	0.001	<0.001	0.001	Gas	AP-42	NA
								SAM	<0.001	<0.001	<0.001	<0.001	Liquid	EE	NA
								Lead	<0.001	<0.001	<0.001	<0.001	Solid	AP-42	NA
								Hexane	<0.001	0.008	<0.001	0.008	Gas	AP-42	NA
								Formaldehyde	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA
								Total HAP	<0.001	0.003	<0.001	0.003	Gas	AP-42	NA
								CO _{2e}	47.26	207	47.26	207	Gas	AP-42	NA
								EC-FL-104	Exhaust	EC-FL-104	Oxygen Flare	NA	NA	C	8,760
CO	0.02	0.32	0.02	0.32	Gas	AP-42	NA								
Total VOC	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA								
PM/PM10/PM2.5	0.08	0.02	0.08	0.02	Solid	AP-42	NA								
SO ₂	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA								
SAM	<0.001	<0.001	<0.001	<0.001	Liquid	EE	NA								
Lead	<0.001	<0.001	<0.001	<0.001	Solid	AP-42	NA								
Hexane	<0.001	0.004	<0.001	0.004	Gas	AP-42	NA								
Formaldehyde	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA								
Total HAP	<0.001	0.002	<0.001	0.002	Gas	AP-42	NA								
CO _{2e}	23.67	104	23.67	104	Gas	AP-42	NA								

**Attachment J
EMISSION POINTS DATA SUMMARY SHEET**

Table 1: Emissions Data

Emission Point ID No. (Must match Emission Units Table & Plot Plan)	Emission Point Type ¹	Emission Unit Vented Through This Point (Must match Emission Units Table & Plot Plan)		Air Pollution Control Device (Must match Emission Units Table & Plot Plan)		Vent Time for Emission Unit (chemical processes only)		All Regulated Pollutants - Chemical Name/CAS ³ (Speciate VOCs & HAPS)	Maximum Potential Uncontrolled Emissions ⁴		Maximum Potential Controlled Emissions ⁵		Emission Form or Phase (At exit conditions, Solid, Liquid or Gas/Vapor)	Est. Method Used ⁶	Emission Concentration ⁷ (mg/m ³)
		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
SU-GT-101	Exhaust	SU-GT-101	Gas Turbine	NA	SCR, Oxidation Catalyst	C	8,760	NO _x	36.15	158.3	7.23	31.67	Gas	AP-42	NA
								CO	58.55	256.4	11.7	51.29	Gas	AP-42	NA
								Total VOC	10.04	43.98	10.04	43.98	Gas	AP-42	NA
								PM/PM ₁₀ /PM _{2.5}	4.71	20.64	4.71	20.64	Solid	AP-42	NA
								SO ₂	3.20	14.04	3.20	14.04	Gas	AP-42	NA
								SAM	0.075	0.328	0.075	0.328	Liquid	EE	NA
								Benzene	0.01	0.05	0.01	0.05	Gas	AP-42	NA
								Toluene	0.12	0.54	0.12	0.54	Gas	AP-42	NA
								Xylene	0.06	0.25	0.06	0.25	Gas	AP-42	NA
								Formaldehyde	0.67	2.93	0.67	2.93	Gas	AP-42	NA
								Acetaldehyde	0.04	0.17	0.04	0.17	Gas	AP-42	NA
								Acrolein	0.06	0.03	0.06	0.03	Gas	AP-42	NA
								Naphthalene	0.001	0.01	0.001	0.01	Gas	AP-42	NA
								Total HAP	0.97	4.24	0.97	4.24	Gas	AP-42	NA
CO _{2e}	131,649	576,624	131,649	576,624	Gas	EE	NA								
SU-EG-101	Exhaust	SU-EG-101	Emergency Generator-Cracker Plant	NA	NA	As needed	100	NO _x	39.7	1.99	39.7	1.99	Gas	EE	NA
								CO	21.52	1.076	21.52	1.076	Gas	EE	NA
								Total VOC	0.86	0.04	0.86	0.04	Gas	AP-42	NA
								PM ₁₀ /PM _{2.5}	1.40	0.070	1.40	0.070	Solid	EE	NA
								PM (Filterable)	1.24	0.062	1.24	0.062	Solid	EE	NA
								SO ₂	2.90	0.14	2.90	0.14	Gas	AP-42	NA
								Total HAP	0.02	<0.001	0.02	<0.001	Gas	AP-42	NA
								CO _{2e}	1,579.04	78.95	1,579.04	78.95	Gas	EE	NA
								SU-EG-102	Exhaust	SU-EG-102	Emergency Generator-PE Plant A	NA	NA	As needed	100
CO	21.52	1.076	21.52	1.076	Gas	EE	NA								
Total VOC	0.86	0.04	0.86	0.04	Gas	AP-42	NA								
PM ₁₀ /PM _{2.5}	1.40	0.070	1.40	0.070	Solid	EE	NA								
PM (Filterable)	1.24	0.062	1.24	0.062	Solid	EE	NA								
SO ₂	2.90	0.14	2.90	0.14	Gas	AP-42	NA								
Total HAP	0.02	<0.001	0.02	<0.001	Gas	AP-42	NA								
CO _{2e}	1,579.04	78.95	1,579.04	78.95	Gas	EE	NA								

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EMISSION POINTS DATA SUMMARY SHEET

Table 1: Emissions Data

Emission Point ID No. (Must match Emission Units Table & Plot Plan)	Emission Point Type ¹	Emission Unit Vented Through This Point (Must match Emission Units Table & Plot Plan)		Air Pollution Control Device (Must match Emission Units Table & Plot Plan)		Vent Time for Emission Unit (chemical processes only)		All Regulated Pollutants - Chemical Name/CAS ³ (Speciate VOCs & HAPS)	Maximum Potential Uncontrolled Emissions ⁴		Maximum Potential Controlled Emissions ⁵		Emission Form or Phase (At exit conditions, Solid, Liquid or Gas/Vapor)	Est. Method Used ⁶	Emission Concentration ⁷ (mg/m ³)
		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
SU-EG-103	Exhaust	SU-EG-103	Emergency Generator-PE Plant C	NA	NA	As needed	100	NO _x	39.7	1.99	39.7	1.99	Gas	EE	NA
								CO	21.52	1.076	21.52	1.076	Gas	EE	NA
								Total VOC	0.86	0.04	0.86	0.04	Gas	AP-42	NA
								PM10/PM2.5	1.40	0.070	1.40	0.070	Solid	EE	NA
								PM (Filterable)	1.24	0.062	1.24	0.062	Solid	EE	NA
								SO ₂	2.90	0.14	2.90	0.14	Gas	AP-42	NA
								Total HAP	0.02	<0.001	0.02	<0.001	Gas	AP-42	NA
								CO _{2e}	1,579.04	78.95	1,579.04	78.95	Gas	EE	NA
SU-EG-104	Exhaust	SU-EG-104	Emergency Generator-PE Plant B	NA	NA	As needed	100	NO _x	39.7	1.99	39.7	1.99	Gas	EE	NA
								CO	21.52	1.076	21.52	1.076	Gas	EE	NA
								Total VOC	0.86	0.04	0.86	0.04	Gas	AP-42	NA
								PM10/PM2.5	1.40	0.070	1.40	0.070	Solid	EE	NA
								PM (Filterable)	1.24	0.062	1.24	0.062	Solid	EE	NA
								SO ₂	2.90	0.14	2.90	0.14	Gas	AP-42	NA
								Total HAP	0.02	<0.001	0.02	<0.001	Gas	AP-42	NA
								CO _{2e}	1,579.04	78.95	1,579.04	78.95	Gas	EE	NA
SU-EG-105	Exhaust	SU-EG-105	Emergency Generator-Utility	NA	NA	As needed	100	NO _x	39.7	1.99	39.7	1.99	Gas	EE	NA
								CO	21.52	1.076	21.52	1.076	Gas	EE	NA
								Total VOC	0.86	0.04	0.86	0.04	Gas	AP-42	NA
								PM10/PM2.5	1.40	0.070	1.40	0.070	Solid	EE	NA
								PM (Filterable)	1.24	0.062	1.24	0.062	Solid	EE	NA
								SO ₂	2.90	0.14	2.90	0.14	Gas	AP-42	NA
								Total HAP	0.02	<0.001	0.02	<0.001	Gas	AP-42	NA
								CO _{2e}	1,579.04	78.95	1,579.04	78.95	Gas	EE	NA

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EMISSION POINTS DATA SUMMARY SHEET**

Table 1: Emissions Data

Emission Point ID No. (Must match Emission Units Table & Plot Plan)	Emission Point Type ¹	Emission Unit Vented Through This Point (Must match Emission Units Table & Plot Plan)		Air Pollution Control Device (Must match Emission Units Table & Plot Plan)		Vent Time for Emission Unit (chemical processes only)		All Regulated Pollutants - Chemical Name/CAS ³ (Speciate VOCs & HAPS)	Maximum Potential Uncontrolled Emissions ⁴		Maximum Potential Controlled Emissions ⁵		Emission Form or Phase (At exit conditions, Solid, Liquid or Gas/Vapor)	Est. Method Used ⁶	Emission Concentration ⁷ (mg/m ³)
		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
SU-EG-106	Exhaust	SU-EG-106	Emergency Generator-Utility	NA	NA	As needed	100	NO _x	39.7	1.99	39.7	1.99	Gas	EE	NA
								CO	21.52	1.076	21.52	1.076	Gas	EE	NA
								Total VOC	0.86	0.04	0.86	0.04	Gas	AP-42	NA
								PM10/PM2.5	1.40	0.070	1.40	0.070	Solid	EE	NA
								PM (Filterable)	1.24	0.062	1.24	0.062	Solid	EE	NA
								SO ₂	2.90	0.14	2.90	0.14	Gas	AP-42	NA
								Total HAP	0.02	<0.001	0.02	<0.001	Gas	AP-42	NA
								CO _{2e}	1,579.04	78.95	1,579.04	78.95	Gas	EE	NA
SU-EG-107	Exhaust	SU-EG-107	Emergency Generator-WWTP	NA	NA	As needed	100	NO _x	39.7	1.99	39.7	1.99	Gas	EE	NA
								CO	21.52	1.076	21.52	1.076	Gas	EE	NA
								Total VOC	0.86	0.04	0.86	0.04	Gas	AP-42	NA
								PM10/PM2.5	1.40	0.070	1.40	0.070	Solid	EE	NA
								PM (Filterable)	1.24	0.062	1.24	0.062	Solid	EE	NA
								SO ₂	2.90	0.14	2.90	0.14	Gas	AP-42	NA
								Total HAP	0.02	<0.001	0.02	<0.001	Gas	AP-42	NA
								CO _{2e}	1,579.04	78.95	1,579.04	78.95	Gas	EE	NA
SU-EG-108	Exhaust	SU-EG-108	Emergency Generator-Cooling Water	NA	NA	As needed	100	NO _x	3.10	0.155	3.10	0.155	Gas	EE	NA
								CO	2.69	0.135	2.69	0.135	Gas	EE	NA
								Total VOC	0.43	0.02	0.43	0.02	Gas	AP-42	NA
								PM10/PM2.5	0.18	0.009	0.18	0.009	Solid	EE	NA
								PM (Filterable)	0.155	0.008	0.155	0.008	Solid	EE	NA
								SO ₂	0.35	0.02	0.35	0.02	Gas	AP-42	NA
								Total HAP	0.005	<0.001	0.005	<0.001	Gas	AP-42	NA
								CO _{2e}	195.94	9.80	195.94	9.80	Gas	EE	NA

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EMISSION POINTS DATA SUMMARY SHEET**

Table 1: Emissions Data

Emission Point ID No. (Must match Emission Units Table & Plot Plan)	Emission Point Type ¹	Emission Unit Vented Through This Point (Must match Emission Units Table & Plot Plan)		Air Pollution Control Device (Must match Emission Units Table & Plot Plan)		Vent Time for Emission Unit (chemical processes only)		All Regulated Pollutants - Chemical Name/CAS ³ (Speciate VOCs & HAPS)	Maximum Potential Uncontrolled Emissions ⁴		Maximum Potential Controlled Emissions ⁵		Emission Form or Phase (At exit conditions, Solid, Liquid or Gas/Vapor)	Est. Method Used ⁶	Emission Concentration ⁷ (mg/m ³)
		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
SU-EG-109	Exhaust	SU-EG-109	Emergency Generator-Product Storage	NA	NA	As needed	100	NO _x CO Total VOC PM10/PM2.5 PM (Filterable) SO ₂ Total HAP CO _{2e}	3.10 2.69 0.43 0.18 0.155 0.35 0.005 195.94	0.155 0.135 0.02 0.009 0.008 0.02 <0.001 9.80	3.10 2.69 0.43 0.18 0.155 0.35 0.005 195.94	0.155 0.135 0.02 0.009 0.008 0.02 <0.001 9.80	Gas Gas Gas Solid Solid Gas Gas Gas	EE EE AP-42 EE EE AP-42 AP-42 EE	NA NA NA NA NA NA NA NA
SU-FP-101	Exhaust	SU-FP-101	Firewater Pump #1	NA	NA	As needed	100	NO _x CO Total VOC PM10/PM2.5 PM (Filterable) SO ₂ Total HAP CO _{2e}	4.30 3.73 0.15 0.24 0.215 0.50 0.003 273.16	0.215 0.186 0.007 0.012 0.011 0.03 <0.001 13.6	4.30 3.73 0.15 0.24 0.215 0.50 0.003 273.16	0.215 0.186 0.007 0.012 0.011 0.03 <0.001 13.6	Gas Gas Gas Solid Solid Gas Gas Gas	EE EE AP-42 EE EE AP-42 AP-42 EE	NA NA NA NA NA NA NA NA
SU-FP-102	Exhaust	SU-FP-102	Firewater Pump #2	NA	NA	As needed	100	NO _x CO Total VOC PM10/PM2.5 PM (Filterable) SO ₂ Total HAP CO _{2e}	4.30 3.73 0.15 0.24 0.215 0.50 0.003 273.16	0.215 0.186 0.007 0.012 0.011 0.03 <0.001 13.6	4.30 3.73 0.15 0.24 0.215 0.50 0.003 273.16	0.215 0.186 0.007 0.012 0.011 0.03 <0.001 13.6	Gas Gas Gas Solid Solid Gas Gas Gas	EE EE AP-42 EE EE AP-42 AP-42 EE	NA NA NA NA NA NA NA NA

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EMISSION POINTS DATA SUMMARY SHEET**

Table 1: Emissions Data

Emission Point ID No. (Must match Emission Units Table & Plot Plan)	Emission Point Type ¹	Emission Unit Vented Through This Point (Must match Emission Units Table & Plot Plan)		Air Pollution Control Device (Must match Emission Units Table & Plot Plan)		Vent Time for Emission Unit (chemical processes only)		All Regulated Pollutants - Chemical Name/CAS ³ (Speciate VOCs & HAPS)	Maximum Potential Uncontrolled Emissions ⁴		Maximum Potential Controlled Emissions ⁵		Emission Form or Phase (At exit conditions, Solid, Liquid or Gas/Vapor)	Est. Method Used ⁶	Emission Concentration ⁷ (mg/m ³)
		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
SU-FP-103	Exhaust	SU-FP-103	Firewater Pump #3	NA	NA	As needed	100	NO _x CO Total VOC PM10/PM2.5 PM (Filterable) SO ₂ Total HAP CO _{2e}	4.30 3.73 0.15 0.24 0.215 0.50 0.003 273.16	0.215 0.186 0.007 0.012 0.011 0.03 <0.001 13.6	4.30 3.73 0.15 0.24 0.215 0.50 0.003 273.16	0.215 0.186 0.007 0.012 0.011 0.03 <0.001 13.6	Gas Gas Gas Solid Solid Gas Gas Gas	EE EE AP-42 EE EE AP-42 AP-42 EE	NA NA NA NA NA NA NA NA
SU-CT-101	Exhaust	SU-CT-101	Cooling Tower	NA	High-efficiency drift eliminators	C	8,760	NO _x CO Total VOC PM PM10 PM2.5 SO ₂ Total HAP CO _{2e}	<0.001 <0.001 15.41 1.15 1.06 0.12 <0.001 <0.001 <0.001	<0.001 <0.001 67.48 5.03 4.64 0.12 <0.001 <0.001 <0.001	<0.001 <0.001 15.41 1.15 1.06 0.12 <0.001 <0.001 <0.001	<0.001 <0.001 67.48 5.03 4.64 0.12 <0.001 <0.001 <0.001	Gas Gas Gas Solid Solid Solid Gas Gas Gas	AP-42 AP-42 AP-42 AP-42 AP-42 AP-42 AP-42 AP-42 EE	NA NA NA NA NA NA NA NA NA
PA-CA-101	Exhaust	PA-CA-101	Catalyst Activator	NA	LNB	C	8,760	NO _x CO Total VOC PM10/PM2.5 PM (Filterable) SO ₂ Total HAP CO _{2e}	0.49 0.82 0.05 0.08 0.02 0.006 0.02 1,183	2.15 3.61 0.24 0.33 0.08 0.03 0.09 5,184	0.49 0.82 0.05 0.08 0.02 0.006 0.02 1,183	2.15 3.61 0.24 0.33 0.08 0.03 0.09 5,184	Gas Gas Gas Solid Solid Gas Gas Gas	EE EE AP-42 AP-42 AP-42 AP-42 AP-42 EE	NA NA NA NA NA NA NA NA

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EMISSION POINTS DATA SUMMARY SHEET**

Table 1: Emissions Data

Emission Point ID No. (Must match Emission Units Table & Plot Plan)	Emission Point Type ¹	Emission Unit Vented Through This Point (Must match Emission Units Table & Plot Plan)		Air Pollution Control Device (Must match Emission Units Table & Plot Plan)		Vent Time for Emission Unit (chemical processes only)		All Regulated Pollutants - Chemical Name/CAS ³ (Speciate VOCs & HAPS)	Maximum Potential Uncontrolled Emissions ⁴		Maximum Potential Controlled Emissions ⁵		Emission Form or Phase (At exit conditions, Solid, Liquid or Gas/Vapor)	Est. Method Used ⁶	Emission Concentration ⁷ (mg/m ³)
		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
EG-TK-101	Exhaust	EG-TK-101	Emergency Generator Diesel Tank	NA	N	C	8,760	Total VOCs	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA
EG-TK-102	Exhaust	EG-TK-102	Emergency Generator Diesel Tank	NA	N	C	8,760	Total VOCs	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA

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EMISSION POINTS DATA SUMMARY SHEET**

Table 1: Emissions Data

Emission Point ID No. <i>(Must match Emission Units Table & Plot Plan)</i>	Emission Point Type ¹	Emission Unit Vented Through This Point <i>(Must match Emission Units Table & Plot Plan)</i>		Air Pollution Control Device <i>(Must match Emission Units Table & Plot Plan)</i>		Vent Time for Emission Unit <i>(chemical processes only)</i>		All Regulated Pollutants - Chemical Name/CAS ³ <i>(Speciate VOCs & HAPS)</i>	Maximum Potential Uncontrolled Emissions ⁴		Maximum Potential Controlled Emissions ⁵		Emission Form or Phase <i>(At exit conditions, Solid, Liquid or Gas/Vapor)</i>	Est. Method Used ⁶	Emission Concentration ⁷ (mg/m ³)
		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
EG-TK-103	Exhaust	EG-TK-103	Emergency Generator Diesel Tank	NA	N	C	8,760	Total VOCs	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA
EG-TK-104	Exhaust	EG-TK-104	Emergency Generator Diesel Tank	NA	N	C	8,760	Total VOCs	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA
EG-TK-105	Exhaust	EG-TK-105	Emergency Generator Diesel Tank	NA	N	C	8,760	Total VOCs	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA
EG-TK-106	Exhaust	EG-TK-106	Emergency Generator Diesel Tank	NA	N	C	8,760	Total VOCs	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA
EG-TK-107	Exhaust	EG-TK-107	Emergency Generator Diesel Tank	NA	N	C	8,760	Total VOCs	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA
EG-TK-108	Exhaust	EG-TK-108	Emergency Generator Diesel Tank	NA	N	C	8,760	Total VOCs	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA

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EMISSION POINTS DATA SUMMARY SHEET

Table 1: Emissions Data

Emission Point ID No. (Must match Emission Units Table & Plot Plan)	Emission Point Type ¹	Emission Unit Vented Through This Point (Must match Emission Units Table & Plot Plan)		Air Pollution Control Device (Must match Emission Units Table & Plot Plan)		Vent Time for Emission Unit (chemical processes only)		All Regulated Pollutants - Chemical Name/CAS ³ (Speciate VOCs & HAPS)	Maximum Potential Uncontrolled Emissions ⁴		Maximum Potential Controlled Emissions ⁵		Emission Form or Phase (At exit conditions, Solid, Liquid or Gas/Vapor)	Est. Method Used ⁶	Emission Concentration ⁷ (mg/m ³)
		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr			
EG-TK-109	Exhaust	EG-TK-109	Emergency Generator Diesel Tank	NA	N	C	8,760	Total VOCs	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA
FP-TK-101	Exhaust	FP-TK-101	Firewater Pump Diesel Tank	NA	N	C	8,760	Total VOCs	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA
FP-TK-102	Exhaust	FP-TK-102	Firewater Pump Diesel Tank	NA	N	C	8,760	Total VOCs	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA
FP-TK-103	Exhaust	FP-TK-103	Firewater Pump Diesel Tank	NA	N	C	8,760	Total VOCs	<0.001	<0.001	<0.001	<0.001	Gas	AP-42	NA

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Table 2: Release Parameter Data								
Emission Point ID No. <i>(Must match Emission Units Table)</i>	Inner Diameter (ft.)	Exit Gas			Emission Point Elevation (ft)		UTM Coordinates (km)	
		Temp. (°F)	Volumetric Flow ¹ (acfm) <i>at operating conditions</i>	Velocity (fps)	Ground Level <i>(Height above mean sea level)</i>	Stack Height ² <i>(Release height of emissions above ground level)</i>	Northing	Easting
SU-EG-101	0.70	760	10,900	472	630	20	4,345.7	441.14
SU-EG-102	0.70	760	10,900	472	630	20	4,345.7	441.14
SU-EG-103	0.70	760	10,900	472	630	20	4,345.7	441.14
SU-EG-104	0.70	760	10,900	472	630	20	4,345.7	441.14
SU-EG-105	0.70	760	10,900	472	630	20	4,345.7	441.14
SU-EG-106	0.70	760	10,900	472	630	20	4,345.7	441.14
SU-EG-107	0.70	760	10,900	472	630	20	4,345.7	441.14
SU-EG-108	0.70	760	10,900	472	630	20	4,345.7	441.14
SU-EG-109	0.70	760	10,900	472	630	20	4,345.7	441.14
SU-FP-101	0.25	820	1,050	356	630	30	4,345.7	441.14
SU-FP-102	0.25	820	1,050	356	630	30	4,345.7	441.14
SU-FP-103	0.25	820	1,050	356	630	30	4,345.7	441.14
EC-PF-101	7.3	270	102,040	41	630	213	4,345.7	441.14
EC-PF-102	7.3	270	102,040	41	630	213	4,345.7	441.14
EC-PF-103	7.3	270	102,040	41	630	213	4,345.7	441.14
EC-PF-104	7.3	270	102,040	41	630	213	4,345.7	441.14
EC-PF-105	7.3	270	102,040	41	630	213	4,345.7	441.14

**Attachment J
EMISSION POINTS DATA SUMMARY SHEET**

Table 2: Release Parameter Data

Emission Point ID No. <i>(Must match Emission Units Table)</i>	Inner Diameter (ft.)	Exit Gas			Emission Point Elevation (ft)		UTM Coordinates (km)	
		Temp. (°F)	Volumetric Flow ¹ (acfm) <i>at operating conditions</i>	Velocity (fps)	Ground Level <i>(Height above mean sea level)</i>	Stack Height ² <i>(Release height of emissions above ground level)</i>	Northing	Easting
EC-PF-106	7.3	270	102,040	41	630	213	4,345.7	441.14
SU-GT-101	8.9	372	222,011	60	630	213	4,345.7	441.14
SU-AB-101	8.9	318	133,449	36	630	213	4,345.7	441.14
SU-AB-102	8.9	318	133,449	36	630	213	4,345.7	441.14
EC-TO-101	10.5	662	170,410	33	630	164	4,345.7	441.14
PC-TO-102	10.5	662	170,410	33	630	164	4,345.7	441.14
EC-FL-101	0.41	1,832	NA	NA	630	300	4,345.7	441.14
EC-FL-102	0.26	1,832	NA	NA	630	100	4,345.7	441.14
PB-FL-105	0.26	1,832	NA	NA	630	300	4,345.7	441.14
EC-FL-103	0.26	1,832	NA	NA	630	108	4,345.7	441.14
EC-FL-104	0.26	300	NA	NA	630	300	4,345.7	441.14
SU-EG-101	1.5	900	10,000	94	630	10	4,345.7	441.14
SU-EG-102	1.5	900	10,000	94	630	10	4,345.7	441.14
SU-EG-103	1.5	900	10,000	94	630	10	4,345.7	441.14
SU-EG-104	1.5	900	10,000	94	630	10	4,345.7	441.14
SU-EG-105	1.5	900	10,000	94	630	10	4,345.7	441.14
SU-EG-106	1.5	900	10,000	94	630	10	4,345.7	441.14
SU-EG-107	1.5	900	10,000	94	630	10	4,345.7	441.14
SU-EG-108	1.5	900	10,000	94	630	10	4,345.7	441.14
SU-EG-109	1.5	900	10,000	94	630	10	4,345.7	441.14
SU-FP-101	0.5	900	1,243	106	630	10	4,345.7	441.14

**Attachment J
EMISSION POINTS DATA SUMMARY SHEET**

Table 2: Release Parameter Data

Emission Point ID No. <i>(Must match Emission Units Table)</i>	Inner Diameter (ft.)	Exit Gas			Emission Point Elevation (ft)		UTM Coordinates (km)	
		Temp. (°F)	Volumetric Flow ¹ (acfm) <i>at operating conditions</i>	Velocity (fps)	Ground Level <i>(Height above mean sea level)</i>	Stack Height ² <i>(Release height of emissions above ground level)</i>	Northing	Easting
SU-FP-102	0.5	900	1,243	106	630	10	4,345.7	441.14
SU-FP-103	0.5	900	1,243	106	630	10	4,345.7	441.14
EG-TK-101	NA	Ambient	NA	NA	630	NA	4,345.7	441.14
EG-TK-102	NA	Ambient	NA	NA	630	NA	4,345.7	441.14
EG-TK-103	NA	Ambient	NA	NA	630	NA	4,345.7	441.14
EG-TK-104	NA	Ambient	NA	NA	630	NA	4,345.7	441.14
EG-TK-105	NA	Ambient	NA	NA	630	NA	4,345.7	441.14
EG-TK-106	NA	Ambient	NA	NA	630	NA	4,345.7	441.14
EG-TK-107	NA	Ambient	NA	NA	630	NA	4,345.7	441.14
EG-TK-108	NA	Ambient	NA	NA	630	NA	4,345.7	441.14
EG-TK-109	NA	Ambient	NA	NA	630	NA	4,345.7	441.14
FP-TK-101	NA	Ambient	NA	NA	630	NA	4,345.7	441.14
FP-TK-102	NA	Ambient	NA	NA	630	NA	4,345.7	441.14
FP-TK-103	NA	Ambient	NA	NA	630	NA	4,345.7	441.14
PA-CA-101	8.9	318	133,449	36	630	213	4,345.7	441.14

Attachment K

Attachment K

Fugitive Emissions

Fugitive emissions component counts and emission calculations are included in Appendix D of the application.

Attachment L

Attachment L
Emission Unit Data Sheet
 (INDIRECT HEAT EXCHANGER)

Control Device ID No. (must match List Form): **NA**

Equipment Information: Auxiliary Boiler - SU-AB-101

1. Manufacturer:	2. Model No. NA Serial No. NA
3. Number of units: 1	4. Use – Steam Production
5. Rated Boiler Horsepower: NA hp	6. Boiler Serial No.: NA
7. Date constructed: 2018	8. Date of last modification and explain: NA
9. Maximum design heat input per unit: 206 ×10 ⁶ BTU/hr	10. Peak heat input per unit: 206 ×10 ⁶ BTU/hr
11. Steam produced at maximum design output: NA LB/hr NA psig	12. Projected Operating Schedule: Hours/Day 24 Days/Week 7 Weeks/Year 52
13. Type of firing equipment to be used: <input type="checkbox"/> Pulverized coal <input type="checkbox"/> Spreader stoker <input type="checkbox"/> Oil burners <input checked="" type="checkbox"/> Natural Gas Burner <input type="checkbox"/> Others, specify	14. Proposed type of burners and orientation: <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Front Wall <input type="checkbox"/> Opposed <input type="checkbox"/> Tangential <input type="checkbox"/> Others, specify
15. Type of draft: <input checked="" type="checkbox"/> Forced <input type="checkbox"/> Induced	16. Percent of ash retained in furnace: NA %
17. Will flyash be reinjected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Percent of carbon in flyash: NA %

Stack or Vent Data

19. Inside diameter or dimensions: 7.3 ft.	20. Gas exit temperature: 347 °F
21. Height: 164 ft.	22. Stack serves: <input checked="" type="checkbox"/> This equipment only <input type="checkbox"/> Other equipment also (submit type and rating of all other equipment exhausted through this stack or vent)
23. Gas flow rate: 112,870 ft ³ /min	
24. Estimated percent of moisture: NA %	

Emissions Stream

37. What quantities of pollutants will be emitted from the boiler before controls?

Pollutant	Pounds per Hour lb/hr	grain/ACF	@ °F	PSIA
CO	7.21	NA	NA	NA
Hydrocarbons	NA	NA	NA	NA
NO _x	4.12	NA	NA	NA
Pb	0.0001	NA	NA	NA
PM/PM ₁₀ /PM _{2.5}	0.41	NA	NA	NA
SO ₂	0.12	NA	NA	NA
VOCs	0.27	NA	NA	NA
Total HAPs	0.38	NA	NA	NA
CO _{2e}	24,379	NA	NA	NA

38. What quantities of pollutants will be emitted from the boiler after controls?

Pollutant	Pounds per Hour lb/hr	grain/ACF	@ °F	PSIA
CO	7.21	NA	NA	NA
Hydrocarbons	NA	NA	NA	NA
NO _x	4.12	NA	NA	NA
Pb	0.0001	NA	NA	NA
PM/PM ₁₀ /PM _{2.5}	0.41	NA	NA	NA
SO ₂	0.12	NA	NA	NA
VOCs	0.27	NA	NA	NA
Total HAPs	0.38	NA	NA	NA
CO _{2e}	24,379	NA	NA	NA

39. How will waste material from the process and control equipment be disposed of?

NA

40. Have you completed an *Air Pollution Control Device Sheet(s)* for the control(s) used on this Emission Unit.

41. Have you included the ***air pollution rates*** on the Emissions Points Data Summary Sheet?

42. Proposed Monitoring, Recordkeeping, Reporting, and Testing

Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING PLAN: Please list (1) describe the process parameters and how they were chosen (2) the ranges and how they were established for monitoring to demonstrate compliance with the operation of this process equipment operation or air pollution control device.

See Attachment O

TESTING PLAN: Please describe any proposed emissions testing for this process equipment or air pollution control device.

See Attachment O

RECORDKEEPING: Please describe the proposed recordkeeping that will accompany the monitoring.

See Attachment O

REPORTING: Please describe the proposed frequency of reporting of the recordkeeping.

See Attachment O

43. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty.

NA

Attachment L
Emission Unit Data Sheet
 (INDIRECT HEAT EXCHANGER)

Control Device ID No. (must match List Form): **NA**

Equipment Information: Auxiliary Boiler - SU-AB-102

1. Manufacturer:	2. Model No. NA Serial No. NA
3. Number of units: 1	4. Use – Steam Production
5. Rated Boiler Horsepower: NA hp	6. Boiler Serial No.: NA
7. Date constructed: 2018	8. Date of last modification and explain: NA
9. Maximum design heat input per unit: 206 ×10 ⁶ BTU/hr	10. Peak heat input per unit: 206 ×10 ⁶ BTU/hr
11. Steam produced at maximum design output: NA LB/hr NA psig	12. Projected Operating Schedule: Hours/Day 24 Days/Week 7 Weeks/Year 52
13. Type of firing equipment to be used: <input type="checkbox"/> Pulverized coal <input type="checkbox"/> Spreader stoker <input type="checkbox"/> Oil burners <input checked="" type="checkbox"/> Natural Gas Burner <input type="checkbox"/> Others, specify	14. Proposed type of burners and orientation: <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Front Wall <input type="checkbox"/> Opposed <input type="checkbox"/> Tangential <input type="checkbox"/> Others, specify
15. Type of draft: <input checked="" type="checkbox"/> Forced <input type="checkbox"/> Induced	16. Percent of ash retained in furnace: NA %
17. Will flyash be reinjected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Percent of carbon in flyash: NA %

Stack or Vent Data

19. Inside diameter or dimensions: 7.3 ft.	20. Gas exit temperature: 347 °F
21. Height: 164 ft.	22. Stack serves: <input checked="" type="checkbox"/> This equipment only <input type="checkbox"/> Other equipment also (submit type and rating of all other equipment exhausted through this stack or vent)
23. Gas flow rate: 112,870 ft ³ /min	
24. Estimated percent of moisture: NA %	

Emissions Stream

37. What quantities of pollutants will be emitted from the boiler before controls?

Pollutant	Pounds per Hour lb/hr	grain/ACF	@ °F	PSIA
CO	7.21	NA	NA	NA
Hydrocarbons	NA	NA	NA	NA
NO _x	4.12	NA	NA	NA
Pb	0.0001	NA	NA	NA
PM/PM ₁₀ /PM _{2.5}	0.41	NA	NA	NA
SO ₂	0.12	NA	NA	NA
VOCs	0.27	NA	NA	NA
Total HAPs	0.38	NA	NA	NA
CO _{2e}	24,379	NA	NA	NA

38. What quantities of pollutants will be emitted from the boiler after controls?

Pollutant	Pounds per Hour lb/hr	grain/ACF	@ °F	PSIA
CO	7.21	NA	NA	NA
Hydrocarbons	NA	NA	NA	NA
NO _x	4.12	NA	NA	NA
Pb	0.0001	NA	NA	NA
PM/PM ₁₀ /PM _{2.5}	0.41	NA	NA	NA
SO ₂	0.12	NA	NA	NA
VOCs	0.27	NA	NA	NA
Total HAPs	0.38	NA	NA	NA
CO _{2e}	24,379	NA	NA	NA

39. How will waste material from the process and control equipment be disposed of?

NA

40. Have you completed an *Air Pollution Control Device Sheet(s)* for the control(s) used on this Emission Unit.

41. Have you included the ***air pollution rates*** on the Emissions Points Data Summary Sheet?

42. Proposed Monitoring, Recordkeeping, Reporting, and Testing

Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING PLAN: Please list (1) describe the process parameters and how they were chosen (2) the ranges and how they were established for monitoring to demonstrate compliance with the operation of this process equipment operation or air pollution control device.

See Attachment O

TESTING PLAN: Please describe any proposed emissions testing for this process equipment or air pollution control device.

See Attachment O

RECORDKEEPING: Please describe the proposed recordkeeping that will accompany the monitoring.

See Attachment O

REPORTING: Please describe the proposed frequency of reporting of the recordkeeping.

See Attachment O

43. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty.

NA

Attachment L
Emission Unit Data Sheet
(INDIRECT HEAT EXCHANGER)

Control Device ID No. (must match List Form):

Equipment Information: Gas Turbine SU-GT-101

1. Manufacturer: GE or equivalent	2. Model No. 7EA Serial No. NA
3. Number of units: 1	4. Use – Electric Generation
5. Rated Boiler Horsepower: NA hp	6. Boiler Serial No.: NA
7. Date constructed: 2017	8. Date of last modification and explain: NA
9. Maximum design heat input per unit: 942.6 ×10 ⁶ BTU/hr	10. Peak heat input per unit: 942.6 ×10 ⁶ BTU/hr
11. Steam produced at maximum design output: NA LB/hr NA psig	12. Projected Operating Schedule: Hours/Day 24 Days/Week 7 Weeks/Year 52
13. Type of firing equipment to be used: <input type="checkbox"/> Pulverized coal <input type="checkbox"/> Spreader stoker <input type="checkbox"/> Oil burners <input checked="" type="checkbox"/> Natural Gas Burner <input type="checkbox"/> Others, specify	14. Proposed type of burners and orientation: <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Front Wall <input type="checkbox"/> Opposed <input type="checkbox"/> Tangential <input type="checkbox"/> Others, specify
15. Type of draft: <input checked="" type="checkbox"/> Forced <input type="checkbox"/> Induced	16. Percent of ash retained in furnace: NA %
17. Will flyash be reinjected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Percent of carbon in flyash: NA %

Stack or Vent Data

19. Inside diameter or dimensions: 8.86 ft.	20. Gas exit temperature: 372.20 °F
21. Height: 164 ft.	22. Stack serves: <input checked="" type="checkbox"/> This equipment only <input type="checkbox"/> Other equipment also (submit type and rating of all other equipment exhausted through this stack or vent)
23. Gas flow rate: 222,011 ft ³ /min	
24. Estimated percent of moisture: NA %	

Emissions Stream

37. What quantities of pollutants will be emitted from the turbine before controls?

Pollutant	Pounds per Hour lb/hr	grain/ACF	@ °F	PSIA
CO	58.55	NA	NA	NA
Hydrocarbons	NA	NA	NA	NA
NO _x	36.15	NA	NA	NA
Pb	NA	NA	NA	NA
PM/PM ₁₀ /PM _{2.5}	4.71	NA	NA	NA
SO ₂	3.20	NA	NA	NA
VOCs	10.04	NA	NA	NA
Total HAPs	0.97	NA	NA	NA
CO _{2e}	131,649	NA	NA	NA

Emissions represent hourly steady state emission rates only.

38. What quantities of pollutants will be emitted from the turbine after controls?

Pollutant	Pounds per Hour lb/hr	grain/ACF	@ °F	PSIA
CO	11.71	NA	NA	NA
Hydrocarbons	NA	NA	NA	NA
NO _x	7.23	NA	NA	NA
Pb	NA	NA	NA	NA
PM/PM ₁₀ /PM _{2.5}	4.71	NA	NA	NA
SO ₂	3.20	NA	NA	NA
VOCs	10.04	NA	NA	NA
Total HAPs	0.97	NA	NA	NA
CO _{2e}	131,69	NA	NA	NA

Emissions represent hourly steady state emission rates only.

39. How will waste material from the process and control equipment be disposed of?

NA

40. Have you completed an *Air Pollution Control Device Sheet(s)* for the control(s) used on this Emission Unit.

41. Have you included the ***air pollution rates*** on the Emissions Points Data Summary Sheet?

42. Proposed Monitoring, Recordkeeping, Reporting, and Testing

Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING PLAN: Please list (1) describe the process parameters and how they were chosen (2) the ranges and how they were established for monitoring to demonstrate compliance with the operation of this process equipment operation or air pollution control device.

See Attachment O

TESTING PLAN: Please describe any proposed emissions testing for this process equipment or air pollution control device.

See Attachment O

RECORDKEEPING: Please describe the proposed recordkeeping that will accompany the monitoring.

See Attachment O

REPORTING: Please describe the proposed frequency of reporting of the recordkeeping.

See Attachment O

43. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty.

NA

Attachment L
Emission Unit Data Sheet
 (INDIRECT HEAT EXCHANGER)

Control Device ID No. (must match List Form):

Equipment Information: Heat Recovery Steam Generation SU-GT-102

1. Manufacturer: GE or equivalent	2. Model No. NA Serial No. NA
3. Number of units: 1	4. Use – Steam Generation
5. Rated Boiler Horsepower: NA hp	6. Boiler Serial No.: NA
7. Date constructed: 2017	8. Date of last modification and explain: NA
9. Maximum design heat input per unit: 346 ×10 ⁶ BTU/hr	10. Peak heat input per unit: 346 ×10 ⁶ BTU/hr
11. Steam produced at maximum design output: NA LB/hr NA psig	12. Projected Operating Schedule: Hours/Day 24 Days/Week 7 Weeks/Year 52
13. Type of firing equipment to be used: <input type="checkbox"/> Pulverized coal <input type="checkbox"/> Spreader stoker <input type="checkbox"/> Oil burners <input checked="" type="checkbox"/> Natural Gas Burner <input type="checkbox"/> Others, specify	14. Proposed type of burners and orientation: <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Front Wall <input type="checkbox"/> Opposed <input type="checkbox"/> Tangential <input type="checkbox"/> Others, specify
15. Type of draft: <input checked="" type="checkbox"/> Forced <input type="checkbox"/> Induced	16. Percent of ash retained in furnace: NA %
17. Will flyash be reinjected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Percent of carbon in flyash: NA %

Stack or Vent Data

19. Inside diameter or dimensions: 8.86 ft.	20. Gas exit temperature: 372.20 °F
21. Height: 164 ft.	22. Stack serves: <input checked="" type="checkbox"/> This equipment only <input type="checkbox"/> Other equipment also (submit type and rating of all other equipment exhausted through this stack or vent)
23. Gas flow rate: 222,011 ft ³ /min	
24. Estimated percent of moisture: NA %	

Emissions Stream

37. What quantities of pollutants will be emitted from the turbine before controls?

Pollutant	Pounds per Hour lb/hr	grain/ACF	@ °F	PSIA
CO	32.07	NA	NA	NA
Hydrocarbons	NA	NA	NA	NA
NO _x	32.07	NA	NA	NA
Pb	0.0002	NA	NA	NA
PM	0.64	NA	NA	NA
PM ₁₀ /PM _{2.5}	2.58	NA	NA	NA
SO ₂	0.20	NA	NA	NA
VOCs	1.87	NA	NA	NA
Total HAPs	0.64	NA	NA	NA
CO _{2e}	76,724	NA	NA	NA

Emissions represent hourly steady state emission rates only.

38. What quantities of pollutants will be emitted from the turbine after controls?

Pollutant	Pounds per Hour lb/hr	grain/ACF	@ °F	PSIA
CO	6.41	NA	NA	NA
Hydrocarbons	NA	NA	NA	NA
NO _x	6.41	NA	NA	NA
Pb	0.0002	NA	NA	NA
PM	0.64	NA	NA	NA
PM ₁₀ /PM _{2.5}	2.58	NA	NA	NA
SO ₂	0.20	NA	NA	NA
VOCs	1.87	NA	NA	NA
Total HAPs	0.64	NA	NA	NA
CO _{2e}	76,724	NA	NA	NA

Emissions represent hourly steady state emission rates only.

39. How will waste material from the process and control equipment be disposed of?

NA

40. Have you completed an *Air Pollution Control Device Sheet(s)* for the control(s) used on this Emission Unit.

41. Have you included the **air pollution rates** on the Emissions Points Data Summary Sheet?

42. Proposed Monitoring, Recordkeeping, Reporting, and Testing

Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING PLAN: Please list (1) describe the process parameters and how they were chosen (2) the ranges and how they were established for monitoring to demonstrate compliance with the operation of this process equipment operation or air pollution control device.

See Attachment O

TESTING PLAN: Please describe any proposed emissions testing for this process equipment or air pollution control device.

See Attachment O

RECORDKEEPING: Please describe the proposed recordkeeping that will accompany the monitoring.

See Attachment O

REPORTING: Please describe the proposed frequency of reporting of the recordkeeping.

See Attachment O

43. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty.

NA

Attachment L

EMISSIONS UNIT DATA SHEET

BULK LIQUID TRANSFER OPERATIONS

Furnish the following information for each new or modified bulk liquid transfer area or loading rack, as shown on the *Equipment List Form* and other parts of this application. This form is to be used for bulk liquid transfer operations such as to and from drums, marine vessels, rail tank cars, and tank trucks.

Identification Number (as assigned on <i>Equipment List Form</i>): EC-LR-102				
1. Loading Area Name: Liquid Loading Area				
2. Type of cargo vessels accommodated at this rack or transfer point (check as many as apply): <input type="checkbox"/> Drums <input type="checkbox"/> Marine Vessels <input checked="" type="checkbox"/> Rail Tank Car <input checked="" type="checkbox"/> Tank Trucks				
3. Loading Rack or Transfer Point Data:				
Number of pumps	4			
Number of liquids loaded	4			
Maximum number of marine vessels, tank trucks, tank cars, and/or drums loading at one time	1			
4. Does ballasting of marine vessels occur at this loading area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does not apply				
5. Describe cleaning location, compounds and procedure for cargo vessels using this transfer point: NA				
6. Are cargo vessels pressure tested for leaks at this or any other location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, describe:				
7. Projected Maximum Operating Schedule (for rack or transfer point as a whole):				
Maximum	Jan. - Mar.	Apr. - June	July - Sept.	Oct. - Dec.
hours/day	As Needed			
days/week	As Needed			
weeks/quarter	As Needed			

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8. Bulk Liquid Data (add pages as necessary):					
Pump ID No.		NA	NA	NA	NA
Liquid Name		Propylene	Inert Hydrocarbon	Mix C4s	Comonomer
Max. daily throughput (1000 gal/day)		Conf.	Conf.	Conf.	Conf.
Max. annual throughput (1000 gal/yr)		Conf.	Conf.	Conf.	Conf.
Loading Method ¹		SUB	SUB	SUB	SUB
Max. Fill Rate (gal/min)		100	100	100	100
Average Fill Time (min/loading)		50	50	50	50
Max. Bulk Liquid Temperature (°F)		70°F	70°F	70°F	70°F
True Vapor Pressure ²		NA	NA	NA	NA
Cargo Vessel Condition ³		U	U	U	U
Control Equipment or Method ⁴		FL	FL	FL	FL
Minimum control efficiency (%)		98	98	98	98
Maximum Emission Rate	Loading (lb/hr)	1.21	0.34	0.32	0.05
	Annual (lb/yr)	10,637	2,938	2,796	441
Estimation Method ⁵		TM	TM	TM	TM
¹ BF = Bottom Fill SP = Splash Fill SUB = Submerged Fill					
² At maximum bulk liquid temperature					
³ B = Ballasted Vessel, C = Cleaned, U = Uncleaned (dedicated service), O = other (describe)					
⁴ List as many as apply (complete and submit appropriate <i>Air Pollution Control Device Sheets</i>): CA = Carbon Adsorption LOA = Lean Oil Adsorption CO = Condensation SC = Scrubber (Absorption) CRA = Compressor-Refrigeration-Absorption TO = Thermal Oxidation or Incineration CRC = Compression-Refrigeration-Condensation VB = Dedicated Vapor Balance (closed system) O = other (describe)					
⁵ EPA = EPA Emission Factor as stated in AP-42 MB = Material Balance TM = Test Measurement based upon test data submittal O = other (describe)					

<p>9. Proposed Monitoring, Recordkeeping, Reporting, and Testing Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.</p>	
<p>MONITORING See Attachment O</p>	<p>RECORDKEEPING See Attachment O</p>
<p>REPORTING See Attachment O</p>	<p>TESTING See Attachment O</p>
<p>MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.</p>	
<p>RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.</p>	
<p>REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.</p>	
<p>TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.</p>	
<p>10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty NA</p>	

Attachment L EMISSIONS UNIT DATA SHEET BULK LIQUID TRANSFER OPERATIONS

Furnish the following information for each new or modified bulk liquid transfer area or loading rack, as shown on the *Equipment List Form* and other parts of this application. This form is to be used for bulk liquid transfer operations such as to and from drums, marine vessels, rail tank cars, and tank trucks.

Identification Number (as assigned on <i>Equipment List Form</i>): EC-LR-103				
1. Loading Area Name: Liquid Loading Area				
2. Type of cargo vessels accommodated at this rack or transfer point (check as many as apply): <input type="checkbox"/> Drums <input type="checkbox"/> Marine Vessels <input checked="" type="checkbox"/> Rail Tank Car <input checked="" type="checkbox"/> Tank Trucks				
3. Loading Rack or Transfer Point Data:				
Number of pumps	5			
Number of liquids loaded	5			
Maximum number of marine vessels, tank trucks, tank cars, and/or drums loading at one time	1			
4. Does ballasting of marine vessels occur at this loading area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does not apply				
5. Describe cleaning location, compounds and procedure for cargo vessels using this transfer point: NA				
6. Are cargo vessels pressure tested for leaks at this or any other location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, describe:				
7. Projected Maximum Operating Schedule (for rack or transfer point as a whole):				
Maximum	Jan. - Mar.	Apr. - June	July - Sept.	Oct. - Dec.
hours/day	As Needed			
days/week	As Needed			
weeks/quarter	As Needed			

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Bulk Liquid Data (add pages as necessary):						
Pump ID No.		NA	NA	NA	NA	NA
Liquid Name		Pygas	Hexene	Inert Hydrocarbon	Spent Caustic	Wash Oil
Max. daily throughput (1000 gal/day)		Conf.	Conf.	Conf.	Conf.	Conf.
Max. annual throughput (1000 gal/yr)		Conf.	Conf.	Conf.	Conf.	Conf.
Loading Method ¹		SUB	SUB	SUB	SUB	SUB
Max. Fill Rate (gal/min)						
Average Fill Time (min/loading)						
Max. Bulk Liquid Temperature (°F)		70 °F	70 °F	70 °F	70 °F	70 °F
True Vapor Pressure ²		NA	NA	NA	NA	NA
Cargo Vessel Condition ³		U	U	U	U	U
Control Equipment or Method ⁴		FL	FL	FL	FL	FL
Minimum control efficiency (%)		98	98	98	98	98
Maximum Emission Rate	Loading (lb/hr)	0.19	0.19	0.006	0.19	0.009
	Annual (lb/yr)	1,633	1,651	56.0	1,695	75.0
Estimation Method ⁵		TM	TM	TM	TM	TM
¹ BF = Bottom Fill SP = Splash Fill SUB = Submerged Fill						
² At maximum bulk liquid temperature						
³ B = Ballasted Vessel, C = Cleaned, U = Uncleaned (dedicated service), O = other (describe)						
⁴ List as many as apply (complete and submit appropriate <i>Air Pollution Control Device Sheets</i>): CA = Carbon Adsorption LOA = Lean Oil Adsorption CO = Condensation SC = Scrubber (Absorption) CRA = Compressor-Refrigeration-Absorption TO = Thermal Oxidation or Incineration CRC = Compression-Refrigeration-Condensation VB = Dedicated Vapor Balance (closed system) O = other (describe)						
⁵ EPA = EPA Emission Factor as stated in AP-42 MB = Material Balance TM = Test Measurement based upon test data submittal O = other (describe)						

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing

Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING

See Attachment O

RECORDKEEPING

See Attachment O

REPORTING

See Attachment O

TESTING

See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-PF-101**

<p>1. Name or type and model of proposed affected source:</p> <p>Pyrolysis Furnace – Conf.</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>Fresh Ethane- Conf.</p> <p>Dilution Steam – Conf.</p> <p>Recycled Hydrocarbons – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>To EC-PE-201: Cracked Gas – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

Redacted Claim of Confidentiality ASCENT - 5/1/14

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
Natural Gas – 389 Mscf/hr; 3,408 MMscf/yr			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input:		396.8	× 10 ⁶ BTU/hr.
7. Projected operating schedule:			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Claimed Confidential ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	23.81	lb/hr	NA	grains/ACF
b. SO ₂	0.46	lb/hr	NA	grains/ACF
c. CO	4.88	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	3.57	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	1.19	lb/hr	NA	grains/ACF
g. Pb	<0.001	lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}	26,008	lb/hr	NA	grains/ACF
Total HAPs	1.44	lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-PF-102**

1. Name or type and model of proposed affected source:

Pyrolysis Furnace – Conf.

2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.

3. Name(s) and maximum amount of proposed process material(s) charged per hour:

Fresh Ethane- Conf.

Dilution Steam – Conf.

Recycled Hydrocarbons – Conf.

4. Name(s) and maximum amount of proposed material(s) produced per hour:

To EC-PE-201:

Cracked Gas – Conf.

5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:

NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

Redacted Claim of Confidentiality ASCENT - 5/1/14

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
Natural Gas – 389 Mscf/hr; 3,408 MMscf/yr			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input:		396.8	× 10 ⁶ BTU/hr.
7. Projected operating schedule:			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Claimed Confidential ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x		23.81 lb/hr	NA	grains/ACF
b. SO ₂		0.46 lb/hr	NA	grains/ACF
c. CO		4.88 lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}		3.57 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		1.19 lb/hr	NA	grains/ACF
g. Pb		<0.001 lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}		26,008 lb/hr	NA	grains/ACF
Total HAPs		1.44 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-PF-103**

1. Name or type and model of proposed affected source:

Pyrolysis Furnace – Conf.

2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.

3. Name(s) and maximum amount of proposed process material(s) charged per hour:

Fresh Ethane- Conf.

Dilution Steam – Conf.

Recycled Hydrocarbons – Conf.

4. Name(s) and maximum amount of proposed material(s) produced per hour:

To EC-PE-201:

Cracked Gas – Conf.

5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:

NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

Redacted Claim of Confidentiality ASCENT - 5/1/14

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
Natural Gas – 389 Mscf/hr; 3,408 MMscf/yr			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input:		396.8	× 10 ⁶ BTU/hr.
7. Projected operating schedule:			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Claimed Confidential ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	23.81	lb/hr	NA	grains/ACF
b. SO ₂	0.46	lb/hr	NA	grains/ACF
c. CO	4.88	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	3.57	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	1.19	lb/hr	NA	grains/ACF
g. Pb	<0.001	lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}	26,008	lb/hr	NA	grains/ACF
Total HAPs	1.44	lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-PF-104**

1. Name or type and model of proposed affected source:

Pyrolysis Furnace – Conf.

2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.

3. Name(s) and maximum amount of proposed process material(s) charged per hour:

Fresh Ethane- Conf.

Dilution Steam – Conf.

Recycled Hydrocarbons – Conf.

4. Name(s) and maximum amount of proposed material(s) produced per hour:

To EC-PE-201:

Cracked Gas – Conf.

5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:

NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

Redacted Claim of Confidentiality ASCENT - 5/1/14

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
Natural Gas – 389 Mscf/hr; 3,408 MMscf/yr			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input:		396.8	× 10 ⁶ BTU/hr.
7. Projected operating schedule:			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Claimed Confidential ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x		23.81 lb/hr	NA	grains/ACF
b. SO ₂		0.46 lb/hr	NA	grains/ACF
c. CO		4.88 lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}		3.57 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		1.19 lb/hr	NA	grains/ACF
g. Pb		<0.001 lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}		26,008 lb/hr	NA	grains/ACF
Total HAPs		1.44 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-PF-105**

1. Name or type and model of proposed affected source:

Pyrolysis Furnace – Conf.

2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.

3. Name(s) and maximum amount of proposed process material(s) charged per hour:

Fresh Ethane- Conf.

Dilution Steam – Conf.

Recycled Hydrocarbons – Conf.

4. Name(s) and maximum amount of proposed material(s) produced per hour:

**To EC-PE-201:
Cracked Gas – Conf.**

5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:

NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

Redacted Claim of Confidentiality ASCENT - 5/1/14

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
Natural Gas – 389 Mscf/hr; 3,408 MMscf/yr			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input:		396.8	× 10 ⁶ BTU/hr.
7. Projected operating schedule:			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Claimed Confidential ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x		23.81 lb/hr	NA	grains/ACF
b. SO ₂		0.46 lb/hr	NA	grains/ACF
c. CO		4.88 lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}		3.57 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		1.19 lb/hr	NA	grains/ACF
g. Pb		<0.001 lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}		26,008 lb/hr	NA	grains/ACF
Total HAPs		1.44 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-PF-106**

1. Name or type and model of proposed affected source:

**Pyrolysis Furnace – 119.06 MMBtu/hr
Decoking Operations**

2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.

3. Name(s) and maximum amount of proposed process material(s) charged per hour:

Fresh Ethane- Conf.

Dilution Steam – Conf.

Recycled Hydrocarbons – Conf.

4. Name(s) and maximum amount of proposed material(s) produced per hour:

**To EC-PE-201:
Cracked Gas – Conf.**

5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:

NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

Redacted Claim of Confidentiality ASCENT - 5/1/14

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
Natural Gas – 389 Mscf/hr; 3,408 MMscf/yr			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input:		396.8	× 10 ⁶ BTU/hr.
7. Projected operating schedule:			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	7.14	lb/hr	NA	grains/ACF
b. SO ₂	0.14	lb/hr	NA	grains/ACF
c. CO	1.46	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	3.54	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	0.36	lb/hr	NA	grains/ACF
g. Pb	<0.001	lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}	8,405	lb/hr	NA	grains/ACF
Total HAPs	0.43	lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-DB-101**

1. Name or type and model of proposed affected source:

Debutanizer

2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.

3. Name(s) and maximum amount of proposed process material(s) charged per hour:

From EC-DP-101: Conf.

4. Name(s) and maximum amount of proposed material(s) produced per hour:

**To 10-TK-1002A: Conf.
To 10-TK-1002B: Conf.
To 10-TK-1041: Conf.**

5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:

NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-DC-101**

1. Name or type and model of proposed affected source: Dryers and Chilling Train
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: From EC-HP-101: Conf.
4. Name(s) and maximum amount of proposed material(s) produced per hour: To EC-DC-102: Conf. To EC-DM-101: Conf. Evaporated Water: Conf.
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-DC-102**

<p>1. Name or type and model of proposed affected source:</p> <p>Pressure Swing Adsorption</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>From EC-DC-101: Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>H₂: Conf. Tail Gas to Fuel Gas System: Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-DE-101**

1. Name or type and model of proposed affected source: Deethanizer
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: From EC-DM-101: Conf.
4. Name(s) and maximum amount of proposed material(s) produced per hour: To EC-DP-101: Conf. TO EC-DE-201: Conf.
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-DE-201**

1. Name or type and model of proposed affected source: Acetylene Reactor
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: From EC-DE-101: Conf.
4. Name(s) and maximum amount of proposed material(s) produced per hour: TO EC-DE-301: Conf.
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-DE-301**

1. Name or type and model of proposed affected source: C2 Splitter
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: From EC-DE-201: Conf.
4. Name(s) and maximum amount of proposed material(s) produced per hour: TO 10-TK-1001: Conf. Ethane Recycle to Furnaces: Conf.
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-DM-101**

1. Name or type and model of proposed affected source: Demethanizer
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: From EC-DC-101- Conf.
4. Name(s) and maximum amount of proposed material(s) produced per hour: Methane to Fuel Gas System: Conf. To EC-DE-101: Conf.
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-DP-101**

1. Name or type and model of proposed affected source: Depropanizer
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: From EC-DE-101: Conf.
4. Name(s) and maximum amount of proposed material(s) produced per hour: To EC-DB-101: Conf. TO EC-DP-201: Conf.
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-DP-201**

1. Name or type and model of proposed affected source: C3 Splitter
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: From EC-DP-101: Conf.
4. Name(s) and maximum amount of proposed material(s) produced per hour: To Ethylene Storage: Conf. Propane Recycle to Furnaces: Conf.
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-HP-101**

<p>1. Name or type and model of proposed affected source:</p> <p>Cracked Gas Compression 5th Stage</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>From EC-LP-201: Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>To EC-DC-101: Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-LP-101**

<p>1. Name or type and model of proposed affected source:</p> <p>Cracked Gas Compression</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>From EC-QW-101: Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>To EC-LP-201: Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-LP-201**

1. Name or type and model of proposed affected source: Acid Gas Removal
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: From EC-LP-101: Conf.
4. Name(s) and maximum amount of proposed material(s) produced per hour: To EC-HP-101: Conf.
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	330	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-QW-101**

<p>1. Name or type and model of proposed affected source:</p> <p>Quench Water Tower</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>From EC-PF-101: Cracked Gas – Conf. From EC-PF-102: Cracked Gas – Conf. From EC-PF-103: Cracked Gas – Conf. From EC-PF-104: Cracked Gas – Conf. From EC-PF-105: Cracked Gas – Conf. From EC-PF-106: Cracked Gas – Conf. Quench Water: Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>To EC-QW-201: Conf. To EC-LP-101: Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	1,141	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **EC-QW-201**

1. Name or type and model of proposed affected source: Oil/Water Separator
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: From EC-QW-101: Conf.
4. Name(s) and maximum amount of proposed material(s) produced per hour: To EC-TO-101: Conf. Boiler Feed Water: Conf.
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input:		NA	× 10 ⁶ BTU/hr.
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

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8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	1,141	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
CO _{2e}	NA	lb/hr	NA	grains/ACF
Total HAPs	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF
	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **SU-EG-101**

1. Name or type and model of proposed affected source:

Emergency Generator – 2,800 kW

2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.

3. Name(s) and maximum amount of proposed process material(s) charged per hour:

NA

4. Name(s) and maximum amount of proposed material(s) produced per hour:

NA

5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:

NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):					
(a) Type and amount in appropriate units of fuel(s) to be burned:					
Diesel Fuel – As Required					
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:					
NA					
(c) Theoretical combustion air requirement (ACF/unit of fuel):					
NA	@	NA	°F and	NA	psia.
(d) Percent excess air: NA					
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:					
NA					
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:					
NA					
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.					
7. Projected operating schedule:					
100 hrs/yr non-emergency use (maintenance and testing)					
Hours/Day	NA	Days/Week	NA	Weeks/Year	NA

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	NA	°F and	Ambient	psia
a. NO _x		39.7 lb/hr	NA	grains/ACF
b. SO ₂		2.90 lb/hr	NA	grains/ACF
c. CO		21.52 lb/hr	NA	grains/ACF
d. PM		1.24 lb/hr	NA	grains/ACF
PM ₁₀ /PM _{2.5}		1.40 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		0.86 lb/hr	NA	grains/ACF
g. Pb		NA lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}		1,579 lb/hr	NA	grains/ACF
Total HAPs		0.02 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **SU-EG-102**

1. Name or type and model of proposed affected source: Emergency Generator – 2,800 kW
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: NA
4. Name(s) and maximum amount of proposed material(s) produced per hour: NA
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):					
(a) Type and amount in appropriate units of fuel(s) to be burned:					
Diesel Fuel – As Required					
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:					
NA					
(c) Theoretical combustion air requirement (ACF/unit of fuel):					
NA	@	NA	°F and	NA	psia.
(d) Percent excess air: NA					
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:					
NA					
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:					
NA					
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.					
7. Projected operating schedule:					
100 hrs/yr non-emergency use (maintenance and testing)					
Hours/Day	NA	Days/Week	NA	Weeks/Year	NA

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	NA	°F and	Ambient	psia
a. NO _x		39.7 lb/hr	NA	grains/ACF
b. SO ₂		2.90 lb/hr	NA	grains/ACF
c. CO		21.52 lb/hr	NA	grains/ACF
d. PM		1.24 lb/hr	NA	grains/ACF
PM ₁₀ /PM _{2.5}		1.40 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		0.86 lb/hr	NA	grains/ACF
g. Pb		NA lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}		1,579 lb/hr	NA	grains/ACF
Total HAPs		0.02 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.
(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **SU-EG-103**

<p>1. Name or type and model of proposed affected source:</p> <p style="text-align: center;">Emergency Generator – 2,800 kW</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p style="text-align: center;">NA</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p style="text-align: center;">NA</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p style="text-align: center;">NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):					
(a) Type and amount in appropriate units of fuel(s) to be burned:					
Diesel Fuel – As Required					
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:					
NA					
(c) Theoretical combustion air requirement (ACF/unit of fuel):					
NA	@	NA	°F and	NA	psia.
(d) Percent excess air: NA					
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:					
NA					
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:					
NA					
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.					
7. Projected operating schedule:					
100 hrs/yr non-emergency use (maintenance and testing)					
Hours/Day	NA	Days/Week	NA	Weeks/Year	NA

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	NA	°F and	Ambient	psia
a. NO _x		39.7 lb/hr	NA	grains/ACF
b. SO ₂		2.90 lb/hr	NA	grains/ACF
c. CO		21.52 lb/hr	NA	grains/ACF
d. PM		1.24 lb/hr	NA	grains/ACF
PM ₁₀ /PM _{2.5}		1.40 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		0.86 lb/hr	NA	grains/ACF
g. Pb		NA lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}		1,579 lb/hr	NA	grains/ACF
Total HAPs		0.02 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **SU-EG-104**

<p>1. Name or type and model of proposed affected source:</p> <p style="text-align: center;">Emergency Generator – 2,800 kW</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p style="text-align: center;">NA</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p style="text-align: center;">NA</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p style="text-align: center;">NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):					
(a) Type and amount in appropriate units of fuel(s) to be burned:					
Diesel Fuel – As Required					
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:					
NA					
(c) Theoretical combustion air requirement (ACF/unit of fuel):					
NA	@	NA	°F and	NA	psia.
(d) Percent excess air: NA					
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:					
NA					
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:					
NA					
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.					
7. Projected operating schedule:					
100 hrs/yr non-emergency use (maintenance and testing)					
Hours/Day	NA	Days/Week	NA	Weeks/Year	NA

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:

@	NA	°F and	Ambient	psia
a. NO _x		39.7 lb/hr	NA	grains/ACF
b. SO ₂		2.90 lb/hr	NA	grains/ACF
c. CO		21.52 lb/hr	NA	grains/ACF
d. PM		1.24 lb/hr	NA	grains/ACF
PM ₁₀ /PM _{2.5}		1.40 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		0.86 lb/hr	NA	grains/ACF
g. Pb		NA lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}		1,579 lb/hr	NA	grains/ACF
Total HAPs		0.02 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **SU-EG-105**

<p>1. Name or type and model of proposed affected source:</p> <p style="text-align: center;">Emergency Generator – 2,800 kW</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p style="text-align: center;">NA</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p style="text-align: center;">NA</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p style="text-align: center;">NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):					
(a) Type and amount in appropriate units of fuel(s) to be burned:					
Diesel Fuel – As Required					
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:					
NA					
(c) Theoretical combustion air requirement (ACF/unit of fuel):					
NA	@	NA	°F and	NA	psia.
(d) Percent excess air: NA					
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:					
NA					
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:					
NA					
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.					
7. Projected operating schedule:					
100 hrs/yr non-emergency use (maintenance and testing)					
Hours/Day	NA	Days/Week	NA	Weeks/Year	NA

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	NA	°F and	Ambient	psia
a. NO _x		39.7 lb/hr	NA	grains/ACF
b. SO ₂		2.90 lb/hr	NA	grains/ACF
c. CO		21.52 lb/hr	NA	grains/ACF
d. PM		1.24 lb/hr	NA	grains/ACF
PM ₁₀ /PM _{2.5}		1.40 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		0.86 lb/hr	NA	grains/ACF
g. Pb		NA lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}		1,579 lb/hr	NA	grains/ACF
Total HAPs		0.02 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **SU-EG-106**

1. Name or type and model of proposed affected source: Emergency Generator – 2,800 kW
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: NA
4. Name(s) and maximum amount of proposed material(s) produced per hour: NA
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):					
(a) Type and amount in appropriate units of fuel(s) to be burned:					
Diesel Fuel – As Required					
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:					
NA					
(c) Theoretical combustion air requirement (ACF/unit of fuel):					
NA	@	NA	°F and	NA	psia.
(d) Percent excess air: NA					
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:					
NA					
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:					
NA					
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.					
7. Projected operating schedule:					
100 hrs/yr non-emergency use (maintenance and testing)					
Hours/Day	NA	Days/Week	NA	Weeks/Year	NA

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	NA	°F and	Ambient	psia
a. NO _x		39.7 lb/hr	NA	grains/ACF
b. SO ₂		2.90 lb/hr	NA	grains/ACF
c. CO		21.52 lb/hr	NA	grains/ACF
d. PM		1.24 lb/hr	NA	grains/ACF
PM ₁₀ /PM _{2.5}		1.40 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		0.86 lb/hr	NA	grains/ACF
g. Pb		NA lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}		1,579 lb/hr	NA	grains/ACF
Total HAPs		0.02 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.
(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **SU-EG-107**

<p>1. Name or type and model of proposed affected source:</p> <p style="text-align: center;">Emergency Generator – 2,800 kW</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p style="text-align: center;">NA</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p style="text-align: center;">NA</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p style="text-align: center;">NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):					
(a) Type and amount in appropriate units of fuel(s) to be burned:					
Diesel Fuel – As Required					
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:					
NA					
(c) Theoretical combustion air requirement (ACF/unit of fuel):					
NA	@	NA	°F and	NA	psia.
(d) Percent excess air: NA					
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:					
NA					
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:					
NA					
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.					
7. Projected operating schedule:					
100 hrs/yr non-emergency use (maintenance and testing)					
Hours/Day	NA	Days/Week	NA	Weeks/Year	NA

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	NA	°F and	Ambient	psia
a. NO _x		39.7 lb/hr	NA	grains/ACF
b. SO ₂		2.90 lb/hr	NA	grains/ACF
c. CO		21.52 lb/hr	NA	grains/ACF
d. PM		1.24 lb/hr	NA	grains/ACF
PM ₁₀ /PM _{2.5}		1.40 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		0.86 lb/hr	NA	grains/ACF
g. Pb		NA lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}		1,579 lb/hr	NA	grains/ACF
Total HAPs		0.02 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.
(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **SU-EG-108**

<p>1. Name or type and model of proposed affected source:</p> <p style="text-align: center;">Emergency Generator – 350 kW</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p style="text-align: center;">NA</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p style="text-align: center;">NA</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p style="text-align: center;">NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):					
(a) Type and amount in appropriate units of fuel(s) to be burned:					
Diesel Fuel – As Required					
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:					
NA					
(c) Theoretical combustion air requirement (ACF/unit of fuel):					
NA	@	NA	°F and	NA	psia.
(d) Percent excess air: NA					
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:					
NA					
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:					
NA					
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.					
7. Projected operating schedule:					
100 hrs/yr non-emergency use (maintenance and testing)					
Hours/Day	NA	Days/Week	NA	Weeks/Year	NA

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	NA	°F and	Ambient	psia
a. NO _x		3.10 lb/hr	NA	grains/ACF
b. SO ₂		0.35 lb/hr	NA	grains/ACF
c. CO		2.69 lb/hr	NA	grains/ACF
d. PM		0.155 lb/hr	NA	grains/ACF
PM ₁₀ /PM _{2.5}		0.18 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		0.43 lb/hr	NA	grains/ACF
g. Pb		NA lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}		197 lb/hr	NA	grains/ACF
Total HAPs		0.005 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.
(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **SU-EG-109**

<p>1. Name or type and model of proposed affected source:</p> <p style="text-align: center;">Emergency Generator – 350 kW</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p style="text-align: center;">NA</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p style="text-align: center;">NA</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p style="text-align: center;">NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):					
(a) Type and amount in appropriate units of fuel(s) to be burned:					
Diesel Fuel – As Required					
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:					
NA					
(c) Theoretical combustion air requirement (ACF/unit of fuel):					
NA	@	NA	°F and	NA	psia.
(d) Percent excess air: NA					
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:					
NA					
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:					
NA					
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.					
7. Projected operating schedule:					
100 hrs/yr non-emergency use (maintenance and testing)					
Hours/Day	NA	Days/Week	NA	Weeks/Year	NA

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	NA	°F and	Ambient	psia
a. NO _x		3.10 lb/hr	NA	grains/ACF
b. SO ₂		0.35 lb/hr	NA	grains/ACF
c. CO		2.69 lb/hr	NA	grains/ACF
d. PM		0.155 lb/hr	NA	grains/ACF
PM ₁₀ /PM _{2.5}		0.18 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		0.43 lb/hr	NA	grains/ACF
g. Pb		NA lb/hr	NA	grains/ACF
h. Specify other(s)				
CO _{2e}		197 lb/hr	NA	grains/ACF
Total HAPs		0.005 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **SU-FP-101**

1. Name or type and model of proposed affected source: Firewater Pump – 485 kW
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: Firewater – As Required
4. Name(s) and maximum amount of proposed material(s) produced per hour: Firewater – As Required
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):					
(a) Type and amount in appropriate units of fuel(s) to be burned:					
Diesel Fuel – As Required					
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:					
NA					
(c) Theoretical combustion air requirement (ACF/unit of fuel):					
NA	@	NA	°F and	NA	psia.
(d) Percent excess air: NA					
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:					
NA					
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:					
NA					
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.					
7. Projected operating schedule:					
100 hrs/yr non-emergency use (maintenance and testing)					
Hours/Day	NA	Days/Week	NA	Weeks/Year	NA

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:

@	NA	°F and	Ambient	psia
a. NO _x		4.30 lb/hr	NA	grains/ACF
b. SO ₂		0.50 lb/hr	NA	grains/ACF
c. CO		3.73 lb/hr	NA	grains/ACF
d. PM		0.215 lb/hr	NA	grains/ACF
PM ₁₀ /PM _{2.5}		0.24 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		0.15 lb/hr	NA	grains/ACF
g. Pb		NA lb/hr	NA	grains/ACF
h.				
CO _{2e}		273.16 lb/hr	NA	grains/ACF
Total HAPs		0.003 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **SU-FP-102**

1. Name or type and model of proposed affected source: Firewater Pump – 485 kW
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: Firewater – As Required
4. Name(s) and maximum amount of proposed material(s) produced per hour: Firewater – As Required
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):					
(a) Type and amount in appropriate units of fuel(s) to be burned:					
Diesel Fuel – As Required					
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:					
NA					
(c) Theoretical combustion air requirement (ACF/unit of fuel):					
NA	@	NA	°F and	NA	psia.
(d) Percent excess air: NA					
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:					
NA					
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:					
NA					
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.					
7. Projected operating schedule:					
100 hrs/yr non-emergency use (maintenance and testing)					
Hours/Day	NA	Days/Week	NA	Weeks/Year	NA

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:

@	NA	°F and	Ambient	psia
a. NO _x		4.30 lb/hr	NA	grains/ACF
b. SO ₂		0.50 lb/hr	NA	grains/ACF
c. CO		3.73 lb/hr	NA	grains/ACF
d. PM		0.215 lb/hr	NA	grains/ACF
PM ₁₀ /PM _{2.5}		0.24 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		0.15 lb/hr	NA	grains/ACF
g. Pb		NA lb/hr	NA	grains/ACF
h.				
CO _{2e}		273.16 lb/hr	NA	grains/ACF
Total HAPs		0.003 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **SU-FP-103**

<p>1. Name or type and model of proposed affected source:</p> <p style="text-align: center;">Firewater Pump – 485 kW</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p style="text-align: center;">Firewater – As Required</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p style="text-align: center;">Firewater – As Required</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p style="text-align: center;">NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):					
(a) Type and amount in appropriate units of fuel(s) to be burned:					
Diesel Fuel – As Required					
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:					
NA					
(c) Theoretical combustion air requirement (ACF/unit of fuel):					
NA	@	NA	°F and	NA	psia.
(d) Percent excess air: NA					
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:					
NA					
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:					
NA					
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.					
7. Projected operating schedule:					
100 hrs/yr non-emergency use (maintenance and testing)					
Hours/Day	NA	Days/Week	NA	Weeks/Year	NA

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:

@	NA	°F and	Ambient	psia
a. NO _x		4.30 lb/hr	NA	grains/ACF
b. SO ₂		0.50 lb/hr	NA	grains/ACF
c. CO		3.73 lb/hr	NA	grains/ACF
d. PM		0.215 lb/hr	NA	grains/ACF
PM ₁₀ /PM _{2.5}		0.24 lb/hr	NA	grains/ACF
e. Hydrocarbons		NA lb/hr	NA	grains/ACF
f. VOCs		0.15 lb/hr	NA	grains/ACF
g. Pb		NA lb/hr	NA	grains/ACF
h.				
CO _{2e}		273.16 lb/hr	NA	grains/ACF
Total HAPs		0.003 lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF
		lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PA-PE-201**

<p>1. Name or type and model of proposed affected source:</p> <p>Purification</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>Ethylene – Conf. Comonomer – Conf. Inert Hydrocarbon – Conf. Nitrogen – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>To PA-PE-202: Ethylene – Conf. Comonomer – Conf. Inert Hydrocarbon – Conf. Nitrogen – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a.	NO _x	NA	lb/hr	NA grains/ACF
b.	SO ₂	NA	lb/hr	NA grains/ACF
c.	CO	NA	lb/hr	NA grains/ACF
d.	PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA grains/ACF
e.	Hydrocarbons	NA	lb/hr	NA grains/ACF
f.	VOCs	NA	lb/hr	NA grains/ACF
g.	Pb	NA	lb/hr	NA grains/ACF
h.	Others	NA	lb/hr	NA grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PA-PE-202**

<p>1. Name or type and model of proposed affected source:</p> <p style="text-align: center; margin-top: 20px;">Polymerization</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>Hydrogen Feed – Conf. From PA-PE-201: Ethylene – Conf. Comonomer – Conf. Inert Hydrocarbon – Conf. Nitrogen – Conf. From PA-PE-203: Monomer / Hydrocarbons – Conf. Nitrogen – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p style="text-align: center; margin-top: 20px;">To PA-PE-203: Resin – Conf. Monomer / Hydrocarbons – Conf. Nitrogen – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p style="text-align: center; margin-top: 20px;">NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:					
@	Conf.	°F and	Conf.	psia	
a.	NO _x	NA	lb/hr	NA	grains/ACF
b.	SO ₂	NA	lb/hr	NA	grains/ACF
c.	CO	NA	lb/hr	NA	grains/ACF
d.	PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e.	Hydrocarbons	NA	lb/hr	NA	grains/ACF
f.	VOCs	NA	lb/hr	NA	grains/ACF
g.	Pb	NA	lb/hr	NA	grains/ACF
h.	Others	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PA-PE-203**

<p>1. Name or type and model of proposed affected source:</p> <p style="text-align: center;">Purging and Vent Recovery</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p style="text-align: center;">Nitrogen Feed – Conf.</p> <p>From PA-PE-203: Resin – Conf. Monomer / Hydrocarbons – Conf. Nitrogen – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>To PA-PE-202: Monomer / Hydrocarbons – Conf. Nitrogen – Conf.</p> <p>To PA-PE-204: Product Polyethylene – Conf.</p> <p>To EC-FL-101: Monomer / Hydrocarbons – Conf. Nitrogen – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p style="text-align: center;">NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a.	NO _x	NA	lb/hr	NA grains/ACF
b.	SO ₂	NA	lb/hr	NA grains/ACF
c.	CO	NA	lb/hr	NA grains/ACF
d.	PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA grains/ACF
e.	Hydrocarbons	1,037	lb/hr	NA grains/ACF
f.	VOCs	1,037	lb/hr	NA grains/ACF
g.	Pb	NA	lb/hr	NA grains/ACF
h.	Others	NA	lb/hr	NA grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PA-PE-204**

1. Name or type and model of proposed affected source:

Extrusion and Pelletizing

2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.

3. Name(s) and maximum amount of proposed process material(s) charged per hour:

**From PA-PE-203:
Product Polyethylene – Conf.**

4. Name(s) and maximum amount of proposed material(s) produced per hour:

**Product Polyethylene – Conf.
Scrap Polyethylene – Conf.**

5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:

NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	NA	lb/hr	NA	grains/ACF
f. VOCs	NA	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
Others	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Attachment L
Emission Unit Data Sheet
 (INDIRECT HEAT EXCHANGER)

Control Device ID No. (must match List Form): **NA**

Equipment Information: Catalyst Activator – PA-CA-101

1. Manufacturer:	2. Model No. NA Serial No. NA
3. Number of units: 1	4. Use – Catalyst Activation
5. Rated Boiler Horsepower: NA hp	6. Boiler Serial No.: NA
7. Date constructed: 2018	8. Date of last modification and explain: NA
9. Maximum design heat input per unit: 10 ×10 ⁶ BTU/hr	10. Peak heat input per unit: 10 ×10 ⁶ BTU/hr
11. Steam produced at maximum design output: NA LB/hr NA psig	12. Projected Operating Schedule: Hours/Day 24 Days/Week 7 Weeks/Year 52
13. Type of firing equipment to be used: <input type="checkbox"/> Pulverized coal <input type="checkbox"/> Spreader stoker <input type="checkbox"/> Oil burners <input checked="" type="checkbox"/> Natural Gas Burner <input type="checkbox"/> Others, specify	14. Proposed type of burners and orientation: <input type="checkbox"/> Vertical <input type="checkbox"/> Front Wall <input type="checkbox"/> Opposed <input type="checkbox"/> Tangential <input type="checkbox"/> Others, specify
15. Type of draft: <input checked="" type="checkbox"/> Forced <input type="checkbox"/> Induced	16. Percent of ash retained in furnace: NA %
17. Will flyash be reinjected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Percent of carbon in flyash: NA %

Stack or Vent Data

19. Inside diameter or dimensions: ft.	20. Gas exit temperature: Approx. 500 °F
21. Height: ft.	22. Stack serves: <input checked="" type="checkbox"/> This equipment only <input type="checkbox"/> Other equipment also (submit type and rating of all other equipment exhausted through this stack or vent)
23. Gas flow rate: ft ³ /min	
24. Estimated percent of moisture: NA %	

Emissions Stream

37. What quantities of pollutants will be emitted from the boiler before controls?

Pollutant	Pounds per Hour lb/hr	grain/ACF	@ °F	PSIA
CO	0.82	NA	NA	NA
Hydrocarbons	NA	NA	NA	NA
NO _x	0.49	NA	NA	NA
Pb	<0.001	NA	NA	NA
PM	0.02	NA	NA	NA
PM ₁₀ /PM _{2.5}	0.08	NA	NA	NA
SO ₂	0.006	NA	NA	NA
VOCs	0.05	NA	NA	NA
Total HAPs	0.02	NA	NA	NA
CO _{2e}	1,183	NA	NA	NA

38. What quantities of pollutants will be emitted from the boiler after controls?

Pollutant	Pounds per Hour lb/hr	grain/ACF	@ °F	PSIA
CO	0.82	NA	NA	NA
Hydrocarbons	NA	NA	NA	NA
NO _x	0.49	NA	NA	NA
Pb	<0.001	NA	NA	NA
PM	0.02	NA	NA	NA
PM ₁₀ /PM _{2.5}	0.08	NA	NA	NA
SO ₂	0.006	NA	NA	NA
VOCs	0.05	NA	NA	NA
Total HAPs	0.02	NA	NA	NA
CO _{2e}	1,183	NA	NA	NA

39. How will waste material from the process and control equipment be disposed of?

NA

40. Have you completed an *Air Pollution Control Device Sheet(s)* for the control(s) used on this Emission Unit.

41. Have you included the **air pollution rates** on the Emissions Points Data Summary Sheet?

42. Proposed Monitoring, Recordkeeping, Reporting, and Testing

Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING PLAN: Please list (1) describe the process parameters and how they were chosen (2) the ranges and how they were established for monitoring to demonstrate compliance with the operation of this process equipment operation or air pollution control device.
See Attachment O

TESTING PLAN: Please describe any proposed emissions testing for this process equipment or air pollution control device.
See Attachment O

RECORDKEEPING: Please describe the proposed recordkeeping that will accompany the monitoring.
See Attachment O

REPORTING: Please describe the proposed frequency of reporting of the recordkeeping.
See Attachment O

43. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty.
NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PC-PE-201**

<p>1. Name or type and model of proposed affected source:</p> <p style="text-align: center;">Compression</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p style="text-align: center;">Ethylene – Conf. Comonomer – Conf. Recycled Gas – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p style="text-align: center;">To PC-PE-202: Ethylene – Conf. Comonomer – Conf. Recycled Ethylene – Conf.</p> <p style="text-align: center;">To PC-TO-102: Ethylene – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p style="text-align: center;">NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:					
@	Conf.	°F and	Conf.	psia	
a.	NO _x	NA	lb/hr	NA	grains/ACF
b.	SO ₂	NA	lb/hr	NA	grains/ACF
c.	CO	NA	lb/hr	NA	grains/ACF
d.	PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e.	Hydrocarbons	NA	lb/hr	NA	grains/ACF
f.	VOCs	NA	lb/hr	NA	grains/ACF
g.	Pb	NA	lb/hr	NA	grains/ACF
h.	Others	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PC-PE-202**

<p>1. Name or type and model of proposed affected source:</p> <p>Polymerization</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>From PC-PE-201: Ethylene – Conf. Comonomer – Conf. Recycled Ethylene – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>To PC-PE-203: Resin – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:					
@	Conf.	°F and	Conf.	psia	
a.	NO _x	NA	lb/hr	NA	grains/ACF
b.	SO ₂	NA	lb/hr	NA	grains/ACF
c.	CO	NA	lb/hr	NA	grains/ACF
d.	PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e.	Hydrocarbons	NA	lb/hr	NA	grains/ACF
f.	VOCs	NA	lb/hr	NA	grains/ACF
g.	Pb	NA	lb/hr	NA	grains/ACF
h.	Others	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PC-PE-203**

<p>1. Name or type and model of proposed affected source:</p> <p>Separation</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>From PC-PE-202: Resin – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>To PC-PE-204: Resin – Conf.</p> <p>To PC-PE-201: Recycle Gas – Conf.</p> <p>Waste Comonomer – Conf.</p> <p>Liquid Waste – Conf.</p> <p>Waste Waxes – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a.	NO _x	NA	lb/hr	NA grains/ACF
b.	SO ₂	NA	lb/hr	NA grains/ACF
c.	CO	NA	lb/hr	NA grains/ACF
d.	PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA grains/ACF
e.	Hydrocarbons	NA	lb/hr	NA grains/ACF
f.	VOCs	NA	lb/hr	NA grains/ACF
g.	Pb	NA	lb/hr	NA grains/ACF
h.	Others	NA	lb/hr	NA grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PC-PE-204**

<p>1. Name or type and model of proposed affected source:</p> <p>Extrusion & Pelletizing</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>From PC-PE-203: Resin – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>To PC-PE-205: Resin – Conf.</p> <p>Scrap Polyethylene – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:					
@	Conf.	°F and	Conf.	psia	
a.	NO _x	NA	lb/hr	NA	grains/ACF
b.	SO ₂	NA	lb/hr	NA	grains/ACF
c.	CO	NA	lb/hr	NA	grains/ACF
d.	PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e.	Hydrocarbons	NA	lb/hr	NA	grains/ACF
f.	VOCs	NA	lb/hr	NA	grains/ACF
g.	Pb	NA	lb/hr	NA	grains/ACF
h.	Others	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PC-PE-205**

1. Name or type and model of proposed affected source: Pellet Handling
2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.
3. Name(s) and maximum amount of proposed process material(s) charged per hour: From PC-PE-204: Resin – Conf.
4. Name(s) and maximum amount of proposed material(s) produced per hour: To PC-PE-206: Resin – Conf.
5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants: NA

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:					
@	Conf.	°F and	Conf.	psia	
a.	NO _x	NA	lb/hr	NA	grains/ACF
b.	SO ₂	NA	lb/hr	NA	grains/ACF
c.	CO	NA	lb/hr	NA	grains/ACF
d.	PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e.	Hydrocarbons	NA	lb/hr	NA	grains/ACF
f.	VOCs	NA	lb/hr	NA	grains/ACF
g.	Pb	NA	lb/hr	NA	grains/ACF
h.	Others	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PC-PE-206**

<p>1. Name or type and model of proposed affected source:</p> <p>Degassing & Transportation</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>From PC-PE-205: Resin – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>Polyethylene – Conf.</p> <p>Scrap Product – Conf.</p> <p>To PC-TO-102: Ethylene – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a. NO _x	NA	lb/hr	NA	grains/ACF
b. SO ₂	NA	lb/hr	NA	grains/ACF
c. CO	NA	lb/hr	NA	grains/ACF
d. PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e. Hydrocarbons	135	lb/hr	NA	grains/ACF
f. VOCs	135	lb/hr	NA	grains/ACF
g. Pb	NA	lb/hr	NA	grains/ACF
h.				
Others	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PB-PE-201**

<p>1. Name or type and model of proposed affected source:</p> <p>Purification</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>Ethylene – Conf. Comonomer – Conf. Inert Hydrocarbon – Conf. Nitrogen – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>To PB-PE-202: Ethylene – Conf. Comonomer – Conf. Inert Hydrocarbon – Conf. Nitrogen – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:					
@	Conf.	°F and	Conf.	psia	
a.	NO _x	NA	lb/hr	NA	grains/ACF
b.	SO ₂	NA	lb/hr	NA	grains/ACF
c.	CO	NA	lb/hr	NA	grains/ACF
d.	PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e.	Hydrocarbons	NA	lb/hr	NA	grains/ACF
f.	VOCs	NA	lb/hr	NA	grains/ACF
g.	Pb	NA	lb/hr	NA	grains/ACF
h.	Others	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PB-PE-202**

<p>1. Name or type and model of proposed affected source:</p> <p>Polymerization</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>Hydrogen Feed – Conf. From PB-PE-201: Ethylene – Conf. Comonomer – Conf. Inert Hydrocarbon – Conf. Nitrogen – Conf. From PB-PE-203: Monomer / Hydrocarbons – Conf. Nitrogen – Conf. Catalyst – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>To PB-PE-203: Resin – Conf. Monomer / Hydrocarbons – Conf. Nitrogen – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:					
@	Conf.	°F and	Conf.	psia	
a.	NO _x	NA	lb/hr	NA	grains/ACF
b.	SO ₂	NA	lb/hr	NA	grains/ACF
c.	CO	NA	lb/hr	NA	grains/ACF
d.	PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e.	Hydrocarbons	NA	lb/hr	NA	grains/ACF
f.	VOCs	NA	lb/hr	NA	grains/ACF
g.	Pb	NA	lb/hr	NA	grains/ACF
h.	Others	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PB-PE-203**

<p>1. Name or type and model of proposed affected source:</p> <p style="text-align: center;">Purging and Vent Recovery</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p style="text-align: center;">Nitrogen Feed – Conf.</p> <p>From PB-203: Resin – Conf. Monomer / Hydrocarbons – Conf. Nitrogen – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>To PB-PE-202: Monomer / Hydrocarbons – Conf. Nitrogen – Conf.</p> <p>To PB-PE-204: Resin – Conf.</p> <p>To PB-FL-105: Monomer / Hydrocarbons – Conf. Nitrogen – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p style="text-align: center;">NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

Redacted Claim of Confidentiality ASCENT - 5/1/14

8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:				
@	Conf.	°F and	Conf.	psia
a.	NO _x	NA	lb/hr	NA grains/ACF
b.	SO ₂	NA	lb/hr	NA grains/ACF
c.	CO	NA	lb/hr	NA grains/ACF
d.	PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA grains/ACF
e.	Hydrocarbons	3,846	lb/hr	NA grains/ACF
f.	VOCs	3,846	lb/hr	NA grains/ACF
g.	Pb	NA	lb/hr	NA grains/ACF
h.	Others	NA	lb/hr	NA grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
 Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment L
EMISSIONS UNIT DATA SHEET
GENERAL**

To be used for affected sources other than asphalt plants, foundries, incinerators, indirect heat exchangers, and quarries.

Identification Number (as assigned on *Equipment List Form*): **PB-PE-204**

<p>1. Name or type and model of proposed affected source:</p> <p>Extrusion and Pelletizing</p>
<p>2. On a separate sheet(s), furnish a sketch(es) of this affected source. If a modification is to be made to this source, clearly indicated the change(s). Provide a narrative description of all features of the affected source which may affect the production of air pollutants.</p>
<p>3. Name(s) and maximum amount of proposed process material(s) charged per hour:</p> <p>From PB-PE-203: Resin – Conf. Additives – Conf.</p>
<p>4. Name(s) and maximum amount of proposed material(s) produced per hour:</p> <p>Product Polyethylene – Conf. Scrap Polyethylene – Conf.</p>
<p>5. Give chemical reactions, if applicable, that will be involved in the generation of air pollutants:</p> <p>NA</p>

* The identification number which appears here must correspond to the air pollution control device identification number appearing on the *List Form*.

6. Combustion Data (if applicable):			
(a) Type and amount in appropriate units of fuel(s) to be burned:			
NA			
(b) Chemical analysis of proposed fuel(s), excluding coal, including maximum percent sulfur and ash:			
NA			
(c) Theoretical combustion air requirement (ACF/unit of fuel):			
NA	@	NA	°F and NA psia.
(d) Percent excess air: NA			
(e) Type and BTU/hr of burners and all other firing equipment planned to be used:			
NA			
(f) If coal is proposed as a source of fuel, identify supplier and seams and give sizing of the coal as it will be fired:			
NA			
(g) Proposed maximum design heat input: NA × 10 ⁶ BTU/hr.			
7. Projected operating schedule:			
8,760			
Hours/Day	24	Days/Week	7
		Weeks/Year	52

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8. Projected amount of pollutants that would be emitted from this affected source if no control devices were used:					
@	Conf.	°F and	Conf.	psia	
a.	NO _x	NA	lb/hr	NA	grains/ACF
b.	SO ₂	NA	lb/hr	NA	grains/ACF
c.	CO	NA	lb/hr	NA	grains/ACF
d.	PM/PM ₁₀ /PM _{2.5}	NA	lb/hr	NA	grains/ACF
e.	Hydrocarbons	NA	lb/hr	NA	grains/ACF
f.	VOCs	NA	lb/hr	NA	grains/ACF
g.	Pb	NA	lb/hr	NA	grains/ACF
h.	Others	NA	lb/hr	NA	grains/ACF

NOTE: (1) An Air Pollution Control Device Sheet must be completed for any air pollution device(s) used to control emissions from this affected source.

(2) Complete the Emission Points Data Sheet.

9. Proposed Monitoring, Recordkeeping, Reporting, and Testing
Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING
See Attachment O

RECORDKEEPING
See Attachment O

REPORTING
See Attachment O

TESTING
See Attachment O

MONITORING. PLEASE LIST AND DESCRIBE THE PROCESS PARAMETERS AND RANGES THAT ARE PROPOSED TO BE MONITORED IN ORDER TO DEMONSTRATE COMPLIANCE WITH THE OPERATION OF THIS PROCESS EQUIPMENT OPERATION/AIR POLLUTION CONTROL DEVICE.

RECORDKEEPING. PLEASE DESCRIBE THE PROPOSED RECORDKEEPING THAT WILL ACCOMPANY THE MONITORING.

REPORTING. PLEASE DESCRIBE THE PROPOSED FREQUENCY OF REPORTING OF THE RECORDKEEPING.

TESTING. PLEASE DESCRIBE ANY PROPOSED EMISSIONS TESTING FOR THIS PROCESS EQUIPMENT/AIR POLLUTION CONTROL DEVICE.

10. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty

NA

Attachment L

EMISSIONS UNIT DATA SHEET

STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Bulk Tank Storage Area	2. Tank Name Wash Oil Storage Tank
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) 20-TK-2942	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EC-FL-103
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? (e.g. Is there more than one product stored in the tank?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 17.72	9B. Tank Internal Height (or Length) (ft) 30.02
10A. Maximum Liquid Height (ft) 15	10B. Average Liquid Height (ft) 15
11A. Maximum Vapor Space Height (ft) 15	11B. Average Vapor Space Height (ft) 15
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	
13A. Maximum annual throughput (gal/yr) 898,185	13B. Maximum daily throughput (gal/day) 2,461

14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume)	
17	
15. Maximum tank fill rate (gal/min)	1.71
16. Tank fill method	<input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal)	17B. Number of transfers into system per year
NA	NA
18. Type of tank (check all that apply):	
<input checked="" type="checkbox"/> Fixed Roof <input checked="" type="checkbox"/> vertical <input type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe)	
<input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof	
<input type="checkbox"/> Domed External (or Covered) Floating Roof	
<input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting	
<input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm	
<input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical	
<input type="checkbox"/> Underground	
<input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction:		
<input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined):		
<input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks <input type="checkbox"/> Does Not Apply		
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks <input type="checkbox"/> Does Not Apply		
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: (check one)		
<input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

26. Complete the following section for Internal Floating Roof Tanks <input checked="" type="checkbox"/> Does Not Apply	
26A. Deck Type: <input type="checkbox"/> Bolted <input type="checkbox"/> Welded	
26B. For Bolted decks, provide deck construction:	
26C. Deck seam: <input type="checkbox"/> Continuous sheet construction 5 feet wide <input type="checkbox"/> Continuous sheet construction 6 feet wide <input type="checkbox"/> Continuous sheet construction 7 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 7.5 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 12 feet wide <input type="checkbox"/> Other (describe)	
26D. Deck seam length (ft)	26E. Area of deck (ft ²)
For column supported tanks:	26G. Diameter of each column:
26F. Number of columns:	

IV. SITE INFORMATION (optional if providing TANKS Summary Sheets)

27. Provide the city and state on which the data in this section are based.
28. Daily Average Ambient Temperature (°F)
29. Annual Average Maximum Temperature (°F)
30. Annual Average Minimum Temperature (°F)
31. Average Wind Speed (miles/hr)
32. Annual Average Solar Insulation Factor (BTU/(ft ² ·day))
33. Atmospheric Pressure (psia)

V. LIQUID INFORMATION (optional if providing TANKS Summary Sheets)

34. Average daily temperature range of bulk liquid: Ambient			
34A. Minimum (°F)	34B. Maximum (°F)		
35. Average operating pressure range of tank:			
35A. Minimum (psig)	35B. Maximum (psig)		
36A. Minimum Liquid Surface Temperature (°F)	36B. Corresponding Vapor Pressure (psia)		
37A. Average Liquid Surface Temperature (°F)	37B. Corresponding Vapor Pressure (psia)		
38A. Maximum Liquid Surface Temperature (°F)	38B. Corresponding Vapor Pressure (psia)		
39. Provide the following for <u>each</u> liquid or gas to be stored in tank. Add additional pages if necessary.			
39A. Material Name or Composition			
39B. CAS Number			
39C. Liquid Density (lb/gal)			
39D. Liquid Molecular Weight (lb/lb-mole)			
39E. Vapor Molecular Weight (lb/lb-mole)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Bulk Tank Storage Area	2. Tank Name Raw PY-Gas Storage
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) 10-TK-1002A	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EC-FL-103
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 40.03	9B. Tank Internal Height (or Length) (ft) 36.01
10A. Maximum Liquid Height (ft) 36.01	10B. Average Liquid Height (ft) 18
11A. Maximum Vapor Space Height (ft) 36.01	11B. Average Vapor Space Height (ft) 18
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 4,892,611	13B. Maximum daily throughput (gal/day) 13,405
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 15	
15. Maximum tank fill rate (gal/min) 9.31	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input checked="" type="checkbox"/> vertical <input type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

26. Complete the following section for Internal Floating Roof Tanks <input checked="" type="checkbox"/> Does Not Apply	
26A. Deck Type: <input type="checkbox"/> Bolted <input type="checkbox"/> Welded	
26B. For Bolted decks, provide deck construction:	
26C. Deck seam: <input type="checkbox"/> Continuous sheet construction 5 feet wide <input type="checkbox"/> Continuous sheet construction 6 feet wide <input type="checkbox"/> Continuous sheet construction 7 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 7.5 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 12 feet wide <input type="checkbox"/> Other (describe)	
26D. Deck seam length (ft)	26E. Area of deck (ft ²)
For column supported tanks:	26G. Diameter of each column:
26F. Number of columns:	

IV. SITE INFORMATION (optional if providing TANKS Summary Sheets)

27. Provide the city and state on which the data in this section are based.
28. Daily Average Ambient Temperature (°F)
29. Annual Average Maximum Temperature (°F)
30. Annual Average Minimum Temperature (°F)
31. Average Wind Speed (miles/hr)
32. Annual Average Solar Insulation Factor (BTU/(ft ² ·day))
33. Atmospheric Pressure (psia)

V. LIQUID INFORMATION (optional if providing TANKS Summary Sheets)

34. Average daily temperature range of bulk liquid: Ambient			
34A. Minimum (°F)	34B. Maximum (°F)		
35. Average operating pressure range of tank:			
35A. Minimum (psig)	35B. Maximum (psig)		
36A. Minimum Liquid Surface Temperature (°F)	36B. Corresponding Vapor Pressure (psia)		
37A. Average Liquid Surface Temperature (°F)	37B. Corresponding Vapor Pressure (psia)		
38A. Maximum Liquid Surface Temperature (°F)	38B. Corresponding Vapor Pressure (psia)		
39. Provide the following for <u>each</u> liquid or gas to be stored in tank. Add additional pages if necessary.			
39A. Material Name or Composition			
39B. CAS Number			
39C. Liquid Density (lb/gal)			
39D. Liquid Molecular Weight (lb/lb-mole)			
39E. Vapor Molecular Weight (lb/lb-mole)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Bulk Tank Storage Area	2. Tank Name Raw PY-Gas Storage
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) 10-TK-1002B	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EC-FL-103
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 40.03	9B. Tank Internal Height (or Length) (ft) 36.01
10A. Maximum Liquid Height (ft) 36.01	10B. Average Liquid Height (ft) 18
11A. Maximum Vapor Space Height (ft) 36.01	11B. Average Vapor Space Height (ft) 18
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 4,892,611	13B. Maximum daily throughput (gal/day) 13,405
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 15	
15. Maximum tank fill rate (gal/min) 9.31	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input checked="" type="checkbox"/> vertical <input type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

26. Complete the following section for Internal Floating Roof Tanks <input checked="" type="checkbox"/> Does Not Apply	
26A. Deck Type: <input type="checkbox"/> Bolted <input type="checkbox"/> Welded	
26B. For Bolted decks, provide deck construction:	
26C. Deck seam: <input type="checkbox"/> Continuous sheet construction 5 feet wide <input type="checkbox"/> Continuous sheet construction 6 feet wide <input type="checkbox"/> Continuous sheet construction 7 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 7.5 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 12 feet wide <input type="checkbox"/> Other (describe)	
26D. Deck seam length (ft)	26E. Area of deck (ft ²)
For column supported tanks:	26G. Diameter of each column:
26F. Number of columns:	

IV. SITE INFORMATION (optional if providing TANKS Summary Sheets)

27. Provide the city and state on which the data in this section are based.
28. Daily Average Ambient Temperature (°F)
29. Annual Average Maximum Temperature (°F)
30. Annual Average Minimum Temperature (°F)
31. Average Wind Speed (miles/hr)
32. Annual Average Solar Insulation Factor (BTU/(ft ² ·day))
33. Atmospheric Pressure (psia)

V. LIQUID INFORMATION (optional if providing TANKS Summary Sheets)

34. Average daily temperature range of bulk liquid: Ambient			
34A. Minimum (°F)	34B. Maximum (°F)		
35. Average operating pressure range of tank:			
35A. Minimum (psig)	35B. Maximum (psig)		
36A. Minimum Liquid Surface Temperature (°F)	36B. Corresponding Vapor Pressure (psia)		
37A. Average Liquid Surface Temperature (°F)	37B. Corresponding Vapor Pressure (psia)		
38A. Maximum Liquid Surface Temperature (°F)	38B. Corresponding Vapor Pressure (psia)		
39. Provide the following for <u>each</u> liquid or gas to be stored in tank. Add additional pages if necessary.			
39A. Material Name or Composition			
39B. CAS Number			
39C. Liquid Density (lb/gal)			
39D. Liquid Molecular Weight (lb/lb-mole)			
39E. Vapor Molecular Weight (lb/lb-mole)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Bulk Tank Storage Area	2. Tank Name Hexene-1 Storage Tank
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) 10-TK-1032	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EC-FL-103
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 40.35	9B. Tank Internal Height (or Length) (ft) 36.09
10A. Maximum Liquid Height (ft) 36.09	10B. Average Liquid Height (ft) 18
11A. Maximum Vapor Space Height (ft) 36.09	11B. Average Vapor Space Height (ft) 18
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 7,693,571	13B. Maximum daily throughput (gal/day) 21,079
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 23	
15. Maximum tank fill rate (gal/min) 14.6	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input checked="" type="checkbox"/> vertical <input type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Bulk Tank Storage Area	2. Tank Name Inert Hydrocarbon Storage Tank
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) 10-TK-1033	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EC-FL-103
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 29.53	9B. Tank Internal Height (or Length) (ft) 26.25
10A. Maximum Liquid Height (ft) 26.25	10B. Average Liquid Height (ft) 13
11A. Maximum Vapor Space Height (ft) 26.25	11B. Average Vapor Space Height (ft) 13
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 503,802	13B. Maximum daily throughput (gal/day) 1,380
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 0.96	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input checked="" type="checkbox"/> vertical <input type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

26. Complete the following section for Internal Floating Roof Tanks <input checked="" type="checkbox"/> Does Not Apply	
26A. Deck Type: <input type="checkbox"/> Bolted <input type="checkbox"/> Welded	
26B. For Bolted decks, provide deck construction:	
26C. Deck seam: <input type="checkbox"/> Continuous sheet construction 5 feet wide <input type="checkbox"/> Continuous sheet construction 6 feet wide <input type="checkbox"/> Continuous sheet construction 7 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 7.5 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 12 feet wide <input type="checkbox"/> Other (describe)	
26D. Deck seam length (ft)	26E. Area of deck (ft ²)
For column supported tanks:	26G. Diameter of each column:
26F. Number of columns:	

IV. SITE INFORMATION (optional if providing TANKS Summary Sheets)

27. Provide the city and state on which the data in this section are based.
28. Daily Average Ambient Temperature (°F)
29. Annual Average Maximum Temperature (°F)
30. Annual Average Minimum Temperature (°F)
31. Average Wind Speed (miles/hr)
32. Annual Average Solar Insulation Factor (BTU/(ft ² ·day))
33. Atmospheric Pressure (psia)

V. LIQUID INFORMATION (optional if providing TANKS Summary Sheets)

34. Average daily temperature range of bulk liquid: Ambient			
34A. Minimum (°F)	34B. Maximum (°F)		
35. Average operating pressure range of tank:			
35A. Minimum (psig)	35B. Maximum (psig)		
36A. Minimum Liquid Surface Temperature (°F)	36B. Corresponding Vapor Pressure (psia)		
37A. Average Liquid Surface Temperature (°F)	37B. Corresponding Vapor Pressure (psia)		
38A. Maximum Liquid Surface Temperature (°F)	38B. Corresponding Vapor Pressure (psia)		
39. Provide the following for <u>each</u> liquid or gas to be stored in tank. Add additional pages if necessary.			
39A. Material Name or Composition			
39B. CAS Number			
39C. Liquid Density (lb/gal)			
39D. Liquid Molecular Weight (lb/lb-mole)			
39E. Vapor Molecular Weight (lb/lb-mole)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Bulk Tank Storage Area	2. Tank Name Spent Caustic Tank
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) 20-TK-2931	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EC-FL-103
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 57.74	9B. Tank Internal Height (or Length) (ft) 30.02
10A. Maximum Liquid Height (ft) 15	10B. Average Liquid Height (ft) 15
11A. Maximum Vapor Space Height (ft) 15	11B. Average Vapor Space Height (ft) 15
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 20,314,354	13B. Maximum daily throughput (gal/day) 55,655
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 35	
15. Maximum tank fill rate (gal/min) 39	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

26. Complete the following section for Internal Floating Roof Tanks <input checked="" type="checkbox"/> Does Not Apply	
26A. Deck Type: <input type="checkbox"/> Bolted <input type="checkbox"/> Welded	
26B. For Bolted decks, provide deck construction:	
26C. Deck seam: <input type="checkbox"/> Continuous sheet construction 5 feet wide <input type="checkbox"/> Continuous sheet construction 6 feet wide <input type="checkbox"/> Continuous sheet construction 7 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 7.5 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 12 feet wide <input type="checkbox"/> Other (describe)	
26D. Deck seam length (ft)	26E. Area of deck (ft ²)
For column supported tanks:	26G. Diameter of each column:
26F. Number of columns:	

IV. SITE INFORMATION (optional if providing TANKS Summary Sheets)

27. Provide the city and state on which the data in this section are based.
28. Daily Average Ambient Temperature (°F)
29. Annual Average Maximum Temperature (°F)
30. Annual Average Minimum Temperature (°F)
31. Average Wind Speed (miles/hr)
32. Annual Average Solar Insulation Factor (BTU/(ft ² ·day))
33. Atmospheric Pressure (psia)

V. LIQUID INFORMATION (optional if providing TANKS Summary Sheets)

34. Average daily temperature range of bulk liquid: Ambient			
34A. Minimum (°F)	34B. Maximum (°F)		
35. Average operating pressure range of tank:			
35A. Minimum (psig)	35B. Maximum (psig)		
36A. Minimum Liquid Surface Temperature (°F)	36B. Corresponding Vapor Pressure (psia)		
37A. Average Liquid Surface Temperature (°F)	37B. Corresponding Vapor Pressure (psia)		
38A. Maximum Liquid Surface Temperature (°F)	38B. Corresponding Vapor Pressure (psia)		
39. Provide the following for <u>each</u> liquid or gas to be stored in tank. Add additional pages if necessary.			
39A. Material Name or Composition			
39B. CAS Number			
39C. Liquid Density (lb/gal)			
39D. Liquid Molecular Weight (lb/lb-mole)			
39E. Vapor Molecular Weight (lb/lb-mole)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Bulk Tank Storage Area	2. Tank Name Thermal Oxidizer Feed Tank
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) 20-TK-2951	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EC-FL-103
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 40.35	9B. Tank Internal Height (or Length) (ft) 36.09
10A. Maximum Liquid Height (ft) 36.09	10B. Average Liquid Height (ft) 18
11A. Maximum Vapor Space Height (ft) 36.09	11B. Average Vapor Space Height (ft) 18
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 2,688,961	13B. Maximum daily throughput (gal/day) 7,367
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 8	
15. Maximum tank fill rate (gal/min) 5.12	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input checked="" type="checkbox"/> vertical <input type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

26. Complete the following section for Internal Floating Roof Tanks <input checked="" type="checkbox"/> Does Not Apply	
26A. Deck Type: <input type="checkbox"/> Bolted <input type="checkbox"/> Welded	
26B. For Bolted decks, provide deck construction:	
26C. Deck seam: <input type="checkbox"/> Continuous sheet construction 5 feet wide <input type="checkbox"/> Continuous sheet construction 6 feet wide <input type="checkbox"/> Continuous sheet construction 7 feet wide <input type="checkbox"/> Continuous sheet construction 5 x 7.5 feet wide <input type="checkbox"/> Continuous sheet construction 5 x 12 feet wide <input type="checkbox"/> Other (describe)	
26D. Deck seam length (ft)	26E. Area of deck (ft ²)
For column supported tanks:	26G. Diameter of each column:
26F. Number of columns:	

IV. SITE INFORMATION (optional if providing TANKS Summary Sheets)

27. Provide the city and state on which the data in this section are based.
28. Daily Average Ambient Temperature (°F)
29. Annual Average Maximum Temperature (°F)
30. Annual Average Minimum Temperature (°F)
31. Average Wind Speed (miles/hr)
32. Annual Average Solar Insulation Factor (BTU/(ft ² ·day))
33. Atmospheric Pressure (psia)

V. LIQUID INFORMATION (optional if providing TANKS Summary Sheets)

34. Average daily temperature range of bulk liquid: Ambient			
34A. Minimum (°F)	34B. Maximum (°F)		
35. Average operating pressure range of tank:			
35A. Minimum (psig)	35B. Maximum (psig)		
36A. Minimum Liquid Surface Temperature (°F)	36B. Corresponding Vapor Pressure (psia)		
37A. Average Liquid Surface Temperature (°F)	37B. Corresponding Vapor Pressure (psia)		
38A. Maximum Liquid Surface Temperature (°F)	38B. Corresponding Vapor Pressure (psia)		
39. Provide the following for <u>each</u> liquid or gas to be stored in tank. Add additional pages if necessary.			
39A. Material Name or Composition			
39B. CAS Number			
39C. Liquid Density (lb/gal)			
39D. Liquid Molecular Weight (lb/lb-mole)			
39E. Vapor Molecular Weight (lb/lb-mole)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Bulk Tank Storage Area	2. Tank Name Comonomer Storage Tank
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) 10-TK-1050	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EC-FL-102
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 57.74	9B. Tank Internal Height (or Length) (ft) 43.96
10A. Maximum Liquid Height (ft) 22	10B. Average Liquid Height (ft) 22
11A. Maximum Vapor Space Height (ft) 22	11B. Average Vapor Space Height (ft) 22
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 5,283,442	13B. Maximum daily throughput (gal/day) 14,475
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 7	
15. Maximum tank fill rate (gal/min) 10.05	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input checked="" type="checkbox"/> vertical <input type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

26. Complete the following section for Internal Floating Roof Tanks <input checked="" type="checkbox"/> Does Not Apply	
26A. Deck Type: <input type="checkbox"/> Bolted <input type="checkbox"/> Welded	
26B. For Bolted decks, provide deck construction:	
26C. Deck seam: <input type="checkbox"/> Continuous sheet construction 5 feet wide <input type="checkbox"/> Continuous sheet construction 6 feet wide <input type="checkbox"/> Continuous sheet construction 7 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 7.5 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 12 feet wide <input type="checkbox"/> Other (describe)	
26D. Deck seam length (ft)	26E. Area of deck (ft ²)
For column supported tanks:	26G. Diameter of each column:
26F. Number of columns:	

IV. SITE INFORMATION (optional if providing TANKS Summary Sheets)

27. Provide the city and state on which the data in this section are based.
28. Daily Average Ambient Temperature (°F)
29. Annual Average Maximum Temperature (°F)
30. Annual Average Minimum Temperature (°F)
31. Average Wind Speed (miles/hr)
32. Annual Average Solar Insulation Factor (BTU/(ft ² ·day))
33. Atmospheric Pressure (psia)

V. LIQUID INFORMATION (optional if providing TANKS Summary Sheets)

34. Average daily temperature range of bulk liquid: Ambient			
34A. Minimum (°F)	34B. Maximum (°F)		
35. Average operating pressure range of tank:			
35A. Minimum (psig)	35B. Maximum (psig)		
36A. Minimum Liquid Surface Temperature (°F)	36B. Corresponding Vapor Pressure (psia)		
37A. Average Liquid Surface Temperature (°F)	37B. Corresponding Vapor Pressure (psia)		
38A. Maximum Liquid Surface Temperature (°F)	38B. Corresponding Vapor Pressure (psia)		
39. Provide the following for <u>each</u> liquid or gas to be stored in tank. Add additional pages if necessary.			
39A. Material Name or Composition			
39B. CAS Number			
39C. Liquid Density (lb/gal)			
39D. Liquid Molecular Weight (lb/lb-mole)			
39E. Vapor Molecular Weight (lb/lb-mole)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Emergency Generator Tank	2. Tank Name Emergency Generator Cracker Plant
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-101	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-101
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 5.86	9B. Tank Internal Height (or Length) (ft) 25.40
10A. Maximum Liquid Height (ft) 5.86	10B. Average Liquid Height (ft) 2.93
11A. Maximum Vapor Space Height (ft) 5.86	11B. Average Vapor Space Height (ft) 2.93
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 18,680	13B. Maximum daily throughput (gal/day) As Required
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 25	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

26. Complete the following section for Internal Floating Roof Tanks <input checked="" type="checkbox"/> Does Not Apply	
26A. Deck Type: <input type="checkbox"/> Bolted <input type="checkbox"/> Welded	
26B. For Bolted decks, provide deck construction:	
26C. Deck seam: <input type="checkbox"/> Continuous sheet construction 5 feet wide <input type="checkbox"/> Continuous sheet construction 6 feet wide <input type="checkbox"/> Continuous sheet construction 7 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 7.5 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 12 feet wide <input type="checkbox"/> Other (describe)	
26D. Deck seam length (ft)	26E. Area of deck (ft ²)
For column supported tanks:	26G. Diameter of each column:
26F. Number of columns:	

IV. SITE INFORMATION (optional if providing TANKS Summary Sheets)

27. Provide the city and state on which the data in this section are based.
28. Daily Average Ambient Temperature (°F)
29. Annual Average Maximum Temperature (°F)
30. Annual Average Minimum Temperature (°F)
31. Average Wind Speed (miles/hr)
32. Annual Average Solar Insulation Factor (BTU/(ft ² ·day))
33. Atmospheric Pressure (psia)

V. LIQUID INFORMATION (optional if providing TANKS Summary Sheets)

34. Average daily temperature range of bulk liquid: Ambient			
34A. Minimum (°F)	34B. Maximum (°F)		
35. Average operating pressure range of tank:			
35A. Minimum (psig)	35B. Maximum (psig)		
36A. Minimum Liquid Surface Temperature (°F)	36B. Corresponding Vapor Pressure (psia)		
37A. Average Liquid Surface Temperature (°F)	37B. Corresponding Vapor Pressure (psia)		
38A. Maximum Liquid Surface Temperature (°F)	38B. Corresponding Vapor Pressure (psia)		
39. Provide the following for <u>each</u> liquid or gas to be stored in tank. Add additional pages if necessary.			
39A. Material Name or Composition			
39B. CAS Number			
39C. Liquid Density (lb/gal)			
39D. Liquid Molecular Weight (lb/lb-mole)			
39E. Vapor Molecular Weight (lb/lb-mole)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Emergency Generator Tank	2. Tank Name PE Plant A Emergency Generator
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-102	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-102
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 5.86	9B. Tank Internal Height (or Length) (ft) 25.40
10A. Maximum Liquid Height (ft) 5.86	10B. Average Liquid Height (ft) 2.93
11A. Maximum Vapor Space Height (ft) 5.86	11B. Average Vapor Space Height (ft) 2.93
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 18,680	13B. Maximum daily throughput (gal/day) As Required
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 25	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

26. Complete the following section for Internal Floating Roof Tanks <input checked="" type="checkbox"/> Does Not Apply	
26A. Deck Type: <input type="checkbox"/> Bolted <input type="checkbox"/> Welded	
26B. For Bolted decks, provide deck construction:	
26C. Deck seam: <input type="checkbox"/> Continuous sheet construction 5 feet wide <input type="checkbox"/> Continuous sheet construction 6 feet wide <input type="checkbox"/> Continuous sheet construction 7 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 7.5 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 12 feet wide <input type="checkbox"/> Other (describe)	
26D. Deck seam length (ft)	26E. Area of deck (ft ²)
For column supported tanks:	26G. Diameter of each column:
26F. Number of columns:	

IV. SITE INFORMATION (optional if providing TANKS Summary Sheets)

27. Provide the city and state on which the data in this section are based.
28. Daily Average Ambient Temperature (°F)
29. Annual Average Maximum Temperature (°F)
30. Annual Average Minimum Temperature (°F)
31. Average Wind Speed (miles/hr)
32. Annual Average Solar Insulation Factor (BTU/(ft ² ·day))
33. Atmospheric Pressure (psia)

V. LIQUID INFORMATION (optional if providing TANKS Summary Sheets)

34. Average daily temperature range of bulk liquid: Ambient			
34A. Minimum (°F)	34B. Maximum (°F)		
35. Average operating pressure range of tank:			
35A. Minimum (psig)	35B. Maximum (psig)		
36A. Minimum Liquid Surface Temperature (°F)	36B. Corresponding Vapor Pressure (psia)		
37A. Average Liquid Surface Temperature (°F)	37B. Corresponding Vapor Pressure (psia)		
38A. Maximum Liquid Surface Temperature (°F)	38B. Corresponding Vapor Pressure (psia)		
39. Provide the following for <u>each</u> liquid or gas to be stored in tank. Add additional pages if necessary.			
39A. Material Name or Composition			
39B. CAS Number			
39C. Liquid Density (lb/gal)			
39D. Liquid Molecular Weight (lb/lb-mole)			
39E. Vapor Molecular Weight (lb/lb-mole)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Emergency Generator Tank	2. Tank Name PE Plant C Emergency Generator
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-103	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-103
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 5.86	9B. Tank Internal Height (or Length) (ft) 25.40
10A. Maximum Liquid Height (ft) 5.86	10B. Average Liquid Height (ft) 2.93
11A. Maximum Vapor Space Height (ft) 5.86	11B. Average Vapor Space Height (ft) 2.93
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 18,680	13B. Maximum daily throughput (gal/day) As Required
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 25	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

26. Complete the following section for Internal Floating Roof Tanks <input checked="" type="checkbox"/> Does Not Apply	
26A. Deck Type: <input type="checkbox"/> Bolted <input type="checkbox"/> Welded	
26B. For Bolted decks, provide deck construction:	
26C. Deck seam: <input type="checkbox"/> Continuous sheet construction 5 feet wide <input type="checkbox"/> Continuous sheet construction 6 feet wide <input type="checkbox"/> Continuous sheet construction 7 feet wide <input type="checkbox"/> Continuous sheet construction 5 x 7.5 feet wide <input type="checkbox"/> Continuous sheet construction 5 x 12 feet wide <input type="checkbox"/> Other (describe)	
26D. Deck seam length (ft)	26E. Area of deck (ft ²)
For column supported tanks:	26G. Diameter of each column:
26F. Number of columns:	

IV. SITE INFORMATION (optional if providing TANKS Summary Sheets)

27. Provide the city and state on which the data in this section are based.
28. Daily Average Ambient Temperature (°F)
29. Annual Average Maximum Temperature (°F)
30. Annual Average Minimum Temperature (°F)
31. Average Wind Speed (miles/hr)
32. Annual Average Solar Insulation Factor (BTU/(ft ² ·day))
33. Atmospheric Pressure (psia)

V. LIQUID INFORMATION (optional if providing TANKS Summary Sheets)

34. Average daily temperature range of bulk liquid: Ambient			
34A. Minimum (°F)	34B. Maximum (°F)		
35. Average operating pressure range of tank:			
35A. Minimum (psig)	35B. Maximum (psig)		
36A. Minimum Liquid Surface Temperature (°F)	36B. Corresponding Vapor Pressure (psia)		
37A. Average Liquid Surface Temperature (°F)	37B. Corresponding Vapor Pressure (psia)		
38A. Maximum Liquid Surface Temperature (°F)	38B. Corresponding Vapor Pressure (psia)		
39. Provide the following for <u>each</u> liquid or gas to be stored in tank. Add additional pages if necessary.			
39A. Material Name or Composition			
39B. CAS Number			
39C. Liquid Density (lb/gal)			
39D. Liquid Molecular Weight (lb/lb-mole)			
39E. Vapor Molecular Weight (lb/lb-mole)			

Attachment L

EMISSIONS UNIT DATA SHEET

STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Emergency Generator Tank	2. Tank Name PE Plant B Emergency Generator
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-104	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-104
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 5.86	9B. Tank Internal Height (or Length) (ft) 25.40
10A. Maximum Liquid Height (ft) 5.86	10B. Average Liquid Height (ft) 2.93
11A. Maximum Vapor Space Height (ft) 5.86	11B. Average Vapor Space Height (ft) 2.93
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 18,680	13B. Maximum daily throughput (gal/day) As Required
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 25	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Emergency Generator Tank	2. Tank Name Emergency Generator Utility
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-105	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-105
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 5.86	9B. Tank Internal Height (or Length) (ft) 25.40
10A. Maximum Liquid Height (ft) 5.86	10B. Average Liquid Height (ft) 2.93
11A. Maximum Vapor Space Height (ft) 5.86	11B. Average Vapor Space Height (ft) 2.93
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 18,680	13B. Maximum daily throughput (gal/day) As Required
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 25	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal (check one) <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Emergency Generator Tank	2. Tank Name Emergency Generator Utility
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-106	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-106
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 5.86	9B. Tank Internal Height (or Length) (ft) 25.40
10A. Maximum Liquid Height (ft) 5.86	10B. Average Liquid Height (ft) 2.93
11A. Maximum Vapor Space Height (ft) 5.86	11B. Average Vapor Space Height (ft) 2.93
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 18,680	13B. Maximum daily throughput (gal/day) As Required
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 25	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Emergency Generator Tank	2. Tank Name Emergency Generator WWTP
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-107	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-107
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 5.86	9B. Tank Internal Height (or Length) (ft) 25.40
10A. Maximum Liquid Height (ft) 5.86	10B. Average Liquid Height (ft) 2.93
11A. Maximum Vapor Space Height (ft) 5.86	11B. Average Vapor Space Height (ft) 2.93
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 18,680	13B. Maximum daily throughput (gal/day) As Required
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 25	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal (check one) <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Emergency Generator Tank	2. Tank Name Emergency Generator Cooling Water
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-108	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-108
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 3.00	9B. Tank Internal Height (or Length) (ft) 15.20
10A. Maximum Liquid Height (ft) 3.00	10B. Average Liquid Height (ft) 1.50
11A. Maximum Vapor Space Height (ft) 3.00	11B. Average Vapor Space Height (ft) 1.50
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 2,650	13B. Maximum daily throughput (gal/day) As Required
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 25	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

26. Complete the following section for Internal Floating Roof Tanks		<input checked="" type="checkbox"/> Does Not Apply
26A. Deck Type: <input type="checkbox"/> Bolted <input type="checkbox"/> Welded		
26B. For Bolted decks, provide deck construction:		
26C. Deck seam:		
<input type="checkbox"/> Continuous sheet construction 5 feet wide <input type="checkbox"/> Continuous sheet construction 6 feet wide <input type="checkbox"/> Continuous sheet construction 7 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 7.5 feet wide <input type="checkbox"/> Continuous sheet construction 5 × 12 feet wide <input type="checkbox"/> Other (describe)		
26D. Deck seam length (ft)	26E. Area of deck (ft ²)	
For column supported tanks:	26G. Diameter of each column:	
26F. Number of columns:		

IV. SITE INFORMANTION (optional if providing TANKS Summary Sheets)

27. Provide the city and state on which the data in this section are based.
28. Daily Average Ambient Temperature (°F)
29. Annual Average Maximum Temperature (°F)
30. Annual Average Minimum Temperature (°F)
31. Average Wind Speed (miles/hr)
32. Annual Average Solar Insulation Factor (BTU/(ft ² ·day))
33. Atmospheric Pressure (psia)

V. LIQUID INFORMATION (optional if providing TANKS Summary Sheets)

34. Average daily temperature range of bulk liquid:		Ambient	
34A. Minimum (°F)		34B. Maximum (°F)	
35. Average operating pressure range of tank:			
35A. Minimum (psig)		35B. Maximum (psig)	
36A. Minimum Liquid Surface Temperature (°F)		36B. Corresponding Vapor Pressure (psia)	
37A. Average Liquid Surface Temperature (°F)		37B. Corresponding Vapor Pressure (psia)	
38A. Maximum Liquid Surface Temperature (°F)		38B. Corresponding Vapor Pressure (psia)	
39. Provide the following for <u>each</u> liquid or gas to be stored in tank. Add additional pages if necessary.			
39A. Material Name or Composition			
39B. CAS Number			
39C. Liquid Density (lb/gal)			
39D. Liquid Molecular Weight (lb/lb-mole)			
39E. Vapor Molecular Weight (lb/lb-mole)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Emergency Generator Tank	2. Tank Name Emergency Generator Product Storage
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-109	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) EG-TK-109
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 3.00	9B. Tank Internal Height (or Length) (ft) 15.20
10A. Maximum Liquid Height (ft) 3.00	10B. Average Liquid Height (ft) 1.50
11A. Maximum Vapor Space Height (ft) 3.00	11B. Average Vapor Space Height (ft) 1.50
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 2,650	13B. Maximum daily throughput (gal/day) As Required
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 25	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal (check one) <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Firewater Pump Tank	2. Tank Name Firewater Pump 1 Storage Tank
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) FP-TK-101	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) FP-TK-101
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 4.30	9B. Tank Internal Height (or Length) (ft) 15.20
10A. Maximum Liquid Height (ft) 4.30	10B. Average Liquid Height (ft) 2.15
11A. Maximum Vapor Space Height (ft) 4.30	11B. Average Vapor Space Height (ft) 2.15
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 3,550	13B. Maximum daily throughput (gal/day) As Required
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 25	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: (check one) <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Firewater Pump Tank	2. Tank Name Firewater Pump 2 Storage Tank
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) FP-TK-102	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) FP-TK-102
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 4.30	9B. Tank Internal Height (or Length) (ft) 15.20
10A. Maximum Liquid Height (ft) 4.30	10B. Average Liquid Height (ft) 2.15
11A. Maximum Vapor Space Height (ft) 4.30	11B. Average Vapor Space Height (ft) 2.15
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 3,550	13B. Maximum daily throughput (gal/day) As Required
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 25	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

Attachment L EMISSIONS UNIT DATA SHEET STORAGE TANKS

Provide the following information for each new or modified bulk liquid storage tank as shown on the *Equipment List Form* and other parts of this application. A tank is considered modified if the material to be stored in the tank is different from the existing stored liquid.

IF USING US EPA'S TANKS EMISSION ESTIMATION PROGRAM (AVAILABLE AT www.epa.gov/tnn/tanks.html), APPLICANT MAY ATTACH THE SUMMARY SHEETS IN LIEU OF COMPLETING SECTIONS III, IV, & V OF THIS FORM. HOWEVER, SECTIONS I, II, AND VI OF THIS FORM MUST BE COMPLETED. US EPA'S AP-42, SECTION 7.1, "ORGANIC LIQUID STORAGE TANKS," MAY ALSO BE USED TO ESTIMATE VOC AND HAP EMISSIONS (<http://www.epa.gov/tnn/chief/>).

I. GENERAL INFORMATION (required)

1. Bulk Storage Area Name Firewater Pump Tank	2. Tank Name Firewater Pump 3 Storage Tank
3. Tank Equipment Identification No. (as assigned on <i>Equipment List Form</i>) FP-TK-103	4. Emission Point Identification No. (as assigned on <i>Equipment List Form</i>) FP-TK-103
5. Date of Commencement of Construction (for existing tanks) 2018	
6. Type of change <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> New Stored Material <input type="checkbox"/> Other Tank Modification	
7. Description of Tank Modification (if applicable) NA	
7A. Does the tank have more than one mode of operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (e.g. Is there more than one product stored in the tank?)	
7B. If YES, explain and identify which mode is covered by this application (Note: A separate form must be completed for each mode).	
7C. Provide any limitations on source operation affecting emissions, any work practice standards (e.g. production variation, etc.): NA	

II. TANK INFORMATION (required)

8. Design Capacity (specify barrels or gallons). Use the internal cross-sectional area multiplied by internal height.	
9A. Tank Internal Diameter (ft) 4.30	9B. Tank Internal Height (or Length) (ft) 15.20
10A. Maximum Liquid Height (ft) 4.30	10B. Average Liquid Height (ft) 2.15
11A. Maximum Vapor Space Height (ft) 4.30	11B. Average Vapor Space Height (ft) 2.15
12. Nominal Capacity (specify barrels or gallons). This is also known as "working volume" and considers design liquid levels and overflow valve heights.	

13A. Maximum annual throughput (gal/yr) 3,550	13B. Maximum daily throughput (gal/day) As Required
14. Number of Turnovers per year (annual net throughput/maximum tank liquid volume) 4	
15. Maximum tank fill rate (gal/min) 25	
16. Tank fill method <input checked="" type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Loading	
17. Complete 17A and 17B for Variable Vapor Space Tank Systems <input type="checkbox"/> Does Not Apply	
17A. Volume Expansion Capacity of System (gal) NA	17B. Number of transfers into system per year NA
18. Type of tank (check all that apply): <input checked="" type="checkbox"/> Fixed Roof <input type="checkbox"/> vertical <input checked="" type="checkbox"/> horizontal <input type="checkbox"/> flat roof <input type="checkbox"/> cone roof <input type="checkbox"/> dome roof <input type="checkbox"/> other (describe) <input type="checkbox"/> External Floating Roof <input type="checkbox"/> pontoon roof <input type="checkbox"/> double deck roof <input type="checkbox"/> Domed External (or Covered) Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> vertical column support <input type="checkbox"/> self-supporting <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> lifter roof <input type="checkbox"/> diaphragm <input type="checkbox"/> Pressurized <input type="checkbox"/> spherical <input type="checkbox"/> cylindrical <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe)	

III. TANK CONSTRUCTION & OPERATION INFORMATION (optional if providing TANKS Summary Sheets)

19. Tank Shell Construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Gunitite lined <input type="checkbox"/> Epoxy-coated rivets <input type="checkbox"/> Other (describe)		
20A. Shell Color	20B. Roof Color	20C. Year Last Painted
21. Shell Condition (if metal and unlined): <input type="checkbox"/> No Rust <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Not applicable		
22A. Is the tank heated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22B. If YES, provide the operating temperature (°F)		
22C. If YES, please describe how heat is provided to tank.		
23. Operating Pressure Range (psig):		
24. Complete the following section for Vertical Fixed Roof Tanks		<input type="checkbox"/> Does Not Apply
24A. For dome roof, provide roof radius (ft)		
24B. For cone roof, provide slope (ft/ft)		
25. Complete the following section for Floating Roof Tanks		<input type="checkbox"/> Does Not Apply
25A. Year Internal Floaters Installed:		
25B. Primary Seal Type: <input type="checkbox"/> Metallic (Mechanical) Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Other (describe):		
25C. Is the Floating Roof equipped with a Secondary Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25D. If YES, how is the secondary seal mounted? (check one) <input type="checkbox"/> Shoe <input type="checkbox"/> Rim <input type="checkbox"/> Other (describe):		
25E. Is the Floating Roof equipped with a weather shield? <input type="checkbox"/> YES <input type="checkbox"/> NO		

25F. Describe deck fittings; indicate the number of each type of fitting:			
ACCESS HATCH			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
AUTOMATIC GAUGE FLOAT WELL			
BOLT COVER, GASKETED:	UNBOLTED COVER, GASKETED:	UNBOLTED UNGASKETED:	COVER,
COLUMN WELL			
BUILT-UP COLUMN – SLIDING COVER, GASKETED:	BUILT-UP COLUMN – SLIDING COVER, UNGASKETED:	PIPE COLUMN – FLEXIBLE FABRIC SLEEVE SEAL:	
LADDER WELL			
PIP COLUMN – SLIDING COVER, GASKETED:	PIPE COLUMN – SLIDING COVER, UNGASKETED:		
GAUGE-HATCH/SAMPLE PORT			
SLIDING COVER, GASKETED:	SLIDING COVER, UNGASKETED:		
ROOF LEG OR HANGER WELL			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED MECHANICAL ACTUATION, UNGASKETED:	SAMPLE WELL-SLIT FABRIC SEAL (10% OPEN AREA)	
VACUUM BREAKER			
WEIGHTED MECHANICAL ACTUATION, GASKETED:	WEIGHTED UNGASKETED:	MECHANICAL	ACTUATION,
RIM VENT			
WEIGHTED GASKETED:	MECHANICAL ACTUATION	WEIGHTED UNGASKETED:	MECHANICAL ACTUATION,
DECK DRAIN (3-INCH DIAMETER)			
OPEN:	90% CLOSED:		
STUB DRAIN			
1-INCH DIAMETER:			
OTHER (DESCRIBE, ATTACH ADDITIONAL PAGES IF NECESSARY)			

Attachment M

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment M
Air Pollution Control Device Sheet
(FLARE SYSTEM)**

Control Device ID No. (must match Emission Units Table): **EC-FL-102 (Ethylene Storage Flare)**

Equipment Information

1. Manufacturer Model No.	2. Method: <input checked="" type="checkbox"/> Elevated flare <input type="checkbox"/> Ground flare <input type="checkbox"/> Other Describe
3. Provide diagram(s) of unit describing capture system with duct arrangement and size of duct, air volume, capacity, horsepower of movers. If applicable, state hood face velocity and hood collection efficiency.	
4. Method of system used: <input type="checkbox"/> Steam-assisted <input checked="" type="checkbox"/> Air-assisted <input type="checkbox"/> Pressure-assisted <input type="checkbox"/> Non-assisted	
5. Maximum capacity of flare: <div style="text-align: right;">scf/min</div> <div style="text-align: right;">scf/hr</div>	6. Dimensions of stack: <div style="text-align: right;">Diameter 0.26 ft.</div> <div style="text-align: right;">Height 100 ft.</div>
7. Estimated combustion efficiency: (Waste gas destruction efficiency) Estimated: 98 % Minimum guaranteed: 98 %	8. Fuel used in burners: <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil, Number <input type="checkbox"/> Other, Specify:
9. Number of burners: Rating: BTU/hr	11. Describe method of controlling flame: <p style="text-align: center;">NA</p>
10. Will preheat be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Flare height: ft	14. Natural gas flow rate to flare pilot flame per pilot light: <div style="text-align: right;"> 33 scf/min</div> <div style="text-align: right;"> 1,961 scf/hr</div>
13. Flare tip inside diameter: ft	
15. Number of pilot lights: 2 Total 0.4 x10⁶ BTU/hr	16. Will automatic re-ignition be used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. If automatic re-ignition will be used, describe the method:	
18. Is pilot flame equipped with a monitor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> Thermocouple <input type="checkbox"/> Infra-Red <input type="checkbox"/> Ultra Violet <input type="checkbox"/> Camera with monitoring control room <input type="checkbox"/> Other, Describe:	
19. Hours of unit operation per year: 8,760	

44. Proposed Monitoring, Recordkeeping, Reporting, and Testing

Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING:
See Attachment O

RECORDKEEPING:
See Attachment O

REPORTING:
See Attachment O

TESTING:
See Attachment O

MONITORING: Please list and describe the process parameters and ranges that are proposed to be monitored in order to demonstrate compliance with the operation of this process equipment or air control device.

RECORDKEEPING: Please describe the proposed recordkeeping that will accompany the monitoring.

REPORTING: Please describe any proposed emissions testing for this process equipment on air pollution control device.

TESTING: Please describe any proposed emissions testing for this process equipment on air pollution control device.

45. Manufacturer's Guaranteed Capture Efficiency for each air pollutant.
98%

46. Manufacturer's Guaranteed Control Efficiency for each air pollutant.
98%

47. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty.
NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment M
Air Pollution Control Device Sheet
(FLARE SYSTEM)**

Control Device ID No. (must match Emission Units Table): **EC-FL-104 (Oxygen Flare)**

Equipment Information

1. Manufacturer Model No.	2. Method: <input checked="" type="checkbox"/> Elevated flare <input type="checkbox"/> Ground flare <input type="checkbox"/> Other Describe
3. Provide diagram(s) of unit describing capture system with duct arrangement and size of duct, air volume, capacity, horsepower of movers. If applicable, state hood face velocity and hood collection efficiency.	
4. Method of system used: <input type="checkbox"/> Steam-assisted <input checked="" type="checkbox"/> Air-assisted <input type="checkbox"/> Pressure-assisted <input type="checkbox"/> Non-assisted	
5. Maximum capacity of flare: <div style="text-align: right;">scf/min</div> <div style="text-align: right;">scf/hr</div>	6. Dimensions of stack: <div style="text-align: right;">Diameter 0.26 ft.</div> <div style="text-align: right;">Height 300 ft.</div>
7. Estimated combustion efficiency: (Waste gas destruction efficiency) Estimated: 98 % Minimum guaranteed: 98 %	8. Fuel used in burners: <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil, Number <input type="checkbox"/> Other, Specify:
9. Number of burners: Rating: BTU/hr	11. Describe method of controlling flame: <p style="text-align: center;">NA</p>
10. Will preheat be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Flare height: ft	14. Natural gas flow rate to flare pilot flame per pilot light: <div style="text-align: right;"> 72 scf/min</div> <div style="text-align: right;"> 4,314 scf/hr</div>
13. Flare tip inside diameter: ft	
15. Number of pilot lights: 2 Total 0.2 x 10⁶ BTU/hr	16. Will automatic re-ignition be used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. If automatic re-ignition will be used, describe the method:	
18. Is pilot flame equipped with a monitor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> Thermocouple <input type="checkbox"/> Infra-Red <input type="checkbox"/> Ultra Violet <input type="checkbox"/> Camera with monitoring control room <input type="checkbox"/> Other, Describe:	
19. Hours of unit operation per year: 8,760	

Redacted Claim of Confidentiality ASCENT - 5/1/14

Steam Injection

20. Will steam injection be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	21. Steam pressure NA PSIG Minimum Expected: Design Maximum:
22. Total Steam flow rate: NA LB/hr	23. Temperature: NA °F
24. Velocity NA ft/sec	25. Number of jet streams NA
26. Diameter of steam jets: NA in	27. Design basis for steam injected: NA LB steam/LB hydrocarbon
28. How will steam flow be controlled if steam injection is used? NA	

Characteristics of the Waste Gas Stream to be Burned

29. Name	Quantity Grains of H ₂ S/100 ft ³	Quantity (LB/hr, ft ³ /hr, etc)	Source of Material
	NA		

30. Estimate total combustible to flare: (Maximum mass flow rate of waste gas)	LB/hr or ACF/hr scfm
31. Estimated total flow rate to flare including materials to be burned, carrier gases, auxiliary fuel, etc.: LB/hr or ACF/hr	
32. Give composition of carrier gases: NA	
33. Temperature of emission stream: °F Heating value of emission stream: BTU/ft ³ Mean molecular weight of emission stream: MW = lb/lb-mole	34. Identify and describe all auxiliary fuels to be burned. BTU/scf BTU/scf BTU/scf BTU/scf BTU/scf
35. Temperature of flare gas: Conf. °F	36. Flare gas flow rate: scf/min
37. Flare gas heat content: BTU/ft ³	38. Flare gas exit velocity: ft/s
39. Maximum rate during emergency for one major piece of equipment or process unit: scf/min	
40. Maximum rate during emergency for one major piece of equipment or process unit: BTU/min	
41. Describe any air pollution control device inlet and outlet gas conditioning processes (e.g., gas cooling, gas reheating, gas humidification): NA	
42. Describe the collection material disposal system: NA	
43. Have you included Flare Control Device in the Emissions Points Data Summary Sheet? Yes	

44. Proposed Monitoring, Recordkeeping, Reporting, and Testing

Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING:
See Attachment O

RECORDKEEPING:
See Attachment O

REPORTING:
See Attachment O

TESTING:
See Attachment O

MONITORING: Please list and describe the process parameters and ranges that are proposed to be monitored in order to demonstrate compliance with the operation of this process equipment or air control device.

RECORDKEEPING: Please describe the proposed recordkeeping that will accompany the monitoring.

REPORTING: Please describe any proposed emissions testing for this process equipment on air pollution control device.

TESTING: Please describe any proposed emissions testing for this process equipment on air pollution control device.

45. Manufacturer's Guaranteed Capture Efficiency for each air pollutant.
98%

46. Manufacturer's Guaranteed Control Efficiency for each air pollutant.
98%

47. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty.
NA

44. Proposed Monitoring, Recordkeeping, Reporting, and Testing

Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING:
See Attachment O

RECORDKEEPING:
See Attachment O

REPORTING:
See Attachment O

TESTING:
See Attachment O

MONITORING: Please list and describe the process parameters and ranges that are proposed to be monitored in order to demonstrate compliance with the operation of this process equipment or air control device.

RECORDKEEPING: Please describe the proposed recordkeeping that will accompany the monitoring.

REPORTING: Please describe any proposed emissions testing for this process equipment on air pollution control device.

TESTING: Please describe any proposed emissions testing for this process equipment on air pollution control device.

45. Manufacturer's Guaranteed Capture Efficiency for each air pollutant.
98%

46. Manufacturer's Guaranteed Control Efficiency for each air pollutant.
98%

47. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty.
NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment M
Air Pollution Control Device Sheet
(FLARE SYSTEM)**

Control Device ID No. (must match Emission Units Table): **PB-FL-105**

Equipment Information

<p>1. Manufacturer</p> <p>Model No.</p>	<p>2. Method: <input checked="" type="checkbox"/> Elevated flare <input type="checkbox"/> Ground flare <input type="checkbox"/> Other Describe</p>
<p>3. Provide diagram(s) of unit describing capture system with duct arrangement and size of duct, air volume, capacity, horsepower of movers. If applicable, state hood face velocity and hood collection efficiency.</p>	
<p>4. Method of system used: <input type="checkbox"/> Steam-assisted <input checked="" type="checkbox"/> Air-assisted <input type="checkbox"/> Pressure-assisted <input type="checkbox"/> Non-assisted</p>	
<p>5. Maximum capacity of flare:</p> <p style="text-align: right;">scf/min scf/hr</p>	<p>6. Dimensions of stack:</p> <p style="text-align: right;">Diameter 0.26 ft. Height 300 ft.</p>
<p>7. Estimated combustion efficiency: (Waste gas destruction efficiency)</p> <p style="text-align: right;">Estimated: 98 % Minimum guaranteed: 98 %</p>	<p>8. Fuel used in burners: <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil, Number <input type="checkbox"/> Other, Specify:</p>
<p>9. Number of burners:</p> <p style="text-align: right;">Rating: BTU/hr</p>	<p>11. Describe method of controlling flame: NA</p>
<p>10. Will preheat be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>12. Flare height: ft</p>	<p>14. Natural gas flow rate to flare pilot flame per pilot light: <p style="text-align: right;">21 scf/min 1,275 scf/hr</p> </p>
<p>13. Flare tip inside diameter: ft</p>	
<p>15. Number of pilot lights: 2 Total 0.4 x10⁶ BTU/hr</p>	<p>16. Will automatic re-ignition be used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17. If automatic re-ignition will be used, describe the method:</p>	
<p>18. Is pilot flame equipped with a monitor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> Thermocouple <input type="checkbox"/> Infra-Red <input type="checkbox"/> Ultra Violet <input type="checkbox"/> Camera with monitoring control room <input type="checkbox"/> Other, Describe:</p>	
<p>19. Hours of unit operation per year: 8,760</p>	

44. Proposed Monitoring, Recordkeeping, Reporting, and Testing

Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING:
See Attachment O

RECORDKEEPING:
See Attachment O

REPORTING:
See Attachment O

TESTING:
See Attachment O

MONITORING: Please list and describe the process parameters and ranges that are proposed to be monitored in order to demonstrate compliance with the operation of this process equipment or air control device.

RECORDKEEPING: Please describe the proposed recordkeeping that will accompany the monitoring.

REPORTING: Please describe any proposed emissions testing for this process equipment on air pollution control device.

TESTING: Please describe any proposed emissions testing for this process equipment on air pollution control device.

45. Manufacturer's Guaranteed Capture Efficiency for each air pollutant.
98%

46. Manufacturer's Guaranteed Control Efficiency for each air pollutant.
98%

47. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty.
NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

Waste Gas (Emission Stream) to be Burned

29.	Name	Quantity Grains of H ₂ S/100 ft ²	Quantity-Density (LB/hr, ft ³ /hr, etc)	Source of Material
	Ethylene	NA	Conf.	PC-PE-201 PC-PE-206
	HC+	NA	Conf.	PC-PE-201 PC-PE-206
	Iso-dodecane	NA	Conf.	PC-PE-201 PC-PE-206
30. Estimate total combustibles to afterburner 113,702 kg/hr lb/hr or ACF/hr				
31. Estimated total flow rate to afterburner or catalyst including materials to be burned, carrier gases, auxiliary fuel, etc.: 113,702 kg/hr lb/hr, ACF/hr, or scfm Total flow rate = Flue gas flow rate				
32. Afterburner operating parameters:		During maximum operation of feeding unit(s)	During typical operation of feeding unit(s)	During minimum operation of feeding unit(s)
Combustion chamber temperature in °F			Conf.	
Emission stream gas temperature in			Conf.	
Combined gas stream entering catalyst bed in			Conf.	
Flue stream leaving the catalyst bed			Conf.	
Emission stream flow rate (scfm)			Conf.	
Efficiency (VOC Reduction)		%	99 %	%
Efficiency (Other; specify contaminant)		%	%	%
33. Inlet Emission stream parameters:				
		Maximum	Typical	
Pressure (mmHg):		Conf.		
Heat Content (BTU/scf):				
Oxygen Content (%):				
Moisture Content (%):				
Are halogenated organics present?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are particulates present?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are metals present?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
34. For thermal afterburners, is the combustion chamber temperature continuously monitored and recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No				
35. For catalytic afterburners, is the temperature rise across the catalyst bed continuously monitored and recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No				
36. Is the VOC concentration of exhaust monitored and recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No				
37. Describe any air pollution control device inlet and outlet gas conditioning processes (e.g., gas cooling, gas reheating, gas humidification): NA				
38. Describe the collection material disposal system: NA				
39. Have you included Afterburner Control Device in the Emissions Points Data Summary Sheet?				

40. Proposed Monitoring, Recordkeeping, Reporting, and Testing

Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING:

See Attachment O

RECORDKEEPING:

See Attachment O

REPORTING:

See Attachment O

TESTING:

See Attachment O

MONITORING: Please list and describe the process parameters and ranges that are proposed to be monitored in order to demonstrate compliance with the operation of this process equipment or air control device.

RECORDKEEPING: Please describe the proposed recordkeeping that will accompany the monitoring.

REPORTING: Please describe any proposed emissions testing for this process equipment on air pollution control device.

TESTING: Please describe any proposed emissions testing for this process equipment on air pollution control device.

41. Manufacturer's Guaranteed Capture Efficiency for each air pollutant.

99

42. Manufacturer's Guaranteed Control Efficiency for each air pollutant.

99

43. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty.

NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

**Attachment M
Air Pollution Control Device Sheet
(FLARE SYSTEM)**

Control Device ID No. (must match Emission Units Table): **EC-FL-103 (Storage Flare)**

Equipment Information

1. Manufacturer Model No.	2. Method: <input checked="" type="checkbox"/> Elevated flare <input type="checkbox"/> Ground flare <input type="checkbox"/> Other Describe
3. Provide diagram(s) of unit describing capture system with duct arrangement and size of duct, air volume, capacity, horsepower of movers. If applicable, state hood face velocity and hood collection efficiency.	
4. Method of system used: <input type="checkbox"/> Steam-assisted <input checked="" type="checkbox"/> Air-assisted <input type="checkbox"/> Pressure-assisted <input type="checkbox"/> Non-assisted	
5. Maximum capacity of flare: <div style="text-align: right;"> scf/min scf/hr </div>	6. Dimensions of stack: <div style="text-align: right;"> Diameter 0.26 ft. Height 300 ft. </div>
7. Estimated combustion efficiency: (Waste gas destruction efficiency) Estimated: 98 % Minimum guaranteed: 98 %	8. Fuel used in burners: <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil, Number <input type="checkbox"/> Other, Specify:
9. Number of burners: Rating: BTU/hr	11. Describe method of controlling flame: <p style="text-align: center;">NA</p>
10. Will preheat be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Flare height: ft	14. Natural gas flow rate to flare pilot flame per pilot light: <div style="text-align: right;"> 72 scf/min 4,314 scf/hr </div>
13. Flare tip inside diameter: ft	
15. Number of pilot lights: 2 Total 0.4 x10⁶ BTU/hr	16. Will automatic re-ignition be used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. If automatic re-ignition will be used, describe the method:	
18. Is pilot flame equipped with a monitor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> Thermocouple <input type="checkbox"/> Infra-Red <input type="checkbox"/> Ultra Violet <input type="checkbox"/> Camera with monitoring control room <input type="checkbox"/> Other, Describe:	
19. Hours of unit operation per year: 8,760	

39. Maximum rate during emergency for one major piece of equipment or process unit:	scf/min
40. Maximum rate during emergency for one major piece of equipment or process unit:	BTU/min
41. Describe any air pollution control device inlet and outlet gas conditioning processes (e.g., gas cooling, gas reheating, gas humidification):	NA
42. Describe the collection material disposal system:	NA
43. Have you included <i>Flare Control Device</i> in the Emissions Points Data Summary Sheet? Yes	

44. Proposed Monitoring, Recordkeeping, Reporting, and Testing

Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.

MONITORING:
See Attachment O

RECORDKEEPING:
See Attachment O

REPORTING:
See Attachment O

TESTING:
See Attachment O

MONITORING: Please list and describe the process parameters and ranges that are proposed to be monitored in order to demonstrate compliance with the operation of this process equipment or air control device.

RECORDKEEPING: Please describe the proposed recordkeeping that will accompany the monitoring.

REPORTING: Please describe any proposed emissions testing for this process equipment on air pollution control device.

TESTING: Please describe any proposed emissions testing for this process equipment on air pollution control device.

45. Manufacturer's Guaranteed Capture Efficiency for each air pollutant.
98%

46. Manufacturer's Guaranteed Control Efficiency for each air pollutant.
98%

47. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty.
NA

Redacted Claim of Confidentiality ASCENT - 5/1/14

Waste Gas (Emission Stream) to be Burned

29.	Name	Quantity Grains of H ₂ S/100 ft ²	Quantity-Density (LB/hr, ft ³ /hr, etc)	Source of Material
	Hexane	NA	Conf.	Quench Tower / Caustic System
	C10/C11+	NA	Conf.	Quench Tower / Caustic System
	C5s	NA	Conf.	Quench Tower / Caustic System
	Benzene	NA	Conf.	Quench Tower / Caustic System
	C6 Non aromatic	NA	Conf.	Quench Tower / Caustic System
	Toluene	NA	Conf.	Quench Tower / Caustic System
	C7 Non aromatic	NA	Conf.	Quench Tower / Caustic System
	Styrene	NA	Conf.	Quench Tower / Caustic System
	C8s	NA	Conf.	Quench Tower / Caustic System
	C9s	NA	Conf.	Quench Tower / Caustic System

30. Estimate total combustibles to afterburner **2,435 kg/hr** lb/hr or ACF/hr

31. Estimated total flow rate to afterburner or catalyst including materials to be burned, carrier gases, auxiliary fuel, etc.: **2,435 kg/hr** lb/hr, ACF/hr, or scfm

Total flow rate = Flue gas flow rate

32. Afterburner operating parameters:	During maximum operation of feeding unit(s)	During typical operation of feeding unit(s)	During minimum operation of feeding unit(s)
Combustion chamber temperature in °F		Conf.	
Emission stream gas temperature in			
Combined gas stream entering catalyst bed in			
Flue stream leaving the catalyst bed			
Emission stream flow rate (scfm)			
Efficiency (VOC Reduction)	%	99.9 %	%
Efficiency (Other; specify contaminant)	%	%	%

33. Inlet Emission stream parameters:	Maximum	Typical
Pressure (mmHg):		
Heat Content (BTU/scf):		
Oxygen Content (%):		
Moisture Content (%):		
Are halogenated organics present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are particulates present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are metals present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

34. For thermal afterburners, is the combustion chamber temperature continuously monitored and recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. For catalytic afterburners, is the temperature rise across the catalyst bed continuously monitored and recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Is the VOC concentration of exhaust monitored and recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
37. Describe any air pollution control device inlet and outlet gas conditioning processes (e.g., gas cooling, gas reheating, gas humidification):	
38. Describe the collection material disposal system:	
39. Have you included Afterburner Control Device in the Emissions Points Data Summary Sheet?	
40. Proposed Monitoring, Recordkeeping, Reporting, and Testing Please propose monitoring, recordkeeping, and reporting in order to demonstrate compliance with the proposed operating parameters. Please propose testing in order to demonstrate compliance with the proposed emissions limits.	
MONITORING: See Attachment O	RECORDKEEPING: See Attachment O
REPORTING: See Attachment O	TESTING: See Attachment O
MONITORING:	Please list and describe the process parameters and ranges that are proposed to be monitored in order to demonstrate compliance with the operation of this process equipment or air control device.
RECORDKEEPING:	Please describe the proposed recordkeeping that will accompany the monitoring.
REPORTING:	Please describe any proposed emissions testing for this process equipment on air pollution control device.
TESTING:	Please describe any proposed emissions testing for this process equipment on air pollution control device.
41. Manufacturer's Guaranteed Capture Efficiency for each air pollutant. 99.9	
42. Manufacturer's Guaranteed Control Efficiency for each air pollutant. 99.9	
43. Describe all operating ranges and maintenance procedures required by Manufacturer to maintain warranty. NA	

Attachment M

Baghouse Control Devices

The Ethane Cracker Complex included in this construction permit is currently planned to operate 11 baghouse pollution control devices to control particulate matter emissions from pelletizing and silo operations associated with the polyethylene plants. Pelletizing operations associated with polyethylene production generate low quantities of PM emissions. All baghouse control devices will be designed to meet BACT standards of 0.1 grain/acf and will comply with WV 45 CSR 7.

Attachment N

Attachment N

Supporting Emissions Calculations

A narrative of the emissions calculations associated with Project ASCENT is included in Section 3.0 of the Permit Application Summary (Appendix A of this permit application). The supporting emissions calculations for Project ASCENT can be found in Appendix D of this application.

Attachment O

Attachment O

Monitoring, Recordkeeping, Reporting and Testing Plans

The following parameters are suggested:

- In general, will comply with all the monitoring, recordkeeping, reporting, and testing requirements mandated by applicable federal and state regulations.
- Limit the annual gas consumption for the combined-cycle combustion turbines, auxiliary boiler, and fuel gas heater as presented in this permit application.
- Record the amount of natural gas consumed in the plant's operations on a daily, monthly, and 12-month rolling total.
- Operate and maintain SCR and Oxidation Catalyst for the combustion turbines for NOx and CO control.
- Operate the flares with a pilot light at all times in while in operation.
- Install, operate, calibrate, and maintain continuous emission monitoring systems (CEMS) as required and in accordance with applicable regulations.
- Conduct performance testing for each pollutant in accordance with the methods, standards, and deadlines mandated by applicable regulation.
- Combust only ultra low sulfur diesel fuel in the emergency electrical generator and firewater pump engines.
- Record the annual production for the three polyethylene units.
- Record the annual hours of operation for the emergency electrical generator and firewater pump engines.
- Maintain required records for at least five (5) years.

Attachment P

Attachment P
AIR QUALITY PERMIT NOTICE
Notice of Application

Notice is given that Appalachian Shale Cracker Enterprise, LLC. (ASCENT) has applied to the West Virginia Department of Environmental Protection, Division of Air Quality, for a PSD permit for an ethane cracker plant, with associated polyethylene plants and utilities located approximately 10 kilometers southwest of Parkersburg, in Wood County, West Virginia. The latitude and longitude coordinates are: 39.2586 and -81.6822.

The applicant estimates the potential to discharge the following regulated air pollutants will be: nitrogen oxides, 692 tons per year; carbon monoxide, 301 tons per year; volatile organic compounds, 532 tons per year; particulate matter, 142 tons per year; particulate matter less than 10 microns, 154 tons per year; particulate matter less than 2.5 microns, 149 tons per year; sulfur dioxide, 28.1 tons per year; lead, 0.011 tons per year; carbon dioxide equivalents, 2,311,914 tons per year; hexane, 47.5 tons per year; benzene, 5.30 tons per year; formaldehyde, 4.55 tons per year; butadiene, 1.40 tons per year; toluene, 1.02 tons per year; all other hazardous air pollutants, 2.08 tons per year.

Startup of operation is planned to begin on or about the fourth quarter of calendar year 2018 or the first quarter of calendar year 2019. Written comments will be received by the West Virginia Department of Environmental Protection, Division of Air Quality, 601 57th Street, SE, Charleston, WV 25304, for at least 30 calendar days from the date of publication of this notice.

Any questions regarding this permit application should be directed to the DAQ at (304) 926-0499, extension 1227, during normal business hours.

Dated this the (date) day of May, 2014.

By: Appalachian Shale Cracker Enterprise, LLC.
Luiz Fernando de Castro Santos, CEO
5100 Westheimer Road, Suite 585
Houston, Texas 77056

Attachment Q

Cover Document Confidential Information

This form contains each of the required elements for the cover document required under 45CSR31, Section 4.1.

Company Name	ASCENT	Responsible Official	Luiz Fernando de Castro Santos	
Company Address	5100 Westheimer Road Suite 585 Houston, TX 77056	Confidential Information Designee in State of WV	Name	James E. Fain
			Title	Manager Environmental
Person/Title Submitting Confidential Information	Luiz Fernando de Castro Santos CEO		Address	9226 Dupont Road Washington, WV 26181
			Phone	304-494-3271
			Fax	NA

Reason for Submittal of Confidential Information:
Project ASCENT PSD Permit Application

Identification of Confidential Information	Rationale for Confidential Claim	Confidential Treatment Time Period
<p>Attachment G – Process Description</p> <p>Attachment H – Material Safety Data Sheets</p> <p>Attachment L – All Confidential Version Equipment Data Sheets Claims of Confidentiality are included on Attachment L pages 18, 21, 23, 24, 25, 27-29, 31-33, 35-37, 39-41, 43-45, 47, 49, 51, 53, 55, 57, 59, 61, 63, 65, 67, 69, 71, 73, 75, 77, 79, 81, 83, 85, 87, 89, 91, 93, 95, 97, 99, 101, 151, 153, 155, 157, 159, 161, 163, 165, 171, 173, 175, 177, 179, 181, 183, 185, 187, 189, 191, 193, 195, 197, 199, 201, 203, 205, 207, and 209 of 310.</p>	<p>(a) ASCENT claims business confidentiality protection for this information. The claim has not expired by its term, or been waived or withdrawn.</p> <p>(b) No statute specifically requires the disclosure of this information.</p> <p>(c) ASCENT has taken, and continues to take, all reasonable measures to protect the confidentiality of this information through such measures as vendor licensee nondisclosure agreements, limited distribution lists, shredding of documents marked confidential prior to disposal, and appropriately marking and redacting copies. This information is not reasonably obtainable without ASCENT's consent. Within the company, ASCENT has distributed this information on a need-to-know basis only. In addition, ASCENT expects its employees to prevent inadvertent dissemination of information. Special provisions for shredding business confidential documents have been made to allow for recycling. There are no plans to relax strict maintenance of business confidentiality for this technology.</p>	<p>Permanently or until such time a responsible representative of ASCENT declassifies the confidential information.</p>

<p>Attachment M – All Confidential Version Control Equipment Data Sheets</p> <p>Claims of Confidentiality are included on Attachment M pages 1, 2, 4, 5, 7, 8, 10, 11, 13, 14, 16, 17, 20, and 21 of 23.</p>	<p>(d) Information revealing the technology in the referenced document is not reasonably obtainable by persons other than the ASCENT employees and/or vendors/consultants who need to know and personnel in the West Virginia Department of Environmental Protection, Division of Air Quality.</p> <p>(e) ASCENT claims business confidentiality protection for the identified parts of this permit application mainly because the information, if released, would allow competitors determine the manner in which ASCENT produces the products of its processes. The collection of raw materials, material safety data sheets which contain raw materials and process chemicals, which collectively identify unique process information not standard to the industry, and equipment information are available to current and potential competitors; therefore, disclosure of this information would allow these competitors to produce this product without either paying for the technology or conducting the research and development necessary to obtain the technology themselves. This would allow competitors an undue economic advantage since they could potentially produce the product at a lower cost. Information is claimed confidential because if released could provide an unfair advantage to competitors allowing them to prepare marketing strategies based on information not available to all companies in the market.</p>	
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Responsible Official Signature: 	
Responsible Official Title:	CEO
Date Signed: 05/01/2014.	

NOTE: Must be signed and dated in BLUE INK.

Attachment R

Attachment R
Authority/Delegation of Authority

No Authority or Delegation of Authority form is required for Project ASCENT.

Attachment S

Attachment S
Title V Revision Information

Project ASCENT is a PSD Permit Application for a new source and not a Title V modification application. As such, this form is not applicable.