ODORANT & METERING STATION SUMMARY

FACILITY NAME: ________________________________________________________________

ADDRESS: _____________________________________________________________________
______________________________________________________________________________

1. Pressure Controller(s):
   Mfgr: ______________________________ Model #: ______________________________
   ID #: ______________________________ Gas [ ] or Air [ ]
   Bleed Gas rate: _____________________ (scf / hr)
   Pressure Set Points: ______________________________
   Mfgr: ______________________________ Model #: ______________________________
   ID #: ______________________________ Gas [ ] or Air [ ]
   Bleed Gas rate: _____________________ (scf / hr)
   Pressure Set Points: ______________________________
   Describe the function of each controller: ______________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   Not applicable – pressure switches are installed.

2. Liquid / Gas Separator:
   Vessel Capacity: _________________ (ft³) ID #: ______________________________
   Operating Pressure: ______________ Relief Valve Setting: ____________________
3. Gravitometer:
   Mfr: __________________________ Model #: __________________________
   ID #:___________________ Bleed Gas Rate: ____________________ (scf/hr)

4. H₂S Analyzer:
   Mfr: __________________________ Model #:________________________
   ID #:___________________ Bleed Gas Rate: ____________________ (scf/hr)
   Analyzer Set Point: ____________ PPM Alarm _____________ PPM Shutdown

5. Gas Sampler:
   Mfr:__________________________ Model #:________________________
   ID #: _____________________Bleed Gas Rate:____________________(scf/hr)

6. Odorant Storage Tank:
   Vessel Dimensions: _________________ Vessel Capacity: ________________
   Tank ID #: ________________________ Relief Valve Setting: _____________
   Describe the procedures used to fill the vessel:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

7. Odorant Run Tank:
   Vessel Dimensions: _________________ Vessel Capacity: ________________
   Tank ID #: ________________________ Relief Valve Setting: _____________
   Describe the procedures used to fill the vessel:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
8. Metering Pump:
   Mfr: ______________________ Model #:_____________________
   ID #: ______________________ Gas [ ] or Air [ ] operated
   Bleed Gas Rate: ________________________ (scf/hr) {at max rating}

9. Charcoal Filter:
   Mfr: ______________________ Model #:_____________________
   ID #: ______________________ Vessel Dimensions: _____________
   Weight of Charcoal: __________ Type of Charcoal: _____________
   Frequency of Bed Replacement: ________________________________

10. As an attachment, list all other potential sources of hydrocarbon emissions from the facility. Provide the appropriate equipment descriptions and the rate of emissions in scf / hr.

11. Odorant:
    Type: _____________________ Concentration: ___________________
    Vapor Pressure at 70°F and 1 atm: ___________________________ psia
    If dilute, what solvent is used?: ______________________________
    Yearly usage: ___________________________________________ Gallons
    Density (lb / gal): ______________ Molecular Weight: _____________

12. Fugitive Emission Source:
    On an Attachment list the fugitive emission sources, the quantity of each source, the number of components per source, the total components, and the emissions in lb / hr ROC. Fugitive emissions are calculated using emission factors from Table 2.8 of the Tecolote Report (Modeling of Fugitive Emissions, January 1986).

13. Average Gas Analysis:
    Non-methane HC weight %:__________ % HC Mol Wt Avg:___________
    Provide as an Attachment a Certificate of Analysis, showing: identification parameters; sample date; analysis date; components listed by mol%; corrected Btu (dry); and corrected specific gravity.
14. Operating Parameters:
   Source of the Natural Gas: ________________________________

   Highest monthly gas throughput in the past three (3) years: _____________

   Average monthly gas throughput: ________________________________
   So Cal Gas Distribution line #: ________________________________

15. As an Attachment provide 1) a process flow diagram, which shows all the above listed equipment, and 2) a general site plan, which identifies the location of: all roads, property lines, and adjacent property owners.

   COMPLETED BY: ________________________________  TITLE: ___________________

   DATE: ______________________________________ PHONE: ___________________