### ODORANT & METERING STATION SUMMARY

**FACILITY NAME:**
______________________________

**ADDRESS:**
________________________________________

_________________________________________

<table>
<thead>
<tr>
<th>1. Pressure Controller(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mfr: ______________________</td>
</tr>
<tr>
<td>Model #: __________________</td>
</tr>
<tr>
<td>ID #: ____________________</td>
</tr>
<tr>
<td>[ ] Gas</td>
</tr>
<tr>
<td>Bleed Gas rate: ____________</td>
</tr>
<tr>
<td>Pressure Set Points: ____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Liquid / Gas Separator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vessel Capacity: ____________ (ft³)</td>
</tr>
<tr>
<td>ID #: ____________________</td>
</tr>
<tr>
<td>Operating Pressure: ____________</td>
</tr>
<tr>
<td>Relief Valve Setting: ____________</td>
</tr>
</tbody>
</table>

☐ Not applicable – pressure switches are installed.

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3. Gravitometer:
   Mfgr: __________________________   Model #: __________________________
   ID #: ________________ Bleed Gas Rate: ________________ (scf/hr)

4. H₂S Analyzer:
   Mfgr: __________________________   Model #: __________________________
   ID #: ________________ Bleed Gas Rate: ________________ (scf/hr)
   Analyzer Set Point: __________  PPM Alarm __________  PPM Shutdown

5. Gas Sampler:
   Mfgr: __________________________   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: _________________________________