

**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: \_\_\_\_\_ (ft<sup>3</sup>) ID #: \_\_\_\_\_  
 Operating Pressure: \_\_\_\_\_ Relief Valve Setting: \_\_\_\_\_

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

4. H<sub>2</sub>S 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:  
Mfg: \_\_\_\_\_ Model #: \_\_\_\_\_  
ID #: \_\_\_\_\_ Gas [ ] or Air [ ] operated  
Bleed Gas Rate: \_\_\_\_\_ (scf/hr) {at max rating}
9. Charcoal Filter:  
Mfg: \_\_\_\_\_ 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: \_\_\_\_\_