

GLYCOL DEHYDRATOR SUPPLEMENTAL FORM

Section I - Facility/Owner Information

- 1.1. Business Name: _____
- 1.2. Contact Name: _____
 Phone No.: _____ Fax No.: _____ E-mail: _____
 Address: _____
- 1.3. Address of Dehydrator: _____
- 1.4. FRAQMD Permit No.: _____ (if unknown, leave blank)
- 1.5. Do you claim confidentiality of data? No Yes (attach explanation)

Section II - Equipment Information (Complete all items to the best of your ability)

- 2.1. Dehydrator Type:
 TEG (Tri-Ethylene Glycol) DEG (Di-Ethylene Glycol) EG (Ethylene Glycol)
- 2.2. Dehydrator Manufacturer: _____ Dehydrator Model: _____
- 2.3. Reboiler Burner Rating: _____ (Btu/hr) Type of Fuel Used: _____
- 2.4. Wet Gas
 Temperature: _____ (°F) Pressure: _____ (psig)
 Water Content: Gas is saturated or Gas is subsaturated _____ lb H₂O/MMscf

*Component	Concentration (volume %, dry basis)	*Component	Concentration (volume %, dry basis)
Carbon Dioxide		n-Hexane	
Hydrogen Sulfide		Cyclohexane	
Nitrogen		Other Hexanes	
Methane		Heptanes	
Ethane		Methylcyclohexane	
Propane		2,2,4-Trimethylpentane	
Isobutane		Benzene	
n-Butane		Toulene	
Isopentane		Ethylbenzene	
n-Pentane		Xylenes	
Cyclopentane		C8+Heavies	

*Please attach a copy of the lab analysis

- 2.5. Dry Gas
 Max Flow Rate _____ (MMscf/day)
 Select One:
 Dry Gas Water Content _____ (lbs H₂O/MMscf) Absorber Stages _____

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2.6. Lean Glycol

Water Content _____ (WT% H₂O)

Select One:

Flow Rate _____ (GPM) Recirculation Ratio _____ (Gallons/lb H₂O)

2.7. Glycol Pump - Select the Pump Type:

Electric/Pneumatic

Gas Injection Volume Ratio _____ (ACFM gas/GPM glycol)

2.8. Flash Tank

Is a Flash Tank used? Yes No

Flash Tank Options:

Temperature: _____ (°F) Pressure: _____ (psig)

Controlled:

Combustion Device & Efficiency: _____%

Recycle/Recompression

Uncontrolled:

Use as Stripping Gas

Vent

2.9. Stripping Gas:

No Stripping Gas Dry Gas * Flash Gas Nitrogen *

* Gas Flow Rate _____ (scfm) [Please fill in if using Dry Gas or Nitrogen]

2.10. Regenerator Control Device:

No Control Device Condenser Combustion Device Condenser/Combustion Device

Condenser Options:

Temperature: _____ (°F) Pressure: _____ (psig)

Combustion Device Options:

Ambient Air Temperature: _____ (°F)

Excess Oxygen: _____ (%) Destruction Efficiency: _____ (%)

2.11. Rich/Lean Analysis:

Use rich/lean analytical results? Yes No

If yes, please attach necessary data of rich glycol and lean glycol results in mg/l.

2.12. Vent Data: Provide the following specifications (if applicable)

	Still Vent	Flash Tank Vent
Release height (meters)		
Inside diameter (meters)		
Velocity (m/sec) or flow rate (acfm)		
Temperature (°K)		
Distance to nearest residence (meters)		

2.13. Operating Schedule:

Q1 Q2 Q3 Q4

Maximum: _____ hours / day _____ hours / qtr _____ hours / year

Average: _____ hours / day _____ hours / qtr _____ hours / year

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Section III – Receptor Information

3.1. Description of Nearest Receptor (i.e. Residential Area, business, school, etc.): _____

3.2. Facility Distance to the Nearest Receptor: _____ feet

3.3. Name of Nearest School (K-12): _____

3.4. Facility Distance to the Nearest School: _____ feet

If the facility is within 1,000 feet of a school site, and if the application will result in an increase in hazardous emissions, a public notice will be required at the expense of the applicant. (CH&S 42301.6)

Section IV - Applicant Certification Statement

THE ABOVE INFORMATION IS SUBMITTED TO DESCRIBE THE DESIGN AND USE OF THE EQUIPMENT FOR WHICH APPLICATION FOR AUTHORITY TO CONSTRUCT IS BEING MADE.

SIGNATURE OF RESPONSIBLE

OFFICIAL OF FIRM: _____ DATE: ____ / ____ / ____

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING THIS DATA FORM

NAME: _____ TITLE: _____

APPLICATION / PERMIT Glycol Supplemental.doc, 2/17/2010