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 H20/MMscf

<table>
<thead>
<tr>
<th><em>Component</em></th>
<th>Concentration (volume %, dry basis)</th>
<th><em>Component</em></th>
<th>Concentration (volume %, dry basis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbon Dioxide</td>
<td>n-Hexane</td>
<td>Hydrogen Sulfide</td>
<td>Cyclohexane</td>
</tr>
</tbody>
</table>

*Please attach a copy of the lab analysis*

2.5. **Dry Gas**

   Max Flow Rate _______________ (MMscf/day)

   Select One:

   □ Dry Gas Water Content_____________ (lbs H20/MMscf)  □ Absorber Stages_____________

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

2.6. Lean Glycol
   Water Content _______________ (WT% H20)
   Select One:
   [ ] Flow Rate _______________ (GPM)  [ ] Recirculation Ratio _______________ (Gallons/lb H20)

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: _______%  [ ] Use as Stripping Gas
   Recycle/Recompression  [ ] 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)

<table>
<thead>
<tr>
<th>Still Vent</th>
<th>Flash Tank Vent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release height (meters)</td>
<td></td>
</tr>
<tr>
<td>Inside diameter (meters)</td>
<td></td>
</tr>
<tr>
<td>Velocity (m/sec) or flow rate (acfm)</td>
<td></td>
</tr>
<tr>
<td>Temperature (°K)</td>
<td></td>
</tr>
<tr>
<td>Distance to nearest residence (meters)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>3.1. Description of Nearest Receptor (i.e. Residential Area, business, school, etc.): ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2. Facility Distance to the Nearest Receptor: ______ feet</td>
</tr>
<tr>
<td>3.3. Name of Nearest School (K-12): ____________________________</td>
</tr>
<tr>
<td>3.4. Facility Distance to the Nearest School: ______ feet</td>
</tr>
</tbody>
</table>

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: ____________________________

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