Air Pollution Control District
Annual Survey Form
Source Type - Gas Processing

Please answer all of the following questions

Company Name _____
Company Location _____
Mailing Address _____
Company Contact_____Telephone _____
Email _____
1) Calendar year of the information reported: 20____
2) Operating schedule: Hrs/Day____ Days/Week ____ Weeks/Yr ____
3) Total hours of operation during the calendar year: _____

Indicate the number and type of equipment that your company owns or operates at this site:

4) Production Equipment

Reboilers _____
Glycol Pumps _____
Condensate Storage Tanks _____
Odorant Tanks _____

5) Natural gas dehydration rate (MM ft3/year) average: _____maximum_____

6) Total annual gas dehydration (MM ft3/year):_____

7) Natural gas fuel use rate of reboiler (ft3/hour):_____

8) Total annual fuel use of reboiler (MM ft3/year): _____

9) Total amount of odorant added per year:_____

Use the back of this form for additional comments or clarification.