

APPENDIX D
AIR QUALITY MONITORING ANNUAL REPORT



OIL AND GAS FACILITY AIR QUALITY MONITORING ANNUAL REPORT

SOUTHERN UTE INDIAN TRIBE AIR QUALITY PROGRAM ENVIRONMENTAL PROGRAMS

Report must be submitted to Southern Ute Indian Tribe Air Quality Program by April 1st of each year (or as specifically noted).

Southern Ute Indian Tribe Air Quality
P.O. Box 737, Ignacio, Colorado 81137
For Questions Please call 970-563-4705

SECTION A: LIST GENERAL INFORMATION

1. NAME OF COMPANY and MAILING ADDRESS:

2. CONTACT PERSON AND TELEPHONE NUMBER(S):

3. E MAIL:

4. NAME AND TYPE OF UNIT (S):

5. FACILITY IDENTIFICATION NUMBER (IF APPLICABLE):

6. IDENTIFY ASSOCIATED APD BY NUMBER (PLEASE ATTACH APD APPLICATION):

7. LEGAL DESCRIPTION OF UNIT (ATTACH LOCATION MAP):

Section: _____ Township: _____ Range: _____

8. LATITUDE AND LONGITUDE:

LATITUDE: _____ LONGITUDE: _____

SECTION B: LIST APPLICABLE UNIT(S) DESCRIPTION

1. PLEASE CHECK MOST APPROPRIATE BOX:

- NO CHANGE - ANNUAL REPORT SUBMITTAL ONLY (CONTINUE TO BOX #B2)
- NEW UNIT OR PREVIOUSLY UNREPORTED SOURCE (CONTINUE TO BOX #B2)
- CHANGE IN EQUIPMENT, EMISSIONS OR RECONSTRUCTED (CONTINUE TO BOX #B2)
- RELOCATION - FROM: _____ TO: _____ NEW OR EXISTING SITE: YES / NO
(IF BOX IS CHECKED, PLEASE PROVIDE THIS NOTICE TO SUAQP WITHIN 10 BUSINESS DAYS)
- UNIT HAS CEASED OPERATION - SHUTDOWN DATE: ___/___/___ REMOVAL DATE (IF APPLICABLE): ___/___/___
(IF BOX IS CHECKED, PLEASE PROVIDE THIS NOTICE TO SUAQP WITHIN 10 BUSINESS DAYS)

2. PLEASE CHECK ALL THAT APPLY:

- ENGINE UNIT \leq 25 BHP....Manufactured Date: ___/___/___ Installation Date: ___/___/___
Date Engine Ordered: ___/___/___ Date Engine Reconstructed or Modified: ___/___/___
- 25 BHP < ENGINE UNIT < 100 BHP... Manufactured Date: ___/___/___ Installation Date: ___/___/___
Date Engine Ordered: ___/___/___ Date Engine Reconstructed or Modified: ___/___/___
- 100 \leq ENGINE UNIT < 500 BHP.... Manufactured Date: ___/___/___ Installation Date: ___/___/___
Date Engine Ordered: ___/___/___ Date Engine Reconstructed or Modified: ___/___/___
- ENGINE UNIT \geq 500 BHP.... Manufactured Date: ___/___/___ Installation Date: ___/___/___
Date Engine Ordered: ___/___/___ Date Engine Reconstructed or Modified: ___/___/___

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3. LIST APPLICABLE UNIT DESCRIPTION FOR THE UNIT (S) LISTED IN SECTION B1

EMISSION UNIT ID	ENGINE UNIT DESCRIPTION / MAKE	MODEL#	SERIAL#	DESIGN RATED HP (BHP)	MANUFACTURER NOX EMISSION RATE (g/hp-hr)	TYPE OF CONTROL EQUIPMENT UTILIZED

SECTION C: LIST EMISSION INFORMATION FOR ALL ADDITIONAL UNIT (S) OPERATING AT THIS LOCATION AS INDICATED IN SECTION A5

1. LIST EMISSION UNIT DESCRIPTION (IF APPLICABLE):

EMISSION UNIT ID	EMISSION UNIT DESCRIPTION / MAKE	MODEL#	SERIAL#	DESIGN RATED HP (BHP)	TYPE OF CONTROL EQUIPMENT UTILIZED

2. LIST SPECIFIC DATES FOR EMISSION UNIT (S)

EMISSION UNIT ID	MANUFACTURER DATE	INSTALLATION DATE	DATE EMISSION UNIT ORDERED	DATE EMISSION UNIT RECONSTRUCTED OR MODIFIED

SECTION D: LIST EMISSIONS INFORMATION FOR UNIT (S) IN SECTIONS B & C

1. LIST OPERATING HOURS OF ALL EMISSION UNITS (HIGHLIGHT BELOW EITHER ANTICIPATED / ACTUAL

EMISSION UNIT ID	ANTICIPATED / ACTUAL UNIT START DATE	ANTICIPATED / ACTUAL HOURS OF OPERATION (HOURS/YR)	ANTICIPATED / ACTUAL FUEL TYPE

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**2. LIST EMISSIONS FOR ALL UNIT (S) LISTED IN SECTIONS B & C FROM THE PREVIOUS CALENDAR YEAR
(INDICATE POTENTIAL TO EMIT OR ACUTAL)**

EMISSION UNIT ID	CO (TPY)	NO _x (TPY)	VOC (TPY)	SO ₂ (TPY)	PM ₁₀ (TPY)	HAP (TPY)

I hereby confirm that all information provided in this report are true and accurate to the best of my knowledge.
Signature of applicant or company representative

SIGN: _____

Name and Title of Company Representative
(PLEASE PRINT)

NAME: _____

TITLE: _____

Date Signed

DATE: ____/____/____