



# 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 1<sup>st</sup> 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 <sub>x</sub> (TPY)	VOC (TPY)	SO <sub>2</sub> (TPY)	PM <sub>10</sub> (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:* \_\_\_\_/\_\_\_\_/\_\_\_\_