



SOUTHERN UTE INDIAN TRIBE - RESERVATION AIR PROGRAM
APPLICATION FOR TRIBAL OPERATING PERMIT, 40 CFR PART 70



APPLICATION FORM EUD-3 - EMISSIONS UNIT DESCRIPTION FOR DEHYDRATION UNITS

INSTRUCTIONS: Complete this form for each significant emissions unit that is a dehydration unit. (For reboilers use form **EUD-2**)

Facility Name: _____

Facility ID: _____

A. General Information

Emissions unit ID: _____ Description: _____

Standard Industrial Classification (4-digit SIC Code): _____ Source Classification Code (8-digit SCC Code): _____

B. Dehydration Unit General

Manufacturer: _____ Manufacture Date: _____ Install Date: _____

Design Gas Throughput (MMscf/day): _____ Reboiler Heater Rating (MMBtu/hr): _____

Actual Gas Throughput (MMscf/day): _____ Estimated Actual Annual Operating Hours: _____

Type of Glycol: TEG DEG EG Other: _____

C. Wet Gas (Upstream of Contact Tower)

Provide an extended gas analysis of wet gas and a description of where the sample was taken (should be sampled upstream of contactor tower and as near its inlet as possible)

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

Is the Gas Saturated? Yes No *If No, provide Water Content (lb H₂O/MMscf): _____*

D. Dry Gas (Downstream of Contact Tower)

Flow Rate (MMscf/Day): _____ Dry gas water content (lbH₂O/MMscf): _____ Number of absorber stages: _____

E. Lean Glycol / Glycol Circulation Pump

Lean Glycol

Water Content: _____ wt% H₂O Recirculation Ratio: _____ gal/lb H₂O

Max Flow Rate: _____ gpm Actual Flow Rate: _____ gpm Limited Flow Rate: N/A _____ gpm

Glycol Circulation Pump

Number of Pumps: _____ Manufacturer: _____ Model: _____

Type: Electric/Pneumatic Gas Injection *If gas injection, Pump Volume Ratio: _____ ACFM/gpm glycol*

N/A Number of Pumps: _____ Manufacturer: _____ Model: _____

Type: Electric/Pneumatic Gas Injection *If gas injection, Pump Volume Ratio: _____ ACFM/gpm glycol*

F. Flash Tank

N/A

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

Is Off Gas Controlled? Yes *If Yes, how?* Recycled/Recompressed Combustion Device with _____% efficiency
 No *If No, the off gas is:* Used as stripping gas Vented

G. Stripping Gas

Source of Stripping Gas: No Stripping Gas Dry Gas Flash Gas Nitrogen

If Dry Gas or Nitrogen, provide stripping gas flow rate: _____ scfm

H. Regenerator Control Device

Is a condenser used? Yes No

If Yes, provide the following: Condenser Temperature: _____ F° Condenser Pressure: _____ psia

Is a combustion device used to control emissions? Yes No

If Yes, provide the following: Ambient Air Temperature: _____ F° Excess oxygen: _____% Destruction Efficiency: _____%

I. Ambient Impact Assessment

N/A

Instructions: This information must be completed when an ambient impact assessment is required for this emissions unit (this is not common).

Stack height (ft): _____ Inside stack diameter (ft): _____

Stack temp (°F): _____ Design stack flow rate (ACFM): _____

Actual stack flow rate (ACFM): _____ Velocity (ft/sec): _____