# Oklahoma Department of Environmental Quality
## Air Quality Division
## 40 CFR Part 63; Subpart HH & HHH Registration Form

CUSTOMER ASSISTANCE: (800) 869-1400
AIR QUALITY DIVISION: (405) 702-4100
WEB PAGE: http:\\www.deq.state.ok.us

*Complete this form for any oil and natural gas production or natural gas transmission and storage facility that uses an affected unit under HH/HHH, whether subject or not. This form may serve as an initial notification under §63.9(b)(2).*

| **Section A: Company Information** | | | |
|---|---|---|---|
| Company Name: | | | |
| Company Address: | | State: | ZIP: |
| Facility Name: | | | |
| Physical Address: | | State: | ZIP: |
| Contact Name: | | Title: | |
| Contact Phone: ( ) | Contact Fax: ( ) | | |
| Permit # | ☐ Major Source ☐ Minor (Area) Source | | |
| SIC Code: | ☐ 1311 ☐ 1321 ☐ 1389 ☐ 4612 ☐ 4613 ☐ 4922 ☐ 4923 ☐ 5171 ☐ Other_____ | | |

| **Section B: Facility Description** | |
|---|---|
| Facility actual annual average natural gas throughput (scf/day): | |
| Facility actual annual average hydrocarbon liquid throughput: (bbl/day): | |
| The facility processes, upgrades, or stores hydrocarbon liquids prior to custody transfer. | ☐ Yes ☐ No |
| The facility processes, upgrades, or stores natural gas prior to the point at which natural gas (NG) enters the NG transmission and storage source category or is delivered to the end user. The facility is: ☐ prior to a NG processing plant ☐ a NG processing plant ☐ prior to the point of custody transfer and there is no NG processing plant | ☐ Yes ☐ No |
| The facility transports or stores natural gas prior to entering the pipeline to a local distribution company or to a final end user (if there is no local distribution company). | ☐ Yes ☐ No |
| The facility exclusively processes, stores, or transfers black oil. Initial producing gas-to-oil ratio (GOR): _____scf/bbl API gravity: _____degrees | ☐ Yes ☐ No |

| **Section C: Dehydration Unit (if applicable)** [1] | | | |
|---|---|---|---|
| Description: | | | |
| Date of Installation: | Annual Operating Hours: | Burner rating (MMbtu/hr): | |
| Exhaust Stack Height (ft): | Stack Diameter (ft): | Stack Temp. (°F): | |
| Glycol Type: | ☐ TEG ☐ EG ☐ Other: | | |
| Glycol Pump Type: | ☐ Electric ☐ Gas | If gas, what is the volume ratio? _____ACFM/gpm | |
| Condenser installed? | ☐ Yes ☐ No | Exit Temp. _____ °F Condenser Pressure _____psig | |
| Incinerator/flare installed? | ☐ Yes ☐ No | Destruction Eff. _____% | |
| Other controls installed? | ☐ Yes ☐ No | Describe: | |
| Wet Gas[2]: (Upstream of Contact Tower) | Gas Temp.: _____°F Gas Pressure _____ psig<br>Saturated Gas? ☐ Yes ☐ No If no, water content _____ lb/MMSCF | | |
| Dry Gas: (Downstream of Contact Tower) | Gas Flowrate(MMSCFD) Actual _____ Design _____<br>Water Content _____ lb/MMSCF | | |
| Lean Glycol: | Circulation rate (gpm) Actual[3] _____ Maximum[4] _____<br>Pump make/model: | | |
| Glycol Flash Tank (if applicable): | Temp.: _____°F Pressure _____ psig Vented? ☐ Yes ☐ No<br>If no, describe vapor control: | | |
| Stripping Gas (if applicable): | Source of gas: | Rate _____ scfm | |

**Please attach the following required dehydration unit information:**

1. System map of facilities including transmission lines, gathering areas, storage fields, NG fields, compressor stations, NG plants, other extraction plants, points of custody transfer, normal flow direction, size of pipe, map legend, designations of leased facilities and name of other companies.
2. Extended gas analysis from the Wet Gas Stream including mole percents of $C_1$-$C_8$, benzene, ethylbenzene, toluene, xylene and n-Hexane, using Gas Processors Association (GPA) 2286 (or similar). A sample should be taken from the inlet gas line, downstream from any inlet separator, and using a manifold to remove entrained liquids from the sample and a probe to collect the sample from the center of the gas line. GPA standard 2166 reference method or a modified version of EPA Method TO-14, (or similar) should be used.
3. GRI-GLYCalc Ver. 3.0 aggregate report based on maximum Lean Glycol circulation rate and maximum throughput.
4. Detailed calculations of gas or hydrocarbon flow rate.

**Section D: Storage Vessels (if applicable) (Please attach sheet(s) for additional tanks.)**

| | | | |
|---|---|---|---|
| **Description (tank #1):** | | Capacity (gallons): | |
| Date of Installation: | | Stock tank GOR (scf/bbl): | |
| API Gravity (degrees): | | Actual Annual Avg. throughput (bbl/day): | |

Subject to 40 CFR, Part 60 (NSPS) ☐ Subpart K ☐ Subpart Ka ☐ Subpart Kb ☐ Not subject

Subject to 40 CFR, Part 63 (NESHAP) ☐ Subpart G ☐ Subpart CC ☐ Not subject

| | | | |
|---|---|---|---|
| **Description (tank #2):** | | Capacity (gallons): | |
| Date of Installation: | | Stock tank GOR (scf/bbl): | |
| API Gravity (degrees): | | Actual Annual Avg. throughput (bbl/day): | |

Subject to 40 CFR, Part 60 (NSPS) ☐ Subpart K ☐ Subpart Ka ☐ Subpart Kb ☐ Not subject

Subject to 40 CFR, Part 63 (NESHAP) ☐ Subpart G ☐ Subpart CC ☐ Not subject

**Section E: Natural Gas Processing Plant VHAP Ancillary Equipment and Compressors (if applicable)**

**Description item #1:**

Subject to 40 CFR ☐ Part 60, Subpart KKK ☐ Part 61, Subpart V ☐ Part 63, Subpart H ☐ Not subject

**Description item #2:**

Subject to 40 CFR ☐ Part 60, Subpart KKK ☐ Part 61, Subpart V ☐ Part 63, Subpart H ☐ Not subject

*Please attach sheet(s) for additional VHAP Ancillary Equipment and Compressors.*

**Section F: Facility Estimated Potential HAP Emissions in TPY (please attach sheet(s) listing any HAPS > 10 TPY)**

| Sources | BTEX | n-hexane | formaldehyde | Other HAPS | All HAPS |
|---|---|---|---|---|---|
| Dehydration units: | | | | | |
| Tanks: | | | | | |
| Other sources: | | | | | |
| Total: | | | | | |

The above listed potential emissions are limited by permit. ☐ Yes ☐ No

**Section G: Facility NESHAPS Subpart HH/HHH status**

Facility status: (choose only one)

☐ Subject to Subpart HH

☐ Subject to Subpart HHH

☐ Not Subject because:

- ☐ < 10/25 TPY
- ☐ Facility exclusively handles black oil
- ☐ The facilitywide actual annual average NG throughput is < 650 thousand scf/day and facilitywide actual annual average hydrocarbon liquid is < 250 bpd
- ☐ No affected source is present

Is this facility a Major Source planning to be an Area Source by June 17, 2002? ☐ Yes* ☐ No

**If Yes, please attach a brief non-binding description of the action plan and implementation schedule selected to achieve Area Source status.*

*Based on information and belief formed after reasonable inquiry,*
*I certify that the statements and information contained in this document are true, accurate, and complete.*

Printed name _____

Signature _____ Date _____

RETURN TO: Oklahoma Department of Environmental Quality, AQD Permitting Section, P.O. Box 2036, Oklahoma City, OK 73101

IF SUBJECT, ALSO SEND A COPY TO: EPA Region 6, Attn: Steve Thompson, Air Enforcement Section Chief, 1445 Ross Avenue, Suite 1200, Dallas, Texas 75202