

Form 2-A
Notification of Compliance Status—Specified Facilities

A. Facilities using a closed vent system and a control device other than a flare.

Have the following been attached?

Design analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Performance test results	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
% Reduction of HAP or TOC, or	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Outlet concentration of HAP or TOC (ppmvd)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Value of monitored parameters or approved site-specific parameters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

B. Facilities using a control device other than a flare.

Have the following been attached for each operating parameter?

Minimum or maximum operating parameter value as appropriate, established to define required performance control device conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Rationale for choosing each operating parameter value	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Definition of source's operating day, including operating day start and end times	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

C. Facilities using a closed vent system and a flare.

Have the following been attached?

Performance test results (see page 2 of Form 2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
All visible emission readings*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
All heat content determinations*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
All flow rate measurements*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
All exit velocity determinations*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

* Made during the compliance determination.

Was a flame present at the pilot light over the full period of the compliance determination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Form 2-A (continued)
Notification of Compliance Status—Specified Facilities

D. Glycol Dehydrator Units.

Was the benzene limit used to demonstrate compliance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, have the following been attached?

Method used for achieving compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Basis for the compliance method	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Method used for demonstrating compliance with 1.0 ton per year of benzene	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Any other necessary information to demonstrate compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A