

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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WEBSITE: WWW.BAAQMD.GOV

Data Form X
Additional Data

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for office use only

Form X is for additional information for an existing source only. If your company has not previously submitted any information for this source, then do not complete Form X; use instead, the applicable Source Data Form(s) – C, G, S, T.

(if unknown, leave blank)

1. Business Name: _____ Plant No: _____

Source No. _____

2. Complete only one of the parts below. Check: Part 1 Part 2 Part 3 Part 4 Part 5

Part 1 – COMBUSTION SOURCE – Information for an additional fuel not previously reported.

3. Fuel Code* _____ 12-month fuel consumption - total usage units* _____.
4. Typical percent of annual total: Dec-Feb _____% Mar-May _____% Jun-Aug _____% Sep-Nov _____%
5. Max. fuel use rate, usage units*/hr _____ Typical heat content, BTU/usage unit* _____
6. Typical sulfur content, ppm for gaseous fuels, _____ ppm **or** % wt for others _____%
7. Complete the Emission Factor Table at the end of this Form.

Part 2 – GENERAL SOURCE – Information for an additional process material not previously reported.

8. Material Code* _____ 12-month throughput, total usage units* _____
9. Typical percent of annual total: Dec-Feb _____% Mar-May _____% Jun-Aug _____% Sep-Nov _____%
10. Typical operating time: _____ hours/day _____ days/week _____ weeks/year
11. Maximum operating rate _____ usage units*/hr
12. Exhaust flowrate _____ CFM at _____ °F with approximate water vapor content _____%
13. Complete the Emission Factor Table at the end of this Form.

Part 3 – TANKAGE OR LOADING SOURCE – Information for an additional organic liquid not previously reported.

14. Material Code* _____ 12-month throughput _____ thousand gal **or** _____ thousand bbl
15. True vapor pressure _____ psia **or** RVP _____ psia and typical liquid temperature _____ °F
16. °API _____ (if applicable): Initial boiling point _____ °F

Part 4 – SURFACE COATING OR PRINTING PRESS - Information for an additional coating not previously reported.

17. Material Code* for coating _____ Total coating applied, previous 12 months _____ gal
18. Is this coating a "complying" coating as defined in BAAQMD Regulation 8, Rule 4? yes no
19. Percent solids, by volume _____% Percent solvent, by volume _____%
20. Of the total solvent in the coating, what percent evaporates at this source? _____%
21. Density of organic solvent _____ lb/gal
22. Composition of organic solvent:
- a) largest component: percent of solvent _____%; Material Code* _____
- b) 2nd largest component: percent of solvent _____%; Material Code* _____

Part 5 - OTHER SOLVENT EVAPORATION SOURCE – Information for an additional solvent not previously reported.
For Solvent Cleaner Operation (degreasing, clean-up, drycleaning, etc.)

23. Material Code* _____	Net solvent usage, previous 12 months _____ gal
24. If solvent is heated, temperature of solvent _____ °F	Density _____ lb/gal

For Fiberglass Operations

25. Type of resin _____	Total used, previous 12 months _____ gal
26. Type of catalyst _____	Total used, previous 12 months _____ gal
27. Percent styrene in resin _____ %	Percent of other volatiles _____ %

For Solvent and Surface Coating Manufacturing Operations

28. Material Code* of manufactured material _____	
29. Quantity manufactured, previous 12 months _____ thousand gal	
30. Type of solvent used for manufacturing process, Material Code* _____	
31. Solvent evaporated during manufacturing, as percent of material produced _____ %	

Other Solvent Use

32. Material Code* _____	Total solvent used, previous 12 months _____ gal
33. Is solvent "complying" as defined in BAAQMD Regulation 8? <input type="checkbox"/> yes <input type="checkbox"/> no	

EMISSION FACTOR TABLE – To be completed for Parts 1 and 2

	Emission Factors (lb/Usage Unit)*	Basis Code**
34. Particulate.....		
35. Organics		
36. Nitrogen Dioxide (as NO ₂).....		
37. Sulfur Dioxide		
38. Carbon Monoxide		
39. Other: _____		

40. Check box if above factors apply to emissions after abatement device(s).

*See Material Code listing

**See back of Data Form G for Basis Code table.

Person completing this form: _____ Date: _____