GLYCOL DEHYDRATOR SUPPLEMENTAL FORM

Section I - Facility/Owner Information

1.1. **Business Name: _____**

1.2. Contact Name: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Address: _____

1.3. Address of Dehydrator: _____

1.4. FRAQMD Permit No.: _____ (if unknown, leave blank)

1.5. Do you claim confidentiality of data? ☐ No ☐ Yes (attach explanation)

Section II - Equipment Information (Complete all items to the best of your ability)

2.1. Dehydrator Type:

☐ TEG (Tri-Ethylene Glycol) ☐ DEG (Di-Ethylene Glycol) ☐ EG (Ethylene Glycol)

2.2. Dehydrator Manufacturer: _____ Dehydrator Model: _____

2.3. Reboiler Burner Rating: _____(Btu/hr) Type of Fuel Used: _____

2.4. **Wet Gas**

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

Water Content: ☐ Gas is saturated or ☐ Gas is subsaturated _____lb H20/MMscf

*Component	Concentration (volume %, dry basis)	*Component	Concentration (volume %, dry basis)
Carbon Dioxide		n-Hexane	
Hydrogen Sulfide		Cyclohexane	
Nitrogen		Other Hexanes	
Methane		Heptanes	
Ethane		Methylcyclohexane	
Propane		2,2,4-Trimethylpentane	
Isobutane		Benzene	
n-Butane		Toulene	
Isopentane		Ethylbenzene	
n-Pentane		Xylenes	
Cyclopentane		C8+Heavies	

*Please attach a copy of the lab analysis

2.5. **Dry Gas**

Max Flow Rate _____(MMscf/day)

Select One:

☐ Dry Gas Water Content_____(lbs H20/MMscf) ☐ Absorber Stages_____

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Section II - Equipment Information (Complete all items to the best of your ability)

2.6. **Lean Glycol**

Water Content _____(WT% H20)

Select One:

☐ Flow Rate_____(GPM) ☐ Recirculation Ratio_____ (Gallons/lb H20)

2.7. **Glycol Pump -** Select the Pump Type:

☐ Electric/Pnematic

☐ Gas Injection Volume Ratio_____ (ACFM gas/GPM glycol)

2.8. **Flash Tank**

Is a Flash Tank used? ☐ Yes ☐ No

Flash Tank Options:

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

Controlled:

☐ Combustion Device & Efficiency: _____%

☐ Recycle/Recompression

Uncontrolled:

☐ Use as Stripping Gas

☐ Vent

2.9. **Stripping Gas:**

☐ No Stripping Gas ☐ Dry Gas * ☐ Flash Gas ☐ Nitrogen *

* Gas Flow Rate _____(scfm) [Please fill in if using Dry Gas or Nitrogen]

2.10. **Regenerator Control Device:**

☐ No Control Device ☐ Condenser ☐ Combustion Device ☐ Condenser/Combustion Device

Condenser Options:

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

Combustion Device Options:

Ambient Air Temperature: _____(°F)

Excess Oxygen: _____(%) Destruction Efficiency: _____(%)

2.11. **Rich/Lean Analysis:**

Use rich/lean analytical results? ☐ Yes ☐ No

If yes, please attach necessary data of rich glycol and lean glycol results in mg/l.

2.12. Vent Data: Provide the following specifications (if applicable)

	Still Vent	Flash Tank Vent
Release height (meters)		
Inside diameter (meters)		
Velocity (m/sec) or flow rate (acfm)		
Temperature (°K)		
Distance to nearest residence (meters)		

2.13. Operating Schedule: Q1 Q2 Q3 Q4

Maximum: _____ hours / day ____ ____ ____ ____ hours / qtr _____ hours / year

Average: _____ hours / day ____ ____ ____ ____ hours / qtr _____ hours / year

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Section III – Receptor Information

3.1. Description of Nearest Receptor (i.e. Residential Area, business, school, etc.): _____

3.2. Facility Distance to the Nearest Receptor: _____ feet

Section IV - Applicant Certification Statement

THE ABOVE INFORMATION IS SUBMITTED TO DESCRIBE THE DESIGN AND USE OF THE EQUIPMENT FOR WHICH APPLICATION FOR AUTHORITY TO CONSTRUCT IS BEING MADE.

SIGNATURE OF RESPONSIBLE
OFFICIAL OF FIRM: _____ DATE: _____ /_____ / _____

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING THIS DATA FORM

NAME: _____ TITLE: _____