



# Glycol Dehydration Unit APEN – Form APCD-202

## Air Pollutant Emission Notice (APEN) and Application for Construction Permit

All sections of this APEN and application must be completed for both new and existing facilities, including APEN updates. An application with missing information may be determined incomplete and may be returned or result in longer application processing times. *You may be charged an additional APEN fee if the APEN is filled out incorrectly or is missing information and requires re-submittal.*

This APEN is to be used for Glycol Dehydration (Dehy) Units only. If your emission unit does not fall into this category, there may be a more specific APEN for your source. In addition, the General APEN (Form APCD-200) is available if the specialty APEN options will not satisfy your reporting needs. A list of all available APEN forms can be found on the Air Pollution Control Division (APCD) website at: [www.colorado.gov/cdphe/apcd](http://www.colorado.gov/cdphe/apcd).

This emission notice is valid for five (5) years. Submission of a revised APEN is required 30 days prior to expiration of the five-year term, or when a reportable change is made (significant emissions increase, increase production, new equipment, change in fuel type, etc). See Regulation No. 3, Part A, II.C. for revised APEN requirements.

Permit Number: \_\_\_\_\_ AIRS ID Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
[Leave blank unless APCD has already assigned a permit # and AIRS ID]

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### Section 1 - Administrative Information

Company Name<sup>1</sup>: \_\_\_\_\_  
Site Name: \_\_\_\_\_  
Site Location: \_\_\_\_\_ Site Location County: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ NAICS or SIC Code: \_\_\_\_\_  
(Include Zip Code) \_\_\_\_\_ Permit Contact: \_\_\_\_\_  
E-Mail Address<sup>2</sup>: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<sup>1</sup>Please use the full, legal company name registered with the Colorado Secretary of State. This is the company name that will appear on all documents issued by the APCD. Any changes will require additional paperwork.

<sup>2</sup> Permits, exemption letters, and any processing invoices will be issued by APCD via e-mail to the address provided.

Permit Number: \_\_\_\_\_ AIRS ID Number: \_\_\_\_\_ / .....#  
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## Section 2- Requested Action

- NEW permit OR newly-reported emission source
- OR -
- MODIFICATION to existing permit *(check each box below that applies)*
- Change fuel or equipment       Change company name       Add point to existing permit  
 Change permit limit       Transfer of ownership<sup>3</sup>       Other *(describe below)*
- OR -
- APEN submittal for update only (Please note blank APENs will not be accepted)
- ADDITIONAL PERMIT ACTIONS -
- Limit Hazardous Air Pollutants (HAPs) with a federally-enforceable limit on Potential To Emit (PTE)

Additional Info & Notes: \_\_\_\_\_

<sup>3</sup> For transfer of ownership, a completed Transfer of Ownership Certification Form (Form APCD-104) must be submitted.

## Section 3 - General Information

General description of equipment and purpose: \_\_\_\_\_

Facility equipment Identification: \_\_\_\_\_

For *existing* sources, operation began on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

For *new or reconstructed* sources, the projected start-up date is: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Check this box if operating hours are 8,760 hours per year; if fewer, fill out the fields below:

Normal Hours of Source Operation:	hours/day	days/week	weeks/year
Will this equipment be operated in any NAAQS nonattainment area	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is this unit located at a stationary source that is considered a Major Source of (HAP) Emissions	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

Permit Number: \_\_\_\_\_

AIRS ID Number: \_\_\_\_\_ / \_\_\_\_\_#

[Leave blank unless APCD has already assigned a permit # and AIRS ID]

**Section 4 - Dehydration Unit Equipment Information**

Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_  
 Dehydrator Serial Number: \_\_\_\_\_ Reboiler Rating: \_\_\_\_\_ MMBTU/hr  
 Glycol Used:  Ethylene Glycol (EG)  DiEthylene Glycol (DEG)  TriEthylene Glycol (TEG)  
 Glycol Pump Drive:  Electric  Gas If Gas, injection pump ratio: \_\_\_\_\_ Acfm/gpm  
 Pump Make and Model: \_\_\_\_\_ # of pumps: \_\_\_\_\_  
 Glycol Recirculation rate (gal/min): \_\_\_\_\_ Max: \_\_\_\_\_ Requested: \_\_\_\_\_  
 Lean Glycol Water Content: \_\_\_\_\_ Wt.%

Dehydrator Gas Throughput:	Design Capacity: _____	MMSCF/day		
	Requested: _____	MMSCF/year	Actual: _____	MMSCF/year

Inlet Gas: Pressure: \_\_\_\_\_ psig Temperature: \_\_\_\_\_ °F  
 Water Content: Wet Gas: \_\_\_\_\_ lb/MMSCF  Saturated Dry gas: \_\_\_\_\_ lb/MMSCF  
 Flash Tank: Pressure: \_\_\_\_\_ psig Temperature: \_\_\_\_\_ °F  NA  
 Cold Separator: Pressure: \_\_\_\_\_ psig Temperature: \_\_\_\_\_ °F  NA  
 Stripping Gas: (check one)  
 None  Flash Gas  Dry Gas  Nitrogen  
 Flow Rate: \_\_\_\_\_ scfm

Additional Required Information:	
<input type="checkbox"/>	Attach a Process Flow Diagram
<input type="checkbox"/>	Attach GRI-GLYCalc 4.0 Input Report & Aggregate Report (or equivalent simulation report/test results)
<input type="checkbox"/>	Attach the extended gas analysis (including BTEX & n-Hexane, temperature, and pressure)

Permit Number: \_\_\_\_\_

AIRS ID Number: \_\_\_\_\_ / \_\_\_\_\_ #

[Leave blank unless APCD has already assigned a permit # and AIRS ID]

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### Section 5 - Stack Information

Geographical Coordinates (Latitude/Longitude or UTM)

Operator Stack ID No.	Discharge Height Above Ground Level (Feet)	Temp. (°F)	Flow Rate (ACFM)	Velocity (ft/sec)

Indicate the direction of the stack outlet: *(check one)*

- Upward                       Downward                       Upward with obstructing raincap  
 Horizontal                       Other (describe): \_\_\_\_\_

Indicate the stack opening and size: *(check one)*

- Circular                      Interior stack diameter (inches): \_\_\_\_\_  
 Square/rectangle                      Interior stack width (inches): \_\_\_\_\_ Interior stack depth (inches): \_\_\_\_\_  
 Other (describe): \_\_\_\_\_

Permit Number: \_\_\_\_\_

AIRS ID Number: \_\_\_\_\_ / \_\_\_\_\_ #

[Leave blank unless APCD has already assigned a permit # and AIRS ID]

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### Section 6 - Control Device Information

<input type="checkbox"/> Condenser:	Used for control of:	_____	
	Type:	_____	Make/Model: _____
	Maximum Temp	_____	Average Temp _____
	Requested Control Efficiency	_____	% _____

<input type="checkbox"/> VRU:	Used for control of:	_____	
	Size:	_____	Make/Model: _____
	Requested Control Efficiency	_____	% _____
	VRU Downtime or Bypassed	_____	% _____

<input type="checkbox"/> Combustion Device:	Used for control of:	_____		
	Rating:	_____	MMBtu/hr	
	Type:	_____	Make/Model:	_____
	Requested Control Efficiency:	_____	%	
	Manufacturer Guaranteed Control Efficiency	_____	%	
	Minimum Temperature:	_____	Waste Gas Heat Content	_____ Btu/scf
	Constant Pilot Light:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pilot burner Rating	_____ MMBtu/hr

<input type="checkbox"/> Closed Loop System:	Used for control of:	_____	
	Description:	_____	
	System Downtime	_____	%

<input type="checkbox"/> Other:	Used for control of:	_____	
	Description:	_____	
	Control Efficiency Requested	_____	%

Permit Number: \_\_\_\_\_

AIRS ID Number: \_\_\_\_\_ / \_\_\_\_\_#

[Leave blank unless APCD has already assigned a permit # and AIRS ID]

### Section 7 - Criteria Pollutant Emissions Information

Attach all emission calculations and emission factor documentation to this APEN form.

Is any emission control equipment or practice used to reduce emissions?  Yes  No

If yes, please describe the control equipment AND state the overall control efficiency (% reduction):

Pollutant	Control Equipment Description	Overall Requested Control Efficiency (% reduction in emissions)
PM		
SO <sub>x</sub>		
NO <sub>x</sub>		
CO		
VOC		
HAPs		
Other:		

From what year is the following reported actual annual emissions data? \_\_\_\_\_

Use the following table to report the criteria pollutant emissions from source:  
(Use the data reported in Sections 4 and 6 to calculate these emissions.)

Pollutant	Uncontrolled Emission Factor	Emission Factor Units	Emission Factor Source (AP-42, Mfg. etc)	Actual Annual Emissions		Requested Annual Permit Emission Limit(s) <sup>4</sup>	
				Uncontrolled (Tons/year)	Controlled <sup>5</sup> (Tons/year)	Uncontrolled (Tons/year)	Controlled (Tons/year)
PM							
SO <sub>x</sub>							
NO <sub>x</sub>							
CO							
VOC							
Benzene							
Toluene							
Ethylbenzene							
Xylenes							
n-Hexane							
2,2,4-Trimethylpentane							
Other:							

<sup>4</sup> Requested values will become permit limitations. Requested limit(s) should consider future process growth.

<sup>5</sup> Annual emission fees will be based on actual controlled emissions reported. If source has not yet started operating, leave blank.

Permit Number: \_\_\_\_\_

AIRS ID Number: \_\_\_\_\_ / \_\_\_\_\_#

[Leave blank unless APCD has already assigned a permit # and AIRS ID]

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### Section 8 - Applicant Certification

I hereby certify that all information contained herein and information submitted with this application is complete, true and correct.

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Signature of Legally Authorized Person (not a vendor or consultant)

Date

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Name (please print)

Title

Check the appropriate box to request a copy of the:

- Engineer's Preliminary Analysis conducted
- Draft permit prior to issuance
- Draft permit prior to public notice

(Checking any of these boxes may result in an increased fee and/or processing time)

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Send this form along with \$152.90 to:  
Colorado Department of Public Health and  
Environment  
Air Pollution Control Division  
APCD-SS-B1  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

For more information or assistance call:

Small Business Assistance Program  
(303) 692-3175 or (303) 692-3148

Or visit the APCD website at:

<https://www.colorado.gov/cdphe/apcd>

Telephone: (303) 692-3150