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_	ator Response Form to respond to the notification of a methane super emitter event at the
ellsite or facility. Collapse All + Expand All	
Point of Contact Information	_
Email *	example@email.com
Point of Contact Name *	Example Name
Phone	XXX-XXXX
Alternate Contacts (email)	example@email.com
Notification Information	_
Event Notification # *	Number will be in notification.
Notification Coordinates	Number will be in notification.
Latitude: 35.1789 Longitude: -14	7.25687 esponsible official (where applicable)
of an oil and natural gas facility (e. production facility, natural gas pro	
notification? Based on the information p	provided, you are not required to provide any further information. You
may proceed to the certification	ation and signature.
Demonstrable Error	
Do you assert a demonstrable error in the notification? *	○ Yes ○ No
Evidence	Drag file here or <u>choose from folder</u>
	Drag lite fiere of <u>chloose from folder</u>
Statement of Demonstrable Error	
Applicability and Identification	_
Is there an affected facility or	Yes ○ No
associated equipment subject to regulation under NSPS 0000, NSPS 0000b,	
and/or a State or Federal Plan implementing 0000c at this oil and gas facility? *	
information. If you choose	provided, you may but are not required to provide any further not to provide additional information, you may proceed to the
certification and signature. Did you identify the source of the	
super emitter event? (required if yes to response above)	
Evaluation of Source	_
What was the source of the	②
	☐ 0000 ☐ 0000a ☐ 0000b ☐ 0000c ☐ None
under NSPS 0000, NSPS 0000a, NSPS 0000b, and/or a State, Tribal or Federal Plan implementing 0000c? *	
Please identify by citation the applicable regulation(s) within	
each applicable subpart	
Status and Response Plan	
Is this emission event ongoing? *	O Yes O No
What day did the emission event end? If the date is unknown, an estimate should be provided. (required if no to previous	mm/dd/yyyy 🗖
question) Is the above date an estimate?	O Yes O No
(required if the emission is ended)	O res O No
What time?	HH:MM AM/PM
What time zone? Targeted End Date (required if	No Restrictions mm/dd/yyyy
emission is ongoing) Provide a short narrative of your	ППП/ ССС/ УУУУ
plan to end the super-emitter event *	
Response Narrative Attachment(s)	Drag file here or <u>choose from folder</u>
Search for Source	- •
	(i) Review any maintenance activities or process activities (ii) Review all monitoring data from control devices
Did you conduct the applicable investigations listed in (d)(2)(i)-(v)?	(iii) Review the results of a fugitive emissions survey or periodic screening event
	 (iv) Review continuous monitoring data (v) Screen the entire oil and natural gas facility with OGI, Method 21 or an alternative test method
Alternative Test Method(s) approved per § 60.5398b(d), such	
as MATM-XXXX	
What time?	mm/dd/yyyy HH·MM AM/PM
What time? What time zone?	No Restrictions
I certify that all applicable inve	estigations specified in paragraph (d)(6)(i) through (v) of this
section have been conducted to subpart that are at this oil and	for all affected facilities and associated equipment subject to this natural gas facility. *
Optional Additions	_
Do you wish to self report a data el displayed alongside data from the	
Data Elements	
Facility Name	\$
Quantification	\$
+ Add Data Element	
If there are additional comments	
or documentation you wish to provide, please do so below.	





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I certify that the information provided in this report regarding the specified super-emitter

event was prepared under my direction or supervision. I further certify that the investigations

(e). Based on my professional knowledge and experience, and inquiry of personnel involved in

the assessment, the certification submitted herein is true, accurate, and complete. I am aware

that knowingly false statements may be punishable by fine or imprisonment.

Drag file here or choose from folder

were conducted, and this report was prepared pursuant to the requirements of §60.5371b(d) and

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