



INSTRUCTIONS
Texas Commission on Environmental Quality
Form OP-UA55
Transfer System Attributes

General:

This form is used to provide a description and data pertaining to transfer systems with potentially applicable requirements associated with a particular account number and application. Each table number, along with the possibility of a corresponding letter (i.e., Table 1a, Table 1b), corresponds to a certain state or federal rule. If the rule on the table is not potentially applicable to a transfer system, then it should be left blank and need not be submitted with the application. If the codes entered by the applicant show negative applicability to the rule or sections of the rule represented on the table, then the applicant need not complete the remainder of the table(s) that corresponds to the rule. Further instruction as to which questions should be answered and which questions should not be answered are located in the “Specific” section of the instruction text. The following is included in this form:

Tables 1a - 1c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-site waste and Recovery Operations

The application area name from Form OP-1 entitled, “Site Information Summary” must appear in the header of each page for the purpose of identification for the initial submittal. The date of the initial form submittal must also be included and should be consistent throughout the application (MM/DD/YYYY). Leave the permit number blank for the initial form submittal. If this form is included as part of the permit revision process, enter the permit number assigned by the TCEQ, the area name (from Form OP-1), and the date of the revision submittal.

Unit attribute questions that do not require a response from all applicants are preceded by qualification criteria in the instructions. If the unit does not meet the qualification criteria, a response to the question is not required. Anytime a response is not required based on the qualification criteria, leave the space on the form blank.

Notwithstanding any qualification criteria in the form instructions or information provided in other TCEQ guidance, the applicant may leave an attribute question blank (or indicate “N/A” for “Not Applicable”) if the attribute is not needed for the applicable requirement determinations of a regulation for a unit.

In some situations, the applicant has the option of selecting alternate requirements, limitations, and/or practices for a unit. Note that these alternate requirements, limitations, and/or practices must have the required approval from the TCEQ Executive Director and/or the U.S. Environmental Protection Agency Administrator before the federal operating permit application is submitted.

The Texas Commission on Environmental Quality (TCEQ) requires that a Core Data Form be submitted on all incoming registrations unless all of the following are met: the Regulated Entity and Customer Reference Numbers have been issued by the TCEQ and no core data information has changed. The Central Registry, a common record area of the TCEQ which maintains information about TCEQ customers and regulated activities, such as company names, addresses, and telephone numbers. This information is commonly referred to as “core data.” The Central Registry provides the regulated community with a central access point within the agency to check core data and make changes when necessary. When core data about a facility is moved to the Central Registry, two new identification numbers are assigned: the Customer Reference (CN) number and the Regulated Entity (RN) number. The Core Data Form is required if facility records are not yet part of the Central Registry or if core data for a facility has changed. If this is the initial registration, permit, or license for a facility site, then the Core Data Form must be completed and submitted with application or registration forms. If amending, modifying, or otherwise updating an existing record for a facility site, the Core Data Form is not required, unless any core data information has changed. To review additional information regarding the Central Registry, go to the TCEQ Web site at www.tceq.state.tx.us/nav/permits/.

Specific:**Table 1a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-site Waste and Recovery Operations**

UNIT ID NO.: Enter the identification number (ID No.) for the transfer system (maximum 10 characters) as listed on Form OP-SUM, entitled “Individual Unit Summary.”

Note: Transfer systems which need to be identified on this form include gravity-operated conveyors, mechanically-powered conveyors, or other specific units which are predominantly used to convey liquids or solid materials from one point to another point within a waste management operation or recovery operation. The conveyance of material using a container or a self-propelled vehicle is not a transfer system. Do not identify pipelines and individual drain systems on this form.

SOP INDEX NO.: Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ guidance document entitled “Federal Operating Permit Application Guidance Document.”

SUBJECT TO ANOTHER SUBPART OF 40 CFR PARTS 61 OR 63: Enter “YES” if the transfer system is also subject to another subpart under 40 CFR Part 61 or 40 CFR Part 63, and the owner or operator is controlling the hazardous air pollutants (HAPs) listed in Table 1 of 40 CFR Part 63, Subpart DD that are emitted from the unit in compliance with the provisions specified in the other applicable subpart(s). Otherwise, enter “NO.”

▼ **Continue Only if “Subject to Another Subpart of 40 CFR Parts 61 or 63” is “NO.”**

HAP < 1 MG PER YEAR: Enter “YES” if the owner or operator is choosing to exempt the transfer system from the requirements specified in 40 CFR § 63.683(b)(1) and the total annual quantity of HAP contained in the off-site material placed in all units selected by the owner or operator to be exempted under 40 CFR § 63.683(b)(2)(ii) is less than 1 MG per year. Otherwise, enter “NO.”

▼ **Continue Only if “HAP < 1 MG Per Year” is “NO.”**

NUMERICAL CONCENTRATION LIMITS: Enter “YES” if the Off-site material placed in the transfer system is a hazardous waste that meets the numerical concentration limits, applicable to the hazardous waste, as specified in 40 CFR Part 268, Land Disposal Restrictions. Otherwise, enter “NO.”

▼ **Continue Only if “Numerical Concentration Limits” is “NO.”**

TREATED ORGANIC HAZARDOUS CONSTITUENTS: Enter “YES” if the organic hazardous constituents in the hazardous waste have been treated according to 40 CFR § 268.42(a) or have been removed or destroyed by an equivalent method of treatment approved under 40 CFR § 268.42(b). Otherwise, enter “NO.”

▼ **Continue Only if “Treated Organic Hazardous Constituents” is “NO.”**

AIR EMISSION CONTROLS: Enter “YES” if the owner or operator is opting to install and operate air emission controls on the transfer system in accordance with the standards specified in 40 CFR §63.689. Otherwise, enter “NO.”

★ **Complete “Direct Measurement” Only if “Air Emission Controls” is “NO.”**

DIRECT MEASUREMENT: Enter “YES” if direct measurement is used to determine the volatile organic hazardous air pollutant (VOHAP) concentration. Otherwise, enter “NO.”

▼ **Continue Only if “Air Emission Controls” is “YES.”**

COVERS USED: Enter “YES” if the transfer system uses covers in accordance to 40 CFR § 63.689(d) to control air emissions. Otherwise, enter “NO.”

▼ **Continue Only if “Covers Used” is “NO.”**

CONTINUOUS HARD PIPING: Enter “YES” if the transfer system consists of continuous hard piping. Otherwise, enter “NO.”

▼ **Continue Only if “Continuous Hard Piping” is “NO.”**

INSPECTED AND MONITORED: Enter “YES” if the closed-vent system is inspected and monitored as specified in 40 CFR § 63.693(b)(4)(i). Otherwise, enter “NO.”

BYPASS DEVICE: Enter “YES” if the closed vent system routing to the control device includes bypass devices that could be used to divert the gas or vapor stream to the atmosphere before entering the control device. Otherwise, enter “NO.”

★ **Complete “Flow Meter” Only if “Bypass Device” is “YES.”**

FLOW METER: Enter “YES” if the bypass device is equipped with a flow meter. Otherwise, enter “NO.”

**Table 1b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-site Waste and Recovery Operations**

UNIT ID NO.: Enter the identification number (ID No.) for the transfer system (maximum 10 characters) as listed on Form OP-SUM, entitled “Individual Unit Summary.”

SOP INDEX NO.: Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ guidance document entitled “Federal Operating Permit Application Guidance Document.”

NO DETECTABLE ORGANIC EMISSIONS: Enter “YES” if the stream is conveyed by a closed -vent system that is designed to operate with no detectable organic emissions, as specified in 40 CFR § 63.694(k). Otherwise, enter “NO.”

CONTROL DEVICE: Select one of the following options for the type of control device. Enter the code on the form.

<u>Code</u>	<u>Description</u>
CADS	Carbon adsorption system
COND	Condenser
FLARE	Flare
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
BPH	Boiler or process heater

CONTROL DEVICE ID NO.: If applicable, enter the identification number (maximum 10 characters) for the control device to which emissions are routed. This number should be consistent with the control device identification number listed on Form OP-SUM. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

★ **Do Not Continue if “Control Device” is “FLARE.”**

DESIGN ANALYSIS: Enter “YES” if control device design analysis is used to demonstrate control device performance. Otherwise, enter “NO.”

ALTERNATIVE OPERATING PARAMETERS: Enter “YES” if a continuous monitoring system that measures alternative operating parameters (AOP), approved by the EPA Administrator, is being used. Otherwise, enter “NO.”

AOP ID NO.: If an alternative operating parameter has been approved, then enter the corresponding AOP unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the AOP approval letter. The unique identifier and/or the date of the approval letter is contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

★ **Complete “Hap Recovery” Only if “Control Device” is “CADS” or “COND.”**

HAP RECOVERY: Enter “YES” if the carbon adsorber or condenser is designed and operated to recover greater than or equal to 95 percent, on a weight-basis, of the total HAPs listed in Table 1 contained in the vent stream entering the carbon adsorber or condenser. Otherwise, enter “NO.”

★ **Complete “Regenerable Carbon Adsorber” Only if “Control Device” is “CADS.”**

REGENERABLE CARBON ADSORBER: Enter “YES” if the carbon absorption system is regenerable. Otherwise, enter “NO.”

★ **Complete “Complying with §63.693(d)(4)(iii)” Only if “Regenerable Carbon Adsorber” is “NO.”**

COMPLYING WITH §63.693(d)(4)(iii): Enter “YES” if the owner or operator has chosen to comply with the requirements of §63.693(d)(4)(iii). Otherwise, enter “NO.”

★ **Complete “Exhaust Stream Temperature Monitor” Only if “Control Device” is “COND” and “Alternative Operating Parameters” is “NO.”**

EXHAUST STREAM TEMPERATURE MONITOR: Enter “YES” if a continuous parameter monitoring system is being used to measure and record the temperature in the exhaust stream gases from the condenser. Otherwise, enter “NO.”

**Table 1c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-site Waste and Recovery Operations**

Complete Only if “Control Device” is “VAPTH,” “VAPCAT,” or “BPH.”

UNIT ID NO.: Enter the identification number (ID No.) for the transfer system (maximum 10 characters) as listed on Form OP-SUM, entitled “Individual Unit Summary.”

SOP INDEX NO.: Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ guidance document entitled “Federal Operating Permit Application Guidance Document.”

HAP DESTRUCTION: Enter “YES” if the vapor incinerator, boiler or process heater is designed and operated to destroy the HAPs listed in Table 1 contained in the vent stream entering the vapor incinerator, boiler, or process heater. Otherwise, enter “NO.”

★ **Complete “Organic Monitoring Device” Only if “Control Device” is “VAPTH” or “VAPCAT” and “Alternative Operating Parameters” is “NO.”**

ORGANIC MONITORING DEVICE: Enter “YES” if a continuous monitoring system that measures the concentration level of organic compounds in the exhaust vent stream from the control device is using an organic monitoring device equipped with a continuous recorder. Otherwise, enter “NO.”

- ★ **Complete “Meets 40 CFR § 63.693(f)(1)(iii)” Only if “Control Device” is “VAPTH” or “VAPCAT” and “HAP Destruction” is “NO.”**

MEETS 40 CFR § 63.693(f)(1)(iii): Enter “YES” if a residence time of 0.5 seconds or longer and a temperature of 760°C or higher is maintained in the vapor incinerator combustion chamber. Otherwise, enter “NO.”

- ★ **Complete “95% HAP Destruction” Only if “Control Device” is “VAPTH,” “VAPCAT,” or “BPH” and “HAP Destruction” is “YES.”**

95% HAP DESTRUCTION: Enter “YES” if the HAP is destroyed by greater than or equal to 95 percent on a total weight basis. Otherwise, enter “NO.”

- ★ **Complete “BPH TOC Destruction” Only if “Control Device” is “BPH” and “HAP Destruction” is “NO.”**

BPH TOC DESTRUCTION: Enter “YES” if the boiler or process heater is designed and operated to destroy the total organic compound (TOC), less methane and ethane, contained in the vent stream introduced into the flame zone of the boiler or process heater. Otherwise, enter “NO.”

- ★ **Complete “95% TOC Destruction” Only if “Control Device” is “VAPTH” or “VAPCAT” and “Meets 40 CFR § 63.693(f)(1)(iii) is “NO,” or if “Control Device” is “BPH” and “BPH TOC Destruction” is “YES.”**

95% TOC DESTRUCTION: Enter “YES” if the TOC, less methane and ethane, contained in the vent stream entering the vapor incinerator or introduced into the flame zone of the boiler or process heater is destroyed by greater than or equal to 95 percent on a weight basis. Otherwise, enter “NO.”

- ★ **Complete “Meets 40 CFR § 63.693(g)(1)(iii)” Only if “Control Device” is “BPH” and “BPH TOC Destruction” is “NO.”**

MEETS 40 CFR § 63.693(g)(1)(iii): Enter “YES” if the vent stream is introduced into the flame zone of the boiler or process heater and the combustion chamber maintains a residence time of 0.5 seconds or longer and a temperature of 760°C or higher. Otherwise, enter “NO.”

- ★ **Complete “Introduced with Fuel” Only if “Meets 40 CFR § 63.693(g)(1)(iii)” is “NO.”**

INTRODUCED WITH FUEL: Enter “YES” if the vent stream is introduced with the fuel that provides the predominate heat input to the boiler or process heater. Otherwise, enter “NO.”

- ★ **Complete “Continuous Temperature Monitoring System” Only if “Control Device” is “BPH” and “Alternative Operating Parameters” is “NO.”**

CONTINUOUS TEMPERATURE MONITORING SYSTEM: Enter “YES” if a continuous parameter monitoring system is used to measure and record the daily average combustion zone temperature. Otherwise, enter “NO.”

