

**Texas Commission on Environmental Quality**  
**Form OP-UA49**  
**Vacuum Producing System Attributes**

**General:**

This form is used to provide a description and data pertaining to all vacuum-producing systems in petroleum refineries 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 table is not applicable to a vacuum-producing system in a petroleum refinery, 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 that rule or sections of that rule, then the applicant does not have to complete the remainder of the tables that correspond to the rule in question. 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 a table included in this form:

**Table 1: Title 30 Texas Administrative Code Chapter 115 (30 TAC § 115)**  
**Subchapter D: Process Unit Turnaround and Vacuum-Producing Systems in Petroleum Refineries**

The Texas Commission on Environmental Quality (TCEQ) primary account number (XX-XXXX-X) and the application area name from Form OP-1 (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), the date of the revision submittal, and the account number.

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 (EPA) Administrator before the federal operating permit (FOP) application is submitted.

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**Specific:**

**Table 1: Title 30 Texas Administrative Code Chapter 115 (30 TAC § 115)  
Subchapter D: Process Unit Turnaround and Vacuum-Producing Systems in Petroleum Refineries**

★ *Complete only for units in petroleum refineries located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, or Houston/Galveston areas or located in Gregg, Nueces, or Victoria counties.*

**Unit ID No.:**

Enter the identification number (ID No.) for the vacuum-producing system (maximum 10 characters as list on Form OP-SUM (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 10 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."

**Alternate Control Requirement (ACR):**

Enter "YES" if the TCEQ Executive Director has approved an ACR demonstrating and documenting compliance. Otherwise, enter "NO."

**ACR ID No.:**

If an ACR has been approved, then enter the corresponding ACR unique identifier for each unit or process. If the unique identifier is unavailable, then enter the date of the ACR approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

▼ **Continue only if "Alternate Control Requirement" is "NO."**

★ **Complete "Weight of VOC Emitted" only if the petroleum refinery is located in Gregg, Nueces, or Victoria County.**

**Weight of VOC Emitted:**

Select one of the following options for the combined weight of VOC emitted by the vacuum-producing system. Enter the code on the form.

<b>Code</b>	<b>Description</b>
100-	Combined weight of VOC is less than or equal to 100 pounds (45.4 kg) in any consecutive 24-hour period
100+	Combined weight of VOC is greater than 100 pounds (45.4 kg) in any consecutive 24-hour period

▼ **Do not continue only if "Weight of VOC Emitted" is "100-".**

**Steam Ejector or Mechanical Vacuum Pump:**

Enter "YES" if the vacuum-producing system contains a steam ejector or mechanical vacuum pump. Otherwise, enter "NO."

**Hotwell With Contact Condenser:**

Enter "YES" if the vacuum-producing system contains a hotwell with a contact condenser. Otherwise, enter "NO."

**Control Device:**

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

<b>Code</b>	<b>Description</b>
NCIN	Direct flame incinerator at a temperature greater than or equal to 1300EF (704EC)
FLARE	Smokeless flare
CATINC	Catalytic incinerator or chiller
CADS	Carbon adsorption system as defined in 30 TAC § 115
VAP	Any other vapor recovery system

**Control Device ID No.:**

If applicable, enter the identification number (ID No. ) for the control device (maximum 10 characters) to which emissions are routed. This number should be consistent with the control device identification number listed on Form OP-SUM.

