



**Texas Commission on Environmental Quality**  
**Form OP-UA52 - Instructions**  
**Closed-Vent System and Control Device Attributes**

**General:**

This form is used to provide a description and data pertaining to closed-vent systems and control devices with potentially applicable requirements associated with a particular regulated entity 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 closed-vent system and/or control device, 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:

- Table 1:** Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)  
Subpart FF: National Emission Standard for Benzene Waste Operations (Closed-vent Systems and Control Devices)
- Table 2:** Title 40 Code of Federal Regulations Part 60 (40 CFR 60)  
Subpart QQQ: Standards of Performance for VOC Emissions from Petroleum Refinery Wastewater Systems
- Table 3a - 3b:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart CC: National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries
- Table 4a - 4b:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart G: National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry for Wastewater
- Table 5:** Title 30 Texas Administrative Code, Chapter 115 (30 TAC Chapter 115)  
Industrial Wastewater
- Table 6a - 6b:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart U: National Emission Standards for Hazardous Air Pollutants: Group I  
Polymers and Resins
- Table 7a - 7b:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart JJJ: National Emission Standards for Hazardous Air Pollutants: Group IV  
Polymers and Resins
- Table 8a – 8b:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart FFFF: National Emission Standards for Hazardous Air Pollutants:  
Miscellaneous Organic Chemical Manufacturing

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), 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 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.texas.gov/nav/permits/air\\_permits.html](http://www.tceq.texas.gov/nav/permits/air_permits.html).

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**Specific:**

**Table 1: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)  
Subpart FF: National Emission Standard for Benzene Waste Operations  
(Closed-vent Systems and Control Devices)**

*Complete this table only for closed-vent systems and control devices used for containers and individual drain systems used to comply with 40 CFR Part 61, Subpart FF.*

*Note: Containers and individual drain system requirements are deemed as site-wide and addressed on Form OP-REQ1 entitled, “Application Area-Wide Applicability Determinations, and General Information.” Questions relating to closed-vent systems and control devices used for tanks (Form OP-UA3 entitled, “Storage Tank/Vessel Attributes”), oil-water separators (Form OP-UA14 entitled, “Water Separator Attributes”), surface impoundments (Form OP-UA45 entitled, “Surface Impoundment Attributes”), or treatment processes (Form OP-UA58 entitled, “Treatment Process Attributes”) used to comply with 40 CFR Part 61, Subpart FF are addressed on the respective unit attribute (UA) form.*

**Control Device ID No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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.”

**Unit Type:** Select one of the following options for the type of waste management unit for which the control device is used. Enter the code on the form.

<u>Code</u>	<u>Description</u>
CONT	Container
DRAIN	Individual drain system
BOTH	Containers and individual drain systems

**Closed Vent System And Control Device AMOC:** Enter “YES” if using an alternate means of compliance to meet the requirements of § 63.349 for the closed vent system and control device. Otherwise, enter “NO.”

**CVS/CD AMOC ID No.:** If an AMOC has been approved, then enter the corresponding AMOC unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the AMOC 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 “Closed Vent System and Control Device AMOC” is “NO.”**

**By-pass Line:** Enter “YES” if the closed-vent system contains any by-pass line that could divert the vent stream away from the control device. Otherwise, enter “NO.”

★ **Complete “By-pass Line Valve” only if “By-pass Line” is “YES.”**

**By-pass Line Valve:** Enter “YES” if a car-seal or lock and key configuration are used to secure the by-pass line valve in the closed position. Otherwise, enter “NO.”

**Control Device Type/Operation:** Select one of the following codes for the type of control device. Enter the code on the form.

Enclosed Combustion Devices:

<u>Code</u>	<u>Description</u>
THERM95	Thermal vapor incinerator with a reduction of organics being greater than or equal to 95 weight percent [see 40 CFR § 61.349(a)(2)(i)(A)]
THERM20	Thermal vapor incinerator that achieves a total organic compound concentration of 20 ppmv on a dry basis corrected to 3% oxygen [see 40 CFR § 61.349(a)(2)(i)(B)]
THERMMR	Thermal vapor incinerator that provides a minimum residence time of 0.5 seconds at a minimum temperature of 760° C [see 40 CFR § 61.349(a)(2)(i)(C)]
CATA95	Catalytic vapor incinerator with a reduction of organics being greater than or equal to 95 weight percent [see 40 CFR § 61.349(a)(2)(i)(A)]
CATA20	Catalytic vapor incinerator that achieves a total organic compound concentration of 20 ppmv on a dry basis corrected to 3% oxygen [see 40 CFR § 61.349(a)(2)(i)(B)]

CATAMR	Catalytic vapor incinerator that provides a minimum residence time of 0.5 seconds at a minimum temperature of 760° C [see 40 CFR § 61.349(a)(2)(i)(C)]
B44-95	Boiler or process heater having a design heat input capacity less than 44 MW and with a reduction of organics being greater than or equal to 95 weight percent [see 40 CFR § 61.349(a)(2)(i)(A)]
B44-20	Boiler or process heater having a design heat input capacity less than 44 MW and that achieves a total organic compound concentration of 20 ppmv on a dry basis corrected to 3% oxygen [see 40 CFR § 61.349(a)(2)(i)(B)]
B44-MR	Boiler or process heater having a design heat input capacity less than 44 MW and that provides a minimum residence time of 0.5 seconds at a minimum temperature of 760 degrees C [see 40 CFR § 61.349(a)(2)(i)(C)]
B44+95	Boiler or process heater having a design heat input capacity greater than or equal to 44 MW and with a reduction of organics being greater than or equal to 95 weight percent [see 40 CFR § 61.349(a)(2)(i)(A)]
B44+20	Boiler or process heater having a design heat input capacity greater than or equal to 44 MW and that achieves a total organic compound concentration of 20 ppmv on a dry basis corrected to 3% oxygen [see 40 CFR § 61.349(a)(2)(i)(B)]
B44+MR	Boiler or process heater having a design heat input capacity greater than or equal to 44 MW and that provides a minimum residence time of 0.5 seconds at a minimum temperature of 760° C [see 40 CFR § 61.349(a)(2)(i)(C)]

Vapor Recovery Systems:

<u>Code</u>	<u>Description</u>
COND	Condenser without a temperature monitoring device
CONDWITH	Condenser with a temperature monitoring device
CDIRECT	Carbon adsorption system that regenerates the carbon bed directly in the control device and does not have a continuous recorder to measure exhaust concentration
CDIRECTW	Carbon adsorption system that regenerates the carbon bed directly in the control device and has a continuous recorder to measure exhausts concentration
CARADS	Carbon adsorption system that does not regenerate the carbon bed directly in the control
OTH-VRS	Vapor recovery system other than condenser or carbon adsorption system

Other Control Devices:

<u>Code</u>	<u>Description</u>
FLARE	Flare
OTHER	Alternate control device approved under § 61.349(a)(2)(iv)

★ **Complete “Engineering Calculations” only if “Control Device Type/Operation is NOT “OTHER,” “FLARE,” “THERMMR,” “CATAMR,” “B44-MR” or “B44+MR.”**

**Engineering Calculations:** Enter “YES” if engineering calculations show that the control device is proven to achieve its emission limitation. Otherwise, enter “NO.”

★ **Complete “Alternate Monitoring Parameters” only if “Control Device Type/Operation” is NOT “OTHER,” “FLARE” or “CARADS.”**

**Alternate Monitoring Parameters:** Enter “YES” if alternate monitoring parameters or requirements have been approved by the Administrator. Otherwise, enter “NO.”

★ **Complete “Carbon Replacement Interval” only if “Control Device Type/Operation” is “CARADS.”**

**Carbon Replacement Interval:** Enter “YES” if the carbon in the carbon adsorption system is replaced at a regular predetermined interval. Otherwise, enter “NO.”

**Table 2: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart QQQ: Standards of Performance for VOC Emissions from  
Petroleum Refinery Wastewater Systems**

*Complete this table only for closed-vent systems and control devices used for completely closed drain systems to comply with 40 CFR Part 60, Subpart QQQ.*

*Note: Individual drain system requirements are deemed as site-wide and addressed on Form OP-REQ1 entitled, “Application Area-wide Applicability Determinations and General Information.” Questions relating to closed-vent systems and control devices used for tanks (Form OP-UA3 entitled, “Storage Tank/Vessel Attributes”), or oil-water separators (Form OP-UA14 entitled, “Water Separator Attributes”) used to comply with 40 CFR Part 60, Subpart QQQ are addressed on the respective unit attribute (UA) form.*

**Control Device ID No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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.”

**Control Device Type:** Select one of the following codes that apply to the control device utilized to comply with 40 CFR § 60.692-5. Enter the code on the form.

<u>Code</u>	<u>Description</u>
INCIN	Thermal incinerator
CATINC	Catalytic Incinerator
CARB	Carbon Adsorber
OTHREC	VOC recovery device other than a Carbon Adsorber
FLARE	Flare

**Alternative Monitoring:** Enter “YES,” if an alternative operational or process parameter is monitored. Otherwise, enter “NO.”

★ **Complete “Regenerate Onsite” Only if “Control Device” is “CARB.”**

**Regenerate Onsite:** Enter “YES” if the carbon adsorption system regenerates the carbon bed directly onsite. Otherwise, enter “NO.”

**Table 3a: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 63)  
Subpart CC: National Emission Standards for Hazardous Air Pollutants  
from Petroleum Refineries**

Complete this table only for closed-vent systems and control devices used for containers and individual drain systems that meet all of the following criteria:

- Are located at plant sites that are a major source and contain or contact one or more of the hazardous air pollutants (HAPs) listed in Table 1 of 40 CFR Part 63, Subpart CC
- Receives or manages Group 1 or Group 2 wastewater streams also subject to 40 CFR Part 63, Subpart G
- Receives or manages Group 2 wastewater streams or organic streams whose benzene emissions are subject to the control under the provisions of 40 CFR Part 61, Subpart FF on or after December 31, 1992.

Note: Control devices for containers and individual drain systems that receive Group 1 wastewater streams and do not receive streams subject to the provisions of 40 CFR Part 63, Subpart G and 40 CFR §§ 63.133 - 63.147 should be identified on Table 1, for 40 CFR Part 61, Subpart FF.

Control devices for containers and individual drain systems that receive Group 1 wastewater streams and do receive streams subject to the provisions of 40 CFR Part 63, Subpart G and 40 CFR §§ 63.133 - 63.147 should be identified on Table 4, for 40 CFR Part 63, Subpart G.

Note: Containers and individual drain system requirements are deemed as site-wide and addressed on Form OP-REQ1 (Application Area-Wide Applicability Determinations and General Information). Questions relating to closed-vent systems and control devices used for tanks, Form OP-UA3 (Storage Tank/Vessel Attributes), loading racks or marine loading operations, Form OP-UA4 (Loading and Unloading Operations Attributes), oil-water separators, Form OP-UA14 (Water Separator Attributes), process vents, Form OP-UA15, (Emission Point/Vent/Distillation Operation Vent/Process Attributes), surface impoundments, Form OP-UA45, (Surface Impoundment Attributes), or treatment processes, Form OP-UA-58 (Treatment Process Attributes) used to comply with 40 CFR Part 63, Subpart CC are addressed on the respective unit attribute (UA) form.

**Control Device ID No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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.”

**Unit Type:** Select one of the following options for the type of waste management unit for which the control device is used. Enter the code on the form.

<u>Code</u>	<u>Description</u>
CONT	Container
DRAIN	Individual drain system
BOTH	Containers and individual drain systems

**Closed Vent System:** Select the option that describes the operation of the closed vent system. Enter the code on the form.

<u>Code</u>	<u>Description</u>
PRESS	Closed vent system is maintained under negative pressure
SUBPTG	Closed vent system is <u>not</u> maintained under negative pressure and is subject to 40 CFR § 63.148
SUBPTH	Closed vent system is <u>not</u> maintained under negative pressure and is subject to 40 CFR § 63.172

★ Complete “By-pass Lines” only if “Closed Vent System” is “SUBPTG” or “SUBPTH.”

**By-pass Lines:** Select the option that describes by-pass lines on the closed vent system. Enter the code on the form.

<u>Code</u>	<u>Description</u>
NONE	No by-pass lines
FLOWIND	By-pass lines are monitored by flow indicators
CARSEAL	By-pass line valves are secured in the closed position with a car-seal or lock-and-key configuration

**Combination Of Control Devices:** Enter “YES” if the vent stream is treated using a combination of control devices. Otherwise, enter “NO.”

*If the response to “Combination of Control Devices” is “YES,” complete one additional row on the form for each additional control device. Each row must have a unique SOP Index No.*

**Control Device Type:** Select one of the following options that describe the control device. Enter the code on the form.

<u>Code</u>	<u>Description</u>
FLARE	Flare
BOIL44+	Boiler or process heater with a design heat input capacity greater than or equal to 44 megawatts
BOILES	Boiler or process heater into which the emission stream is introduced with the primary fuel
BOILHW	Boiler or process heater burning hazardous waste
HWINC	Hazardous waste incinerator
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
OTHBPH	Boiler or process heater or other enclosed combustion device not described above
COND	Condenser
CARB	Carbon adsorption system
OTHVRS	Other vapor recovery system
SCRUB	Scrubber
OTHER	Any other control device

★ Complete “Compliance with Title 40 CFR § 63.139(c)(1)” if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH,” or “OTHBPH.”

**Compliance With Title 40 CFR § 63.139(c)(1):** Select one of the following codes that describes the method of compliance specified in Title 40 CFR § 63.139(c)(1). Enter the code on the form.

<u>Code</u>	<u>Description</u>
C1I	The enclosed combustion device being used meets the provisions specified in Title 40 CFR § 63.139(c)(1)(i)
C1II	The enclosed combustion device being used meets the provisions specified in Title 40 CFR § 63.139(c)(1)(ii)
C1III	The enclosed combustion device being used meets the provisions specified in Title 40 CFR § 63.139(c)(1)(iii)

**Table 3b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart CC: National Emission Standards for Hazardous Air Pollutants  
from Petroleum Refineries**

**Control Device ID No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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."

**Alternate Monitoring Parameters:** Enter "YES" if the EPA Administrator has approved an AMP. Otherwise, enter "NO."

**AMP ID No.:** If an AMP has been approved, then enter the corresponding AMP unique identifier for each unit or process (maximum 10 characters.) If the unique identifier is unavailable, then enter the date of the AMP 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 Monitoring Parameters" is "NO."**

★ **Complete "Regeneration" only if "Control Device Type" is "CARB."**

**Regeneration:** Enter "YES" if the carbon bed is regenerated directly on site. Otherwise, enter "NO."

★ **Complete "Performance Test" only if "Control Device Type" is "VAPTH," "VAPCAT," "OTHBPH," "COND," "CARB," or "SCRUB."**

**Performance Test:** Enter "YES" if performance tests are being conducted using the test methods and procedures specified in 40 CFR § 63.145(i). Otherwise, enter "NO."

★ **Complete "95% Reduction Efficiency" only if "Performance Test" is "YES"**

**95% Reduction Efficiency:** Enter "YES" if complying with the 95 percent reduction efficiency requirement. Otherwise, enter "NO."

- ★ Complete “Monitoring Options” only if “Alternate Monitoring Parameters” is “NO” and “Control Device Type” is “FLARE,” “VAPTH,” “VAPCAT,” “OTHBPH,” “CARB,” “COND,” or “SCRUB.”

**Monitoring Options:** Select the monitoring option that describes the monitoring parameters being used for the control device. Enter the code on the form.

For control devices other than scrubbers and non-regenerative carbon adsorbers

<u>Code</u>	<u>Description</u>
TABLE13	Control device is using the monitoring parameters specified in Table 13
ORGMON	Control device is using an organic monitoring device as allowed under § 63.143(e)(2)

For non-regenerative carbon adsorbers

<u>Code</u>	<u>Description</u>
ORGMON	Non-regenerative carbon adsorber is using an organic monitoring device as allowed under § 63.143(e)(2)
REPLACE	Non-regenerative carbon adsorber is replacing the carbon at a predetermined replacement interval

For scrubbers

<u>Code</u>	<u>Description</u>
ORGMON	Scrubber is using an organic monitoring device as allowed under § 63.143(e)(2)

- ★ Complete “Continuous Monitoring” only if “Control Device Type” is “VAPTH,” “VAPCAT,” “OTHBPH,” “CARB,” “COND,” or “SCRUB” and “Monitoring Options” is “TABLE13” or “ORGMON.”

**Continuous Monitoring:** Select one of the following options that describe the continuous monitoring and recordkeeping used for the unit. Enter the code on the form.

<u>Code</u>	<u>Description</u>
151G	Alternative to continuous monitoring as requested and approved under § 63.151(g)
152G	Alternative to continuous monitoring as allowed under § 63.152(g)
NOALT	Complying with the continuous monitoring requirements of § 63.143(e)(1) or § 63.143(e)(2) in Table 13

**Continuous Monitoring Alt ID No.:** If alternative continuous monitoring has been approved under § 63.151(g), then enter the corresponding unique identifier for each unit or process (maximum 10 characters.) If the unique identifier is unavailable, then enter the date of the 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.

**Table 4a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart G: National Emission Standards for Organic Hazardous Air Pollutants  
from the Synthetic Organic Chemical Manufacturing Industry for Wastewater**

*Complete this table only for closed-vent systems and control devices used for drains, drain hubs, manholes, lift stations, trenches, containers, or individual drain systems used to comply with 40 CFR Part 63, Subpart G.*

*Note: Drains, drain hubs, manholes, lift stations, trenches, containers, and individual drain system requirements are deemed as site-wide and addressed on Form OP-REQ1, (Application Area-Wide Applicability Determinations, and General Information). Questions relating to closed-vent systems and control devices used for tanks, Form OP-UA3 (Storage Tank/Vessel Attributes), transfer operations, Form OP-UA4 (Loading and Unloading Operations Attributes), oil-water separators, Form OP-UA14 (Water Separator Attributes), process vents, Form OP-UA15 (Emission Point/Vent/Distillation Vent/Process Vent Attributes), surface impoundments, Form OP-UA45 (Surface Impoundment Attributes), or treatment processes, Form OP-UA58 (Treatment Process Attributes) used to comply with 40 CFR Part 63, Subpart G are addressed on the respective unit attribute (UA) form.*

**Control Device ID No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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.”

**Unit Type:** Select one of the following options for the type of waste management unit for which the control device is used. Enter the code on the form.

<u>Code</u>	<u>Description</u>
DRN	Drain conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
DRHUB	Drain hub conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
MAN	Manhole conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
LIFT	Lift station conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
TRENCH	Trench conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
CONT	Container receiving, managing, or treating a Group 1 process wastewater stream or a residual removed from a Group 1 process wastewater stream
DRAIN	Individual drain system receiving or managing a Group 1 process wastewater stream or a residual removed from a Group 1 process wastewater stream
COMB	Any combination of drains, drain hubs, manholes, lift stations or trenches conveying non-process wastewater meeting the criteria of § 63.149(e)(1)

★ **Complete “New Source” only if “Unit Type” is “CONT” or “DRAIN.”**

**New Source:** Enter “YES” if the source is a new source. Otherwise, enter “NO.”

**Closed Vent System:** Select the option that describes the operation of the closed vent system. Enter the code on the form.

<u>Code</u>	<u>Description</u>
PRESS	Closed vent system is maintained under negative pressure
SUBPTG	Closed vent system is <u>not</u> maintained under negative pressure and is subject to 40 CFR § 63.148
SUBPTH	Closed vent system is <u>not</u> maintained under negative pressure and is subject to 40 CFR § 63.172

★ Complete “By-pass Lines” only if “Closed Vent System” is “SUBPTG” or “SUBPTH.”

**By-pass Lines:** Select the option that describes by-pass lines on the closed vent system. Enter the code on the form.

<u>Code</u>	<u>Description</u>
NONE	No by-pass lines
FLOWIND	By-pass lines are monitored by flow indicators
CARSEAL	By-pass line valves are secured in the closed position with a car-seal or lock-and-key configuration

★ Complete “Combination of Control Devices” only if “Unit Type” is “CONT” or “DRAIN.”

**Combination Of Control Devices:** Enter “YES” if the vent stream is treated using a combination of control devices. Otherwise, enter “NO.”

*If the response to “Combination of Control Devices” is “YES,” complete one additional row on the form for each additional control device. Each row must have a unique SOP Index No.*

**Control Device Type:** Select one of the following options that describe the control device. Enter the code on the form.

<u>Code</u>	<u>Description</u>
FLARE	Flare
BOIL44+	Boiler or process heater with a design heat input capacity greater than or equal to 44 megawatts
BOILES	Boiler or process heater into which the emission stream is introduced with the primary fuel
BOILHW	Boiler or process heater burning hazardous waste
HWINC	Hazardous waste incinerator
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
OTHBPH	Boiler or process heater or other enclosed combustion device not described above
COND	Condenser
CARB	Carbon adsorption system
OTHVRS	Other vapor recovery system
SCRUB	Scrubber
OTHER	Any other control device

★ Complete “Compliance with Title 40 CFR § 63.139(c)(1)” if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH,” or “OTHBPH.”

**Compliance With Title 40 CFR § 63.139(c)(1):** Select one of the following codes that describes the method of compliance specified in Title 40 CFR § 63.139(c)(1). Enter the code on the form.

<u>Code</u>	<u>Description</u>
CII	The enclosed combustion device being used meets the 95% reduction provisions specified in 40 CFR § 63.139(c)(1)(i)
CIII	The enclosed combustion device being used meets the 20 ppmv concentration provisions specified in 40 CFR § 63.139(c)(1)(ii)
CIIII	The enclosed combustion device being used meets the 0.5 second residence time at 760 degrees C provisions specified in 40 CFR § 63.139(c)(1)(iii)

**Table 4b:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
 Subpart G: National Emission Standards for Organic Hazardous Air  
 Pollutants from the Synthetic Organic Chemical Manufacturing Industry for  
 Wastewater

**Control Device ID No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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 “Federal Operating Permit Application.”

**Alternate Monitoring Parameters:** Enter “YES” if the EPA Administrator has approved an AMP. Otherwise, enter “NO.”

**AMP ID No.:** If an AMP has been approved, then enter the corresponding AMP unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the AMP 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 Monitoring Parameters” is “NO.”

★ Complete “Regeneration” only if “Control Device Type” is “CARB.”

**Regeneration:** Enter “YES” if the carbon bed is regenerated directly on site. Otherwise, enter “NO.”

★ Complete “Performance Test” only if “Control Device Type” is “VAPTH,” “VAPCAT,” “OTHBPH,” “COND,” “CARB,” or “SCRUB.”

**Performance Test:** Enter “YES” if performance tests are being conducted using the test methods and procedures specified in 40 CFR § 63.145(i). Otherwise, enter “NO.”

★ Complete “95% Reduction Efficiency” only if “Performance Test” is “YES.”

**95% Reduction Efficiency:** Enter “YES” if complying with the 95 percent reduction efficiency requirement. Otherwise, enter “NO.”

★ Complete “Monitoring Options” only if “Alternate Monitoring Parameters” is “NO” and “Control Device Type” is “FLARE,” “VAPTH,” “VAPCAT,” “OTHBPH,” “CARB,” “COND,” or “SCRUB.”

**Monitoring Options:** Select the monitoring option that describes the monitoring parameters being used for the control device. Enter the code on the form.

For control devices other than scrubbers and non-regenerative carbon adsorbers

<u>Code</u>	<u>Description</u>
TABLE13	Control device is using the monitoring parameters specified in Table 13
ORGMON	Control device is using an organic monitoring device as allowed under § 63.143(e)(2)

For non-regenerative carbon adsorbers

<u>Code</u>	<u>Description</u>
ORGMON	Non-regenerative carbon adsorber is using an organic monitoring device as allowed under § 63.143(e)(2)
REPLACE	Non-regenerative carbon adsorber is replacing the carbon at a predetermined replacement interval

For scrubbers

<u>Code</u>	<u>Description</u>
ORGMON	Scrubber is using an organic monitoring device as allowed under § 63.143(e)(2)

★ Complete “Continuous Monitoring” only if “Control Device Type” is “VAPTH,” “VAPCAT,” “OTHBPH,” “CARB,” “COND,” or “SCRUB” and “Monitoring Options” is “TABLE13” or “ORGMON.”

**Continuous Monitoring:** Select one of the following options that describe the continuous monitoring and recordkeeping used for the unit. Enter the code on the form.

<u>Code</u>	<u>Description</u>
151G	Alternative to continuous monitoring as requested and approved under § 63.151(g)
152G	Alternative to continuous monitoring as allowed under § 63.152(g)
NOALT	Complying with the continuous monitoring requirements of § 63.143(e)(1) or § 63.143(e)(2) in Table 13

**Continuous Monitoring Alt ID No.:** If alternative continuous monitoring has been approved under § 63.151(g), then enter the corresponding unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the 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.

**Table 5: Title 30 Texas Administrative Code, Chapter 115 (30 TAC Chapter 115) Industrial Wastewater**

Complete this table only for closed-vent systems and control devices used for wastewater drains, junction boxes, lift stations, or weirs equipped with a cover that vents to a vapor control system in accordance with 30 TAC § 115.142(1)(D)(i) or (ii) used to comply with 30 TAC Chapter 115, Industrial Wastewater.

Note: Wastewater drain, junction box, lift station, and weir requirements are deemed as site-wide and addressed on Form OP-REQ1, (Application Area-Wide Applicability Determinations and General Information). Questions relating to closed-vent systems and control devices used for tanks, Form OP-UA3 (Storage Tank/Vessel Attributes), transfer operations, Form OP-UA4 (Loading and Unloading Operations Attributes), oil-water separators, Form OP-UA14 (Water Separator Attributes), process vents, Form OP-UA15 (Emission Point/Vent/Distillation Vent/Process Vent Attributes), surface impoundments, Form OP-UA45, (Surface Impoundment Attributes), or treatment processes, Form OP-UA58 (Treatment Process Attributes) used to comply with 40 CFR Part 63, Subpart G are addressed on the respective unit attribute (UA) form.

**Control Device ID No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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.”

**Petroleum Refinery:** Enter “YES” if the affected source category is a petroleum refinery. Otherwise, enter “NO.”

▼ **DO NOT CONTINUE** if “Petroleum Refinery” is “YES” and the source is located in the Beaumont/Port Arthur area.

**Monitoring Type:** Enter “YES” if the TCEQ Executive Director has approved other monitoring methods, in lieu of the monitoring requirements of 30 TAC § 115.144(3)(A)-(H), for the emission control device installed. Otherwise, enter “NO.”

**Control Devices:** Select one of the following codes that apply to the control device utilized to comply with 30 TAC § 115.142. Enter the code on the form.

<u>Code</u>	<u>Description</u>
ENCLNC	Enclosed no catalytic combustion device
CATA	Catalytic incinerator
CHILL	Condenser (chiller)
CARB	Carbon adsorber
FLARE	Flare
STSTRIP	Steam stripper
VAPCOMB	Vapor combustor
OTHER	Other vapor control system

**Table 6a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart U: National Emission Standards for Hazardous Air Pollutant  
Emissions: Group I Polymers and Resins**

*Complete this table only for closed-vent systems and control devices used for drains, drain hubs, manholes, lift stations, trenches, containers, or individual drain systems used to comply with 40 CFR Part 63, Subpart U.*

*Note: Drains, drain hubs, manholes, lift stations, trenches, containers, or individual drain systems requirements are deemed as site-wide and addressed on Form OP-REQ1, entitled “Application Area-Wide Applicability Determinations and General Information.” Questions relating to closed-vent systems and control devices used for tanks (Form OP-UA3, entitled “Storage Tank/Vessel Attributes”), transfer operations (Form OP-UA4, entitled “Loading and Unloading Operations Attributes”), oil-water separators (Form OP-UA14, entitled “Water Separator Attributes”), process vents (Form OP-UA15, entitled “Emission Point/Vent/Distillation Vent/Process Vent Attributes”), surface impoundments (Form OP-UA45, entitled “Surface Impoundment Attributes”), or treatment processes (Form OP-UA58, entitled “Treatment Process Attributes”) used to comply with 40 CFR Part 63, Subpart U are addressed on the respective unit attribute (UA) form.*

**Control Device ID No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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.”

**Unit Type:** Select one of the following options for the type of waste management unit for which the control device is used. Enter the code on the form.

<u>Code</u>	<u>Description</u>
DRN	Drain conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
DRHUB	Drain hub conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
MAN	Manhole conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
LIFT	Lift station conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
TRENCH	Trench conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
CONT	Container receiving, managing, or treating a Group 1 process wastewater stream or a residual removed from a Group 1 process wastewater stream
DRAIN	Individual drain system receiving or managing a Group 1 process wastewater stream or a residual removed from a Group 1 process wastewater stream

**Closed Vent System:** Select the option that describes the operation of the closed vent system. Enter the code on the form.

<u>Code</u>	<u>Description</u>
PRESS	Closed vent system is maintained under negative pressure
SUBPTG	Closed vent system is <u>not</u> maintained under negative pressure and is subject to 40 CFR § 63.148
SUBPTH	Closed vent system is <u>not</u> maintained under negative pressure and is subject to 40 CFR § 63.172

**By-pass Lines:** Select the option that describes by-pass lines on the closed vent system. Enter the code on the form.

<u>Code</u>	<u>Description</u>
NONE	No by-pass lines
FLOWIND	By-pass lines are monitored by flow indicators
CARSEAL	By-pass line valves are secured in the closed position with a car-seal or lock-and-key configuration

★ Complete “Combination of Control Devices” only if “Unit Type” is “CONT” or “DRAIN.”

**Combination Of Control Devices:** Enter “YES” if the vent stream is treated using a combination of control devices. Otherwise, enter “NO.”

*If the response to “Combination of Control Devices” is “YES,” complete one additional row on the form for each additional control device. Each row must have a unique SOP Index No.*

**Control Device Type:** Select one of the following options that describe the control device. Enter the code on the form.

<u>Code</u>	<u>Description</u>
FLARE	Flare
BOIL44+	Boiler or process heater with a design heat input capacity greater than or equal to 44 megawatts
BOILES	Boiler or process heater into which the emission stream is introduced with the primary fuel
BOILHW	Boiler or process heater burning hazardous waste
HWINC	Hazardous waste incinerator
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
OTHBPH	Boiler or process heater or other enclosed combustion device not described above
COND	Condenser
CARB	Carbon adsorption system
OTHVRS	Other vapor recovery system
SCRUB	Scrubber
OTHER	Any other control device

★ Complete “Compliance with Title 40 CFR § 63.139(c)(1)” if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH,” or “OTHBPH.”

**Compliance With Title 40 CFR § 63.139(c)(1):** Select one of the following codes that describes the method of compliance specified in Title 40 CFR § 63.139(c)(1). Enter the code on the form.

<u>Code</u>	<u>Description</u>
CII	The enclosed combustion device being used meets the 95% reduction provisions specified in 40 CFR § 63.139(c)(1)(i)
CIII	The enclosed combustion device being used meets the 20 ppmv concentration provisions specified in 40 CFR § 63.139(c)(1)(ii)
CIIII	The enclosed combustion device being used meets the 0.5 second residence time at 760° C provisions specified in 40 CFR § 63.139(c)(1)(iii)

**Alternate Monitoring Parameters:** Enter “YES” if the EPA Administrator has approved an AMP. Otherwise, enter “NO.”

**AMP ID No.:** If an AMP has been approved, then enter the corresponding AMP unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the AMP 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 Monitoring Parameters” is “NO.”

**Table 6b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart U: National Emission Standards for Hazardous Air Pollutant  
Emissions: Group I Polymers and Resins**

**Control Device ID No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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 “Federal Operating Permit Application.”

★ Complete “Regeneration” only if “Control Device Type” is “CARB.”

**Regeneration:** Enter “YES” if the carbon bed is regenerated directly on site. Otherwise, enter “NO.”

★ Complete “Performance Test” only if “Control Device Type” is “VAPTH,” “VAPCAT,” “OTHBPH,” “COND,” “CARB,” or “SCRUB.”

**Performance Test:** Enter “YES” if performance tests are being conducted using the test methods and procedures specified in 40 CFR § 63.145(i). Otherwise, enter “NO.”

★ Complete “95% Reduction Efficiency” only if “Performance Test” is “YES.”

**95% Reduction Efficiency:** Enter “YES” if complying with the 95 percent reduction efficiency requirement. Otherwise, enter “NO.”

- ★ Complete “Monitoring Options” only if “Alternate Monitoring Parameters” is “NO” and “Control Device Type” is “VAPTH,” “VAPCAT,” “OTHBPH,” “CARB,” “COND,” or “SCRUB.”

**Monitoring Options:** Select the monitoring option that describes the monitoring parameters being used for the control device. Enter the code on the form.

For control devices other than scrubbers and non-regenerative carbon adsorbers

<u>Code</u>	<u>Description</u>
TABLE13	Control device is using the monitoring parameters specified in Table 13
ORGMON	Control device is using an organic monitoring device as allowed under § 63.143(e)(2)

For non-regenerative carbon adsorbers

<u>Code</u>	<u>Description</u>
ORGMON	Non-regenerative carbon adsorber is using an organic monitoring device as allowed under § 63.143(e)(2)
REPLACE	Non-regenerative carbon adsorber is replacing the carbon at a predetermined replacement interval

For scrubbers

<u>Code</u>	<u>Description</u>
ORGMON	Scrubber is using an organic monitoring device as allowed under § 63.143(e)(2)

- ★ Complete “Alternate Monitoring Option” only if “Control Device Type” is “VAPTH,” “VAPCAT,” “OTHBPH,” “CARB,” “COND,” or “SCRUB” and “Monitoring Options” is “TABLE13” or “ORGMON.”

**Alternate Monitoring Option:** Enter “YES” if an alternate continuous monitoring system is requested and approved under 40 CFR § 63.506(g). Otherwise, enter “NO.”

**Alternate Monitoring ID No.:** If alternative continuous monitoring has been approved under § 63.506(g), then enter the corresponding unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the 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.

**Table 7a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart JJJ: National Emission Standards for Hazardous Air Pollutant  
Emissions: Group IV Polymers and Resins**

Complete this table only for closed-vent systems and control devices at sources that produce a thermoplastic other than polystyrene, acrylonitrile styrene acrylate resin (ASA) or alpha methyl styrene acrylonitrile resin (AMSAN) used for drains, drain hubs, manholes, lift stations, trenches, containers, or individual drain systems used to comply with 40 CFR Part 63, Subpart JJJ.

Note: Drains, drain hubs, manholes, lift stations, trenches, containers, or individual drain systems requirements are deemed as site-wide and addressed on Form OP-REQ1, entitled “Application Area-Wide Applicability Determinations and General Information.” Questions relating to closed-vent systems and control devices used for tanks (Form OP-UA3, entitled “Storage Tank/Vessel Attributes”), transfer operations (Form OP-UA4, entitled “Loading and Unloading Operations Attributes”), oil-water separators (Form OP-UA14, entitled “Water Separator Attributes”), process vents (Form OP-UA15, entitled “Emission Point/Vent/Distillation Vent/Process Vent Attributes”), surface impoundments (Form OP-UA45, entitled “Surface Impoundment Attributes”), or treatment processes (Form OP-UA58, entitled “Treatment Process Attributes”) used to comply with 40 CFR Part 63, Subpart JJJ are addressed on the respective unit attribute (UA) form.

**Control Device Id No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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 “Federal Operating Permit Application.”

**Unit Type:** Select one of the following options for the type of waste management unit for which the control device is used. Enter the code on the form.

<u>Code</u>	<u>Description</u>
DRN	Drain conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
DRHUB	Drain hub conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
MAN	Manhole conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
LIFT	Lift station conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
TRENCH	Trench conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
CONT	Container receiving, managing, or treating a Group 1 process wastewater stream or a residual removed from a Group 1 process wastewater stream
DRAIN	Individual drain system receiving or managing a Group 1 process wastewater stream or a residual removed from a Group 1 process wastewater stream

**Closed Vent System:** Select the option that describes the operation of the closed vent system. Enter the code on the form.

<u>Code</u>	<u>Description</u>
PRESS	Closed vent system is maintained under negative pressure
SUBPTG	Closed vent system is <u>not</u> maintained under negative pressure and is subject to 40 CFR § 63.148
SUBPTH	Closed vent system is <u>not</u> maintained under negative pressure and is subject to 40 CFR § 63.172

**By-pass Lines:** Select the option that describes by-pass lines on the closed vent system. Enter the code on the form.

<u>Code</u>	<u>Description</u>
NONE	No by-pass lines
FLOWIND	By-pass lines are monitored by flow indicators
CARSEAL	By-pass line valves are secured in the closed position with a car-seal or lock-and-key configuration

★ Complete “Combination of Control Devices” only if “Unit Type” is “CONT” or “DRAIN.”

**Combination Of Control Devices:** Enter “YES” if the vent stream is treated using a combination of control devices. Otherwise, enter “NO.”

*If the response to “Combination of Control Devices” is “YES,” complete one additional row on the form for each additional control device. Each row must have a unique SOP Index No.*

**Control Device Type:** Select one of the following options that describe the control device. Enter the code on the form.

<u>Code</u>	<u>Description</u>
FLARE	Flare
BOIL44+	Boiler or process heater with a design heat input capacity greater than or equal to 44 megawatts
BOILES	Boiler or process heater into which the emission stream is introduced with the primary fuel
BOILHW	Boiler or process heater burning hazardous waste
HWINC	Hazardous waste incinerator
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
OTHBPH	Boiler or process heater or other enclosed combustion device not described above
COND	Condenser
CARB	Carbon adsorption system
OTHVRS	Other vapor recovery system
SCRUB	Scrubber
OTHER	Any other control device

★ Complete “Compliance with Title 40 CFR § 63.139(c)(1)” if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH” or “OTHBPH.”

**Compliance With Title 40 CFR § 63.139(c)(1):** Select one of the following codes that describes the method of compliance specified in Title 40 CFR § 63.139(c)(1). Enter the code on the form.

<u>Code</u>	<u>Description</u>
C1I	The enclosed combustion device being used meets the 95% reduction provisions specified in 40 CFR § 63.139(c)(1)(i)
C1II	The enclosed combustion device being used meets the 20 ppmv concentration provisions specified in 40 CFR § 63.139(c)(1)(ii)
C1III	The enclosed combustion device being used meets the 0.5 second residence time at 760 degrees C provisions specified in 40 CFR § 63.139(c)(1)(iii)

**Alternate Monitoring Parameters:** Enter “YES” if the EPA Administrator has approved an AMP. Otherwise, enter “NO.”

**AMP ID No.:** If an AMP has been approved, then enter the corresponding AMP unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the AMP 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 Monitoring Parameters” is “NO.”**

**Table 7b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart JJJ: National Emission Standards for Hazardous Air Pollutant  
Emissions: Group IV Polymers and Resins**

**Control Device ID No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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 “Federal Operating Permit Application.”

★ **Complete “Regeneration” only if “Control Device Type” is “CARB.”**

**Regeneration:** Enter “YES” if the carbon bed is regenerated directly on site. Otherwise, enter “NO.”

★ **Complete “Performance Test” only if “Control Device Type” is “VAPTH,” “VAPCAT,” “OTHBPH,” “COND,” “CARB,” or “SCRUB.”**

**Performance Test:** Enter “YES” if performance tests are being conducted using the test methods and procedures specified in 40 CFR § 63.145(i). Otherwise, enter “NO.”

★ **Complete “95% Reduction Efficiency” only if “Performance Test” is “YES.”**

**95% Reduction Efficiency:** Enter “YES” if complying with the 95 percent reduction efficiency requirement. Otherwise, enter “NO.”

★ **Complete “Monitoring Options” only if “Alternate Monitoring Parameters” is “NO” and “Control Device Type” is “VAPTH,” “VAPCAT,” “OTHBPH,” “CARB,” “COND,” or “SCRUB.”**

**Monitoring Options:** Select the monitoring option that describes the monitoring parameters being used for the control device. Enter the code on the form.

For control devices other than scrubbers and non-regenerative carbon adsorbers

<u>Code</u>	<u>Description</u>
TABLE13	Control device is using the monitoring parameters specified in Table 13
ORGMON	Control device is using an organic monitoring device as allowed under § 63.143(e)(2)

For non-regenerative carbon adsorbers

<u>Code</u>	<u>Description</u>
ORGMON	Non-regenerative carbon adsorber is using an organic monitoring device as allowed under § 63.143(e)(2)
REPLACE	Non-regenerative carbon adsorber is replacing the carbon at a predetermined replacement interval

For scrubbers

<u>Code</u>	<u>Description</u>
ORGMON	Scrubber is using an organic monitoring device as allowed under § 63.143(e)(2)

★ Complete “Alternate Monitoring Option” only if “Control Device Type” is “VAPTH,” “VAPCAT,” “OTHBPH,” “CARB,” “COND,” or “SCRUB,” and “Monitoring Options” is “TABLE13” or “ORGMON.”

**Alternate Monitoring Option:** Enter “YES” if an alternate continuous monitoring system is requested and approved under 40 CFR § 63.506(g). Otherwise, enter “NO.”

**Alternate Monitoring ID No.:** If alternative continuous monitoring has been approved under § 63.1335(g), then enter the corresponding unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the 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.

**Table 8a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart FFFF: National Emission Standards for Hazardous Air Pollutants:  
Miscellaneous Organic Chemical Manufacturing**

*Complete this table only for closed-vent systems and control devices used for drains, drain hubs, manholes, lift stations, trenches, containers, or individual drain systems at MCPUs that meet criteria in 40 CFR § 63.2435(a)-(b) and § 63.2485 and that are not complying with the pollution prevention alternative standards §63.2495(a)(1) and (2) in lieu of the emission limitations and work practice standards contained in Table 7.*

*Note: Drains, drain hubs, manholes, lift stations, trenches, containers, and individual drain system requirements are deemed as site-wide and addressed on Form OP-REQ1, (Application Area-Wide Applicability Determinations and General Information). Questions relating to closed-vent systems and control devices used for tanks, Form OP-UA3 (Storage Tank/Vessel Attributes), transfer operations, Form OP-UA4 (Loading and Unloading Operations Attributes), oil-water separators, Form OP-UA14 (Water Separator Attributes), process vents, Form OP-UA15 (Emission Point/Vent/Distillation Vent/Process Vent Attributes), surface impoundments, Form OP-UA45 (Surface Impoundment Attributes), or treatment processes, Form OP-UA58 (Treatment Process Attributes) used to comply with 40 CFR Part 63, Subpart FFFF are addressed on the respective unit attribute (UA) form.*

**Control Device ID No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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 “Federal Operating Permit Application.”

**Unit Type:** Select one of the following options for the type of waste management unit for which the control device is used. Enter the code on the form.

<u>Code</u>	<u>Description</u>
DRN	Drain conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
DRHUB	Drain hub conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
MAN	Manhole conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
LIFT	Lift station conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
TRENCH	Trench conveying non-process wastewater meeting the criteria of § 63.149(e)(1)
CONT	Container receiving, managing, or treating a Group 1 process wastewater stream or a residual removed from a Group 1 process wastewater stream
DRAIN	Individual drain system receiving or managing a Group 1 process wastewater stream or a residual removed from a Group 1 process wastewater stream
COMB	Any combination of drains, drain hubs, manholes, lift stations or trenches conveying non-process wastewater meeting the criteria of § 63.149(e)(1)

★ Complete “Closed Vent System” only if “Unit Type” is “DRAIN” or “CONT.”

**Closed Vent System:** Select the option that describes the operation of the closed vent system. Enter the code on the form.

<u>Code</u>	<u>Description</u>
PRESS	Closed vent system is maintained under negative pressure
SUBPTG	Closed vent system is <u>not</u> maintained under negative pressure and is subject to 40 CFR § 63.148
SUBPTH	Closed vent system is <u>not</u> maintained under negative pressure and is subject to 40 CFR § 63.172

★ Complete “By-pass Lines” only if “Closed Vent System” is “SUBPTG” or “SUBPTH.”

**By-pass Lines:** Select the option that describes by-pass lines on the closed vent system. Enter the code on the form.

<u>Code</u>	<u>Description</u>
NONE	No by-pass lines
FLOWIND	By-pass lines are monitored by flow indicators
CARSEAL	By-pass line valves are secured in the closed position with a car-seal or lock-and-key configuration

**Combination Of Control Devices:** Enter “YES” if the vent stream is treated using a combination of control devices. Otherwise, enter “NO.”

*If the response to “Combination of Control Devices” is “YES,” complete one additional row on the form for each additional control device. Each row must have a unique SOP Index No.*

**Control Devices:** Select one of the following options that describe the control device. Enter the code on the form.

<u>Code</u>	<u>Description</u>
FLARE	Flare
BPH-44+	Boiler or process heater with a design heat input capacity greater than or equal to 44 MW
BPH-VNT	Boiler or process heater into which the emission stream is introduced with primary fuel
BPH-HAZ	Boiler or process heater burning hazardous waste meeting 40 CFR § 63.139(d)(4)(iii)
HAZINC	Hazardous waste incinerator
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
BPH-44-	Boiler or process heater with a design heat capacity less than 44MW and into which the emission stream is not introduced with the primary fuel
OTHENC	Other enclosed combustion device
CADS	Carbon adsorber
COND	Condenser
SCRUB	Scrubber
OTHVRS	Other vapor recovery system
OTHER	Other control device

**Control Device ID No.:** If applicable, enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters. This number should be consistent with the control device identification number) listed on Form OP-SUM. If there is no control device, then leave this column blank.

Complete “Compliance with 40 CFR § 63.139(c)(1) only if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH-44-” or “OTHENC.”

**Compliance With 40 CFR § 63.139(c)(1):** Select one of the following options that describes the method of compliance specified in 40 CFR § 63.139(c)(1). Enter the code on the form.

<u>Code</u>	<u>Description</u>
C1I	The enclosed combustion device being used meets the 95% reduction provisions specified in 40 CFR § 63.139(c)(1)(i)
C1II	The enclosed combustion device being used meets the 20 ppmv concentration provisions specified in 40 CFR § 63.139(c)(1)(ii)
H3	The enclosed combustion device being used meets the 20 ppmv concentration provisions but using alternate method specified in 40 CFR § 63.2485(h)(3) in lieu of 40 CFR § 63.139(c)(1)(ii)
C1III	The enclosed combustion device being used meets the 0.5 second residence time at 760° C provisions specified in 40 CFR § 63.139(c)(1)(iii)

**Halogenated:** Select one of the following codes that describe the halogen characteristic of the stream. Enter the code on the form.

<u>Code</u>	<u>Description</u>
DES	The stream is designated as halogenated
DET	The stream is determined as halogenated
NON	The stream is determined as non-halogenated

**Table 8b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart FFFF: National Emission Standards for Hazardous Air Pollutants:  
Miscellaneous Organic Chemical Manufacturing**

**Control Device ID No.:** Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed 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 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 “Federal Operating Permit Application.”

★ **Complete “Halogen Reduction” only if “Halogenated” is “DES” or “DET” and “Control Device Type” is “FLARE,” “BPH-44+,” “BPH-VNT,” “BPH-HAZ,” “HAZINC,” “VAPTH,” “VAPCAT,” “BPH-44-,” or “OTHENC.”**

**Halogen Reduction:** Select one of the following codes that describes the halogen reduction device emission limit. Enter the code on the form.

<u>Code</u>	<u>Description</u>
AFT20-	The halogen reduction device is located after the combustion control device and is reducing overall emissions of hydrogen halide and halogen HAP to a concentration $\leq 20$ ppmv
AFT45-	The halogen reduction device is located after the combustion device and is reducing the overall emissions of hydrogen halide and halogen HAP to $\leq 0.45$ kg/hr
AFT99+	The halogen reduction device is located after the combustion device and is reducing overall emissions of hydrogen and halogen HAP by $\geq 99$ percent
BEF	The halogen reduction device is located before the combustion control device and is reducing the halogen atom mass emission rate to $\leq 0.45$ kg/hr or to a concentration $\leq 20$ ppmv

**Alt 63G Mon Parameters:** Enter “YES” if the EPA Administrator has approved an AMP. Otherwise, enter “NO.”

**AMP ID No.:** If an AMP has been approved, then enter the corresponding AMP unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the AMP 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 “Alt 63G Mon Parameters” is “NO.”**

★ **Complete “Regeneration” only if “Control Devices” is “CADS.”**

**Regeneration:** Enter “YES” if the carbon bed is regenerated onsite. Otherwise, enter “NO.”

★ **Complete “Performance Test” only if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH-44-,” “CADS,” “COND,” or “SCRUB.”**

**Performance Tests:** Enter “YES” if performance tests are used to demonstrate that the control device or combination of control devices achieves the appropriate conditions. Otherwise, enter “NO.”

★ Complete “2485H3” only if “Performance Tests” is “YES” and “Control Devices” is “VAPTH” or “VAPCAT.”

**2485(h)(3):** Enter “YES” if the method in 40 CFR § 63.2485(h)(3) is used in lieu of 40 CFR § 63.145(i)(2). Otherwise, enter “NO.”

★ Complete “95% Performance Tests” only if “Performance Tests” is “YES.”

**95% Performance Tests:** Enter “YES” if the performance tests are conducted to demonstrate compliance with 95% reduction efficiency. Otherwise, enter “NO.”

★ Complete “Monitoring Options” only if “Alt 63G Mon Parameters” is “NO” and “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH-44-,” “CADS,” or “COND.”

**Monitoring Options:** Select the monitoring option that describes the monitoring parameters being used for the control device. Enter the code on the form.

For control devices other than scrubbers and non-regenerative carbon adsorbers

<u>Code</u>	<u>Description</u>
TABLE13	Control device is using the monitoring parameters specified in Table 13
ORGMON	Control device is using an organic monitoring device as allowed under § 63.143(e)(2)

For non-regenerative carbon adsorbers

<u>Code</u>	<u>Description</u>
ORGMON	Non-regenerative carbon adsorber is using an organic monitoring device as allowed under § 63.143(e)(2)
REPLACE	Non-regenerative carbon adsorber is replacing the carbon at a predetermined replacement interval

For scrubbers

<u>Code</u>	<u>Description</u>
ORGMON	Scrubber is using an organic monitoring device as allowed under § 63.143(e)(2)

















**Closed - Vent System and Control Device Attributes**  
**Form OP-UA52 (Page 8)**  
**Federal Operating Permit Program**

**Table 6a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart U: National Emission Standards for Hazardous Air Pollutants: Group I Polymers and Resins**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Control Device ID No.	SOP Index No.	Unit Type	Closed Vent System	By-pass Lines	Combinati on of Control Devices	Control Device Type	Compliance with 40 CFR § 63.139(c)(1)	Alternate Monitoring Parameters	AMP ID No.









