**Exemption § 106.374 Checklist**

TCEQ Logo

**(Previously Standard Exemption 121)**

**Lime Slaking Facilities**

The following checklist has been developed so the Texas Commission on Environmental Quality (TCEQ) can confirm that you meet exemption requirements. The questions are derived from § 106.4, previously § 116.211(a), and the exemption list. Please read all questions and check YES or NO (equivalent to True or False), or give specific information as applicable to your facility. If you do not meet all conditions of a specific exemption, you will not be allowed to operate the facility under exemption and you must apply for a construction permit as required under § 116.110(a) prior to construction.

For additional assistance with your application, including resources to help calculate your emissions, please visit the Small Business and Local Government Assistance (SBLGA) webpage at the following link: [www.TexasEnviroHelp.org](http://www.TexasEnviroHelp.org)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | | | | |
| This lime slaking facility is used to mix quicklime with water | | | YES | NO |
| The mixing vessel is horizontal | | | YES | NO |
| The mixing vessel uses interior mechanical agitation parallel to the bottom and agitates the water over the full length of the vessel | | | YES | NO |
| Quicklime is injected into the mixing vessel | | | YES | NO |
| Injection is from a pneumatic transfer system | | | YES | NO |
| The quicklime is injected at a point at least twelve inches under the surface of the agitated water | | | YES | NO |
| The quicklime is injected by a non-pneumatic conveying system unloading at the top of the vessel | | | YES | NO |
| Emissions from any vent on the vessel are controlled by an appropriately sized wet scrubber | | | YES | NO |
| Table 13 “Wet Scrubbers” is attached | | | YES | NO |
| There will be no visible emissions (other than uncombined water) due to the operation of this facility | | | YES | NO |
| Name: | | | | |
| Company: | | | | |
| Title: | | | | |
| Facility Name: | | | | |
| Location: | | | | |
| Phone No.: | Fax No.: | | | |
| E-mail Address: | Account ID No.: | | | |
| Signature of Company Officer: | | Date: | | |