



Texas Commission on Environmental Quality
Form OP-UA9 - Instructions
Nonmetallic Mineral Processing Plant Attribute

General:

This form is used to provide a description and data pertaining to all nonmetallic mineral processing plants 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 nonmetallic mineral processing plant, 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 correspond to the rule. Further instructions 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 60 (40 CFR Part 60)
Subpart OOO: Standards of Performance for Nonmetallic Mineral Processing Plants
- Table 2a - 2c:** Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart F: Standards of Performance for Portland Cement Plants
- Table 3:** Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart HH: Standards of Performance for Lime Manufacturing Plants
- Table 4:** Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart UUU: Standards of Performance for Calciners and Dryers in Mineral Industries
- Tables 5a - 5c:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart LLL: National Emission Standards for Hazardous Air Pollutants from the Portland Cement Manufacturing Industry

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, 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.texas.gov/nav/permitting/central_registry/index.html.

Specific:

**Table 1a: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart 000: Standards of Performance for Nonmetallic Mineral Processing Plants**

PLANT ID NO.: The plant identification number (ID No.) provides a reference if more than one nonmetallic mineral processing plant is located at a site. It is only for information purposes. The plant identification number (maximum 10 characters) should be prefixed with “PLT” or “PLT-.” If a plant identification number currently exists, enter the identification number that will include all of the affected facilities listed in the Table 1b “Unit ID No.” column. In cases where an identification number does not exist, a new identification number must be provided by the applicant that will include all of the affected facilities listed in the Table 1b “Unit ID No.” column.

Note: Include the information for one plant on each form. If multiple plants are included at the site, additional OP-UA9 forms must be submitted.

PLANT TYPE: Select one of the following options for plant type. Enter the code on the form.

<u>Code</u>	<u>Description</u>
HTMIX	Hot-mix asphalt facility that reduces the size of nonmetallic minerals embedded in recycled asphalt pavement
NOCRGR	Plant without crushers or grinding mills and containing a stand-alone screening operation
SDGRV	Sand and gravel plant
CRSTN	Crushed stone plant
CMCLY	Common clay plant
PUMC	Pumice plant
NMMPP	Nonmetallic mineral processing plant other than described above

▼ **Do not continue only if “Plant Type” is “NOCRGR.”**

★ **Complete “Portable or Fixed Plant” only if “Plant Type” is “SDGRV” or “CRSTN.”**

PORTABLE OR FIXED PLANT: Select one of the following options. Enter the code on the form.

<u>Code</u>	<u>Description</u>
PORT	Portable plant
FIXE	Fixed plant

★ Complete “Plant Capacity” only if “Plant Type” is “SDGRV,” “CRSTN,” “CMCLY,” or “PUMC.”

PLANT CAPACITY: Select one of the following options for plant capacity. Enter the code on the form.

For “Plant Type” designation of “SDGRV” or “CRSTN,” and “Portable or Fixed Plant” designation of “FIXED”:

<u>Code</u>	<u>Description</u>
25-	Capacity is less than or equal to 25 tons/hr
25+	Capacity is greater than 25 tons/hr

For “Plant Type” designation of “SDGRV” or “CRSTN,” and “Portable or Fixed Plant” designation of “PORT”:

<u>Code</u>	<u>Description</u>
150-	Capacity is less than or equal to 150 tons/hr
150+	Capacity is greater than 150 tons/hr

For “Plant Type” designation of “CMCLY” or “PUMC”:

<u>Code</u>	<u>Description</u>
10-	Capacity is less than or equal to 10 tons/hr
10+	Capacity is greater than 10 tons/hr

**Table 1b: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart OOO: Standards of Performance for Nonmetallic Mineral Processing Plants**

▼ Continue Only if Any of the Following Are True:

1. Response to “Plant Type” is “NMMPP” or “HTMIX;”
2. Response to “Plant Type” is “SDGRV” or “CRSTN,” response to “Portable or Fixed” is “PORT,” and response to “Plant Capacity” is “150+;”
3. Response to “Plant Type” is “SDGRV” or “CRSTN,” response to “Portable or Fixed” is “FIXED,” and response to “Plant Capacity” is “25+;” and
4. Response to “Plant Type” is “CMCLY” or “PUMC,” and response to “Plant Capacity” is “10+.”

UNIT ID NO.: Enter the identification number (ID No.) for the affected facility (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

Note 1: Affected facilities may be grouped or aggregated as processes in Table 1b. The Unit Identification Number(s) should be listed in Table 1b, even if no other responses are required.

Note 2: If the owner or operator of the plant has a facility or facilities that are enclosed and has chosen to comply with the emission limitations of 40 CFR Part 60, Subpart OOO as a building under 40 CFR § 60.672(e), then the identification number should be an identification for that building. All affected facilities enclosed in the building are not to be listed as separate affected facilities.

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 go to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf.

★ **Complete “Prior to” only if “Plant Type” is “HTMIX.”**

PRIOR TO: Enter “YES” if the affected facility is prior to the first storage bin or silo. Otherwise, enter “NO.”

★ **Do not complete “Underground Mines” only if “Plant Type” is “HTMIX.”**

UNDERGROUND MINES: Enter “YES” if the facility is located in an underground mine. Otherwise, enter “NO.”

▼ **Continue only if “Underground Mines” is “NO” or “Prior To” is “YES.”**

SUBPART APPLICABILITY: Enter “YES” if the facility is subject to 40 CFR Part 60, Subparts F or I, or if the facility follows, in the plant process, any other facility subject to Subparts F or I. Otherwise, enter “NO.”

▼ **Continue only if “Subpart Applicability” is “NO.”**

FACILITY TYPE: Select one of the following options for the affected facility located at the nonmetallic mineral processing plant. Enter the code on the form.

<u>Code</u>	<u>Description</u>
BUILD	Building enclosing one or more affected facilities and complying with the requirements of 40 CFR § 60.672(e)
CRSHR	Crusher
GRNDML	Grinding mill
SCRNOP	Screening operation not processing saturated material in the production line up to the next crusher, grinding mill, or storage bin nor in a production line downstream of wet mining operations where such screening operations, bucket elevators, or belt conveyors process saturated materials up to the next crusher, grinding mill, or storage bin in the production line
BKTELV	Bucket elevator not processing saturated material in the production line up to the next crusher, grinding mill, or storage bin nor in a production line downstream of wet mining operations where such screening operations, bucket elevators, or belt conveyors process saturated materials up to the next crusher, grinding mill, or storage bin in the production line
TRANSP	Transfer point on a belt conveyor not processing saturated material in the production line up to the next crusher, grinding mill, or storage bin nor in a production line downstream of wet mining operations where such screening operations, bucket elevators, or belt conveyors process saturated materials up to the next crusher, grinding mill, or storage bin in the production line
BAGOP	Bagging operation
STGBN	Storage bin
ENTKRC	Enclosed truck or rail car loading station
WETSCRN	Wet screening operations and subsequent screening operations, bucket elevators, or belt conveyors processing saturated material in the production line up to the next crusher, grinding mill, or storage bin

WETMINE Screening operations, bucket elevators, or belt conveyors in the production line downstream of wet mining operations where such screening operations, bucket elevators, or belt conveyors process saturated materials up to the first crusher, grinding mill, or storage bin in the production line

CONSTRUCTION/MODIFICATION DATE: Select one of the following codes that describe the date of commencement of the most recent construction, modification, or reconstruction. Enter the code on the form.

<u>Code</u>	<u>Description</u>
83-	On or before August 31, 1983
83+	After August 31, 1983

▼ **Continue only if “Construction/Modification Date” is “83+.”**

REPLACEMENT TYPE: Select one of the following options for facility replacement. Enter the code on the form.

<u>Code</u>	<u>Description</u>
FACRP-	Affected facility is of equal or smaller size, has the same function as the facility it replaced, and is not part of a production line with all affected facilities within the line replaced after August 31, 1983
FACRP+	Affected facility is of larger size than the facility it replaced or is of equal or smaller size but has a different function than the facility it replaced and is not part of a production line with all affected facilities within the line replaced after August 31, 1983
PRORP	Affected facility is part of a production line with all affected facilities within the line replaced after August 31, 1983 with new facilities
OTHER	Is not replacing an existing facility or is other than described above

**Table 1c: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart 000: Standards of Performance for Nonmetallic Mineral Processing Plants**

▼ **Continue only if “Replacement Type” is “PRORP,” “FACRP+,” or “OTHER.”**

UNIT ID NO.: Enter the identification number (ID No.) for the nonmetallic mineral unit or process (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 go to the TCEQ website at http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf.

★ **Complete “Vent” only if “Facility Type” is “BUILD.”**

VENT: Enter “YES” if the building contains a vent as defined in 40 CFR § 60.671. Otherwise, enter “NO.”

★ **Do not complete “Capture System” and “Control Device Type” if “Facility Type” is “WETMINE” or “WETSCRN.”**

CAPTURE SYSTEM: Enter “YES” if the affected facility is using a capture system for emissions control. Otherwise, enter “NO.”

CONTROL DEVICE TYPE: Select one of the following options for the type of control device used by the affected facility. Enter the code on the form.

<u>Code</u>	<u>Description</u>
INDIV	Baghouse controlling emissions from only an individual enclosed storage bin
WETSCR	Wet scrubber
OTHER	Control device <u>other</u> than a baghouse controlling emissions from only an individual enclosed storage bin or wet scrubber <u>or</u> no emissions control

CONTROL DEVICE ID NO.: If applicable, enter the identification number 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. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

★ **Complete “Truck Dump” Only if “Facility Type” is “CRSHR,” “SCRNOP,” “WETMINE,” or “WETSCRN.”**

TRUCK DUMP: Enter “YES” if a truck dumps nonmetallic minerals into the affected facility. Otherwise, enter “NO.”

▼ **Do not continue only if “Facility Type” is “BUILD,” “WETMINE,” or “WETSCRN,” or “Control Device Type” is “INDIV.”**

EMISSIONS INTERFERENCE TYPE: Select one of the following options for the emissions interference type influencing the affected facility. Enter the code on the form.

<u>Code</u>	<u>Description</u>
INTERCR	Emissions from this affected facility are continuously interfered with by a crusher <u>without</u> a capture system so that the opacity of fugitive emissions from the individual affected facilities cannot be read
INTERNOCR	Emissions from this affected facility are continuously interfered with by a crusher containing a capture system or by any other affected facility so that the opacity of fugitive emissions from the individual affected facilities cannot be read
NOINTER	No emissions interference occurs for the affected facility

★ **Complete “Separation Possible” only if “Emissions Interference Type” is “INTERNOCR” or “INTERCR.”**

SEPARATION POSSIBLE: Select one of the following options for the emissions separation capability of the affected facility. Enter the code on the form.

<u>Code</u>	<u>Description</u>
SEPARA	Emissions from this affected facility can be separated so that the opacity of fugitive emissions from the individual affected facilities can be read
NOSEPARA	Emissions from this affected facility cannot be separated so that the opacity of fugitive emissions from the individual affected facilities can be read

**Table 2a: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart F: Standards of Performance for Portland Cement Plants**

Complete Tables 2a - 2c only for the following affected facilities in portland cement plants: Kiln, clinker cooler, raw mill system, finish mill system, raw mill dryer, raw material storage, clinker storage, finished product storage, conveyor transfer points, bagging and bulk loading and unloading systems.

UNIT ID NO.: Enter the identification number (ID No.) for the Portland cement plant unit or process 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 go to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf.

CONSTRUCTION/MODIFICATION DATE: Select one of the following options that describe the date of commencement of the most recent construction, modification, or reconstruction. Enter the code on the form.

<u>Code</u>	<u>Description</u>
71-	On or before August 17, 1971
71-08	After August 17, 1971, but on or before June 16, 2008
08+	After June 16, 2008

▼ **Continue only if “Construction/Modification Date” is “71-08” or “08+.”**

FACILITY TYPE: Select one of the following options for the facility type within a Portland cement plant. Enter the code on the form.

<u>Code</u>	<u>Description</u>
KILN	Kiln
CLINK	Clinker cooler
RAW	Raw mill system
FINSH	Finish mill system
RDRY	Raw mill dryer
RSTOR	Raw material storage
CLSTO	Clinker storage
FNSTO	Finished product storage
CVTP	Conveyor transfer points
BAG	Bagging system
LOAD	Loading and unloading system

▼ **If “Facility Type” is “RAW,” “FINSH,” “RDRY,” “RSTOR,” “CLSTO,” “FNSTO,” “CVTP,” “BAG,” or “LOAD” continue onto Table 2b. Do not complete the remainder of Table 2a.**

★ **Complete “Kiln/Clinker Cooler Combined” only if “Facility Type” is “KILN.”**

KILN/CLINKER COOLER COMBINED: Enter “YES” if the kiln and clinker cooler exhaust are combined for energy efficiency purposes and sent to a single control device. Otherwise, enter “NO.”

★ Complete “Alternate PM Limit” only if “Kiln/Clinker Cooler Combined” is “YES.”

ALTERNATE PM LIMIT: Enter “YES” if the appropriate kiln PM limit is adjusted using the procedures in §63.1343(b). Otherwise, enter “NO.”

★ Complete “PM Title 40 Affected Subpart” and “PM Stringent Limit” only if “Facility Type” is “KILN” or “CLINK.”

PM TITLE 40 AFFECTED SUBPART: Enter “YES” if the affected source subject to this subpart has a different emission limit or requirement for PM under another regulation in title 40 of this chapter. Otherwise, enter “NO.”

★ Complete “PM Stringent Limit” only if “PM Title 40 Affected Subpart” is “YES.”

PM STRINGENT LIMIT: Enter “YES” if NSPS F is the most stringent limit or requirement for PM. Otherwise, enter “NO.”

★ Complete “Kiln Alkali Bypass” only if “Facility Type” is “KILN” AND one of the following applies:
 1. “PM Title 40 Affected Subpart” is “NO.”
 2. “PM Title 40 Affected Subpart” is “YES” and “PM Stringent Limit” is “YES.”

KILN ALKALI BYPASS: Enter “YES” if the kiln has a separate alkali bypass stack. Otherwise, enter “NO.”

**Table 2b: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
 Subpart F: Standards of Performance for Portland Cement Plants**

UNIT ID NO.: Enter the identification number (ID No.) for the Portland cement plant unit or process 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 go to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf.

★ Complete “Emissions Monitoring Plan” only if any of the following are true:
 1. “Construction/Modification Date” is “71-08” and “Facility Type” is “KILN” or “CLINK.”
 2. “Alternate PM Limit” is “YES.”

EMISSIONS MONITORING PLAN: Enter “YES” if you are demonstrating compliance with any applicable emission limit through performance stack testing or other emissions monitoring. Otherwise, enter “NO.”

BLDS (BAG LEAK DETECTION SYSTEM): Enter “YES” if a bag leak detection system is being used. Otherwise, enter “NO.”

★ Complete “PM CEMS” only if any of the following are true:
 1. “Construction/Modification Date” is “71-08” and “Facility Type” is “KILN” or “CLINK.”
 2. “Alternate PM Limit” is “YES.”

PM CEMS: Enter “YES” if the kiln or clinker cooler is equipped with a PM CEMS. Otherwise, enter “NO.”

★ **Complete “Opacity Title 40 Affected Subpart” and “Opacity Stringent Limit” only if any of the following are true:**

1. “Facility Type” is “RAW,” “FINSH,” “RDRY,” “RSTOR,” “CLSTO,” “FNSTO,” “CVTP,” “BAG,” “LOAD,” or “OTHER.”
2. “Facility Type” is “KILN” or “CLINK” not complying with alternate PM limit AND “Construction/Modification Date” is “71-08” AND “PM CEMS” is “NO.”
3. “Alternate PM Limit” is “YES.”

OPACITY TITLE 40 AFFECTED SUBPART: Enter “YES” if the affected source subject to this subpart has a different emission limit or requirement for opacity under another regulation in title 40 of this chapter. Otherwise, enter “NO.”

★ **Complete “Opacity Stringent Limit” only if “Opacity Title 40 Affected Subpart” is “YES.”**

OPACITY STRINGENT LIMIT: Enter “YES” if NSPS F is the most stringent limit or requirement for opacity. Otherwise, enter “NO.”

★ **Complete “EPA Alternative Requirements” only if “Facility Type” is “RAW,” “FINSH,” “RDRY,” “RSTOR,” “CLSTO,” “FNSTO,” “CVTP,” “BAG,” “LOAD,” or “OTHER.”**

EPA ALTERNATIVE REQUIREMENTS: Enter “YES” if alternative monitoring requirements are approved by the EPA administrator. Otherwise, enter “NO.”

EPA ALTERNATIVE REQUIREMENTS ID: If alternative continuous monitoring has been approved, 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.

★ **Complete “RM/FM Emissions Monitoring System” only if “Facility Type” is “RAW” or “FINSH.”**

RM/FM EMISSIONS MONITORING SYSTEM: Select one of the following options that describe the raw mill or finish mill emissions monitoring system. Enter the code on the form.

<u>Code</u>	<u>Description</u>
COMS	Continuous opacity monitoring system
BLDS	Bag leak detection system
DAYVIS	Daily visible emissions observations

**Table 2c: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart F: Standards of Performance for Portland Cement Plants**

UNIT ID NO.: Enter the identification number (ID No.) for the Portland cement plant unit or process 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 go to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf.

▼ Continue only if “Facility Type” is “KILN” and “Construction/Modification Date” is “08+.”

NO_x TITLE 40 AFFECTED SUBPART: Enter “YES” if the affected source subject to this subpart has a different emission limit or requirement for NO_x under another regulation in title 40 of this chapter. Otherwise, enter “NO.”

★ Complete “NO_x Stringent Limit” only if “NO_x Title 40 Affected Subpart” is “YES.”

NO_x STRINGENT LIMIT: Enter “YES” if NSPS F is the most stringent limit or requirement for NO_x. Otherwise, enter “NO.”

SO₂ TITLE 40 AFFECTED SUBPART: Enter “YES” if the affected source subject to this subpart has a different emission limit or requirement for SO₂ under another regulation in title 40 of this chapter. Otherwise, enter “NO.”

★ Complete “SO₂ Stringent Limit” only if “SO₂ Title 40 Affected Subpart” is “YES.”

SO₂ STRINGENT LIMIT: Enter “YES” if NSPS F is the most stringent limit or requirement for SO₂. Otherwise, enter “NO.”

★ Complete “90% Reduction” only if “SO₂ Stringent Limit” is “YES.”

90% REDUCTION: Enter “YES” if there is 90% SO₂ emissions reduction or greater measured across the SO₂ control device. Otherwise, enter “NO.”

**Table 3: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart HH: Standards of Performance for Lime Manufacturing Plants**

Complete only for rotary lime kilns used in the manufacture of lime.

UNIT ID NO.: Enter the identification number (ID No.) for the rotary lime kiln located within a lime manufacturing plant 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 go to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf.

CONSTRUCTION/MODIFICATION DATE: Select one of the following options that describe the date of commencement of the most recent construction, modification, or reconstruction. Enter the code on the form.

<u>Code</u>	<u>Description</u>
77-	On or before April 3, 1977
77+	After April 3, 1977

ROTARY LIME KILN: Enter “YES” if the unit is a rotary lime kiln used in the manufacture of lime. Otherwise, enter “NO.”

▼ Continue only if “Construction/Modification Date” is “77+” and “Rotary Lime Kiln” is “YES.”

MANUFACTURE TYPE: Enter “YES” if the facility is used in the manufacture of lime at kraft pulp mills. Otherwise, enter “NO.”

▼ Continue only if “Manufacture Type” is “NO.”

WET SCRUBBER: Enter “YES” if a wet scrubber emissions control device is used. Otherwise, enter “NO.”

CONTROL DEVICE ID NO₂: If applicable, enter the identification number 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. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

▼ Continue only if “Wet Scrubber” is “NO.”

MULTIPLE STACK: Enter “YES” if a control device with a multiple stack exhaust or roof monitor system is used. Otherwise, enter “NO.”

CONTROL DEVICE ID NO.: If applicable, enter the identification number 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. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

**Table 4: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart UUU: Standards of Performance for Calciners and Dryers in Mineral Industries**

UNIT ID NO.: Enter the identification number (ID No.) for the calciners and dryers 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 go to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf.

CONSTRUCTION/MODIFICATION DATE: Select one of the following options that describe the date of commencement of the most recent construction, modification, or reconstruction. Enter the code on the form.

<u>Code</u>	<u>Description</u>
86-	On or before April 23, 1986
86+	After April 23, 1986

▼ Continue only if “Construction/Modification Date” is “86+.”

WET SCRUBBER: Enter “YES” if the affected unit uses a wet scrubber to comply with the mass emission standard. Otherwise, enter “NO.”

CONTROL DEVICE ID NO.: If applicable, enter the identification number 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. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

▼ Continue only if “Wet Scrubber” is “NO.”

PM EMISSIONS: Select one of the following options for the particulate matter (PM) emission rate of the unit. Enter the code on the form.

<u>Code</u>	<u>Description</u>
10-	PM emissions are less than 10 Mg/yr (11 Tons/yr)
10+	PM emissions are greater than or equal to 10 Mg/yr (11 Tons/yr)

▼ Continue only if “PM Emissions” is “10+.”

DRY CONTROL(b): Enter “YES” if the unit uses a dry control device and is on the following list. Otherwise, enter “NO.”

- Ball clay vibrating grate dryer
- Bentonite rotary dryer;
- Diatomite flash dryer
- Diatomite rotary calciner
- Feldspar rotary dryer
- Fire clay rotary dryer
- Industrial sand fluid bed dryer
- Kaolin rotary calciner
- Perlite rotary dryer
- Roofing granules rotating dryer
- Talc rotary calciner
- Titanium dioxide spray dryer
- Titanium dioxide fluid bed dryer
- Vermiculite fluid bed dryer
- Vermiculite rotary dryer

DRY CONTROL(c): Enter “YES” if the unit uses a dry control device and is on the following list. Otherwise, enter “NO.”

- Ball clay rotary dryer
- Diatomite rotary dryer
- Feldspar fluid bed dryer
- Fuller’s earth rotary dryer
- Gypsum rotary dryer
- Gypsum flash calciner
- Gypsum kettle calciner
- Industrial sand rotary dryer
- Kaolin rotary dryer
- Kaolin multiple hearth furnace
- Perlite expansion furnace
- Talc flash dryer
- Talc rotary dryer
- Titanium dioxide direct or indirect rotary dryer
- Vermiculite expansion furnace

CONTROL DEVICE ID NO.: If applicable, enter the identification number 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. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

**Table 5a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart LLL: National Emission Standards for Hazardous Air Pollutants from the Portland Cement Manufacturing Industry**

Complete Tables 5a - 5c only for affected sources specified in 40 CFR § 63.1340(b), located at Portland cement plants.

UNIT ID NO.: Enter the identification number (ID No.) for the Portland cement plant unit (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 go to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf.

MAJOR SOURCE: Enter “YES” if the affected source is located at Portland cement plant that is a major source as defined in 40 CFR § 63.2. Otherwise, enter “NO.”

FACILITY TYPE: Select one of the following options for the facility type within the Portland cement plant. Enter the code on the form.

For sources with a “Major Source” designation of “YES”:

<u>Code</u>	<u>Description</u>
KILN1	Kiln
ILK-RM1	In-line kiln/raw mill
COOL	Clinker cooler
DRY1	Raw material dryer
RFMILL	Raw mill or finish mill
MISC	Raw material storage bin, clinker storage bin, finished product storage bin, conveying system transfer point, bagging system, bulk loading system, or bulk unloading system

For sources with a “Major Source” designation of “NO”:

<u>Code</u>	<u>Description</u>
KILN2	Kiln
ILK-RM2	In-line kiln/raw mill
DRY2	Raw material dryer

★ **Complete “Burning Hazardous Waste” only if “Facility Type” is “KILN1,” “KILN2,” “ILK-RM1” or “ILK-RM2.”**

BURNING HAZARDOUS WASTE: Enter “YES” if the kiln or in-line kiln/raw mill burns hazardous waste and is subject to and regulated under 40 CFR Part 63, Subpart EEE. Otherwise, enter “NO.”

▼ **Do not continue if “Burning Hazardous Waste” is “YES.”**

- ★ Complete “Source Classification” only if “Facility Type” is “KILN1,” “KILN2,” “ILK-RM1,” “ILK-RM2,” “DRY1,” or “DRY2.”

SOURCE CLASSIFICATION: Select one of the following options for the classification of the source. Enter the code on the form.

<u>Code</u>	<u>Description</u>
EXST	Existing source constructed, reconstructed or modified prior to March 24, 1998
BRNS1	Brownfield source constructed or reconstructed after 03/24/1998 and before 12/02/2005
BRNS2	Brownfield source constructed or reconstructed after 12/02/2005
GFNS1	Greenfield source constructed after 03/24/1998 and before 12/02/2005
GFNS2	Greenfield source constructed after 12/02/2005

- ★ Complete “98% Weight Reduction” only if “Source Classification” is “BRNS2” or “GFNS2.”

98% WEIGHT REDUCTION: Enter “YES” if the owner or operator is electing to demonstrate compliance with the 98% by weight reduction limitation for THC. Otherwise, enter “NO.”

- ▼ Do not continue if “Facility Type” is “DRY2.”

**Table 5b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart LLL: National Emission Standards for Hazardous Air Pollutants from the Portland Cement Manufacturing Industry**

UNIT ID NO.: Enter the identification number (ID No.) for the portland cement plant unit (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 go to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf.

- ★ Complete “Alkali By-Pass” Only if “Facility Type” is “KILN1,” “ILK-RM1,” or “ILK-RM2.”

ALKALI BY-PASS: Enter “YES” if there is an alkali by-pass associated with the kiln or in-line kiln/raw mill. Otherwise, enter “NO.”

- ★ Do not complete “Alternate Opacity Monitoring” if “Facility Type” is “KILN2” or “ILK-RM2.”

ALTERNATE OPACITY MONITORING: Enter “YES” if an application has been submitted and approval received for alternate monitoring requirements to demonstrate compliance with the opacity emission standards. Otherwise, enter “NO.”

- ★ Complete “Raw/Finish Mill Opacity” only if “Facility Type” is “RFMILL.”

RAW/FINISH MILL OPACITY: Select one of the following options for the opacity monitoring of the raw or finish mill. Enter the code on the form.

<u>Code</u>	<u>Description</u>
VIS	Conducting daily visible emissions observations according to 40 CFR § 63.1350(e)
COM	Using a continuous opacity monitors
BLDS	Using a bag leak detection system

▼ Do not continue if “Facility Type” is “DRY1,” “RFMILL,” or “MISC.”

★ Do not complete “Monovent” if “Facility Type” is “KILN2” or “ILK-RM2.”

MONOVENT: Enter “YES” if the unit has a control device that exhausts through a monovent. Otherwise, enter “NO.”

★ Complete “COM Feasibility” only if “Monovent” is “NO.”

COM FEASIBILITY: Enter “YES” if the use of a continuous opacity monitor (COM), in accordance with the installation specifications of Performance Specification 1 of 40 CFR Part 60, Appendix B is not feasible. Otherwise, enter “NO.”

★ Complete “Multiple Stacks” only if “COM Feasibility” is “NO.”

MULTIPLE STACKS: Enter “YES” if a fabric filter with multiple stacks or an electrostatic precipitator with multiple stacks is used. Otherwise, enter “NO.”

★ Complete “COM” only if “Multiple Stacks” is “YES.”

COM: Enter “YES” if a COM is used. Otherwise, enter “NO.”

▼ Continue only if “Facility Type” is “KILN1,” “KILN2,” “ILK-RM1,” or “ILK-RM2.”

**Table 5c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart LLL: National Emission Standards for Hazardous Air Pollutants from the Portland Cement Manufacturing Industry**

UNIT ID NO.: Enter the identification number (ID No.) for the portland cement plant unit (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 go to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf.

PERFORMANCE TEST TEMPERATURE: Select one of the following options for the average of the performance test run average temperatures at the inlet to the particulate matter (PM) control device. Enter the code on the form.

<u>Code</u>	<u>Description</u>
204-	Less than or equal to 204° C (400° F)
204+	Greater than 204° C (400° F)

CARBON INJECTION: Enter “YES” if carbon injection is employed as an emission control technique. Otherwise, enter “NO.”

CONTROL DEVICE: Enter “YES” if a control device other than ACI is used to comply with Mercury emission limitations. Otherwise, enter “NO.”

ALTERNATE Hg MONITORING: Select one of the following options to indicate if alternate monitoring requirements have been approved to demonstrate compliance with the standards for mercury (Hg).

For units without carbon injection:

<u>Code</u>	<u>Description</u>
AM1	An application has been submitted and approval received for alternate monitoring requirements to demonstrate compliance with the Hg emission standards
NONE	No alternate Hg monitoring requirements have been approved

For units with carbon injection:

<u>Code</u>	<u>Description</u>
AMF	An application has been submitted and approval received for alternate monitoring requirements, in lieu of <u>only</u> the 40 CFR § 63.1350(f) requirements, to demonstrate compliance with the Hg emission standards
AMG	An application has been submitted and approval received for alternate monitoring requirements, in lieu of <u>only</u> the 40 CFR § 63.1350(g) requirements, to demonstrate compliance with the Hg emission standards
AMFG	An application has been submitted and approval received for alternate monitoring requirements, in lieu of the 40 CFR § 63.1350(f) <u>and</u> (g) requirements, to demonstrate compliance with the Hg emission standards
NONE	No alternate Hg monitoring requirements have been approved

★ Complete “Hg AMR Id No.” only if “Alternate Hg Monitoring” is “AM1,” “AMF,” “AMG,” or AMFG.”

Hg AMR ID NO.: If alternate monitoring requirements for Hg have been approved, please enter the AMR identification number (ID No.) for each unit (maximum 10 characters). If the AMR identification number is unavailable, enter the date of the approval letter. The identification number and/or the date of the approval letter are contained in the compliance file under the appropriate regulated entity number. Otherwise, leave this column blank.

ALTERNATE D/F MONITORING: Select one of the following options to indicate if alternate monitoring requirements have been approved to demonstrate compliance with the standards for dioxins and furans (D/F).

For units without carbon injection:

<u>Code</u>	<u>Description</u>
AM1	An application has been submitted and approval received for alternate monitoring requirements to demonstrate compliance with the D/F emission standards
NONE	No alternate D/F monitoring requirements have been approved

For units with carbon injection:

<u>Code</u>	<u>Description</u>
AMF	An application has been submitted and approval received for alternate monitoring requirements, in lieu of <u>only</u> the 40 CFR § 63.1350(f) requirements, to demonstrate compliance with the D/F emission standards

AMG	An application has been submitted and approval received for alternate monitoring requirements, in lieu of <u>only</u> the 40 CFR § 63.1350(g) requirements, to demonstrate compliance with the D/F emission standards
AMFG	An application has been submitted and approval received for alternate monitoring requirements, in lieu of the 40 CFR § 63.1350(f) <u>and</u> (g) requirements, to demonstrate compliance with the D/F emission standards
NONE	No alternate D/F monitoring requirements have been approved

★ Complete “D/F AMR Id No.” only if “Alternate Hg Monitoring” is “AM1,” “AMF,” “AMG,” or AMFG.”

D/F AMR ID NO.: If alternate monitoring requirements for D/F have been approved, please enter the AMR identification number (ID No.) for each unit (maximum 10 characters). If the AMR identification number is unavailable, enter the date of the approval letter. The identification number and/or the date of the approval letter are contained in the compliance file under the appropriate regulated entity number. Otherwise, leave this column blank.



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Table 1a: Title 40 Code of Federal Regulations (40 CFR Part 60)
Subpart 000: Standards of Performance for Nonmetallic Mineral Processing Plants

Date:	Permit No.:	Regulated Entity No.:
Area Name:		Customer Reference No.:

Plant ID No.	Plant Type	Portable or Fixed Plant	Plant Capacity



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Table 1b: Title 40 Code of Federal Regulations (40 CFR Part 60)
Subpart 000: Standards of Performance for Nonmetallic Mineral Processing Plants

Date:	Permit No.:	Regulated Entity No.:
Area Name:		Customer Reference No.:

Unit ID No.	SOP Index No.	Prior To	Underground Mines	Subpart Applicability	Facility Type	Construction/Modification Date	Replacement Type



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Table 2a: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart F: Standards of Performance for Portland Cement Plants

Date:	Permit No.:	Regulated Entity No.:
Area Name:		Customer Reference No.:

Unit ID No.	SOP Index No.	Construction/ Modification Date	Facility Type	Kiln/Clinker Cooler Combined	Alternate PM Limit	PM Title 40 Affected Subpart	PM Stringent Limit	Kiln Alkali Bypass



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Federal Operating Permit Program

Table 3: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart HH: Standards of Performance for Lime Manufacturing Plants

Date:	Permit No.:	Regulated Entity No.:
Area Name:		Customer Reference No.:

Unit ID No.	SOP Index No.	Construction/ Modification Date	Rotary Lime Kiln	Manufacture Type	Wet Scrubber	Control Device ID No.	Multiple Stack	Control Device ID No.



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Table 5c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart LLL: National Emission Standards for Hazardous Air Pollutants From the Portland Cement Manufacturing Industry

Date:	Permit No.:	Regulated Entity No.:
Area Name:		Customer Reference No.:

Unit ID No.	SOP Index No.	Performance Test Temperature	Carbon Injection	Control Device	Alternate Hg Monitoring	Hg AMR ID No.	Alternate D/F Monitoring	D/F AMR ID No.