

Texas Commission on Environmental Quality
Form OP-UA4
Loading/Unloading Operations Attributes

General:

This form is used to provide a description and data pertaining to all loading or unloading operations with potentially applicable requirements associated with a particular regulated entity (RN) 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 loading or unloading operation, 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:

| | |
|--|--|
| <u>Tables 1a - 1b:</u> | Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter C: Loading and Unloading of Volatile Organic Compounds |
| <u>Table 2:</u> | Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart XX: Standards of Performance for Bulk Gasoline Terminals |
| <u>Table 3:</u> | Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart R: National Emission Standards for Gasoline Distribution Facilities |
| <u>Tables 4a - 4b:</u> | Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart Y: National Emission Standards for Marine Vessel Loading Operations |
| <u>Table 5:</u> | Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart BB: National Emission Standards for Benzene Emissions from Benzene Transfer Operations |
| <u>Table 6:</u> | Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standard for Hazardous Air Pollutants from Petroleum Refineries |
| <u>Tables 7a - 7f:</u> | 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 Transfer Operations |
| <u>Table 8:</u> | Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CCCCCC: National Emission Standards for Organic Hazardous Air Pollutants for Source Category: Gasoline Dispensing Facilities |
| <u>Tables 9a - 9c:</u> | 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 |

Applications for a general operating permit (GOP) under Oil and Gas GOP Nos. 511 through 514 should contain this form only if the application area is located in a county subject to 30 TAC Chapter 115.

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 RN *and* customer reference (CN) 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 *CN number* and the *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 website at www.tceq.texas.gov/permitting/central_registry/guidance.html.

Specific:

Table 1a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter C: Loading and Unloading of Volatile Organic Compounds

- ★ **Complete this table for loading and/or unloading operations at facilities located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Orange, Parker, Rockwall, Tarrant, or Waller County, or a covered attainment county as defined in 30 TAC § 115.10.**

Unit ID No.:

Enter the identification number (ID No.) for the loading operations (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

SOP/GOP 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]). General operating permit (GOP) applicants should indicate the appropriate GOP Index Number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP Index Number. For additional information relating to SOP and GOP Index Numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title V/additional_fop_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Chapter 115 Facility Type:

Select one of the following options for each facility type. Enter the code on the form.

| Code | Description |
|---------|--|
| MOTOR | Motor vehicle fuel dispensing facility |
| GASTERM | Gasoline terminal |

| | |
|---------|---|
| GASBULK | Gasoline bulk plant |
| MARINE | Marine terminal |
| OTHER | Other than motor vehicle fuel dispensing facility, gasoline terminal, gasoline bulk plant, or marine terminal |

▼ **Continue only if:**

1. “Chapter 115 Facility Type” is “GASTERM,” “GASBULK,” or “OTHER” and is located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Orange, Parker, Rockwall, Tarrant, Waller County, or a covered attainment county as defined in 30 TAC § 115.10, or
2. “Chapter 115 Facility Type” is “MARINE” and is located in Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, or Waller County.

★ **Complete “Alternate Control Requirement” only for SOP Applications.**

Alternate Control Requirement (ACR):

Select one of the following options to indicate the alternate method used to demonstrate compliance with the applicable control requirements or exemption criteria.

| Code | Description |
|-------------|--|
| 213A | Under 30 TAC § 115.213(a), using an alternate method for demonstrating and documenting continuous compliance with applicable control requirements or exemption criteria, and demonstrating substantially equivalent reduction efficiencies which have been approved by the TCEQ Executive Director |
| 213B | Using the 90% overall control option specified in 30 TAC § 115.213(b) (for use in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, and Houston/Galveston areas at facilities other than gasoline terminals, gasoline bulk plants, and marine terminals) |
| 213C | Using the 90% overall control option specified in 30 TAC § 115.213(c) (for use in Aransas, Bexar, Calhoun, Gregg, Matagorda, Nueces, San Patricio, Travis and Victoria counties at facilities other than gasoline terminals, gasoline bulk plants, and marine terminals) |
| 213D | Using the 90% overall control option specified in 30 TAC § 115.213(d) (for use at marine terminals in the Houston/Galveston area) |
| NONE | No alternate control requirements are being utilized |

ACR ID No.:

If an ACR has been approved, enter the corresponding ACR unique identifier for each unit or process (maximum of 10 characters). If the unique identifier is unavailable, then enter the date of the ACR approval letter. The unique identifier and/or the date of the approval letter is contained in the compliance file under the appropriate account number. Otherwise, leave this column blank.

Note: Enter the identifier or date of the approval letter if using some other alternative, such as an alternate reasonably available control technology, alternate means of control, or emission reduction credit. For these cases, the type of alternate used will need to be explained in a cover letter or some other attachment to the permit application.

▼ **Do not continue if “Alternate Control Requirement” is “213A.”**

Product Transferred:

Select one of the following options for each type of product loaded and/or unloaded. Enter the code on the form.

For facilities located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Orange, Parker, Rockwall, Tarrant, or Waller County:

| Code | Description |
|-------------|--|
| LPG1 | Liquefied petroleum gas (LPG) |
| GAS1 | Gasoline |
| VOC1 | Volatile organic compounds (VOC) other than LPG and gasoline |

For facilities located in Aransas, Bexar, Calhoun, Gregg, Matagorda, Nueces, San Patricio, Travis, or Victoria County:

| Code | Description |
|-------------|--|
| LPCC2 | Liquefied petroleum gas (LPG), crude oil, or condensate |
| GAS2 | Gasoline |
| VOC2 | Volatile organic compounds (VOC) other than LPG, crude oil, condensate, and gasoline |

For facilities located in a covered attainment county other than Aransas, Bexar, Calhoun, Gregg, Matagorda, Nueces, San Patricio, Travis, or Victoria:

| Code | Description |
|-------------|--|
| GAS3 | Gasoline |
| VOC3 | Volatile organic compounds (VOC) other than gasoline |

Transfer Type:

Select one of the following options for each type of transfer operation. Enter the code on the form.

| Code | Description |
|-------------|-----------------------|
| UNLOAD | Only unloading |
| LOAD | Only loading |
| BOTH | Loading and unloading |

▼ **Do not continue if “Product Transferred” is “LPG1,” “LPCC2,” or “VOC3.”**

True Vapor Pressure:

Select one of the following options for the true vapor pressure (TVP) of the VOC under actual storage conditions. Enter the code on the form.

For facilities located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Orange, Parker, Rockwall, Tarrant, or Waller County:

| Code | Description |
|-------------|---|
| 0.5- | VP is less than 0.5 psia |
| 0.5+ | TVP is greater than or equal to 0.5 psia (use only for SOP applications) |
| 0.5-11G | TVP is greater than or equal to 0.5 and less than or equal to 11.0 psia (use only for GOP applications for authorization under Oil and Gas GOP No. 511) |
| 0.5-11S | TVP is greater than or equal to 0.5 and less than 11.0 psia, the overall emission controls are at least 90%, and an initial control plan and annual report has been submitted [use only for SOP applications complying with the overall control plan specified in 30 TAC § 115.213(b) or 30 TAC § 115.213(d)] |
| 11+ | TVP is greater than or equal to 11.0 psia [use only for SOP applications complying with the overall control plan specified in 30 TAC § 115.213(b) or 30 TAC § 115.213(d)] |

For facilities located in Aransas, Bexar, Calhoun, Gregg, Matagorda, Nueces, San Patricio, Travis, or Victoria, or facilities located in covered attainment counties.

| Code | Description |
|-------------|--|
| 1.5- | TVP is less than 1.5 psia |
| 1.5+ | TVP is greater than or equal to 1.5 psia (use only for SOP applications) |
| 1.5-11G | TVP is greater than or equal to 1.5 and less than or equal to 11.0 psia (use only for GOP applications for authorization under Oil and Gas GOP Nos. 512, 513, or 514) |
| 1.5-11S | TVP is greater than or equal to 1.5 and less than 11.0 psia, the overall emission controls are at least 90%, and an initial control plan and annual report has been submitted [use only for SOP applications complying with the 90% overall control option specified in 30 TAC § 115.213(c)] |
| 11+ | TVP is greater than or equal to 11.0 psia [use only for SOP applications complying with the 90% overall control option specified in 30 TAC § 115.213(c)] |

▼ Do not continue if “True Vapor Pressure” is “0.5-” or “1.5-.”

Daily Throughput:

Select one of the following options for the VOC loaded into transport vessels daily (averaged over any consecutive 30-day period). Enter the code on the form.

For facilities with a “Chapter 115 Facility Type” designation of “GASBULK:”

| Code | Description |
|------|--|
| 4K- | Loading less than 4,000 gallons of gasoline into transport vessels per day [use only if claiming 30 TAC § 115.217(a)(2)(B) or 30 TAC § 115.217(b)(3)(B) exemption] |
| 4K+ | Loading greater than or equal to 4,000 gallons of gasoline into transport vessels per day |
| NCE1 | Daily throughput not determined since 30 TAC § 115.217(a)(2)(B) or 30 TAC § 115.217(b)(3)(B) exemption is not utilized (use only for SOP applications) |

For facilities with a “Chapter 115 Facility Type” designation of “OTHER:”

| Code | Description |
|------|--|
| 20K- | Loading less than 20,000 gallons per day [use only if claiming 30 TAC § 115.217(a)(2)(A) or 30 TAC § 115.217(b)(3)(A) exemption] |
| 20K+ | Loading greater than or equal to 20,000 gallons per day |
| NCE2 | Daily throughput not determined since 30 TAC § 115.217(a)(2)(A) or 30 TAC § 115.217(b)(3)(A) exemption is not utilized (use only for SOP applications) |

For facilities with a “Chapter 115 Facility Type” designation of “MARINE” or “GASTERM:”

| Code | Description |
|------|--|
| NCE3 | Daily throughput not determined since 30 TAC § 115.217(a)(2)(B), (b)(3)(B), (a)(2)(A), and (b)(3)(A) exemptions do not apply to marine terminals or gasoline terminals |

▼ Do not continue if “Daily Throughput” is “4K-” or “20K-”.

★ Complete “Control Options” only if “Chapter 115 Facility Type” is “GASBULK,” “MARINE,” or “OTHER.”

Control Options:

Select one of the following options for the control technique used for the transfer of VOC. Enter the code on the form.

For facilities with a “Chapter 115 Facility Type” designation of “GASBULK:”

| Code | Description |
|------|--|
| BAL | Vapor balance system |
| CON | Vapor control system that maintains a control efficiency of at least 90% |

For facilities with a “Chapter 115 Facility Type” designation of “MARINE” or “OTHER”:

| Code | Description |
|------|--|
| PLS | Pressurized loading system |
| BAL | Vapor balance system |
| CON | Vapor control system that maintains a control efficiency of at least 90% |

Table 1b: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter C: Loading and Unloading of Volatile Organic Compounds

★ Complete this table only for:

1. SOP applications and loading operations with “Alternate Control Requirement” designation of “NONE” and “Daily Throughput” designation of “4K+,” “NCE1,” “20K+,” “NCE2,” or “NCE3.”
2. SOP applications and loading operations with “Alternate Control Requirement” designation of “213B,” “213C” or “213D.”
3. GOP applications and loading operations with a “Daily Throughput” designation of “4K+,” “20K+,” or “NCE3.”

Unit ID No.:

Enter the identification number (ID No.) for the loading operations (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.

Chapter 115 Control Device Type:

Select one of the following options for the control device type as it pertains to 30 TAC Chapter 115. Enter the code on the form.

| Code | Description |
|-------------|--|
| DIRFLM | Vapor control system with a direct flame incinerator |
| CHILL | Vapor control system with a chiller |
| CATINC | Vapor control system with a catalytic incinerator |
| CRBADS | Vapor control system with a carbon adsorption system |
| FLARE | Vapor control system with a flare |
| COMB | Vapor control system with a vapor combustor |
| OTHER | Other type of control device |
| NONE | No control device |

Chapter 115 Control Device ID No.:

If applicable, enter the identification number (ID No. for the control device to which loading emissions are routed (maximum 10 characters). This number should be consistent with the number listed on Form OP SUM. If the “Chapter 115 Control Device Type” designation is “NONE,” then leave this column blank.

▼ Continue only for SOP Applications.

Vapor-Tight:

Enter “YES” if all liquid and vapor lines are equipped with fittings, which make vapor-tight connections that close automatically when disconnected. Otherwise, enter “NO.”

★ Complete “Vapor Space Holding Tank” only if “Chapter 115 Facility Type” is “GASTERM.”

Vapor Space Holding Tank:

Enter “YES” if the gasoline terminal has a variable vapor space holding tank design that can process vapors independent of transport vessel loading and is choosing to comply with 30 TAC § 115.212(a)(4)(D) instead of 30 TAC §115.212(a)(4)(C). Otherwise, enter “NO.”

▼ Continue only if “Chapter 115 Facility Type” is “MARINE.”

Marine Terminal Exemptions:

Enter “YES” if the marine terminal is claiming one or more of the exemptions in 30 TAC § 115.217(a)(5)(B). Otherwise, enter “NO.”

★ Complete “VOC Flash Point” and “Uncontrolled VOC Emissions” only if “Marine Terminal Exemptions” is “YES.”

VOC Flash Point:

Select one of the following options for the flash point of the VOC loaded into a marine vessel. Enter the code on the form.

| Code | Description |
|------|---|
| 150- | Flash point is less than 1500°F |
| 150+ | Flash point greater than or equal to 1500°F |

Uncontrolled VOC Emissions:

Select one of the following descriptions of the uncontrolled VOC emissions at the marine terminal. Enter the code on the form.

| Code | Description |
|------|--|
| 100- | Emissions are less than 100 tpy |
| 100+ | Emissions are greater than or equal to 100 tpy |

Table 2: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart XX: Standards of Performance for Bulk Gasoline Terminals

★ Complete this table only for the loading racks located at a Bulk Gasoline Terminal, which delivers liquid products to gasoline tank trucks.

Unit ID No.:

Enter the identification number (ID No.) for the loading/unloading operations (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 and GOP index numbers please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title V/additional_fop_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Construction/Modification Date:

Select one of the following options based on the date of commencement of the most recent construction, modification, or reconstruction for the loading rack or berth. Enter the code on the form.

Note: Use the definition of reconstruction from 40 CFR § 60.506.

| Code | Description |
|------|--------------------------------|
| 80- | On or before December 17, 1980 |
| 80+ | After December 17, 1980 |

Component Replacement:

Enter “YES” if the replacement of components was commenced before August 8, 1983 in order to comply with any standard adopted by a state or political subdivision thereof. Otherwise, enter “NO.”

▼ Continue only if “Construction Date” is “80+” and “Component Replacement” is “NO.”

Existing Vapor Processing System:

Enter “YES” if the facility is equipped with an existing vapor processing system. Otherwise, enter “NO.”

Flare:

Enter “YES” if the facility is using a flare, as defined in 40 CFR § 60.501, to control vapor emissions. Otherwise, enter “NO.”

Vapor Processing System Type:

Select one of the following options for vapor processing system type. Enter the code on the form.

| Code | Description |
|-------|---|
| CCVPS | Continuous combustion vapor processing system |
| CNVPS | Continuous non-combustion vapor processing system |
| ICVPS | Intermittent combustion vapor processing system |
| INVPS | Intermittent non-combustion vapor processing system |

Table 3

Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart R: National Emission Standards for Gasoline Distribution Facilities

★ Complete this table only if the site or application area is a major source for Hazardous Air Pollutants (HAP) and is defined as a bulk gasoline terminal (40 CFR § 60.501) or pipeline breakout station (40 CFR § 63.421).

Unit ID No.:

Enter the identification number (ID No.) for the loading/unloading operations (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](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Vapor Processing System:

Enter “YES” if the vapor processing system operates intermittently. Otherwise, enter “NO.”

Subpart R Control Device Type:

Select one of the following options for the control device type as it pertains to 40 CFR Part 63, Subpart R. Enter the code on the form.

| Code | Description |
|--------|--------------------------------|
| REFRIG | Refrigeration condenser system |
| TOX | Thermal oxidation system |
| FLARE | Flare |
| CAS | Carbon adsorption system |
| OTHER | Other vapor processing system |

Subpart R Control Device ID No.:

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

Table 4a:

Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart Y: National Emission Standards for Marine Vessel Loading Operations

Unit ID No.:

Enter the identification number (ID No.) for the loading/unloading operations (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.

Subpart Y Facility Type:

Select one of the following descriptions of the source type. Enter the code on the form.

| Code | Description |
|-------|--|
| NWON | New onshore loading terminal (located less than 0.5 miles from shore) |
| NWOFF | New offshore loading terminal (located greater than or equal to 0.5 miles from shore) |
| EXON | Existing onshore loading terminal (located less than 0.5 miles from shore) |
| EXOFF | Existing offshore loading terminal (located greater than or equal to 0.5 miles from shore) |

▼ Continue only if “Subpart Y Facility Type” is “NWON,” “NWOFF,” or “EXON.”

Ballasting Operations:

Enter “YES” if ballasting operations are only performed at the facility. Otherwise, enter “NO.”

▼ Continue only if “Ballasting Operations” is “NO.”

Vapor Pressure:

Select one of the following options for the vapor pressure of the commodities loaded. Enter the code on the form.

| Code | Description |
|------|--|
| 10- | Vapor pressure is less than 10.3 kilopascals (1.5 psia) at standard conditions, 200 °C and 760 mm Hg. |
| 10+ | Vapor pressure is greater than or equal to 10.3 kilopascals (1.5 psia) at standard conditions, 200 °C and 760 mm Hg. |

▼ Continue only if “Vapor Pressure” is “10+.”

Subpart BB Applicability:

Enter “YES” if marine vessel loading operations are subject to and complying with 40 CFR Part 61, Subpart BB. Otherwise, enter “NO.”

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

Material Loaded:

Select one of the following options for the type of material loaded at the facility. Enter the code on the form.

| Code | Description |
|-------|-----------------------------|
| GAS | Gasoline |
| CRUDE | Crude oil |
| BOTH | Both gasoline and crude oil |
| OTHER | Other materials |

HAP Impurities Only:

Enter “YES” if marine vessel loading operations at loading berths only transfer liquids containing organic hazardous air pollutants (HAPs) as impurities. Otherwise, enter “NO.”

▼ Continue only if “HAP Impurities Only” is “NO.”

Source Emissions:

Select one of the following descriptions of the source emissions as defined in 40 CFR Part 63, Subpart Y. Enter the code on the form. (Use the definitions for source emissions and throughput included in 40 CFR Part 63, Subpart Y)

| Code | Description |
|-------|--|
| 1025- | Source with emissions less than 10 and 25 tons (Source with emissions less than 10 tons of any individual HAP and less than 25 tons combined HAPs) |
| 1025+ | Source with emissions of 10 or 25 tons (Source with emissions of 10 tons or more of any individual HAP or 25 tons or more all combined HAPs) |

★ Complete “Throughput” only if “Material Loaded” is “GAS,” “CRUDE,” or “BOTH.”

Throughput:

Select one of the following options for the source throughput as defined in 40 CFR Part 63, Subpart Y. Enter the code on the form.

| Code | Description |
|--------|---|
| 10200- | Source with throughput less than 10 M barrels and 200 M barrels (Aggregate loading from all marine tank vessels at all loading berths of less than 10 M barrels gasoline and less than 200 M barrels crude oil) |
| 10200+ | Source with throughput of 10 M barrels or 200 M barrels (Aggregate loading from all marine tank vessels at all loading berths of 10 M barrels or more gasoline or 200 M barrels or more crude oil) |

▼ Do not continue if “Source Emissions” is “1025-” and “Facility Type” is “EXON;” and

1. “Throughput” is “10200-” or
2. “Material Loaded” is “OTHER.”

Table 4b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart Y: National Emission Standards for Marine Vessel Loading Operations

Unit ID No.:

Enter the identification number (ID No.) for the loading/unloading operations (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.

CEMS:

Enter “YES” if a continuous emissions monitoring system (CEMS) is being used. Otherwise, enter “NO.”

Vapor Balancing System:

Enter “YES” if emissions are reduced by a vapor balancing system. Otherwise, enter “NO.”

▼ Continue if “Vapor Balancing” is “NO.”

Documenting Vapor Tightness:

Enter “YES” if electing to comply with the vapor tightness documentation in 40 CFR § 63.567(b)(5)(ii). Otherwise, enter “NO.”

Subpart Y Control Device Type:

Select one of the following options for the control device type as pertains to 40 CFR Part 63, Subpart Y. Enter the code on the form.

| Code | Description |
|--------|---|
| COMB | Combustion device other than flare |
| FLARE | Flare |
| CAVR | Carbon adsorber with vacuum regeneration |
| CASR | Carbon adsorber with steam regeneration |
| CADS | Carbon adsorber other than one with vacuum or steam regeneration |
| CONRF | Condenser/refrigeration |
| ABSRB | Absorber |
| ALTCON | Alternate control device |
| BPH44- | Boiler or process heater with a design heat input capacity less than or equal to 44 MW (15 MMBtu/hr) and vent stream is used as the primary fuel or with the primary fuel |
| BPH44+ | Boiler or process heater with a design heat input capacity greater than or equal to 44 MW (15 MMBtu/hr) |
| BLRH | Boiler subject to 40 CFR Part 266, Subpart H (relating to Hazardous Waste Burned in Industrial Furnaces) has demonstrated 99.99% destruction or recovery efficiency |
| BOIL | Boiler or process heater with a design heat input capacity less than 44 MW (15 MMBtu/hr), not subject to 40 CFR Part 266, Subpart H (relating to Hazardous Waste Burned in Industrial Furnaces) or hasn't demonstrated 99.99% destruction or recovery efficiency, and is not using vent stream as primary fuel or with primary fuel |

Subpart Y Control Device ID No.:

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

★ **Do not complete “Performance Test” if “Subpart Y Control Device Type” is “FLARE.”**

Performance Test:

Select one of the following options for the performance test. Enter the code on the form.

| Code | Description |
|--------|---|
| BLVOC | Baseline VOC concentration |
| BLPERF | Baseline temperature from performance test |
| BLMFR | Baseline temperature from manufacturer |
| LTVPER | Liquid-to-vapor ratio from performance test |
| LTVMFR | Liquid-to-vapor ratio from manufacturer |

Alternate Monitoring:

Enter “YES” if electing to comply with the alternate monitoring procedures in 40 CFR § 63.564(j). Otherwise, enter “NO.”

Alternate Test Procedure:

Enter “YES” if electing to comply with the alternate test procedures in 40 CFR § 63.565(m). Otherwise, enter “NO.”

★ **Complete “Vent Stream Bypass” only if “Alternate Test Procedure” is “NO.”**

Vent Stream Bypass:

Enter “YES” if there are valves that could route displaced vapors to the atmosphere. Otherwise, enter “NO.”

★ Complete “Bypass Flow Indicator” only if “Vent Stream Bypass” is “YES.”

Bypass Flow Indicator:

Select one of the following options for monitoring flow in the lines, which can bypass vapors away from the control device. Enter the code on the form.

| Code | Description |
|-------|--|
| FLODR | Flow indicator and data recorder |
| FLOAL | Flow indicator with audio or visual alarm |
| BLMAN | Visual inspection of seal or closure mechanism |

Table 5: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart BB: National Emission Standards for Benzene Emissions from Benzene Transfer Operations

▼ Continue only for loading racks at which benzene is loaded into tank trucks, railcars, or marine vessels at each benzene production facility and bulk terminal.

Unit ID No.:

Enter the identification number (ID No.) for the loading/unloading operations (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](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Negative Applicability:

Enter “YES” if the loading rack loads only benzene-laden waste, gasoline, crude oil, natural gas liquids, petroleum distillates or benzene-laden liquid from a coke by-product plant. Otherwise, enter “NO.”

▼ Continue only if “Negative Applicability” is “NO.”

Benzene by Weight:

Select one of the following options for the concentration of benzene by weight in the liquid, which is loaded. Enter the code on the form.

| Code | Description |
|------|--|
| 70- | Less than 70% benzene by weight |
| 70+ | Greater than or equal to 70% benzene by weight |

Annual Amount Loaded:

Select one of the following options for the amount of benzene loaded annually. Enter the code on the form.

| Code | Description |
|------|---|
| 1.3- | Annual amount loaded is less than 1.3 million liters (343,424 gallons) |
| 1.3+ | Annual amount loaded is greater than or equal to 1.3 million liters (343,424 gallons) |

▼ Continue only if “Benzene by Weight” is “70+” and “Annual Amount Loaded” is “1.3+.”

Loading Location:

Select one of the following options for the loading location. Enter the code on the form.

| Code | Description |
|--------|------------------------------|
| MARINE | Marine loading only |
| LAND | Land loading only |
| BOTH | Both land and marine loading |

Subpart BB Control Device Type:

Select one of the following options for the control device type as it pertains to 40 CFR Part 61, Subpart BB. Enter the code on the form.

| Code | Description |
|--------|---|
| FLARE | Flare |
| INCOTH | Incinerator other than a catalytic incinerator |
| CATINC | Catalytic incinerator |
| CADS | Carbon adsorption system |
| BPH44- | Steam generator or process heater design heat input capacity less than 44 MW (15 MMBtu/hr) |
| BPH44+ | Steam generator or process heater design heat input capacity greater than or equal to 44 MW (15 MMBtu/hr) |
| OTHER | Other control device |

Subpart Bb Control Device ID No.:

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

Intermittent Control Device:

Enter “YES” if the control device is intermittent. Otherwise, enter “NO.”

Diverted Vent Gas Stream:

Enter “YES” if the vent gas stream can be diverted from the control device. Otherwise, enter “NO.”

Table 6: Title 40 Code of Federal Regulations Part 63(40 CFR Part 63), Subpart CC: National Emission Standard for Hazardous Air Pollutants from Petroleum Refineries

★ Complete only for 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.

Unit ID No.:

Enter the identification number (ID No.) for the gasoline loading rack or marine vessel loading operation (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](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Specified in 40 CFR § 63.640(g)(1) - (6):

Enter “YES” if the gasoline loading rack or marine vessel loading operation is part of a process specified in 40 CFR §63.640(g)(1) - (6). Otherwise, enter “NO.”

▼ Continue only if “Specified in 40 CFR § 63.640(g)(1) - (6)” is “NO.”

Subject To 40 CFR Part 63, Subparts F, G, H, Or I:

Enter “YES” if the gasoline loading rack or marine vessel loading operation is subject to 40 CFR Part 63, Subparts F, G, H, or I. Otherwise, enter “NO.”

▼ Continue only if “Subject to 40 CFR Part 63, Subparts F, G, H, or I” is “NO.”

Unit Type:

Select one of the following options to describe the type of unit. Enter the code on the form.

| Code | Description |
|-------------|---|
| GAS | Gasoline loading rack classified under Standard Industrial Classification code 2911 |
| MARINE | Marine vessel loading operation at a petroleum refinery meeting the applicability criteria of 40 CFR § 63.560 |
| OTHER | Other gasoline loading rack or marine vessel loading operation |

▼ **Continue only if “Unit Type” is “GAS.”**

Vapor Processing System Type:

Select one of the following options describing the type of vapor processing system used. Enter the code on the form.

| Code | Description |
|-------------|---|
| CAS | Carbon adsorption system |
| REFRIG | Refrigeration condenser system |
| THERM | Thermal oxidation system |
| FLARE | Flare |
| OTHER | Vapor processing system, other than the ones described above, approved by the EPA Administrator |

Control Device ID No.:

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

★ **Complete “Alternative ID No.” only if “Vapor Processing System Type” is “OTHER.”**

Alternative ID No.:

If an alternative has been approved, then enter the corresponding alternative unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the alternative approval letter. The unique identifier and/or the date of the approval letter is contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

Table 7a:

**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 Process Vents, Storage Vessels, Transfer Operations, and Wastewater**

Unit ID No.:

Enter the identification number (ID No.) for the transfer rack (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](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Transfer Rack Type:

Select one of the following options to describe the transfer rack. Enter the code on the form.

| Code | Description |
|-------------|---|
| GRP1 | Group 1 transfer rack (as defined in 40 CFR § 63.111) |
| GRP2 | Group 2 transfer rack (as defined in 40 CFR § 63.111) |

★ Complete “Subject to Subpart BB” only if “Transfer Rack Type” is “GRP2.”

Subject To Subpart BB:

Enter “YES” if the transfer rack is subject to 40 CFR Part 61, Subpart BB. Otherwise, enter “NO.”

★ Continue only if “Subject to Subpart BB” is “YES” or if “Transfer Rack Type” is “GRP1.”

▼ Complete “Compliance Options” only if “Subject to Subpart BB” is “YES.”

Compliance Options:

Select one of the following options to describe the Group 2 transfer rack. Enter the code on the form.

| Code | Description |
|------|--|
| 61BB | The Group 2 transfer rack is subject to the control requirements specified in 40 CFR § 61.302 and the owner/operator has elected to comply with the associated monitoring, recordkeeping, reporting, and testing requirements of 40 CFR Part 61, Subpart BB |
| 63G | The Group 2 transfer rack is subject to the control requirements specified in 40 CFR § 61.302 and the owner/operator has elected to comply with the monitoring, recordkeeping, reporting, and testing requirements specified in 40 CFR Part 63, Subpart G for Group 1 transfer racks |
| NOCR | The Group 2 transfer rack is subject to only the reporting and recordkeeping requirements of 40 CFR Part 61, Subpart BB |

▼ Do not continue if “Compliance Options” is “NOCR.”

★ Complete “Closed Vent System” if “Transfer Rack Type” is “GRP1” or if “Transfer Rack Type” is “GRP2” and “Compliance Options” is “63G.”

Closed Vent System:

Select one of the following options that describe the applicability of the closed vent system. Enter the code on the form.

| Code | Description |
|--------|---|
| PRESS- | Closed vent system is operated and maintained under negative pressure. |
| SUBPTH | Closed vent system is subject to § 63.172 of Subpart H |
| SUBPTG | Closed vent system is routing emissions to a process or fuel gas system or is subject to §63.148 of Subpart G |

★ Complete “Hard Piping” only if “Closed Vent System” is “SUBPTG.”

Hard Piping:

Enter “YES” if the closed vent system is constructed of hard piping. Otherwise, enter “NO.”

Table 7b: 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 Process Vents, Storage Vessels, Transfer Operations, and Wastewater

★ Complete Table 7b only if “Compliance Options” is “61BB.”

Unit ID No.:

Enter the identification number (ID No.) for the transfer rack (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.

Benzene Transfer Operation:

Select one of the following options to describe the transfer operation. Enter the code on the form.

| Code | Description |
|--------|---|
| MARINE | Benzene is transferred to marine vessels only |
| TTRC | Benzene is transferred to tank trucks and/or railcars only |
| COMB | Benzene is transferred to marine vessels and tank trucks and/or rail cars |

Title 40 CFR § 61.302 Control Device:

Select one of the following options to describe the control device to which the emissions from the Group 2 transfer rack are routed. Enter the code on the form.

| Code | Description |
|-------|---|
| FLARE | Flare |
| CATA | Catalytic incinerator |
| INCIN | Incinerator other than a catalytic incinerator |
| CADS | Carbon adsorption system |
| GH44- | Steam generating unit or process heater with a design heat input capacity less than 44 MW |
| GH44+ | Steam generating unit or process heater with a design heat input capacity greater than or equal to 44 MW |
| OTHER | Control device other than a flare, incinerator, carbon adsorber, steam generating unit, or process heater |

Title 40 CFR § 61.302 Control Device ID No.:

Enter the identification number (ID No.) for the control device (maximum 10 characters) to which the emissions from the transfer rack are routed. This number should be consistent with the number listed on Form OP-SUM.

★ **Do not complete “Intermittent Control Device” if “Title 40 CFR § 61.302 Control Device” is “FLARE.”**

Intermittent Control Device:

Enter “YES” if the control device is intermittent. Otherwise, enter “NO.”

Vent Stream Diversion:

Enter “YES” if the vent system contains valves that could divert a vent stream from the control device. Otherwise, enter “NO.”

▼ **Do not continue only if “Compliance Options” is “61BB.”**

Table 7c: 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 Process Vents, Storage Vessels, Transfer Operations, and Wastewater

★ **Complete Tables 7c through 7d only if “Transfer Rack Type” is “GRP1,” or if “Transfer Rack Type” is “GRP2” and “Compliance Options” is “63G.”**

Unit ID No.:

Enter the identification number (ID No.) for the transfer rack (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](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Vapor Balancing System:

Enter “YES” if a vapor balancing system is being used to reduce emissions of organic hazardous air pollutants. Otherwise, enter “NO.”

★ **Complete “Emissions Routing” only if “Vapor Balancing System” is “NO.”**

Emissions Routing:

Enter “YES” if emissions of organic hazardous air pollutants are routed to a fuel gas system or to a process where the organic hazardous air pollutants meet one or more of the ends specified in 40 CFR § 63.126(b)(4)(i) - (iv). Otherwise, enter “NO.”

Bypass Lines:

Enter “YES” if the vent system contains bypass lines that could divert a vent stream flow away from the control device. Otherwise, enter “NO.”

★ **Complete “Flow Indicator” only if “Bypass Lines” is “YES.”**

Flow Indicator:

Enter “YES” if a flow indicator is installed at the entrance of the bypass line. Otherwise, enter “NO.”

▼ **Continue only if “Vapor Balancing System” and “Emissions Routing” are “NO.”**

Table 7d:

**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 Process Vents, Storage Vessels, Transfer
Operations, and Wastewater**

Unit ID No.:

Enter the identification number (ID No.) for the transfer rack (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](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Halogenated Emissions:

Enter “YES” if there are halogenated emission streams from the transfer rack. Otherwise, enter “NO.”

★ **Complete “Combustion Device” only if “Halogenated Emissions” is “YES.”**

Combustion Device:

Enter “YES” if halogenated emission streams from the Group 1 transfer rack are combusted. Otherwise, enter “NO.”

★ **Complete “Emission Rate” only if “Combustion Device” is “YES.”**

Emission Rate:

Select one of the following options to describe the emission rate. Enter the code on the form.

| Code | Description |
|------|--|
| 45- | The vent stream halogen atom mass emission rate is being reduced to less than 0.45 kilograms per hour prior to any combustion control device |
| 45+ | The vent stream halogen atom mass emission rate is not being reduced to less than 0.45 kilograms per hour prior to any combustion control device |

★ Complete “Installation Date” and “Scrubber” only if “Emission Rate” is “45+.”

Installation Date:

Select one of the following options to describe the installation date of the halogen reduction device. Enter the code on the form.

| Code | Description |
|------|-------------------------------|
| 92- | Prior to December 31, 1992 |
| 92+ | On or after December 31, 1992 |

Scrubber:

Enter “YES” if a scrubber is being used to reduce the halogenated vent stream. Otherwise, enter “NO.”

Scrubber ID No.:

Enter the identification number (ID No.) for the scrubber (maximum 10 characters) to which the emissions from the transfer rack are routed. This number should be consistent with the number listed on Form OP-SUM.

Table 7e: 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 Process Vents, Storage Vessels, Transfer Operations, and Wastewater

★ Complete Table 7e through 7f only if “Transfer Rack Type” is “GRP1” and “Vapor Balancing System” and “Emissions Routing” are “NO,” or if “Compliance Options” is “63G.”

Unit ID No.:

Enter the identification number (ID No.) for the transfer rack (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](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Control Device:

Select one of the following options to describe the control device to which emissions from the transfer rack are routed. Enter the code on the form.

| Code | Description |
|--------|---|
| FLARE | Flare |
| CATA | Catalytic incinerator |
| INCIN | Incinerator other than a catalytic incinerator |
| BPH | Boiler or process heater |
| COND | Condenser |
| ABSORB | Absorber |
| CADS | Carbon adsorber |
| OTHER | Control device other than a flare, incinerator, boiler, process heater, absorber, condenser, or carbon adsorber |

Control Device ID No.:

Enter the identification number (ID No.) for the control device (maximum 10 characters) to which the emissions from the transfer rack are routed. This number should be consistent with the number listed on Form OP-SUM.

▼ Do not continue if “Control Device” is “FLARE.”

Title 40 § 63.128(h) Option:

Enter “YES” if the transfer rack transfers less than 11.8 million liters per year and is complying with the requirements in 40 CFR § 63.128(h) instead of the requirements in 40 CFR § 63.128(a) or (b). Otherwise, enter “NO.”

- ★ **Complete “Other Emissions” and “Enclosed Combustion Device” only if “Title 40 CFR § 63.128(h) Option” is “YES.”**

Other Emissions:

Enter “YES” if the transfer rack receives vapors, gases, or liquids (other than fuels) from emission points other than transfer racks subject to 40 CFR Part 63, Subpart G. Otherwise, enter “NO.”

Enclosed Combustion Device:

Enter “YES” if an enclosed combustion device with a maximum residence time of 0.5 seconds and a minimum temperature of 760 degrees C is used to meet the 98 percent emission reduction requirement. Otherwise, enter “NO.”

- ★ **Complete “Thermal Incinerator” only if “Enclosed Combustion Device” is “NO.”**

Thermal Incinerator:

Enter “YES” if a thermal incinerator not meeting the requirements of 40 CFR § 63.128(h)(1)(ii) is used. Otherwise, enter “NO.”

- ▼ **Do not continue if “Control Device” is “OTHER.”**

Table 7f:

**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 Process Vents, Storage Vessels, Transfer
Operations, and Wastewater**

Unit ID No.:

Enter the identification number (ID No.) for the transfer rack (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](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Alternate Parameter Monitoring (APM):

Enter “Yes” if approval has been granted by the EPA Administrator to monitor a parameter other than those specified in 40 CFR § 63.127(a) - (b). Otherwise, enter “NO.”

APM ID No.:

If an alternate parameter monitor (APM) has been approved, then enter the corresponding APM unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the APM approval letter. The unique identifier and/or the date of the approval letter is contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

- ▼ **Continue only if “Title 40 CFR § 63.128(h) Option” and “Alternate Parameter Monitoring” are “NO.”**

- ★ **Complete “Performance Test Exemption” only if “Control Device” is “BPH,” “CATA,” or “INCIN.”**

Performance Test Exemption:

Select one of the following options to describe the performance test exemption used. Enter the code on the form.

For Boilers or Process Heaters:

| Code | Description |
|-------------|--|
| HIC44+ | The design heat input capacity of the boiler or process heater is greater than or equal to 44 MW |
| BURN1 | The boiler or process heater is burning hazardous waste and meets the requirements of 40 CFR § 63.128(c)(2)(i) or (c)(2)(ii) |
| INTR | The vent stream is introduced with the primary fuel of the boiler or process heater |
| NONE | The boiler or process heater does not meet one of the exemptions above and a performance test is required |

For Incinerators:

| Code | Description |
|-------------|--|
| BURN2 | The incinerator is burning hazardous waste and meets the requirements of 40 CFR § 63.128(c)(7) |
| NONE | The incinerator doesn't meet the exemption specified in 40 CFR § 63.128(c)(7) and a performance test is required |

▼ **Do not continue if “Performance Test Exemption” is “HIC44+,” “BURN1,” “INTR,” or “BURN2.”**

Shared Control Device:

Enter “YES” if the control device is shared between transfer racks and process vents. Otherwise, enter “NO.”

Multiple Arms:

Enter “YES” if the control device used is shared between multiple arms loading simultaneously. Otherwise, enter “NO.”

★ **Complete “Intermittent” only if “Shared Control Device” and “Multiple Arms” are “NO.”**

Intermittent:

Enter “YES” if the vapor processing system is intermittent. Otherwise, enter “NO.”

Table 8: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CCCCCC: National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Dispensing Facilities

★ **Complete this table only if the Gasoline Dispensing Facility (GDF) is not located at an airport or is located at an area source of Hazardous Air Pollutants (HAPs) (Emissions are less than 10 TPY for any single HAP or less than 25 TPY for combined HAPs).**

Unit ID No.:

Enter the identification number (ID No.) for each gasoline cargo tank that is unloading at a GDF (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](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Monthly Throughput:

Select one of the following options to describe the monthly throughput of gasoline at the GDF. Enter the code on the form.

| Code | Description |
|----------|---|
| 10K-100K | The GDF has a monthly throughput of 10,000 gallons of gasoline or more but less than 100,000 gallons. |
| 100K+ | The GDF has a monthly throughput of 100,000 gallons of gasoline or more. |

Table 9a: 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 transfer racks that meet criteria in 40 CFR § 63.2435(a)-(b) and § 63.2475(a) 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 5.**

Unit ID No.:

Enter the identification number (ID No.) for the transfer rack (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](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Emission Standard:

Select one of the following emission standard options. Enter the code on the form.

| Code | Description |
|-------|---|
| VBAL | Vapor balance alternative as provided in 40 CFR § 63.2575(a) – Table 5.1.d |
| FG | Emissions are routed to a fuel gas system or process per § 63.2475(a) – Table 5.1.c |
| FLR | A flare is being used per § 63.2475(a) – Table 5.1.b |
| CD98 | A non-flare CD is being used to meet 98% reduction per § 63.2475(a) – Table 5.1.a |
| CDPMV | A non-flare CD is being used to meet a ppmv standard per § 63.2475(a) – Table 5.1.a |
| NONE | None of the above standards apply |

▼ **Continue only if “Emission Standard” is “FLR,” “CD98,” or “CDPMV.”**

Designated HAL:

Enter “YES” if the emission stream is designated as halogenated. Otherwise, enter “NO.”

★ **Complete “Determined HAL” only if “Designated HAL” is “NO.”**

Determined HAL:

Enter “YES” if the emission stream is determined to be halogenated. Otherwise, enter “NO.”

Prior Eval:

Enter “YES” if the data from a prior evaluation or assessment is used. Otherwise, enter “NO.”

★ **Complete “Assessment Waiver” only if “Prior Eval” is “NO.”**

Assessment Waiver:

Enter “YES” if the Administrator has granted a waiver of compliance assessment. Otherwise, enter “NO.”

Negative Pressure:

Enter “YES” if the closed vent system is operated and maintained under negative pressure. Otherwise, enter “NO.”

★ Complete “Bypass Line” only if “Negative Pressure” is “NO.”

Bypass Line:

Select the option that best describes the bypass lines on the closed vent system. Enter the code on the form.

| Code | Description |
|---------|---|
| NONE | No bypass lines |
| FLOWIND | Bypass lines are monitored by flow indicators |
| CARSEAL | Bypass line valves are secured in the closed position with a car-seal or lock-and-key configuration |

▼ Continue only if “Emission Standard” is “CD98” or “CDPMV.”

Table 9b: 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

Unit ID No.:

Enter the identification number (ID No.) for the transfer rack (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](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

Small Device:

Enter “YES” if a small control device (defined in § 63.2550) is being used. Otherwise, enter “NO.”

★ Complete “1257A1” only if “Small Device” is “Yes.”

1257A1:

Enter “YES” if you are conducting a design evaluation as specified in § 63.1257(a)(1). Otherwise, enter “NO.”

★ Complete “1257A1 DEVICE TYPE” only if “1257A1” is “Yes.”

1257A1 Device Type:

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

| Code | Description |
|--------|---|
| 05RT | Enclosed combustion device with a 0.5 second residence time at 760°C per § 63.1257(a)(1)(i) |
| THERM | Thermal vapor incinerator not meeting the criteria in § 63.1257(a)(1)(i) |
| CATA | Catalytic vapor incinerator not meeting the criteria in § 63.1257(a)(1)(i) |
| BPH | Boiler or process heater not meeting the criteria in § 63.1257(a)(1)(i) |
| COND | Condenser |
| CADON | Carbon adsorber that regenerates the carbon bed onsite |
| CADOTH | Carbon adsorber that does not regenerate the carbon bed onsite |
| SCRB | Scrubber |
| NONE | None of the above devices |

ALT 63SS MON Parameters:

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

★ **Complete “CEMS” only if “ALT 63SS MON PARAMETERS” is “NO.”**

CEMS:

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

SS Device Type:

Select one of the following options that describes device used. Enter the code on the form.

| Code | Description |
|---------|---|
| CATA | Catalytic incinerator |
| INCIN | Incinerator other than a catalytic incinerator |
| BOIL | Boiler |
| PROHT | Process heater |
| ABS | Absorber |
| COND | Condenser |
| CADS | Carbon adsorber |
| OTHCMB | Combustion device other than one of the above |
| OTHNONC | Non-combustion device other than one of the above |

Table 9c:

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

Unit ID No.:

Enter the identification number (ID No.) for the transfer rack (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 “Meets 63.988(b)(2)” only if “SS Device Type” is “CATA,” “INCIN,” “BOIL” or “PROHT.”**

Meets 63.988(b)(2):

Enter “YES” if the control device meets criteria in § 63.985(b)(2). Otherwise, enter “NO.”

★ **Complete “44 Primary” only if “SS Device Type” is “BOIL” or “PROHT.”**

44 Primary:

Enter “YES” if the boiler or process heater is less than 44 megawatts and the vent stream is not introduced as or with primary fuel. Otherwise, enter “NO.”

★ **Complete “Water” only if “SS Device Type” is “ABS.”**

Water:

Enter “YES” if the scrubbing liquid is water. Otherwise, enter “NO.”

HAL Device Type:

Select one of the following options that describes halogen reduction device used. Enter the code on the form.

| Code | Description |
|-------------|--|
| SCRBBFR | A halogen scrubber preceding a combustion device |
| SCRBAFT | A halogen scrubber following a combustion device |
| SCRBNO | A halogen scrubber is used, no combustion device |
| OTHBFR | A halogen reduction device other than a scrubber preceding a combustion device |
| OTHAFT | A halogen reduction device other than a scrubber following a combustion device |
| OTHNO | A halogen reduction device other than a scrubber is used, no combustion device |
| NONE | No halogen scrubber or other halogen reduction device is used |

★ Complete “Formaldehyde” only if “Assessment Waiver” is “NO.”

Formaldehyde:

Enter “YES” if the stream contains formaldehyde. Otherwise, enter “NO.”

Loading/Unloading Operations Attributes
Form OP-UA04 (Page 9)
Federal Operating Permit Program
Table 7a: 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 Transfer Operations

| | |
|------------------------------|--|
| Date: | |
| Permit No.: | |
| Regulated Entity No.: | |

| Unit ID No. | SOP Index No. | Transfer Rack Type | Subject to Subpart BB | Compliance Options | Closed Vent System | Hard Piping |
|-------------|---------------|--------------------|-----------------------|--------------------|--------------------|-------------|
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Loading/Unloading Operations Attributes
Form OP-UA04 (Page 11)
Federal Operating Permit Program
Table 7c: 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 Transfer Operations

| | |
|------------------------------|--|
| Date: | |
| Permit No.: | |
| Regulated Entity No.: | |

| Unit ID No. | SOP Index No. | Vapor Balancing System | Emissions Routing | Bypass Lines | Flow Indicator |
|-------------|---------------|------------------------|-------------------|--------------|----------------|
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**Loading/Unloading Operations Attributes
 Form OP-UA04 (Page 16)
 Federal Operating Permit Program
 Table 9a: 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**

| | |
|------------------------------|--|
| Date: | |
| Permit No.: | |
| Regulated Entity No.: | |

| Unit ID No. | SOP Index No. | Emission Standard | Designated HAL | Determined HAL | Prior Eval | Assessment Waiver | Negative Pressure | Bypass Line |
|-------------|---------------|-------------------|----------------|----------------|------------|-------------------|-------------------|-------------|
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