



**Texas Commission on Environmental Quality**  
**Form OP-UA15**  
**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**

**General:**

This form is used to provide a description and data pertaining to all emission points, stationary vents, distillation operation vents, and process vents 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 an emission point, stationary vent, distillation operation vent and/or process vent, 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:

**Tables 1a - 1b:** Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A: Visible Emissions

**Tables 2a - 2c:** Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B: Vent Gas Control

**Tables 3a - 3b:** These tables have been retired as of March 1, 2000 due to the repeal of Title 30 Texas Administrative Code Chapter 119 (30 TAC Chapter 119) Control of Air Pollution from Carbon Monoxide. Applicability determinations for this regulation are no longer necessary in the permit application.

**Tables 4a - 4c:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations

**Tables 5a - 5b:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standard for Hazardous Air Pollutants from Petroleum Refineries

**Tables 6a - 6c:** 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

**Table 7:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart O: Ethylene Oxide Emission Standards for Sterilization Facilities

**Table 8a - 8c:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutants: Group I Polymers and Resins, Continuous Front-end Process Vents

**Table 9a - 9c:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutants: Group I Polymers and Resins, Batch and Aggregate Batch Process Vents

**Table 10a - 10d:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutants: Group IV Polymers and Resins, Continuous Process Vents

<b>Table 11a - 11c:</b>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutants: Group IV Polymers and Resins, Batch and Aggregate Batch Process Vents</b>
<b>Table 12a - 12b:</b>	<b>Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter H, Division 1: Highly Reactive Volatile Organic Compounds-Vent Gas Control</b>
<b>Table 13a – 13g:</b>	<b>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 - Continuous Process Vents</b>
<b>Table 14:</b>	<b>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 - Batch Process Vents</b>
<b>Table 15:</b>	<b>Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A, Division 5: Emission Limits on Nonagricultural Processes</b>

The application area name from Form OP-1 “Site Information Summary” must appear in the header of each page for the purpose of identification for the initial submittal. The date of the initial form submittal must also be included and should be consistent throughout the application (MM/DD/YYYY). Leave the permit number blank for the initial form submittal. If this form is included as part of the permit revision process, enter the permit number assigned by the TCEQ, the area name (from Form OP-1), and the date of the revision submittal.

Unit attribute questions that do not require a response from all applicants are preceded by qualification criteria in the instructions. If the unit does not meet the qualification criteria, a response to the question is not required. Anytime a response is not required based on the qualification criteria, leave the space on the form blank.

Notwithstanding any qualification criteria in the form instructions or information provided in other TCEQ guidance, the applicant may leave an attribute question blank (or indicate “N/A” for “Not Applicable”) if the attribute is not needed for the applicable requirement determinations of a regulation for a unit.

In some situations, the applicant has the option of selecting alternate requirements, limitations, and/or practices for a unit. Note that these alternate requirements, limitations, and/or practices must have the required approval from the TCEQ Executive Director and/or the U.S. Environmental Protection Agency Administrator before the federal operating permit application is submitted.

The Texas Commission on Environmental Quality (TCEQ) requires that a Core Data Form be submitted on all incoming registrations unless all of the following are met: the Regulated Entity and Customer Reference Numbers have been issued by the TCEQ and no core data information has changed. The Central Registry, a common record area of the TCEQ which maintains information about TCEQ customers and regulated activities, such as company names, addresses, and telephone numbers. This information is commonly referred as “core data.” The Central Registry provides the regulated community with a central access point within the agency to check core data and make changes when necessary. When core data about a facility is moved to the Central Registry, two new identification numbers are assigned: the Customer Reference (CN) number and the Regulated Entity (RN) number. The Core Data Form is required if facility records are not yet part of the Central Registry or if core data for a facility has changed. If this is the initial registration, permit, or license for a facility site, then the Core Data Form must be completed and submitted with application or registration forms. If amending, modifying, or otherwise updating an existing record for a facility site, the Core Data Form is not required, unless any core data information has changed. To review additional information regarding the Central Registry, go to the TCEQ Website at [www.tceq.texas.gov/nav/permits/air\\_permits.html](http://www.tceq.texas.gov/nav/permits/air_permits.html).

**Specific:****Table 1a: Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A: Visible Emissions**

- ★ **For SOP applications, complete Table 1 for:**
  - A. all stationary vents (other than flares) constructed on or before January 31, 1972;
  - B. stationary vents (other than flares) constructed after January 31, 1972 with a flow rate greater than or equal to 100,000 acfm (vents with a flowrate less than 100,000 acfm may be included);
  - C. solid fossil fuel-fired steam generators;
  - D. oil or mixture of oil and gas-fired steam generators; and
  - E. catalytic regenerators.
- ★ **For GOP applications, complete Table 1 for:**
  - A. stationary vents (other than flares) with a flow rate greater than or equal to 100,000 acfm;
  - B. solid fossil fuel-fired steam generators;
  - C. oil or mixture of oil and gas-fired steam generators; and
  - D. catalytic regenerators.

**Emission Point ID No.:**

Enter the identification number (ID No.) for the emission point or stationary vent (maximum 10 characters) as listed on Form OP-SUM "Individual Unit Summary."

*Note: The emission point ID No. should be representative of the vent stream prior to the control device. If no such ID No. is available, the control devices ID No. may be used to represent the emission point. The same practice may be used for combined vent streams, as long as the ID No. corresponds to a point after the combination of the vent streams. For further information on combined streams, refer to the TCEQ Rule Interpretation No. R5-121.009.*

**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 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 Opacity Limitation:**

Enter "YES" if complying with an alternate opacity limitation (AOL) under 30 TAC § 111.113. Otherwise, enter "NO" (GOP applicants must answer "NO").

**AOL ID No.:**

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

▼ **Continue only if “Alternate Opacity Limitation” is “NO.”**

**Vent Source:**

Select one of the following vent sources. Enter the code on the form.

Code	Description
SOLID	The source of the vent is a steam generator fired by solid fossil fuel
OIL	The source of the vent is a steam generator that burns oil or a mixture of oil and gas
NOVIS	The source of the vent is from colorless VOCs, non-fuming liquids, or other sources that are not capable of producing visible emissions. Periodic monitoring to demonstrate compliance is not required for these vents since the emissions cannot obstruct the transmission of light to produce opacity. Note: Do not use this code for vents from natural gas combustion sources.
CATREG	The source of the vent is a catalyst regenerator for a fluid bed catalytic cracking unit
OTHER	The source of the vent cannot be categorized in the above descriptions

**Opacity Monitoring System:**

Select one of the following options to describe the opacity monitoring system. Enter the code on the form.

Code	Description
OPMON	A continuous emissions monitoring system (CEMS) capable of measuring the opacity of emissions is installed in the vent in accordance with 30 TAC § 111.111(a)(1)(C)
EDEX	TCEQ Executive Director and the EPA Administrator have determined that 30 TAC § 111.111(a)(1)(F) may be used to comply with the appropriate opacity standard since the gas stream or portion of a gas stream contains condensed water vapor which could interfere with proper CEMS operation (Site Operating Permit applications only)
NONE	Optical instrument capable of measuring the opacity of emissions is not installed in the vent or optical instrumentation does not qualify as OPMON or EDEX as described above

**Construction Date:**

Select one of the following options that describes the date on which construction was begun for any source routing to the vent. Enter the code on the form.

Code	Description
72-	On or before January 31, 1972
72+	After January 31, 1972

**Effluent Flow Rate:**

Select one of the following options to describe the total effluent flow rate of the vent gas stream. Enter the code on the form.

Code	Description
100-	Effluent flow rate is less than 100,000 acfm
100+	Effluent flow rate is greater than or equal to 100,000 acfm

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**Table 1b: Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A: Visible Emissions**
**Emission Point ID No.:**

Enter the identification number (ID No.) for the emission point or stationary vent (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).

★ **Complete "Annual ACF" only if "Vent Source" is "SOLID."**

**Annual Ace:**

Select one of the following annual average capacity factors (ACF) to describe the affected facility. Enter the code on the form.

Code	Description
30-	Annual ACF is less than or equal to 30%
30+	Annual ACF is greater than 30% as reported to the Federal Power Commission for calendar year 1974
30+NR	Annual ACF is greater than 30%, but was not reportable to the Federal Power Commission for calendar year 1974

★ **Complete "Heat Input" only if "Vent Source" is "SOLID" and "Annual ACF" is "30+."**

**Heat Input:**

Select one of the following options to describe the heat input of the vent gas stream. Enter the code on the form.

Code	Description
250-	Heat Input is less than or equal to 250 MMBtu/hr
250+	Heat Input is greater than 250 MMBtu/hr

★ **Complete "SIP Violation" only if "Vent Source" is "OIL."**

**State Implementation Plan (SIP) Violation:**

Select one of the following options to describe the source of the vent gas stream. Enter the code on the form.

Code	Description
YES	The source is not able to comply with applicable periodic monitoring (PM) and opacity regulations without the use of PM collection equipment and has been found to be in violation of any visible emission standard in an SIP
NO	The source is able to comply with applicable PM and opacity regulations without the use of PM collection equipment and has not been found to be in violation of any visible emission standard in an SIP

★ **Complete "Total Feed Capacity" only if "Vent Source" is "CATREG."**

**Total Feed Capacity:**

Select one of the following options to describe the total feed capacity of the fluid bed catalytic cracking unit. Enter the code on the form.

Code	Description
20-	Total Feed Capacity is less than or equal to 20,000 barrels per day
20+	Total Feed Capacity is greater than 20,000 barrels per day

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**Table 2a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B: Vent Gas Control**

*Note: Complete this table only for emission points, stationary vents, distillation operation vents, or process vents, which emit VOCs and are, located in a county subject to 30 TAC Chapter 115, Subchapter B, Division 2: Vent Gas Control.*

- ★ **Do not complete Table 2 for SOP applications for which the either of the following is true:**
- A. **vents which are regulated in another division of 30 TAC Chapter 115, i.e., volatile organic compound (VOC) storage, VOC water separation, VOC loading/unloading, etc.; or**
  - B. **combustion unit exhaust for which the combustion unit is not used as a control device for a vent gas stream, originating from a non-combustion source, that is subject to the 30 TAC Chapter 115, Subchapter B, Division 2: Vent Gas Control.**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the emission point, stationary vent, distillation operation vent, or VOC process vent (maximum 10 characters) as listed on Form OP-SUM "Individual Unit Summary."

Note: The emission point ID No. should be representative of the vent stream prior to the control device. If no such ID No. is available, the control devices ID No. may be used to represent the emission point. The same practice may be used for combined vent streams, as long as the ID No. corresponds to a point after the combination of the vent streams. For further information on combined streams, refer to the TCEQ Rule Interpretation No. R5-121.009.

**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 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 Division:**

Enter "YES" if the vent stream originates from a source for which another Division in Chapter 115 establishes a control requirement, emission specification, or exemption for that source. Otherwise, enter "NO."

- ▼ **Continue only if "Chapter 115 Division" is "NO."**

**Combustion Exhaust:**

Enter "YES" if the vent stream is combustion unit exhaust and the combustion unit is not used as a control device for a vent stream originating from a noncombustion source subject to 30 TAC Chapter 115, Subchapter B, Division 2. Otherwise, enter "NO."

- ▼ **Continue only if "Combustion Exhaust" is "NO."**

**Vent Type:**

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

Code	Description
BAKE	The volatile organic compound (VOC) emissions are from bakery ovens located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas
DISTOPER	Vent gas stream originates from a synthetic organic chemical manufacturing industry (SOCMI) reactor process or distillation operation, as defined in 30 TAC § 115.10, located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas
DISTBTCH	Vent gas stream originates from a SOCMI reactor process or distillation operation, as defined in 30 TAC § 115.10, designed and operated in a batch mode, located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas
AIROX	Vent gas stream is emitted from an air oxidation synthetic organic chemical manufacturing process located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas
LPPP	Vent gas stream is emitted from a liquid phase polypropylene manufacturing process located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas
HDPE	Vent gas stream is emitted from a liquid phase slurry high-density polyethylene manufacturing process located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas
CPS	Vent gas stream is emitted from a continuous polystyrene manufacturing process located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas
LDPE	Vent gas stream emissions of ethylene associated with the formation, handling, and storage of solidified low-density polyethylene in which more than 1.1 pounds of ethylene per 1,000 pounds of product are emitted
EXLDPE	Vent gas stream emissions of ethylene associated with the formation, handling, and storage of solidified low-density polyethylene in which no more than 1.1 pounds of ethylene per 1,000 pounds of product are emitted
SPECVOC	Vent gas steam emissions of the specific VOCs ethylene, butadiene, isobutylene, styrene, isoprene, propylene, and/or methylstyrene from a vent located in Nueces, Victoria, Aransas, Bexar, Calhoun, Matagorda, San Patricio, or Travis County
CLASVOC	Vent gas stream emissions of the specified classes of VOCs including aldehydes, alcohols, aromatics, ethers, olefins, peroxides, amines, acids, esters, ketones, sulfides, and branched chain hydrocarbons (C <sub>8</sub> and above) from a vent located in Nueces, Victoria, Aransas, Bexar, Calhoun, Matagorda, San Patricio, or Travis County
CATREG	Vent gas stream originates from the catalyst regeneration of a petroleum or chemical process system, basic oxygen furnace, or fluid coking unit located in Aransas, Bexar, Calhoun, Matagorda, San Patricio, or Travis County
IRON	The vent gas stream originates from an iron cupola located in Aransas, Bexar, Calhoun, Matagorda, San Patricio, or Travis County
BLAST	The vent gas stream originates from a blast furnace located in Aransas, Bexar, Calhoun, Matagorda, San Patricio, or Travis County
REGVAPPL	Title 30 TAC Chapter 115, Subchapter B, Vent Gas Control rules are applicable and the vent is not specifically classified under the rule (for vents located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas)
REGVCONT	Title 30 TAC Chapter 115, Subchapter B, Vent Gas Control rules are potentially applicable, the vent is not specifically classified under the rule and the vent is complying with the requirements of another Division of 30 TAC Chapter 115 under the contingency provisions of that Division (for vents located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas)

★ Complete “Total Uncontrolled VOC Weight” only if “Vent Type” is “BAKE” or “CATREG.”

**Total Uncontrolled VOC Weight:**

Select one of the following options for the total weight of uncontrolled volatile organic compounds (VOCs) (in tpy) emitted. Enter the code on the form.

For “Vent Type” designation of “BAKE” in the Dallas/Fort Worth area:

Code	Description
25-	Total uncontrolled VOC weight from all bakery ovens on the property is less than 25 tpy and is claiming the exemption 30 TAC § 115.127(a)(5)
25-50	Total uncontrolled VOC weight from all bakery ovens on the property is greater than or equal to 25 tpy, but is less than 50 tpy or is not claiming the exemption 30 TAC § 115.127(a)(5)
50+	Total uncontrolled VOC weight from all bakery ovens on the property is greater than or equal to 50 tpy

For “Vent Type” designation of “BAKE” in the El Paso or Houston/Galveston/Brazoria areas:

Code	Description
25-	Total uncontrolled VOC weight from all bakery ovens on the property is less than 25 tpy and is claiming with the exemption 30 TAC § 115.127(a)(5)
25+	Total uncontrolled VOC weight from all bakery ovens on the property is greater than or equal to 25 tpy or is not claiming the exemption 30 TAC § 115.127(a)(5)

For “Vent Type” designation of “BAKE” in the Beaumont/Port Arthur area, leave this column blank.

For “Vent Type” designation of “CATREG:”

Code	Description
5-	The vent gas stream emits less than or equal to 5 tons of total uncontrolled VOC in any one calendar year and is claiming with the exemption 30 TAC § 115.127(c)(2)
5+	The vent gas stream emits greater than 5 tons of total uncontrolled VOC in any one calendar year or is not claiming the exemption 30 TAC § 115.127(c)(2)

*Note: Applicants with “Total Uncontrolled VOC Weight” designations of “25+” or “5+” have the option to leave this column blank.*

★ Complete “Combined 24-Hour VOC Weight” and “VOC Concentration” only for Vents That are Claiming an Exemption in 30 TAC § 115.127 and Meet Either of the Following Criteria:

1. For the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, and Houston/Galveston/Brazoria Areas, all “Vent Types,” excluding “BAKE,” “DISTOPER,” “DISTBTCH,” “REGVCONT,” and “EXLDPE”; or
2. For Nueces, Victoria, Aransas, Bexar, Calhoun, Matagorda, San Patricio, and Travis Counties, “Vent Types” “SPECVOC” or “CLASVOC.”

**Combined 24-Hour VOC Weight:**

Select one of the following options for the applicable uncontrolled VOC emission rate in any continuous 24-hour period from the combination of all sources (if more than one) routing to the vent. Enter the code on the form.

Code	Description
100-	Combined VOC Weight is less than or equal to 100 pounds (45.4 kg)
100+	Combined VOC Weight is greater than 100 pounds (45.4 kg)

*Note: For the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, and Houston/Galveston/Brazoria areas, the “Combined 24-Hour VOC Weight” shall be based on the highest value since July 17, 1991.*

**VOC Concentration:**

Select one of the following options for the VOC concentration (psia true partial pressure). Enter the code on the form. For vents located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, and Houston/Galveston/Brazoria Areas: For “Vent Type” designation of “LPPP,” “HDPE,” or “CPS:”

Code	Description
408-	VOC Concentration is less than 408 PPMV
408+	VOC Concentration is greater than or equal to 408 PPMV

For all other “Vent Types:”

Code	Description
612-	VOC Concentration is less than 612 PPMV
612+	VOC Concentration is greater than or equal to 612 PPMV

*Note: For the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, and Houston/Galveston/Brazoria areas, the “VOC Concentration” shall be based on the highest value since July 17, 1991.*

For vents located in Nueces, Victoria, Aransas, Bexar, Calhoun, Matagorda, San Patricio, and Travis Counties:

Code	Description
30K-	VOC Concentration is less than 30,000 PPMV
30K+	VOC Concentration are greater than or equal to 30,000 PPMV

*Note: Applicants with “VOC Concentration” designations of “612+,” “408+,” or “30K+” have the option to leave this column blank.*

- ★ **Complete “VOC Concentration or Emission Rate at Maximum Operating Conditions” only for vents that meet one of the following criteria:**
  1. **for the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, and Houston/Galveston/Brazoria areas, all “Vent Types,” other than “BAKE,” “DISTOPER,” and “DISTBTCH,” that are complying with an exemption in 30 TAC § 115.127(a); or**
  2. **for Nueces and Victoria Counties, “Vent Types” “EXLDPE,” “SPECVOC,” or “CLASVOC” that are complying with an exemption in 30 TAC § 115.127(b); or**
  3. **for Aransas, Bexar, Calhoun, Matagorda, San Patricio, and Travis Counties, “Vent Types” “EXLDPE,” “SPECVOC,” or “CLASVOC” that are complying with an exemption in 30 TAC § 115.127(c).**

**VOC Concentration or Emission Rate at Maximum Operating Conditions:**

Enter “YES” if the VOC concentration or emission rate is less than the applicable exemption limit at maximum actual operating conditions and the alternate recordkeeping requirements of 30 TAC § 115.126(4) are being selected. Otherwise, enter “NO.” If the exemption in 30 TAC § 115.127(a) or (b) does not relate to VOC concentration or emission rate, leave this column blank.

- ★ **Do not complete the rest of Table 2 (i.e., Tables 2b and 2c) if “VOC Concentration or Emission Rate at Maximum Operating Conditions” is “YES.”**

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**Table 2b: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B: Vent Gas Control**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the emission point, stationary vent, distillation operation vent, or VOC process vent (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 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 Control Requirement:**

Select one of the following options to indicate if an alternate method of demonstrating and documenting compliance, allowed under 30 TAC § 115.123, is or is not used (GOP applicants must use code “NONE”). Enter the code on the form.

Code	Description
ALTED	Alternate method for demonstrating and documenting continuous compliance with applicable control requirements or exemption criteria and demonstrating substantially equivalent reduction efficiencies approved by the TCEQ Executive Director
NONE-AR	Approved alternate reasonably available control technology as determined by the TCEQ Executive Director (Available Only to “Vent Type” designation of “DISTOPER,” “LPPP,” “HDPE,” or “CPS” that are located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas)
NONE	Alternate control not used

**ACR ID No.:**

If an alternate control requirement (ACR) has been approved, enter the corresponding ACR unique identifier for each unit (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the ACR approval letter in the table column. 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.

*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.*

★ **Complete “Control Device Type” and “Control Device ID No.” only if “Alternate Control requirement” is “NONE.” If there is no control device, then leave these columns blank.**

**Control Device Type:**

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

Code	Description
DIRFLM	Direct flame incinerator in which the vent gas stream is burned at a temperature greater than or equal to 1300°F (704 C)
BOILER	Boiler in which the vent gas stream is burned at a temperature greater than or equal to 1300°F (704°C). For “Vent Type” designation of “CATREG” located in Aransas, Bexar, Calhoun, Matagorda, San Patricio, or Travis County only
BLASCOM	Combustion device used in a heating process for a blast furnace (For “Vent Type” designation of “BLAST” located in Aransas, Bexar, Calhoun, Matagorda, San Patricio, or Travis Counties only)
CHILLER	Chiller or catalytic incinerator
CRBADS	Carbon adsorption system that replaces the carbon at a predetermined time interval
CRBADS-R	Carbon adsorption system that regenerates the carbon bed
FLARE	Flare
VAPCOM	Vapor Combustor not considered a Flare
VAPFLR	Vapor Combustor considered a Flare for purposes of 30 TAC Chapter 115, Vent Gas Controls
AFTER	Afterburner operating at a temperature greater than or equal to 1300°F (704°C) which has a retention time of at least one-fourth of a second and a steady flame that is not affected by the cupola charge and relights automatically if extinguished (For “Vent Type” designation of “IRON” located in Aransas, Bexar, Calhoun, Matagorda, San Patricio, or Travis Counties only)
OTHER	Other vapor recovery system, as defined in 30 TAC § 115.10

**Control Device ID No.:**

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

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**Table 2c: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B: Vent Gas Control**

- ★ **Complete only if “Vent Type” is “DISTOPER” OR you are claiming one of the exemptions in 30 TAC § 115.127(a)(4).**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the emission point, stationary vent, distillation operation vent, or VOC process vent (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).

**Total Design Capacity:**

Select one of the following options for the total design capacity (in tpy) of the process which the SOCM I reactor process or distillation operation is operating. Enter the code on the form.

Code	Description
1100-	Total Design Capacity is less than 1,100 tons per year for all chemicals produced within that unit
1100+	Total Design Capacity is greater than or equal to 1,100 tons per year for all chemicals produced within that unit

**Flow Rate/Concentration:**

Select one of the following options for the flow rate in standard cubic meters per minute (scm/min) or VOC concentration in parts per million by volume (PPMV). Enter the code on the form.

Code	Description
500-	Flow rate is less than 0.011 scm/min or the VOC concentration is less than 500 PPMV
500+	Flow rate is greater than or equal to 0.011 scm/min or the VOC concentration is greater than or equal to 500 PPMV

**40 CFR Part 60, Subpart NNN Requirements:**

Enter “YES” if the distillation unit vent gas stream satisfies either of the following requirements of 40 CFR Part 60, Subpart NNN, Standards of Performance for VOC Emissions from Synthetic Organic Chemical Manufacturing Industry (SOCMI) Distillation Operations:

1. Title 40 CFR § 60.660(c)(4) - Total Resource Effectiveness (TRE) index value is greater than 8.0; or
2. Title 40 CFR § 60.662(c) - TRE index value is greater than 1.0 without the use of VOC emission control devices. Otherwise, enter “NO.”

*Note: The TRE index is defined in 40 CFR § 60.661.*

**40 CFR Part 60, Subpart RRR Requirements:**

Enter “YES” if the distillation unit vent gas stream satisfies either of the following requirements of 40 CFR Part 60, Subpart RRR, Standards of Performance for VOC Emissions from SOCM I Reactor Processes:

1. Title 40 CFR § 60.700(c)(2) - TRE index value is greater than 8.0; or
2. Title 40 CFR § 60.702(c) - TRE index value is greater than 1.0 without the use of VOC emission control devices. Otherwise, enter “NO.”

*Note: The TRE index is defined in 40 CFR § 60.701.*

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**Table 3a:** This table has been retired as of March 1, 2000 due to the repeal of Title 30 Texas Administrative Code Chapter 119 (30 TAC Chapter 119) Control of Air Pollution from Carbon Monoxide. Applicability determinations for this regulation are no longer necessary in the permit application.

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**Table 3b:** This table has been retired as of March 1, 2000 due to the repeal of Title 30 Texas Administrative Code Chapter 119 (30 TAC Chapter 119) Control of Air Pollution from Carbon Monoxide. Applicability determinations for this regulation are no longer necessary in the permit application.

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**Table 4a:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off Site Waste and Recovery Operations

- ★ Complete only for plant sites that are a major source and contain materials specified in 40 CFR § 63.680(b)(2), Subpart DD:
- ★ Complete only for plant sites that have a waste management operation of HAPs as specified in 40 CFR Part 264 and 265.

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (maximum 10 characters) as listed on Form OP-SUM “Individual Unit Summary.”

*Note: The emission point ID No. should be representative of the vent stream prior to the control device. If no such ID No. is available, the control devices ID No. may be used to represent the emission point. The same practice may be used for combined vent streams, as long as the ID No. corresponds to a point after the combination of the vent streams. For further information on combined streams, refer to the TCEQ Rule Interpretation No. R5-121.009.*

**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).

**Air Emission Controls:**

Enter “YES” if the owner or operator is opting to install and operate air emission controls on the process vent in accordance with the standards specified in 40 CFR § 63.690. Otherwise, enter “NO.”

- ★ Complete “Direct Measurement” only if “Air Emission Controls” is “NO.”

**Direct Measurement:**

Enter “YES” if direct measurement is used to determine the volatile organic hazardous air pollutant (VOHAP) concentration. Otherwise, enter “NO.”

- ▼ Continue only if “Air Emission Controls” is “YES.”

**Inspected and Monitored:**

Enter “YES” if the closed-vent system is inspected and monitored as specified in 40 CFR § 63.693(b)(4)(i). Otherwise, enter “NO.”

**Bypass Device:**

Enter “YES” if the closed-vent system includes bypass devices that to diverts the gas or vapor stream to the atmosphere before entering the control device. Otherwise, enter “NO.”

- ★ Complete “Flow Meter” only if “Bypass Device” is “YES.”

**Flow Meter:**

Enter “YES” if the bypass device is equipped with a flow meter. Otherwise, enter “NO.”

**Design Analysis:**

Enter “YES” if design analysis is used to demonstrate control device performance. Otherwise, enter “NO.”

**No Detectable Organic Emissions:**

Enter “YES” if the closed-vent system routing to the control device is designed to operate with no detectable organic emissions, as specified in 40 CFR § 63.694(k). Otherwise, enter “NO.”

**Table 4b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off Site Waste and Recovery Operations**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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 for the type of control device. Enter the code on the form.

Code	Description
CADS	Carbon adsorption system
COND	Condenser
FLARE	Flare
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
BPH	Boiler or process heater (BPH)

**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 “Individual Unit Summary.” Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

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

**Alternative Operating Parameters:**

Enter “YES” if a continuous monitoring system that measures alternative operating parameters (AOP), approved by the EPA Administrator, and is being used. Otherwise, enter “NO.”

**AOP ID No.:**

If an alternative operating parameter has been approved, then enter the corresponding AOP unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable then enter the date of the AOP approval. 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 “HAP Recovery” only if “Control Device” is “CADS” or “COND.”

**HAP Recovery:**

Enter “YES” if the carbon adsorber or condenser is designed and operated to recover greater than or equal to 95%, on a weight-basis, of the total hazardous air pollutants (HAP) listed in Table 1 of 40 CFR 63, Subpart DD contained in the vent stream entering the carbon adsorber or condenser. Otherwise, enter “NO.”

- ★ Complete “Regenerable Carbon Adsorber” only if “Control Device” is “CADS.”

**Regenerable Carbon Adsorber:**

Enter “YES” if the carbon adsorption system is regenerable. Otherwise, enter “NO.”

- ★ Complete “Complying with 40 CFR § 63.693(d)(4)(iii)” only if “Regenerable Carbon Adsorber” is “NO”.

**Complying with 40 CFR § 63.693(d)(4)(iii):**

Enter “YES” if the owner or operator has chosen to comply with the requirements of 40 CFR § 63.693(d)(4)(iii). Otherwise, enter “NO.”

- ★ Complete “Exhaust Stream Temperature Monitor” only if “Control Device” is “COND” and “Alternative Operating Parameters” is “NO.”

**Exhaust Stream Temperature Monitor:**

Enter “YES” if a temperature monitoring device equipped with a continuous recorder is being used to monitor the continuous parameter monitoring system is used to measure and record the daily average temperature in the exhaust stream gases from the condenser. Otherwise, enter “NO.”

**Table 4c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off Site Waste and Recovery Operations**

- ★ Complete only if “Control Device” is “VAPTH,” “VAPCAT,” or “BPH.”

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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).

**HAP Destruction:**

Enter “YES” if the vapor incinerator, boiler, or process heater is designed and operated to destroy the HAP listed in Table 1 contained in the vent stream entering the vapor incinerator, boiler, or process heater. Otherwise, enter “NO.”

- ★ Complete “Organic Monitoring Device” only if “Control Device” is “VAPTH” or “VAPCAT” and “Alternative Operating Parameters” is “NO.”

**Organic Monitoring Device:**

Enter “YES” if a continuous monitoring system that measures and records the daily average concentration of organic compounds in the exhaust vent stream of the control device is used. Otherwise, enter “NO.”

- ★ Complete “Meets 40 CFR § 63.693(f)(1)(iii)” only if “Control Device” is “VAPTH” or “VAPCAT” and “HAP Destruction” is “NO.”

**Meets 40 CFR § 63.693(f)(1)(iii):**

Enter “YES” if a residence time of 0.5 seconds or longer and a temperature of 760°C or higher is maintained in the vapor incinerator combustion chamber. Otherwise, enter “NO.”

- ★ Complete “95% HAP Destruction” only if “Control Device” is “VAPTH,” “VAPCAT,” or “BPH” and “HAP Destruction” is “YES.”

**95% HAP Destruction:**

Enter “YES” if the HAP is destroyed by greater than or equal to 95% on a total HAP weight basis. Otherwise, enter “NO.”

- ★ Complete “BPH TOC Destruction” only if “Control Device” is “BPH” and “HAP Destruction” is “NO.”

**BPH TOC Destruction:**

Enter “YES” if the boiler or process heater (BPH) is designed and operated to destroy the total organic compounds (TOC), less methane and ethane, contained in the vent stream introduced into the flame zone of the boiler or process heater. Otherwise, enter “NO.”

- ★ Complete “95% TOC Destruction” only if “Control Device” is “VAPTH” or “VAPCAT” and “Meets 40 CFR § 63.693(f)(1)(iii)” is “NO,” or if “Control Device” is “BPH” and “BPH TOC Destruction” is “YES.”

**95% TOC Destruction:**

Enter “YES” if the TOC, less methane and ethane, contained in the vent stream entering the vapor incinerator or introduced into the flame zone of the boiler or process heater is destroyed by greater than or equal to 95% on a weight-basis. Otherwise, enter “NO.”

- ★ Complete “Meets 40 CFR § 63.693(g)(1)(iii)” only if “Control Device” is “BPH” and “BPH TOC Destruction” is “NO.”

**Meets 40 CFR § 63.693(g)(1)(iii):**

Enter “YES” if the vent stream is introduced into the flame zone of the boiler or process heater and the combustion chamber maintains a residence time of 0.5 seconds or longer and a temperature of 760°C or higher. Otherwise, enter “NO.”

- ★ Complete “Introduced With Fuel” only if “Meets 40 CFR § 63.693(g)(1)(iii)” is “NO.”

**Introduced with Fuel:**

Enter “YES” if the vent stream is introduced with the fuel that provides the predominate heat input to the boiler or process heater. Otherwise, enter “NO.”

Complete “Continuous Temperature Monitoring System” only if “Control Device” is “BPH” and “Alternative Operating Parameters” is “NO.”

**Continuous Temperature Monitoring System:**

Enter “YES” if a continuous parameter monitoring system is used to measure and record the daily average combustion zone temperature. Otherwise, enter “NO.”

**Table 5a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standard for Hazardous Air Pollutants (HAPs) from Petroleum Refineries**

- ★ Complete only for plant sites that are a major source and contain or contact one or more of the HAPs listed in Table 1 of 40 CFR Part 63, Subpart CC:
- ★ Complete only for miscellaneous process vents as defined in 40 CFR Part 63, Subpart CC, 40 CFR § 63.641.

**Emission Point ID No.:**

Enter the identification number (ID No.) for the miscellaneous process vent (maximum 10 characters) as listed on Form OP-SUM “Individual Unit Summary.”

*Note: The emission point ID No. should be representative of the vent stream prior to the control device. If no such ID No. is available, the control devices ID No. may be used to represent the emission point. The same practice may be used for combined vent streams, as long as the ID No. corresponds to a point after the combination of the vent streams. For further information on combined streams, refer to the TCEQ Rule Interpretation No. R5-121.009.*

**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 miscellaneous process vent 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 miscellaneous process vent 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."**

**Group 1:**

Enter "YES" if the miscellaneous process vent is a Group 1 vent. Otherwise, enter "NO."

**Engineering Assessment:**

Enter "YES" if engineering assessment is used to determine the total organic compound (TOC) emission rate for the representative operating condition expected to yield the highest daily emission rate. Otherwise, enter "NO."

▼ **Do not continue if "Group 1" is "NO."**

**Control Device:**

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

Code	Description
FLARE	Flare
CATINC	Catalytic incinerator
INCIN	Incinerator other than a catalytic incinerator
BPH44-	Boiler or process heater with a design heat input capacity of less than 44 MW where the vent stream is not introduced into the flame zone
BPH44+	Boiler or process heater with a design heat input capacity of greater or equal to than 44 MW or a boiler or process heater in which all vent streams are introduced into the flame zone
OTHER	Prior approval has been received to use a control device other than an incinerator, boiler, process heater, or flare

**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 "Individual Unit Summary." If there is no control device, then leave this column blank.

**Performance Test:**

Enter "YES" if a performance test was conducted for determining compliance with a regulation promulgated by the EPA and the test was conducted using the same methods specified in Subpart G and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test, with or without adjustments, reliably demonstrate compliance despite process changes. Otherwise, enter "NO."

★ **Do not complete "Additional Parameter Monitoring" if "Control Device" is "OTHER."**

**Additional Parameter Monitoring:**

Enter "YES" if the owner or operator received prior approval to monitor parameters other than those specified in 40 CFR § 63.644(a). Otherwise, enter "NO."

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**Table 5b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standard for Hazardous Air Pollutants from Petroleum Refineries**
**Emission Point ID No.:**

Enter the identification number (ID No.) for the miscellaneous process vent (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).

**98% Reduction:**

Enter "YES" if compliance with the 98% by reduction requirements specified in § 63.116(c)(1)(i) are chosen. Otherwise, enter "NO."

**Divert Vent Stream:**

Enter "YES" if the miscellaneous process vent utilizes a vent system that contains bypass lines that could divert the vent stream away from the control device used to comply with 40 CFR § 63.644(a). Otherwise, enter "NO."

★ **Complete "Secured Bypass Line" only if "Divert Vent Stream" is "YES."**

**Secured Bypass Line:**

Enter "YES" if the bypass line valve is secured in the closed position with a car-seal or a lock and key type configuration. Otherwise, enter "NO."

**Automated Data Compression Recording System:**

Enter "YES" if the owner or operator received prior approval by the EPA Administrator for using an automated data compression system that does not record monitored operating parameter values at a set frequency, but records all values that meet set criteria for variation from previously recorded values. Otherwise, enter "NO."

**Continuous Operating Parameter Provisions:**

Enter "YES" if the owner or operator received prior approval by the EPA Administrator for using an approved alternative to the continuous operating parameter monitoring and recordkeeping provisions of 40 CFR § 63.654(i). Otherwise, enter "NO."

★ **Complete "Alternative ID No." if "Control Device" is "OTHER," "Additional Parameter Monitoring" is "YES," "Automated Data Compression Recording System" is "YES," or "Continuous Operating Parameter Provisions" is "YES."**

**Alternate ID No.:**

If an alternate has been approved, then enter the corresponding alternate unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the alternate 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.

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**Table 6a: 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**

- ★ **Complete only for process vents handling streams which meet the applicability requirements of 40 CFR § 63.107(b) through (h) or meet the criteria of 40 CFR § 63.107(i) and are not transferred to off-site control or on-site control not owned or operated by the source under 40 CFR § 63.113(i) or if the site receives streams transferred under 40 CFR § 63.113(i).**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (maximum 10 characters) as listed on Form OP-SUM “Individual Unit Summary.”

Note: The emission point ID No. should be representative of the vent stream prior to the control device. If no such ID No. is available, the control devices ID No. may be used to represent the emission point. The same practice may be used for combined vent streams, as long as the ID No. corresponds to a point after the combination of the vent streams. For further information on combined streams, refer to the TCEQ Rule Interpretation No. R5-121.009.

**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).

**Overlap:**

Select one of the following options to describe the overlap with other regulations. Enter the code on the form.

Code	Description
III	Title 40 CFR Part 60, Subpart III
NNN	Title 40 CFR Part 60, Subpart NNN
RRR	Title 40 CFR Part 60, Subpart RRR
61F	Title 40 CFR Part 61, Subpart F
NONE	Title 40 CFR Part 63, Subpart G only

**Group 1:**

Enter “YES” if the process vent meets the definition of a Group 1 process vent. Otherwise, enter “NO.”

- ★ **Complete “Regulation” only if “Overlap” is “III,” “NNN,” “RRR,” or “61F” and “Group 1” is “NO.”**

**Regulation:**

Select one of the following options that best describe the rule for which the owner or operator is electing to comply. Enter the code on the form.

Code	Description
60III	Owner or operator is electing to comply with the associated monitoring, testing, recordkeeping, and reporting requirements of 40 CFR Part 60, Subpart III, supporting the control requirements of 40 CFR § 60.612
60III/63G	The process vent is subject to the provisions of 40 CFR Part 60, Subpart III and 40 CFR Part 63, Subpart G and the owner or operator is electing to comply only with the requirements of 40 CFR Part 63, Subpart G
60NNN	Owner or operator is electing to comply with the associated monitoring, testing, recordkeeping, and reporting requirements of 40 CFR Part 60, Subpart NNN, supporting the control requirements of 40 CFR § 60.662
60NNN/63G	The process vent is subject to the provisions of 40 CFR Part 60, Subpart NNN and 40 CFR Part 63, Subpart G, and the owner or operator is electing to comply only with the requirements of 40 CFR Part 63, Subpart G

60RRR	Owner or operator is electing to comply with the associated monitoring, testing, recordkeeping, and reporting requirements of 40 CFR Part 60, Subpart RRR, supporting the control requirements of 40 CFR § 60.702
60RRR/63G	The process vent is subject to the provisions of 40 CFR Part 60, Subpart RRR and 40 CFR Part 63, Subpart G, and the owner or operator is electing to comply only with the requirements of 40 CFR Part 63, Subpart G
61F	Owner or operator is electing to comply only with the associated monitoring, testing, recordkeeping, and reporting requirements of 40 CFR Part 61, Subpart F
61F/63G	Owner or operator is complying with 40 CFR Part 61, Subpart F and 40 CFR Part 63, Subpart G (process vent is not controlled by a combustion device meeting 40 CFR Part 61, Subpart F)
63G	Owners or operator is required to comply only with the requirements of 40 CFR Part 63, Subpart G

★ **Complete “HAP Concentration” only if “Group 1” is “NO.”**

**HAP Concentration:**

Select one of the following options to describe the hazardous air pollutant (HAP) concentration. Enter the code on the form.

Code	Description
50-	HAP concentration is less than 50 ppm
50+	HAP concentration is greater than or equal to 50 ppm
NCE	HAP concentration is not needed to determine applicability

★ **Complete “Flow Rate” only if “Group 1” is “NO.”**

**Flow Rate:**

Select one of the following options that best describes the flow rate. Enter the code on the form.

Code	Description
5-	Flow rate is less than 0.005 scm/min
5+	Flow rate is greater than or equal to 0.005 scm/min or the owner or operator is not electing to demonstrate this flow rate
NCE	Flow rate is not needed to determine applicability

★ **Complete “Electing Control” if “Group 1” is “NO”; or if “Group 1” is “YES” and unit is complying with 40 CFR § 63.113(a)(3).**

**Electing Control:**

Select one of the following options that best describes the total resource effectiveness (TRE) index value. Enter the code on the form.

Code	Description
113A1	Electing to control the process vent to the levels required in 40 CFR § 63.113(a)(1) without calculating the TRE index value
113A2	Electing to control the process vent to the levels required in 40 CFR § 63.113(a)(2) without calculating the TRE index value
NOELECT	Not electing to control the process vent to the levels required in 40 CFR §§ 63.113(a)(1) or (a)(2)

- ★ Complete “NSPS TRE Index Value” if “Electing Control” is “NOELECT,” “Group 1” is “NO” and “Overlap” is “III,” “NNN”, or “RRR”.

**NSPS Tre Index Value:**

Select one of the following options that best describes the total resource effectiveness (TRE) index value calculated using the appropriate equation from 40 CFR Part 60, Subparts III, NNN or RRR. Enter the code on the form.

Code	Description
1-	TRE index value is less than 1
1-4	TRE index value is greater than 1 and less than 4
4-8	TRE index value is than 4 and less than 8
8+	TRE index value is greater than 8
NCE1-	TRE index value is not calculated and is assumed to be less than 1

- ★ Complete “MACT TRE Index Value” if “Electing Control” is “NOELECT” and either “Group 1” is “NO”, “Overlap” is “III”, “NNN”, or “RRR” and “NSPS TRE Index Value is NOT “1-” or “NCE1-” or “Group 1” is “YES” and unit is complying with 40 CFR § 63.113(a)(3).

**MACT TRE Index Value:**

Select one of the following options that best describes the total resource effectiveness (TRE) index value calculated using the procedures of 40 CFR § 63.115(d). Enter the code on the form.

Code	Description
1-	TRE index value is less than 1.0
1-4	TRE index value is greater than 1.0 but less than or equal to 4.0
4+	TRE index value is greater than 4.0

- ★ Complete “Plant Type” only if “Group 1” is “NO,” “Overlap” is “61F” and “Electing Control” is “113A1” or “113A2.

**Plant Type:**

Select one of the following options to describe the plant from which the emissions from the process vent originate. Enter the code on the form.

Code	Description
EDC	Ethylene dichloride plant
VINYL	Vinyl chloride plant
POLY	Polyvinyl chloride plant

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**Table 6b: 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**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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 that best describes the type of control, recapture, or recovery device. Enter the code on the form.

Select from the following list for units complying with the requirements of 40 CFR § 63.113(a)(1) or 63.113(a)(2).

Code	Description
FLARE	Flare
BPH44-	Boiler or process heater with a design heat input capacity of less than or equal to 44 MW
BPH44+	Boiler or process heater with a design heat input capacity of greater than 44 MW
BPH-HAZ	Boiler or process heater burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii)
HAZCAT	Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5)
HAZINC	Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5)
CATINC	Catalytic incinerator
INCIN	Thermal incinerator
FUEL	Boiler or process heater into which the process vent stream is introduced with the primary fuel or is used as the primary fuel
ABS	Absorber used as a recapture device
COND	Condenser used as a recapture device
CARB	Carbon adsorber used as a recapture device
RCPORG	Absorber, Condenser or Carbon Adsorber used as a recapture device and using an organic monitoring device as specified in 40 CFR § 63.114(b) (use only for units subject to and complying with 40 CFR § 63.113(a)(2))
OTHER	Control or recapture device other than those specified in 40 CFR § 63.114(a) and (b) or in 40 CFR Part 60, Subparts III, NNN or RRR

Select from the following list for units complying with 40 CFR § 63.113(a)(3) or 63.113(d) or using a recovery device to comply with the requirements of 40 CFR Part 60, Subparts III, NNN or RRR.

Code	Description
ABSRCV	Absorber used as a recovery device
CONDRCV	Condenser used as a recovery device
CARBRCV	Carbon adsorber used as a recovery device
RCVORG	Absorber, Condenser or Carbon Adsorber used as a recovery device and using an organic monitoring device as specified in 40 CFR § 63.114(b) (use only for units subject to and complying with § 40 CFR 63.113(a)(3) or (d))
OTHERRCV	Recovery device other than those specified in 40 CFR § 63.114(a) and (b) or in 40 CFR Part 60, Subparts III, NNN or RRR
NORCV	No recovery device (use only for units complying with 40 CFR § 63.113(a)(3) or (d))

**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 "Individual Unit Summary." If there is no control device, then leave this column blank.

**Halogenated:**

Enter "YES" if the vent stream is halogenated. Otherwise, enter "NO."

★ **Complete "TRE for Halogenated Vent Stream" only if "Group 1" is "NO," "Overlap" is "III," "NNN" or "RRR," "Halogenated" is "YES," "Electing Control" is "NOELECT," "MACT TRE Index Value is NOT "1-" and "NSPS TRE Index Value" is NOT "1-."**

**Tre for Halogenated Vent Stream:**

Enter "YES" if the total resource effectiveness (TRE) index value is being calculated for a halogenated vent stream. Otherwise, enter "NO."

- ★ Complete “Halogen Reduction Device” only if “Halogenated” is “YES” and the vent stream is complying using a non-flare combustion control device.

#### Halogen Reduction Device:

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

Code	Description
SCRUB	The vent stream exiting the combustion device is ducted to a scrubber before it is discharged to the atmosphere
OTHER	The vent stream exiting the combustion device is ducted to a halogen reduction device other than a scrubber before it is discharged to the atmosphere
PRIOR	Halogen reduction device is used prior to the control device, making the vent stream nonhalogenated

- ★ Complete “Installation Date” only if “Halogen Reduction Device” is “SCRUB” or “OTHER.”

#### Installation Date:

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

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

#### Performance Test:

Enter “YES” if a performance test was conducted for determining compliance with a regulation promulgated by the EPA and the test was conducted using the same methods specified in Subpart G and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test, with or without adjustments, reliably demonstrate compliance despite process changes. Otherwise, enter “NO.”

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### Table 6c: 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

#### Emission Point ID No.:

Enter the identification number (ID No.) for the process vent (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 Monitoring Parameters (AMP):

Enter “YES” if the EPA Administrator has approved an AMP. Otherwise, enter “NO.”

#### AMP ID No.:

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

**Continuous Monitoring:**

Select one of the following options that best describes the continuous monitoring and recordkeeping used for the unit. Enter the code on the form.

Code	Description
151G	Alternative to continuous monitoring as requested and approved under 40 CFR § 63.151(g)
152G	Alternative to continuous monitoring as allowed under 40 CFR § 63.152(g)
NOALT	Complying with the continuous monitoring requirements of 40 CFR §§ 63.114, 63.117, and 63.118

**Continuous Monitoring Alt ID No.:**

If alternative continuous monitoring has been approved under 40 CFR § 63.151(g), then enter the corresponding unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

**Bypass Lines:**

Enter “YES” if the vent system contains bypass lines that can divert the vent stream 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 and operated at the entrance of the bypass line. Otherwise, enter “NO.”

**Table 7: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart O: Ethylene Oxide Emission Standards for Sterilization Facilities**

★ **Complete Table 7 only for vents at sterilization facilities that have used more than 907 kg (1 ton) of ethylene oxide in any consecutive 12-month period since December 3, 1996.**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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).

**Facility Type:**

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

Code	Description
BEE	Beehive fumigator
LAB	Research or laboratory facility as defined in the Federal Clean Air Act § 112(c)(7)
HOSP	Hospital, doctor’s office, clinic, or other facility whose primary purpose is to provide medical services to humans or animals
OTHER	Non-exempt facility type

▼ **Continue only if “Facility Type” is “OTHER.”**

**Facility Ethylene Oxide Usage:**

Select one of the following options to describe the ethylene oxide usage since December 6, 1996. Enter the code on the form.

Code	Description
1-10	Ethylene oxide use was greater than 907 kg (1 ton) for at least one consecutive 12-month period, but less than 9070 kg (10 tons) for all consecutive 12-month periods after December 6, 1996.
10+	Ethylene oxide use was greater than 9070 kg (1 ton) for at least one consecutive 12-month period after December 6, 1996.

**Vent Type:**

Select one of the following options to indicate the type of sterilization facility vent. Enter the code on the form.

Code	Description
STCV	Sterilization Chamber Vent
ARV	Aeration Room Vent

★ **Complete “Control Device Efficiency” only if “Vent Type” is “ARV” and “Facility Ethylene Oxide Usage” is “10+.”**

**Control Device Efficiency:**

Enter “YES” if the efficiency of the control device is being determined using the procedures in 40 CFR § 63.365(d). Otherwise, enter “NO.”

★ **Complete “Control Device Type” if “Vent Type” is “STCV,” or if “Vent Type” is “ARV” and “Facility Ethylene Oxide Usage” is “10+.”**

**Control Device Type:**

Select one of the following options to describe the type of control technology used for control of the vent. Enter the code on the form.

Code	Description
SCRUB	Acid-water scrubber
CATOX	Catalytic oxidation unit
TOX	Thermal oxidation unit
OTHER	Control technology other than acid-water scrubber, catalytic oxidation unit, or thermal oxidation unit

**Control Device ID No.:**

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 “Individual Unit Summary.” If there is no control device, then leave this column blank.

★ **Complete “Monitoring Option” only if “Control Device Type” is “CATOX” or “TOX.”**

**Monitoring Option:**

Select one of the following to describe how the thermal or catalytic oxidizer is being monitored. Enter the code on the form.

Code	Description
TEMP	Continuously monitoring and recording the temperature at the outlet to the catalyst bed or exhaust point of the thermal combustion chamber
CONC	Measuring and recording the ethylene oxide concentration after the control device

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**Table 8a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins, Continuous Front-end Process Vents**

- ★ **Complete only for the following process vent streams subject to 40 CFR Part 63, Subpart U:**
- **Continuous front-end process vent streams**
  - **Combined vent streams (continuous front-end and batch or aggregate batch vent streams) routed to a recovery device prior to any control or release to the atmosphere**
  - **Combined vent streams (continuous front-end and batch or aggregate batch vent streams) containing a Group 1 continuous front-end process vent stream**
  - **Combined vent streams (continuous front-end and batch or aggregate batch vent streams) not containing a Group 1 continuous front-end process vent stream but electing to comply with the Group 1 continuous front end process vent stream requirements**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (maximum 10 characters) as listed on Form OP-SUM “Individual Unit Summary.”

*Note: The emission point ID No. should be representative of the vent stream prior to the control device. If no such ID No. is available, the control devices ID No. may be used to represent the emission point. The same practice may be used for combined vent streams, as long as the ID No. corresponds to a point after the combination of the vent streams. For further information on combined streams, refer to the TCEQ historical rule opinion No. R5-121.009.*

**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).

**Vent Stream Type:**

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

Code	Description
CONT	Continuous Front-end Process Vent
COMBINED	Combined Continuous Front-end Process Vents and Batch or Aggregate Batch Front-end Process Vents

- ★ **Complete “Routed to Recovery” only if “Vent Stream Type” is “COMBINED.”**

**Routed to Recovery:**

Enter “YES” if the combined front-end process vent stream is routed to a recovery device prior to any other control or venting to the atmosphere. Otherwise, enter “NO.”

- ★ Complete “Stream Group Status” if “Vent Stream Type” is NOT “COMBINED,” or if “Vent Stream Type” is “COMBINED” and “Routed to Recovery” is “NO.”

**Stream Group Status:**

Select one of the following options to describe the Group or control status of the vent stream. Enter the code on the form.

Code	Description
GRP1	Vent stream meets the definition of Group 1 continuous front-end process vent (Use for Vent Stream Type of “CONT”; or for Vent Stream Type of “COMBINED” where the combined stream contains a Group 1 Continuous Front-end Process Vent)
GRP2	Vent stream meets the definition of Group 2 continuous front-end process vent (Use only for Vent Stream Type of “CONT”)
G2ELECT	Vent stream meets the definition of Group 2 continuous front-end process vent and the control requirements of Group 1 are elected (Use only for Vent Stream Type of “CONT”)
ELECT	Electing to comply with the Group 1 Continuous Front-end Process Vent requirements (use only for Vent Stream Type of “COMBINED” where the combined stream does not contain a Group 1 Continuous Front end Process Vent and the Group 1 Continuous Front-end Process Vent requirements are elected)

- ★ Complete “HAP Concentration” only if one of the following conditions is met:
  - “Vent Stream Type” is “CONT” and “Stream Group Status” is “GRP2”
  - “Vent Stream Type” is “CONT,” “Stream Group Status” is “GRP1” and vent stream is routed to a recovery device prior to any control or release to the atmosphere
  - “Vent Stream Type” is “COMBINED” and “Routed to Recovery” is “YES.”

**HAP Concentration:**

Select one of the following options to describe the hazardous air pollutant (HAP) concentration. Enter the code on the form.

Code	Description
50-	HAP concentration is less than 50 ppm
50+	HAP concentration is greater than or equal to 50 ppm
NCE	HAP concentration is not needed to determine applicability

- ★ Complete “Flow Rate” only if one of the following conditions is met:
  - “Vent Stream Type” is “CONT” and “Stream Group Status” is “GRP2”
  - “Vent Stream Type” is “CONT,” “Stream Group Status” is “GRP1” and vent stream is routed to a recovery device prior to any control or release to the atmosphere
  - “Vent Stream Type” is “COMBINED” and “Routed to Recovery” is “YES.”

**Flow Rate:**

Select one of the following options that best describes the flow rate. Enter the code on the form.

Code	Description
5-	Flow rate is less than 0.005 scm/min
5+	Flow rate is greater than or equal to 0.005 scm/min or the owner or operator is not electing to demonstrate this flow rate
NCE	Flow rate is not needed to determine applicability

★ **Complete “TRE Index Value” only if one of the following conditions is met:**

- “Vent Stream Type” is “CONT” and “Stream Group Status” is “GRP2”
- “Vent Stream Type” is “CONT,” “Stream Group Status” is “GRP1” and vent stream is routed to a recovery device prior to any control or release to the atmosphere
- “Vent Stream Type” is “COMBINED” and “Routed to Recovery” is “YES.”

**TRE Index Value:**

Select one of the following options that best describes the total resource effectiveness (TRE) index value. Enter the code on the form.

Code	Description
1-	TRE index value is less than 1.0
1-4	TRE index value is greater than 1.0 but less than or equal to 4.0
4+	TRE index value is greater than 4.0
NCE	TRE index value is not calculated

▼ **Continue only if one of the following conditions is met:**

- “Stream Group Status” is “GRP1” and “TRE Index Value” is “1-4.”
- “Stream Group Status” is NOT “GRP1” and “HAP Concentration” is “50+” or “NCE,” “Flow Rate” is “5+” or “NCE” and “TRE Index Value” is “1-4.”

**Halogenated:**

Enter “YES” if the vent stream is halogenated. Otherwise, enter “NO.”

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**Table 8b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins, Continuous Front-End Process Vents**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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).

★ **Complete “Existing Source” only if “Halogenated” is “YES.”**

**Existing Source:**

Enter “YES” if the vent is an existing source. Otherwise, enter “NO.”

★ Complete “Product Type and Production Process” only if “Halogenated” is “YES.”

**Product Type and Production Process:**

Select one of the following that describes the rubber type and production process used. Enter the code on the form.

Code	Description
SPC95-	Butyl rubber, Halobutyl rubber, or ethylene-propylene rubber produced by the solution process and process is controlled by a combustion device installed prior to June 12, 1995 (use only if “Existing Source” is “YES”)
SPC95+	Butyl rubber, Halobutyl rubber, or ethylene-propylene rubber produced by the solution process and process is controlled by a combustion device installed after to June 12, 1995 (use only if “Existing Source” is “YES”)
E-GPR	Elastomer produced by the gas-phased reaction process
OTHER	Other product

★ Complete “Meeting Process Vent Requirements” only if “Product Type and Production Process” is “SPC95-” or “E GPR.”

**Meeting Process Vent Requirements:**

Enter “YES” if the requirements of 40 CFR § 63.113(a)(2); 40 CFR § 63.113(a)(3); 40 CFR § 63.113(b) and the associated testing requirements in 40 CFR § 63.116; or 40 CFR § 63.11(b) and 40 CFR § 63.504(c) are met. Otherwise, enter “NO.”

★ Complete “Halogen Reduction Device” only if “Halogenated” is “YES” and one of the following conditions are met:

- “Product Type and Production Process” is “OTHER” or “SPC95+.”
- “Product Type and Production Process” is “E-GPR” or “SPC95-” and “Meeting Process Vent Requirements” is “NO.”

**Halogen Reduction Device:**

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

Code	Description
SCRUB	The vent stream exiting the combustion device is ducted to a scrubber before it is discharged to the atmosphere
OTHER	The vent stream exiting the combustion device is ducted to a halogen reduction device other than a scrubber before it is discharged to the atmosphere
PRIOR	Halogen reduction device is used prior to the control device, making the vent stream nonhalogenated

★ Complete “Installation Date” only if “Halogen Reduction Device” is “SCRUB” or “OTHER.”

**Installation Date:**

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

Code	Description
95-	Prior to June 12, 1995
95+	On or after June 12, 1995

**Control Device:**

Select one of the following options that best describes the type of control, recapture, or recovery device. Enter the code on the form.

Select from the following list for vent streams complying with the requirements of 40 CFR § 63.113(a)(1) or 63.113(a)(2).

Code	Description
FLARE	Flare
BPH44-	Boiler or process heater with a design heat input capacity of less than or equal to 44 MW

BPH44+	Boiler or process heater with a design heat input capacity of greater than 44 MW
BPH-HAZ	Boiler or process heater with a design heat input capacity of less than or equal to 44 MW burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii)
HAZCAT	Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5)
HAZINC	Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5)
CATINC	Catalytic incinerator
INCIN	Thermal incinerator
FUEL	Boiler or process heater into which the process vent stream is introduced with the primary fuel or is used as the primary fuel
ENG	Internal Combustion Engine
ABS	Absorber used as a recapture device
COND	Condenser used as a recapture device
CARB	Carbon adsorber used as a recapture device
OTHER	Control or recapture device other than those specified in 40 CFR § 63.114(a) and (b)
NOCD	No control device

Select from the following list for vent streams complying with the requirements of 40 CFR §§ 63.113(a)(3) or 63.113(d).

Code	Description
ABSRCV	Absorber used as a recovery device
CONDRCV	Condenser used as a recovery device
CARBRCV	Carbon adsorber used as a recovery device
OTHERRCV	Recovery device other than those specified in 40 CFR § 63.114(a) and (b)
NORCV	No recovery device (use only for units complying with the requirements of 40 CFR § 63.113(a)(3) or (d))

**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 “Individual Unit Summary.” If there is no control device, then leave this column blank.

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**Table 8c: Title 40 Code of Federal Regulations Part 63 (40 CFR PART 63), Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins, Continuous Front-end Process Vents**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (maximum 10 characters) as listed on Form OP-SUM entitled, “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).

**Performance Test:**

Enter “YES” if a performance test was conducted for determining compliance with a regulation promulgated by the EPA and the test was conducted using the same methods specified in 40 CFR § 63.116 and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test, with or without adjustments, reliably demonstrate compliance despite process changes. Otherwise, enter “NO.”

**Alternate Monitoring Parameters (AMP):**

Enter “YES” if the EPA Administrator has approved an AMP. Otherwise, enter “NO.”

**AMP ID No.:**

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

**Alternate Continuous Monitoring Requested:**

Enter "YES" if an alternate continuous monitoring system is requested and approved. Otherwise, enter "NO."

**ALT Continuous Monitoring ID No:**

If alternative continuous monitoring has been approved under 40 CFR § 63.506(g), then enter the corresponding unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

**Bypass Lines:**

Enter "YES" if the vent system contains bypass lines that can divert the vent stream 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 and operated at the entrance of the bypass line. Otherwise, enter "NO."

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**Table 9a: Title 40 Code of Federal Regulations Part 63 (40 CFR PART 63), Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins, Batch and Aggregate Batch Front-end Vents**

- ★ **Complete only for the following process vent streams subject to 40 CFR PART 63, Subpart U:**
- **Batch or aggregate batch process vent streams**
  - **Combined vent streams (continuous front-end and batch or aggregate batch vent streams) not routed to a recovery device prior to any control or release to the atmosphere**
  - **Combined vent streams (continuous front-end and batch or aggregate batch vent streams) not containing a Group 1 continuous front-end process vent stream and not electing to comply with the Group 1 continuous front-end process vent requirements**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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).

**Vent Stream Type:**

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

Code	Description
BATCH	Batch Front-end Process Vents
AGGBATCH	Aggregate Batch Front-end Process Vents
COMBINED	Combined Continuous Front-end Process Vents and Batch or Aggregate Batch Front end Process Vents

**Stream Group Status:**

Select one of the following options to describe the Group or control status of the vent stream. Enter the code on the form.

Code	Description
CONTROL	Stream is routed to a flare or control device complying with the control requirements or 40 CFR § 63.487(a) or (b) for Batch or Aggregate Batch vent streams
488	Requirements of 40 CFR § 63.488 are used to determine control requirements for the stream

★ Complete “Annual Organic HAP Emissions” only if “Stream Group Status” is “488.”

**Annual Organic HAP Emissions:**

Enter “YES” if the vent has annual organic HAP emissions of 11,800 kilograms per year or more. Otherwise, enter “NO.”

★ Complete “Cutoff Flow Rate” only if “Annual Organic HAP Emissions” is “YES.”

**Cutoff Flow Rate:**

Enter “YES” if the vent has a cutoff flow rate of less than the annual average flow rate. Otherwise, enter “NO.”

★ Complete “Single Highest HAP Recipe” if “Annual Organic HAP Emissions” is “NO”; or if “Annual Organic HAP Emissions” is “YES” and “Cutoff Flow Rate” is “YES.”

**Single Highest HAP Recipe:**

Enter “YES” if the emissions from the single highest HAP recipe were used in the group determination and the group determination assumed operation of the batch unit at maximum design capacity for 12 months. Otherwise, enter “NO.”

▼ Do Not Continue if “Single Highest HAP Recipe” is “YES” or if “Single Highest HAP Recipe” is “NO” and “Annual Organic HAP Emissions” is “YES.”

★ Complete “Electing to Comply with § 63.487(f)(1)” only if “Single Highest HAP Recipe” is “NO” and “Annual Organic HAP Emissions” is “NO.”

**Electing to Comply with § 63.487(f)(1):**

Enter “YES” if electing to comply with 40 CFR § 63.487(f)(1). Otherwise, enter “NO.”

▼ Do not continue if “Electing to Comply with § 63.487(f)(1)” is required to be answered.

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**Table 9b: Title 40 Code of Federal Regulations Part 63 (40 CFR PART 63), Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins, Batch and Aggregate Batch Front-end Process Vents**

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**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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:**

Enter “YES” if the vent stream is halogenated. Otherwise, enter “NO.”

Complete “Halogen Reduction Device” only if “Halogenated” is “YES” and the vent stream is complying using a combustion control device.

**Halogen Reduction Device:**

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

Code	Description
SCRUB	The vent stream exiting the combustion device is ducted to a scrubber before it is discharged to the atmosphere
OTHER	The vent stream exiting the combustion device is ducted to a halogen reduction device other than a scrubber before it is discharged to the atmosphere
PRIOR	Halogen reduction device is used prior to the control device, making the vent stream nonhalogenated

★ **Complete “Installation Date” only if “Halogen Reduction Device” is “SCRUB” or “OTHER.”**

**Installation Date:**

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

Code	Description
95-	Prior to June 12, 1995
95+	On or after June 12, 1995

**Control Device:**

Select one of the following options that best describes the type of control, recapture, or recovery device. Enter the code on the form.

Code	Description
FLARE	Flare
BPH44-	Boiler or process heater with a design heat input capacity of less than or equal to 44 MW
BPH44+	Boiler or process heater with a design heat input capacity of greater than 44 MW
BPH-HAZ	Boiler or process heater with a design heat input capacity of less than or equal to 44 MW burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii)
HAZCAT	Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5)
HAZINC	Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5)
CATINC	Catalytic incinerator
INCIN	Thermal incinerator
FUEL	Boiler or process heater into which the process vent stream is introduced with the primary fuel or is used as the primary fuel
ENG	Internal Combustion Engine
ABS	Absorber used as a recapture device
COND	Condenser used as a recapture device
CARB	Carbon adsorber used as a recapture device
OTHER	Control or recapture device other than those specified in 40 CFR § 63.114(a) and (b)
NOCD	No control device

**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 “Individual Unit Summary.” If there is no control device, then leave this column blank.

★ **Complete “Complying with 20 PPMV Limit” only if “Vent Stream Type” is “AGGBATCH” or “COMBINED.”**

**Complying with 20 PPMV Limit:**

Enter “YES” if complying with the 20 parts per million by volume outlet concentration standard specified in 40 CFR § 63.487(b)(2). Otherwise, enter “NO.”

**Performance Test:**

Enter “YES” if a performance test was conducted for determining compliance with a regulation promulgated by the EPA and the test was conducted using the same methods specified in 40 CFR § 63.490 and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test, with or without adjustments, reliably demonstrate compliance despite process changes. Otherwise, enter “NO.”

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**Table 9c: Title 40 Code of Federal Regulations Part 63 (40 CFR PART 63), Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins, Batch and Aggregate Batch Front-end Process Vents**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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). Complete “Organic Monitoring Device” only if “Vent Stream Type” is “BATCH.”

**Organic Monitoring Device:**

Enter “YES” if electing to install an organic monitoring device as an alternate to the devices required by 40 CFR § 63.489(b)(5) - (b)(7). Otherwise, enter “NO.”

**Alternate Monitoring Parameters (AMP):**

Enter “YES” if the EPA Administrator has approved an AMP. Otherwise, enter “NO.”

**AMP ID No.:**

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

★ **Complete “Emission Episodes” only if “Control Device” is NOT “NOCD.”**

**Emission Episodes:**

Enter “YES” if the control device is operated at all times when batch emission episodes are venting. Otherwise, enter “NO.”

**Bypass Lines:**

Enter “YES” if the vent system contains bypass lines that can divert the vent stream 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 and operated at the entrance of the bypass line. Otherwise, enter “NO.”

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**Table 10a: Title 40 Code of Federal Regulations Part 63 (40 CFR PART 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins, Continuous Process Vents**

- ★ **Complete only for the following process vent streams subject to 40 CFR Part 63, Subpart JJJ:**
- **Continuous process vent streams**
  - **Combined vent streams (continuous and batch or aggregate batch vent streams) routed to a recovery device prior to any control or release to the atmosphere**
  - **Combined vent streams (continuous and batch or aggregate batch vent streams) containing a Group 1 continuous process vent stream**
  - **Combined vent streams (continuous and batch or aggregate batch vent streams) not containing a Group 1 continuous process vent stream but electing to comply with the Group 1 continuous process vent stream requirements**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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).

**Construction/Modification Date:**

Select one of the following options that describe the construction, reconstruction, or modification date of the affected source. Enter the code on the form.

Code	Description
1995-	Source is an existing source that commenced construction, reconstruction, or modification on or prior to March 29, 1995
1995+	Source is a new source that commenced construction, reconstruction, or modification after March 29, 1995

**Thermoplastic Produced:**

Select one of the following options that describe the thermoplastic product produced by the affected source. Enter the code on the form.

Code	Description
PETC	Source produces poly (ethylene terephthalate) resin (PET) using a continuous process
POLYC	Source produces polystyrene using a continuous process
MBS	Source produces methyl methacrylate butadiene styrene resin (MBS)
SAN	Source produces styrene acrylonitrile resin (SAN)
ASA	Source produces acrylonitrile styrene acrylate resin (ASA)
AMSAN	Source produces alpha methyl styrene acrylonitrile resin (AMSAN)
A/A	Source produces both ASA and AMSAN
OTHER	Source produces a thermoplastic resin other than those listed

- ★ **If "Thermoplastic Produced" is "SAN," "ASA," "AMSAN," "A/A" or "OTHER," go to Table 10b.**
- ★ **Complete "PET Process" only if "Thermoplastic Produced" is "PETC."**

**PET Process:**

Select one of the following that describes the continuous process used to produce PET. Enter the code on the form.

Code	Description
DMT	PET is produced using a continuous dimethyl terephthalate process
TPA	PET is produced using a continuous terephthalic acid process

★ **Complete “Vent Section” only if “Thermoplastic Produced” is “PETC” or “POLYC.”**

**Vent Section:**

Select one of the following options that describe the section of the process that contains the vent. Enter the code on the form.

For vents from a source producing PET using a continuous dimethyl terephthalate process

Code	Description
MATREC	Vent is in the material recovery section of the process
POLYR	Vent is in the polymerization reaction section of the process
OTHER1	Vent is in a process section other than those listed

For vents from a source producing PET using a continuous terephthalic acid process

Code	Description
MATPREP	Vent is associated with esterification vessels in the raw material preparation section of the process
POLYR	Vent is in the polymerization reaction section of the process
OTHER2	Vent is in a process section other than those listed

For vents from a source producing polystyrene using a continuous process

Code	Description
MATREC	Vent is in the material recovery section of the process
OTHER3	Vent is in a process section other than the material recovery section

★ **Complete “Compliance Option” only if one of the following conditions apply:**

- “Thermoplastic Produced” is “PETC” and “Vent Section” is “MATREC,” “MATPREP” or “POLYR.”
- “Thermoplastic Produced” is “POLYC” and “Vent Section” is “MATREC.”
- “Thermoplastic Produced” is “MBS.”

★ **Complete if “Vent Section” is “OTHER1,” “OTHER2” or “OTHER3;” go to Table 10b.**

**Compliance Option:**

Select one of the following options that describe the compliance option selected for the vent. Enter the code on the form.

For “Thermoplastic Produced” of “PETC” with “PET Process” of “DMT” and “Vent Section” is “MATREC”

Code	Description
12-	Emissions of organic HAP from material recovery sections are demonstrated to be 0.12 kg/Mg of product or less
18-	Emissions of organic HAP from material recovery sections are demonstrated to be 0.18 kg/Mg of product or less
CONDT1	Daily average outlet gas stream temperature from each final condenser is maintained at 3°C (37°F) or less
CD	Emissions are controlled using a control device

For “Thermoplastic Produced” of “PETC” with “PET Process” of “TPA” and “Vent Section” is “MATPREP”

Code	Description
04-	Emissions of organic HAP from material preparation sections are demonstrated to be 0.04 kg/Mg of product or less
CD	Emissions are controlled using a control device

For “Thermoplastic Produced” of “PETC” and “Vent Section” is “POLYR”

Code	Description
02-	Emissions of organic HAP from polymerization reaction sections are demonstrated to be 0.02 kg/Mg of product or less
CD	Emissions are controlled using a control device

For “Thermoplastic Produced” of “POLYC” and “Vent Section” is “MATREC”

Code	Description
036-	Emissions of organic HAP from material recovery sections are demonstrated to be 0.036 kg/Mg of product or less
CONDT2	Daily average outlet gas stream temperature from each final condenser is maintained at -25° C (-13°F) or less
CD	Emissions are controlled using a control device

For “Thermoplastic Produced” of “MBS”

Code	Description
59-	Emissions of organic HAP from the collection of continuous process vents are demonstrated to be 0.000590 kg/Mg of product or less
NMEC	Compliance is not demonstrated using a mass emission rate limit

- ▼ **Continue only if “Compliance Option” is “CD” or “NMEC.” If “Compliance Option” is “CD,” go to Table 10c and begin with the “Control Device” question. If “Compliance Option” is “NMEC,” go to Table 10b.**

**Table 10b: Title 40 Code of Federal Regulations Part 63 (40 CFR PART 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins, Continuous Process Vents**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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).

**Vent Stream Type:**

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

Code	Description
CONT	Continuous Front-end Process Vent
COMBINED	Combined Continuous Front-end Process Vents and Batch or Aggregate Batch Front-end Process Vents

- ★ **Complete “Routed to Recovery” only if “Vent Stream Type” is “COMBINED.”**

**Routed to Recovery:**

Enter “YES” if the combined front-end process vent stream is routed to a recovery device prior to any other control or venting to the atmosphere. Otherwise, enter “NO.”

- ★ **Complete “Stream Group Status” if “Vent Stream Type” is NOT “COMBINED,” or if “Vent Stream Type” is “COMBINED” and “Routed to Recovery” is “NO.”**

**Stream Group Status:**

Select one of the following options to describe the Group or control status of the vent stream. Enter the code on the form.

Code	Description
GRP1	Vent stream meets the definition of Group 1 continuous front-end process vent (Use for Vent Stream Type of "CONT"; or for Vent Stream Type of "COMBINED" where the combined stream contains a Group 1 Continuous Process Vent)
GRP2	Vent stream meets the definition of Group 2 continuous front-end process vent (Use only for Vent Stream Type of "CONT")
G2ELECT	Vent stream meets the definition of Group 2 continuous front-end process vent and the control requirements of Group 1 are elected (Use only for Vent Stream Type of "CONT")
ELECT	Electing to comply with the Group 1 Continuous Front-end Process Vent requirements (use only for Vent Stream Type of "COMBINED" where the combined stream does not contain a Group 1 Continuous Process Vent and the Group 1 Continuous Process Vent requirements are elected)

★ **Complete "HAP Concentration" only if one of the following conditions is met:**

- "Vent Stream Type" is "CONT" and "Stream Group Status" is "GRP2"
- "Vent Stream Type" is "CONT," "Stream Group Status" is "GRP1" and vent stream is routed to a recovery device prior to any control or release to the atmosphere
- "Vent Stream Type" is "COMBINED" and "Routed to Recovery" is "YES."

**HAP Concentration:**

Select one of the following options to describe the hazardous air pollutant (HAP) concentration. Enter the code on the form.

Code	Description
50-	HAP concentration is less than 50 ppm
50+	HAP concentration is greater than or equal to 50 ppm
NCE	HAP concentration is not needed to determine applicability

★ **Complete "Flow Rate" only if one of the following conditions is met:**

- "Vent Stream Type" is "CONT" and "Stream Group Status" is "GRP2"
- "Vent Stream Type" is "CONT," "Stream Group Status" is "GRP1" and vent stream is routed to a recovery device prior to any control or release to the atmosphere
- "Vent Stream Type" is "COMBINED" and "Routed to Recovery" is "YES."

**Flow Rate:**

Select one of the following options that best describes the flow rate. Enter the code on the form.

Code	Description
5-	Flow rate is less than 0.005 scm/min
5+	Flow rate is greater than or equal to 0.005 scm/min or the owner or operator is not electing to demonstrate this flow rate
NCE	Flow rate is not needed to determine applicability

★ **Complete "TRE Index Value" only if one of the following conditions is met:**

- "Vent Stream Type" is "CONT" and "Stream Group Status" is "GRP2"
- "Vent Stream Type" is "CONT," "Stream Group Status" is "GRP1" and vent stream is routed to a recovery device prior to any control or release to the atmosphere
- "Vent Stream Type" is "COMBINED" and "Routed to Recovery" is "YES."

**TRE Index Value:**

Select one of the following options that best describes the total resource effectiveness (TRE) index value. Enter the code on the form.

For “Vent Stream Type” of “COMBINED” or for “Vent Stream Type” of “CONT” and “Thermoplastic Produced” is NOT “MBS.”

Code	Description
1-	TRE index value is less than or equal to 1.0
1-4	TRE index value is greater than 1.0 but less than or equal to 4.0
4+	TRE index value is greater than 4.0
NCE	TRE index value is not calculated

For “Vent Stream Type” of “CONT” and “Thermoplastic Produced” is “MBS.”

Code	Description
3.7-	TRE index value is less than or equal to 3.7
3.7-6.7	TRE index value is greater than 3.7 but less than or equal to 6.7
6.7+	TRE index value is greater than 6.7
NCE	TRE index value is not calculated

★ **Continue only if one of the following conditions is met:**

- “Stream Group Status” is “GRP1” and “TRE Index Value” is “1-4” or “3.7-6.7.”
- “Stream Group Status” is NOT “GRP1” and “HAP Concentration” is “50+” or “NCE,” “Flow Rate” is “5+” or “NCE” and “TRE Index Value” is “1-4” or “3.7-6.7.”

**Halogenated:**

Enter “YES” if the vent stream is halogenated. Otherwise, enter “NO.”

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**Table 10c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins, Continuous Process Vents**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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).

**Halogen Reduction Device:**

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

Code	Description
SCRUB	The vent stream exiting the combustion device is ducted to a scrubber before it is discharged to the atmosphere
OTHER	The vent stream exiting the combustion device is ducted to a halogen reduction device other than a scrubber before it is discharged to the atmosphere
PRIOR	Halogen reduction device is used prior to the control device, making the vent stream nonhalogenated

★ Complete “Installation Date” only if “Halogen Reduction Device” is “SCRUB” or “OTHER.”

**Installation Date:**

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

Code	Description
95-	Prior to March 29, 1995
95+	On or after March 29, 1995

**Control Device:**

Select one of the following options that best describes the type of control, recapture, or recovery device. Enter the code on the form.

Select from the following list for vent streams complying with the requirements of 40 CFR §§ 63.1316(b)(2)(v), 63.1316(b)(2)(v), or 63.1316(c)(1)(iii).

Code	Description
FLARE	Flare
BPH150-	Boiler or process heater with a design heat input capacity of less than 150 MMBtu/hr
BPH150+	Boiler or process heater with a design heat input capacity of 150 MMBtu/hr or greater
BPH-HAZ	Boiler or process heater with a design heat input capacity of less than or equal to 44 MW burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii)
HAZCAT	Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5)
HAZINC	Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5)
CATINC	Catalytic incinerator
INCIN	Thermal incinerator
FUEL	Boiler or process heater with a design heat input capacity of less than 150 MMBtu/hr into which the process vent stream is introduced with the primary fuel or is used as the primary fuel

Select from the following list for vent streams complying with the requirements of 40 CFR § 63.113(a)(1) or 63.113(a)(2).

Code	Description
FLARE	Flare
BPH44-	Boiler or process heater with a design heat input capacity of less than or equal to 44 MW
BPH44+	Boiler or process heater with a design heat input capacity of greater than 44 MW
BPH-HAZ	Boiler or process heater with a design heat input capacity of less than or equal to 44 MW burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii)
HAZCAT	Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5)
HAZINC	Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5)
CATINC	Catalytic incinerator
INCIN	Thermal incinerator
FUEL	Boiler or process heater into which the process vent stream is introduced with the primary fuel or is used as the primary fuel
ABS	Absorber used as a recapture device
COND	Condenser used as a recapture device
CARB	Carbon adsorber used as a recapture device
OTHER	Control or recapture device other than those specified in 40 CFR § 63.114(a) and (b)
NOCD	No control device

Select from the following list for vent streams complying with the requirements of 40 CFR §§ 63.113(a)(3) or 63.113(d).

Code	Description
ABSRCV	Absorber used as a recovery device
CONDRCV	Condenser used as a recovery device
CARBRCV	Carbon adsorber used as a recovery device
OTHERRCV	Recovery device other than those specified in 40 CFR § 63.114(a) and (b)

NORCV No recovery device (use only for units complying with the requirements of 40 CFR § 63.113(a)(3) or (d))

**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 "Individual Unit Summary." If there is no control device, then leave this column blank.

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**Table 10d: Title 40 Code of Federal Regulations Part 63 (40 CFR PART 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins, Continuous Process Vents**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (maximum 10 characters) as listed on Form OP-SUM entitled, "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).

**Performance Test:**

Enter "YES" if a performance test was conducted for determining compliance with a regulation promulgated by the EPA and the test was conducted using the same methods specified in 40 CFR § 63.116 and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test, with or without adjustments, reliably demonstrate compliance despite process changes. Otherwise, enter "NO."

**Alternate Monitoring Parameters (AMP):**

Enter "YES" if the EPA Administrator has approved an AMP. Otherwise, enter "NO."

**AMP ID No.:**

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

**Alternate Continuous Monitoring Requested:**

Enter "YES" if an alternate continuous monitoring system is requested and approved. Otherwise, enter "NO."

**ALT Continuous Monitoring ID No.:**

If alternative continuous monitoring has been approved under 40 CFR § 63.506(g), then enter the corresponding unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

**Bypass Lines:**

Enter "YES" if the vent system contains bypass lines that can divert the vent stream 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 and operated at the entrance of the bypass line. Otherwise, enter "NO."

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**Table 11a: Title 40 Code of Federal Regulations Part 63 (40 CFR PART 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins, Batch and Aggregate Batch Process Vents**

★ **Complete only for the following process vent streams subject to 40 CFR PART 63, Subpart JJJ:**

- **Batch or aggregate batch process vent streams**
- **Combined vent streams (continuous and batch or aggregate batch vent streams) not routed to a recovery device prior to any control or release to the atmosphere**
- **Combined vent streams (continuous and batch or aggregate batch vent streams) not containing a Group 1 continuous process vent stream and not electing to comply with the Group 1 continuous process vent requirements**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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).

**Vent Stream Type:**

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

Code	Description
BATCH	Batch Front-end Process Vents
AGGBATCH	Aggregate Batch Front-end Process Vents
COMBINED	Combined Continuous Front-end Process Vents and Batch or Aggregate Batch Front-end Process Vents

**Construction/Modification Date:**

Select one of the following options that describe the construction, reconstruction, or modification date of the affected source. Enter the code on the form.

Code	Description
1995-	Source is an existing source that commenced construction, reconstruction, or modification on or prior to March 29, 1995
1995+	Source is a new source that commenced construction, reconstruction, or modification after March 29, 1995

**Thermoplastic Produced:**

Select one of the following options that describe the thermoplastic product produced by the affected source. Enter the code on the form.

Code	Description
SAN	Source produces styrene acrylonitrile resin (SAN)
ASA	Source produces acrylonitrile styrene acrylate resin (ASA)
AMSAN	Source produces alpha methyl styrene acrylonitrile resin (AMSAN)
A/A	Source produces both ASA and AMSAN
OTHER	Source produces a thermoplastic resin other than those listed

★ **Complete “Stream Group Status” only if “Thermoplastic Produced” is “OTHER”; or “Thermoplastic Produced” is “SAN” and “Construction/Modification Date” is “1995-.”**

- ★ If “Thermoplastic Produced” is “ASA,” “AMSAN” or “A/A;” or “Thermoplastic Produced” is “SAN” and “Construction/Modification Date” is “1995+,” go to Table 11b.

**Stream Group Status:**

Select one of the following options to describe the Group or control status of the vent stream. Enter the code on the form.

Code	Description
CONTROL	Stream is routed to a flare or control device complying with the control requirements or 40 CFR § 63.1322(a) or (b) for Batch or Aggregate Batch vent streams
1323	Requirements of 40 CFR § 63.1323 are used to determine control requirements for the stream

- ★ Complete “Annual Organic HAP Emissions” only if “Stream Group Status” is “1323.”

**Annual Organic HAP Emissions:**

Enter “YES” if the vent has annual organic HAP emissions of 11,800 kilograms per year or more. Otherwise, enter “NO.”

- ★ Complete “Cutoff Flow Rate” only if “Annual Organic HAP Emissions” is “YES.”

**Cutoff Flow Rate:**

Enter “YES” if the vent has a cutoff flow rate of less than the annual average flow rate. Otherwise, enter “NO.”

- ★ Complete “Single Highest HAP Recipe” if “Annual Organic HAP Emissions” is “NO”; or if “Annual Organic HAP Emissions” is “YES” and “Cutoff Flow Rate” is “YES.”

**Single Highest HAP Recipe:**

Enter “YES” if the emissions from the single highest HAP recipe were used in the group determination and the group determination assumed operation of the batch unit at maximum design capacity for 12 months. Otherwise, enter “NO.”

- ▼ Do Not Continue if “Single Highest HAP Recipe” is “YES” or if “Single Highest HAP Recipe” is “NO” and “Annual Organic HAP Emissions” is “YES.”
- ★ Complete “Electing to Comply with § 63.1322(f)(1)” only if “Single Highest HAP Recipe” is “NO” and “Annual Organic HAP Emissions” is “NO.”

**Electing to Comply with § 63.1322(f)(1):**

Enter “YES” if electing to comply with 40 CFR § 63.1322(f)(1). Otherwise, enter “NO.”

- ▼ Do not continue if “Electing to Comply with § 63.1322(f)(1)” is required to be answered.

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**Table 11b: Title 40 Code of Federal Regulations Part 63 (40 CFR PART 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins, Batch and Aggregate Batch Process Vents**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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:**

Enter "YES" if the vent stream is halogenated. Otherwise, enter "NO."

- ★ **Complete "Halogen Reduction Device" only if "Halogenated" is "YES" and the vent stream is complying using a combustion control device.**

**Halogen Reduction Device:**

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

Code	Description
SCRUB	The vent stream exiting the combustion device is ducted to a scrubber before it is discharged to the atmosphere
OTHER	The vent stream exiting the combustion device is ducted to a halogen reduction device other than a scrubber before it is discharged to the atmosphere
PRIOR	Halogen reduction device is used prior to the control device, making the vent stream nonhalogenated

- ★ **Complete "Installation Date" only if "Halogen Reduction Device" is "SCRUB" or "OTHER."**

**Installation Date:**

Select one of the following options to describe the installation date of the scrubber or other halogen reduction device.

Enter the code on the form.

Code	Description
95-	Prior to March 29, 1995
95+	On or after March 29, 1995

**Control Device:**

Select one of the following options that best describes the type of control, recapture, or recovery device. Enter the code on the form.

Code	Description
FLARE	Flare
BPH44-	Boiler or process heater with a design heat input capacity of less than or equal to 44 MW
BPH44+	Boiler or process heater with a design heat input capacity of greater than 44 MW
BPH-HAZ	Boiler or process heater with a design heat input capacity of less than or equal to 44 MW burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii)
HAZCAT	Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5)
HAZINC	Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5)
CATINC	Catalytic incinerator
INCIN	Thermal incinerator
FUEL	Boiler or process heater into which the process vent stream is introduced with the primary fuel or is used as the primary fuel
ABS	Absorber used as a recapture device
COND	Condenser used as a recapture device
CARB	Carbon adsorber used as a recapture device
OTHER	Control or recapture device other than those specified in 40 CFR § 63.114(a) and (b)
NOCD	No control device

**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 "Individual Unit Summary." If there is no control device, then leave this column blank.

★ **Complete "Complying with 20 PPMV Limit" only if the following conditions are met:**

- "Vent Stream Type" is "AGGBATCH" or "COMBINED."
- "Thermoplastic Produced" is "OTHER"; or "Thermoplastic Produced" is "SAN" and "Construction/Modification Date" is "1995-."

**Complying with 20 PPMV Limit:**

Enter "YES" if complying with the 20 parts per million by volume outlet concentration standard specified in 40 CFR § 63.1322(b)(2). Otherwise, enter "NO."

**Performance Test:**

Enter "YES" if a performance test was conducted for determining compliance with a regulation promulgated by the EPA and the test was conducted using the same methods specified in 40 CFR § 63.1325 and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test, with or without adjustments, reliably demonstrate compliance despite process changes. Otherwise, enter "NO."

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**Table 11c: Title 40 Code of Federal Regulations Part 63 (40 CFR PART 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins, Batch and Aggregate Process Vents**

**Emission Point ID No.:**

Enter the identification number (ID No.) for the process vent (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).

★ **Complete "Organic Monitoring Device" only if "Vent Stream Type" is "BATCH."**

**Organic Monitoring Device:**

Enter "YES" if electing to install an organic monitoring device as an alternate to the devices required by 40 CFR § 63.1324(c)(5) - (c)(7). Otherwise, enter "NO."

**Alternate Monitoring Parameters (AMP):**

Enter "YES" if the EPA Administrator has approved an AMP. Otherwise, enter "NO."

**AMP ID No.:**

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

★ **Complete "Emission Episodes" only if "Control Device" is NOT "NOCD."**

**Emission Episodes:**

Enter "YES" if the control device is operated at all times when batch emission episodes are venting. Otherwise, enter "NO."

**Bypass Lines:**

Enter "YES" if the vent system contains bypass lines that can divert the vent stream 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 and operated at the entrance of the bypass line. Otherwise, enter "NO."

**Table 12a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115, Subchapter H, Division 1: Highly Reactive Volatile Organic Compounds-Vent Gas Control**

- ★ Complete this table only for operations located in the Houston/Galveston/Brazoria area; and
- ★ Complete this table only for operations with vent gas streams containing HRVOC, as defined in § 115.10.
- ★ Do not complete this table if all individual gas streams routed to a flare contain less than 5% by weight of HRVOC at all times and all individual gas streams not routed to a flare contain less than 100 PPMV HRVOC at all times.
- ★ Do not complete this table for pressure relief valves
- ★ Do not complete this table if the vent gas streams are from any of the following sources:
  - Vent gas streams from the combustion of less than 5.% by weight HRVOC in boilers, furnaces, engines, turbines, incinerators, and heaters;
  - Vent gas streams from pressure tanks that maintain working pressure sufficient at all times to prevent any vapor or gas loss to the atmosphere;
  - Vent gas streams from laboratory vent hoods;
  - Vent gas streams from instrumentation air systems;
  - Vent gas streams from atmospheric storage tanks;
  - Vent gas streams from wastewater systems vents;
  - Vent gas streams from cooling towers; and
  - Vent gas streams from equipment leak fugitive components, except for vents from pressure relief valves occurring when the process is sufficient to overcome the preset pressure relief point of the pressure relief valve and emissions are either released directly to the atmosphere or routed to a control device.

**Emission Point ID No.:**

Enter the identification number (ID No.) for HRVOC sources (maximum 10 characters) as listed on Form OP-SUM.

**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).

**HRVOC Concentration:**

Enter "YES" if the vent gas stream has a HRVOC concentration less than 100 ppmv at all times. Otherwise, enter "NO."

**Max Flow Rate:**

Enter "YES" if the vent gas stream has a maximum potential flow rate less than or equal to 100 dry standard cubic feet per hour (ft<sup>3</sup>/hr). Otherwise, enter "NO."

- ★ Complete "Exempt Date" only if "HRVOC Concentration" or "Max Flow Rate" is "YES"

**Exempt Date:**

Enter "YES" if the vent gas stream became exempt after 12/31/05. Otherwise, enter "NO."

▼ **Continue only if "HRVOC Concentration" and "Max Flow Rate" are "NO."**

**Vent Gas Stream Control:**

Select one of the following codes that best describes the vent gas stream at the site. Enter the code on the form.

Code	Description
FLARE	Vent gas stream is controlled by a flare.
UNCON	Vent gas stream is uncontrolled.
OTHCD	Vent gas stream is controlled by other than a flare.

▼ **Do not continue if "Vent Gas Stream" control is "Flare."**

**Table 12b: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter H, Division 1: Highly-Reactive Volatile Organic Compounds-Vent Gas Control**

**Emission Point ID No.:**

Enter the identification number (ID No.) for HRVOC sources (maximum 10 characters) as listed on Form OP-SUM.

**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).

**Alternative Monitoring (AM):**

Enter "YES" if using alternative monitoring (AM) and testing methods approved by the executive director. Otherwise, enter "NO."

**AM ID No.:**

If an AM has been approved, then enter the unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the AM 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.

**Minor Modification:**

Enter "YES" if using any minor modification to the monitoring and testing methods approved by the executive director. Otherwise, enter "NO."

**Minor Modifications ID No.:**

If a minor modification has been approved, then enter the corresponding minor modification unique identifier (maximum 10 characters) for each unit or process. If the unique identifier is unavailable, then enter the date of the minor modification approval letter in the table column. 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.

**Process Knowledge:**

Enter "YES" if process knowledge and engineering calculations are used to determine HRVOC emissions during emission events and scheduled startup, shutdown, and maintenance activities. Otherwise, enter "NO."

**Waived Testing:**

.Enter “YES” if the executive director waived testing for identical vents. Otherwise, enter “NO.”

**Testing Requirements:**

Select one of the following codes that best describes the testing requirements. Enter the code on the form.

Code	Description
CEMS	Continuous emissions monitoring system in lieu of testing requirements in § 115.725(a).
PROCESS	Process knowledge to determine maximum potential HRVOC hourly emissions for analyzer vents, stream system vents, vent gas streams with no HRVOC except during emission event or degassing safety device in lieu of testing.
DEC31	Testing procedures specified in § 115.125 were conducted prior to December 31, 2004, and they are being used in lieu of conducting new tests.
725A	Meeting § 115.725(a)

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**Table 13a: 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 - Continuous Process Vents**

- ★ **Complete only for continuous process vent streams at Miscellaneous Organic Chemical Manufacturing Facilities that meet criteria in 40 CFR § 63.2435(a)-(b) and § 63.2455(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 1.**

**Emission Point ID No.:**

Enter the identification number (ID No.) for HRVOC sources (maximum 10 characters) as listed on Form OP-SUM.

**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
ALT2505	Alternate emission limit as provided in 40 CFR § 63.2505(a)(1)
GRP2	The vent stream is Group 2 (not designated as Group 1 and determined to not be Group 1)
NEWABV	The vent stream is Group 1 and the source is new (after April 4, 2002) and the TRE index is maintained above 5.0 with a recovery device per § 63.2455(a) – Table 1.1.a.iii
XSTABV	The vent stream is Group 1 and the source is existing (on or before April 4, 2002) and the TRE index is maintained above 1.9 with a recovery device per § 63.2455(a) – Table 1.1.a.iii
BLWFLR	The TRE index is not maintained above the threshold (5.0 for a new source and 1.9 for an existing source) and a flare is being used for control
CD98	The TRE index is not maintained above the threshold (5.0 for a new source and 1.9 for an existing source) and a non-flare CD is being used to meet 98% reduction per § 63.2455(a) – Table 1.1.a.i
CDPMV	The TRE index is not maintained above the threshold (5.0 for a new source and 1.9 for an existing source) and a non-flare CD is being used to meet a PPMV standard per § 63.2455(a) – Table 1.1.a.i

- ★ Go to Table 13e if “Emission Standard” is “CD98” or “CDPMV.”
- ★ Go to Table 13d if “Emission Standard” is “BLWFLR.”
- ★ Go to Table 13c if “Emission Standard” is “NEWABV” or “XSTABV.”
- ★ Go to Table 13b if “Emission Standard” is “GRP2.”
- ▼ Continue with Table 13a only if “Emission Standard” is “ALT2505.”

**COMB Device:**

Enter “YES” if a combustion control device is being used. Otherwise, enter “NO.”

- ★ Complete “95% Scrubber” only if “Comb Device” is “YES.”

**95% Scrubber:**

Enter “YES” if combustion device is followed by a scrubber AND the 95% reduction efficiency requirement is met. Otherwise, enter “NO.”

**PERF Test:**

Enter “YES” if a performance test is conducted. Otherwise, enter “NO.”

**Negative Pressure:**

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

- ▼ Continue 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

**Table 13b: 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 - Continuous Process Vents**

- ★ Continue with Table 13b only if “Emission Standard” is “GRP2.”

**Emission Point ID No.:**

Enter the identification number (ID No.) for HRVOC sources (maximum 10 characters) as listed on Form OP-SUM.

**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).

**Recovery Device:**

Enter “YES” if the TRE index is maintained using a recovery device. Otherwise, enter “NO.”

- ▼ Continue only if “Recovery Device” is “YES.”

**Existing Source:**

Enter "YES" if the source is an existing source (commenced construction on or before April 4, 2002). Otherwise, enter "NO."

**TRE Index Threshold:**

Enter "YES" if the TRE index is greater than the applicable threshold (i.e., 5.0 for existing source or 8.0 for new source). Otherwise, enter "NO."

▼ **Continue only if "TRE Index Threshold" is "NO."**

**ALT 63SS MON Parameters:**

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

★ **Complete "Alt 63SS MON ID:" only if "Alt 63SS Mon Parameters" is "YES."**

**ALT 63SS MON ID:**

If an alternate has been approved, then enter the corresponding alternate unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the alternate 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.

**SS Device Type:**

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

Code	Description
ABS	Absorber
COND	Condenser
CADS	Carbon adsorber
OTHREC	Recovery device other than one of the above

**SS Device ID:**

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

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

**Water:**

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

**Table 13c: 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 - Continuous Process Vents**

▼ **Continue with Table 13c only if "Emission Standard" is "NEWABV" or "XSTABV."**

**Emission Point ID No.:**

Enter the identification number (ID No.) for HRVOC sources (maximum 10 characters) as listed on Form OP-SUM.

**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).

**Designated GRP1:**

Enter "YES" if the emission stream is designated as Group 1. Otherwise, enter "NO."

**ALT 63SS MON Parameters:**

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

★ Complete "Alt 63SS MON ID:" only if "Alt 63SS Mon Parameters" is "YES."

**ALT 63SS MON ID:**

If an alternate has been approved, then enter the corresponding alternate unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the alternate 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.

**SS Device Type:**

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

Code	Description
ABS	Absorber
COND	Condenser
CADS	Carbon adsorber
OTHREC	Recovery device other than one of the above

**SS Device ID:**

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

★ Complete "Water" only if "SS Device Type" is "ABS."

**Water:**

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

**Table 13d: 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 - Continuous Process Vents**

▼ Continue with Table 13d only if "Emission Standard" is "BLWFLR."

**Emission Point ID No.:**

Enter the identification number (ID No.) for HRVOC sources (maximum 10 characters) as listed on Form OP-SUM.

**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).

**Designated GRP1:**

Enter "YES" if the emission stream is designated as Group 1. Otherwise, enter "NO."

**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.”

★ Complete “Assessment Waiver ID” only if “Assessment Waiver” is “YES.”

**Assessment Waiver ID:**

If an alternate has been approved, then enter the corresponding alternate unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the alternate 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.

**Negative Pressure:**

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

▼ Continue 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

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**Table 13e: 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 - Continuous Process Vents**

▼ Continue with Tables 13e – 13g only if “Emission Standard” is “CD98” or “CDPMV.”

**Emission Point ID No.:**

Enter the identification number (ID No.) for HRVOC sources (maximum 10 characters) as listed on Form OP-SUM.

**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).

**Designated GRP1:**

Enter “YES” if the emission stream is designated as Group 1. Otherwise, enter “NO.”

**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

**1257A1 Device ID:**

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

**ALT 63SS MON Parameters:**

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

★ Complete “Alt 63SS MON ID:” only if “Alt 63SS Mon Parameters” is “YES.”

**ALT 63SS MON ID:**

If an alternate has been approved, then enter the corresponding alternate unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the alternate 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 “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
BPH44+	Boiler or process heater with a design heat input capacity equal to or greater than 44 megawatts (MW) or in which all vent streams are introduced with the primary fuel or are used as the primary fuel
BPH44-	Boiler or process heater with a design heat input capacity of less than 44 MW and the vent stream is not introduced as or with the primary fuel
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

**SS Device ID:**

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

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**Table 13f: 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 - Continuous Process Vents**

**Emission Point ID No.:**

Enter the identification number (ID No.) for HRVOC sources (maximum 10 characters) as listed on Form OP-SUM.

**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).

★ Complete "Meets 63.988(b)(2)" only if "SS Device Type" is "CATA," "INCIN," "BPH44+" or "BPH44-."

**Meets 63.988(b)(2):**

Enter "YES" if the control device meets criteria in § 63.988(b)(2). Otherwise, enter "NO."

★ Complete "Water" only if "SS Device Type" is "ABS."

**Water:**

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

**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."

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**Table 13g: 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 - Continuous Process Vents**

**Emission Point ID No.:**

Enter the identification number (ID No.) for HRVOC sources (maximum 10 characters) as listed on Form OP-SUM.

**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/Guance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guance/Title_V/additional_fop_guidance.pdf).

**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

**HAL Device ID:**

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

**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."

★ **Complete "Assessment Waiver ID" only if "Assessment Waiver" is "YES."**

**Assessment Waiver ID:**

If an alternate has been approved, then enter the corresponding alternate unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the alternate 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 "Formaldehyde" only if "Assessment Waiver" is "NO."**

**Formaldehyde:**

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

**Negative Pressure:**

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

▼ **Continue only if "Negative Pressure" is "NO."**

**Bypass Line:**

Select the option that 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

**Table 14: 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 - Batch Process Vents**

- ★ **Complete only for batch process vent streams that meet either of the following criteria:**
- **Batch process vents at a Miscellaneous Organic Chemical Manufacturing Process Unit (MCPU) and that are not complying with the pollution prevention alternative standards §63.2495(a)(1) and (2) but that are complying with the alternate emission limit as provided in 40 CFR § 63.2505(a). For processes with batch process vents complying with 40 CFR § 63.2460 Table 2, you must fill out Table 6 in Form OP-UA60.**
  - **Batch process vents at a Chemical Manufacturing Process Unit (CMPU) as identified in 40 CFR § 63.100(j)(4) and that are not complying with the pollution prevention alternative standards §63.2495(a)(1) and (2) but that are complying with the alternate emission limit as provided in 40 CFR § 63.2505(a). For processes with batch process vents complying with § 63.2460 Table 2, you must fill out Table 6 in Form OP-UA60**

**Emission Point ID No.:**

Enter the identification number (ID No.) for HRVOC sources (maximum 10 characters) as listed on Form OP-SUM.

**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).

**COMB Device:**

Enter “YES” if a combustion control device is being used. Otherwise, enter “NO.”

- ★ **Complete “95% Scrubber” only if “Comb Device” is “YES.”**

**95 % Scrubber:**

Enter “YES” if combustion device is followed by a scrubber AND the 95% reduction efficiency requirement is met. Otherwise, enter “NO.”

**PERF Test:**

Enter “YES” if a performance test is conducted. Otherwise, enter “NO.”

**Negative Pressure:**

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

- ▼ **Continue only if “Negative Pressure” is “NO.”**

**Bypass Line:**

Select the option that describes the bypass 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

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**Table 15: Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A, Division 5: Emission Limits on Nonagricultural Processes**

- ★ **Complete only for emission sources that have to address periodic monitoring (PM) or compliance assurance monitoring (CAM) requirements for 30 TAC Chapter 111, Nonagricultural Processes. Sources that do not have to address PM or CAM for this regulation are covered on form OP-REQ1.**

*Emission sources that meet the applicability of CAM:*

- *Have a pre-control potential to emit that equals or exceeds the major source threshold for particulate matter; and*
- *Use a control device to meet the particulate matter emission limit specified in 30 TAC §111.151(a)*

*Emission sources that are not subject to CAM may require periodic monitoring for assuring compliance with the particulate matter emission limit in 30 TAC §111.151(a). Periodic monitoring is required for all emission sources where the actual emissions of particulate matter exceed 50 tons per year.*

*CAM and periodic monitoring requirements must be submitted separately on form OP-MON.*

**Emission Point ID No.:**

Enter the identification number (ID No.) for the emission point (maximum 10 characters) as listed on Form OP-SUM.

**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).

**Effective Stack Height:**

Enter “Yes” if the effective stack height as calculated in the equation specified by 30 TAC §111.151(c) is less than the standard effective stack height as determined by Table 2 specified in 30 TAC §111.151(b). Otherwise, enter “NO.”

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes  
 Form OP-UA15 (Page 1)  
 Federal Operating Permit Program  
 Table 1a: Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111)  
 Subchapter A: Visible Emissions**

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

Emission Point ID No.	SOP/GOP Index No.	Alternate Opacity Limitation	AOL ID No.	Vent Source	Opacity Monitoring System	Construction Date	Effluent Flow Rate



**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 3)**  
**Federal Operating Permit Program**  
**Table 2a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)**  
**Subchapter B: Vent Gas Control**

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

Emission Point ID No.	SOP/GOP Index No.	Chapter 115 Division	Combustion Exhaust	Vent Type	Total Uncontrolled VOC Weight	Combined 24-Hour VOC Weight	VOC Concentration	VOC Concentration or Emission Rate at Maximum Operating Conditions





**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes  
Form OP-UA15 (Page 6)  
Federal Operating Permit Program**

**Table 3a: This table has been retired as of 03/01/2000 due to the repeal of Title 30 Texas Administrative Code  
Chapter 119 (30 TAC Chapter 119) Control of Air Pollution from Carbon Monoxide.**

**Applicability determinations for this regulation  
are no longer necessary in the permit application.**

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes  
Form OP-UA15 (Page 7)  
Federal Operating Permit Program**

**Table 3b: This table has been retired as of 03/01/2000 due to the repeal of Title 30 Texas Administrative Code  
Chapter 119 (30 TAC Chapter 119) Control of Air Pollution from Carbon Monoxide.  
Applicability determinations for this regulation are no longer necessary in the permit application.**

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 8)**  
**Federal Operating Permit Program**  
**Table 4a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**

**Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Air Emission Controls</b>	<b>Direct Measurement</b>	<b>Inspected and Monitored</b>	<b>Bypass Device</b>	<b>Flow Meter</b>	<b>Design Analysis</b>	<b>No Detectable Organic Emissions</b>





**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 11)**  
**Federal Operating Permit Program**  
**Table 5a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart CC: National Emission Standard for Hazardous Air Pollutants from Petroleum**

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

Emission Point ID No.	SOP Index No.	Specified in 40 CFR §63.640(g)(1)-(6)	Subject to 40 CFR Part 63, Subparts F, G, H, or I	Group 1	Engineering Assessment	Control Device	Control Device ID No.	Performance Test	Additional Parameter Monitoring

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 12)**  
**Federal Operating Permit Program**  
**Table 5b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart CC, National Emission Standard for Hazardous Air Pollutants from Petroleum**

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

Emission Point ID No.	SOP Index No.	98% Reduction	Divert Vent Stream	Secured Bypass Line	Automated Data Compression Recording System	Continuous Operating Parameter Provisions	Alternative ID No.







**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 16)**  
**Federal Operating Permit Program**  
**Table 7: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart O: Ethylene Oxide Emission Standards for Sterilization Facilities**

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

Emission Point ID No.	SOP Index No.	Facility Type	Facility Ethylene Oxide Usage	Vent Type	Control Device Efficiency	Control Device Type	Control Device ID No.	Monitoring Option

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 17)**  
**Federal Operating Permit Program**  
**Table 8a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions:**  
**Group I Polymers and Resins, Continuous Front-end Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Vent Stream Type</b>	<b>Routed to Recovery</b>	<b>Stream Group Status</b>	<b>HAP Concentration</b>	<b>Flow Rate</b>	<b>TRE Index Value</b>	<b>Halogenated</b>

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 18)**  
**Federal Operating Permit Program**  
**Table 8b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions:**  
**Group I Polymers and Resins, Continuous Front-end Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Existing Source</b>	<b>Product Type and Production Process</b>	<b>Meeting Process Vent Requirements</b>	<b>Halogen Reduction Device</b>	<b>Installation Date</b>	<b>Control Device</b>	<b>Control Device ID No.</b>

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 19)**  
**Federal Operating Permit Program**  
**Table 8c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions:**  
**Group I Polymers and Resins, Continuous Front-end Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Performance Test</b>	<b>Alternate Monitoring Parameters (AMP)</b>	<b>AMP ID No.</b>	<b>Alternate Continuous Monitoring Requested</b>	<b>Alt Continuous Monitoring ID No.</b>	<b>Bypass Lines</b>	<b>Flow Indicator</b>

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 20)**  
**Federal Operating Permit Program**  
**Table 9a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions:**  
**Group I Polymers and Resins, Batch and Aggregate Batch Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Vent Stream Type</b>	<b>Stream Group Status</b>	<b>Annual Organic HAP Emissions</b>	<b>Cutoff Flow Rate</b>	<b>Single Highest HAP Recipe</b>	<b>Electing to Comply with §63.487(f)(1)</b>



**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 22)**  
**Federal Operating Permit Program**  
**Table 9c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions:**  
**Group I Polymers and Resins, Batch and Aggregate Batch Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Organic Monitoring Device</b>	<b>Alternate Monitoring Parameters (AMP)</b>	<b>AMP ID No.</b>	<b>Emission Episodes</b>	<b>Bypass Lines</b>	<b>Flow Indicator</b>



**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 24)**  
**Federal Operating Permit Program**  
**Table 10b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions:**  
**Group IV Polymers and Resins, Continuous Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Vent Stream Type</b>	<b>Routed to Recovery</b>	<b>Stream Group Status</b>	<b>HAP Concentration</b>	<b>Flow Rate</b>	<b>TRE Index Value</b>	<b>Halogenated</b>



**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 26)**  
**Federal Operating Permit Program**  
**Table 10d: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions:**  
**Group IV Polymers and Resins, Continuous Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Performance Test</b>	<b>Alternate Monitoring Parameters</b>	<b>AMP ID No.</b>	<b>Alternate Continuous Monitoring Requested</b>	<b>Alt Continuous Monitoring ID No.</b>	<b>Bypass Lines</b>	<b>Flow Indicator</b>



**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes  
Form OP-UA15 (Page 28)**

**Federal Operating Permit Program**

**Table 11b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**

**Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions:  
Group IV Polymers and Resins, Batch and Aggregate Batch Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Halogenated</b>	<b>Halogen Reduction Device</b>	<b>Installation Date</b>	<b>Control Device</b>	<b>Control Device ID No.</b>	<b>Complying with 20 PPMV Limit</b>	<b>Performance Test</b>

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 29)**  
**Federal Operating Permit Program**  
**Table 11c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions:**  
**Group IV Polymers and Resins, Batch and Aggregate Batch Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Organic Monitoring Device</b>	<b>Alternate Monitoring Parameters</b>	<b>AMP ID No.</b>	<b>Emission Episodes</b>	<b>Bypass Lines</b>	<b>Flow Indicator</b>

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**  
**Form OP-UA15 (Page 30)**  
**Federal Operating Permit Program**  
**Table 12a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)**  
**Subchapter H, Division 1: Highly-Reactive Volatile Organic Compounds-Vent Gas Control**

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

Emission Point ID No.	SOP Index No.	HRVOC Concentration	Max Flow Rate	Exempt Date	Vent Gas Stream Control



**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes  
Form OP-UA15 (Page 32)**

**Federal Operating Permit Program**

**Table 13a: 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 - Continuous Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Emission Standard</b>	<b>Comb Device</b>	<b>95% Scrubber</b>	<b>PERF Test</b>	<b>Negative Pressure</b>	<b>Bypass Line</b>

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes  
Form OP-UA15 (Page 33)**

**Federal Operating Permit Program**

**Table 13b: 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 - Continuous Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Recovery Device</b>	<b>Existing Source</b>	<b>TRE Index Threshold</b>	<b>Alt 63SS Mon Parameters</b>	<b>Alt 63SS Mon ID</b>	<b>SS Device Type</b>	<b>SS Device ID</b>	<b>Water</b>

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes  
Form OP-UA15 (Page 34)**

**Federal Operating Permit Program**

**Table 13c: 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 - Continuous Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Designated GRP1</b>	<b>Alt 63SS Mon Parameters</b>	<b>Alt 63SS Mon ID</b>	<b>SS Device Type</b>	<b>SS Device ID</b>	<b>Water</b>

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes  
Form OP-UA15 (Page 35)**

**Federal Operating Permit Program**

**Table 13d: 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 - Continuous Process Vents**

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

Emission Point ID No.	SOP Index No.	Designated GRP1	Designated HAL	Determined HAL	Prior Eval	Assessment Waiver	Assessment Waiver ID	Negative Pressure	Bypass Line

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes  
Form OP-UA15 (Page 36)**

**Federal Operating Permit Program**

**Table 13e: 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 - Continuous Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Designated GRP1</b>	<b>Small Device</b>	<b>1257A1</b>	<b>1257A1 Device Type</b>	<b>1257A1 Device ID</b>	<b>Alt 63SS Mon Parameters</b>	<b>Alt 63SS Mon ID</b>	<b>CEMS</b>	<b>SS Device Type</b>	<b>SS Device ID</b>

**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes  
Form OP-UA15 (Page 37)**

**Federal Operating Permit Program**

**Table 13f: 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 - Continuous Process Vents**

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

<b>Emission Point ID No.</b>	<b>SOP Index No.</b>	<b>Meets 63.988(b)(2)</b>	<b>Water</b>	<b>Designated HAL</b>	<b>Determined HAL</b>





