









**Fuel Flow Monitoring:**

Select one of the following options to indicate how fuel flow is monitored. Enter the code on the form.

Code	Description
X40A	Fuel flow is with a totalizing fuel flow meter per 30 TAC §§ 117.340(a) or 117.440(a)
X40A2-A	Unit operates with a NOx and diluent CEMS and monitors stack exhaust flow per 30 TAC §§ 117.340(a)(2)(A) or 117.440(a)(2)(A)
X40A2-B	Unit vents to a common stack with a NOx and diluent CEMS and uses a single totalizing fuel flow meter per 30 TAC §§ 117.340(a)(2)(B) or 117.440(a)(2)(B).

**CO Emission Limitation:**

Title 30 TAC Chapter 117 provides options to be in compliance with the carbon monoxide (CO) emission specifications of 30 TAC Chapter 117. Select one of the following options. Enter the code on the form.

Code	Description
111	Unit is subject to the CO limits of 30 TAC § 111.121[relating to Single, Dual, and Multiple Chamber Incinerators]
113	Unit is subject to the CO limits of 30 TAC § 113.2072 [(relating to Emission Limits), for hospital/medical/infectious waste incinerators]
HWI	Unit is subject to the CO limits of 40 CFR Part 264 or 265, Subpart O, for hazardous waste incinerators
310	Complying with 30 TAC § 117.310(c)(1) [relating to Emission Specifications for Attainment Demonstration] <i>(use for incinerators in the Houston/Galveston/Brazoria ozone nonattainment area)</i>
410	Complying with 30 TAC § 117.410(c)(1) [relating to Emission Specifications for Eight-Hour Attainment Demonstration] <i>(use for incinerators in the Dallas/Fort Worth Eight-Hour ozone nonattainment area)</i>
ACSS	Complying with an Alternative Case Specific Specification under 30 TAC §§ 117.325 or 117.425

**CO Monitoring System:**

Select one of the following options to indicate how the unit is monitored for CO exhaust emissions. Enter the code on the form.

Code	Description
CEMS	Continuous emissions monitoring
PEMS	Predictive emissions monitoring system
OTHER	Other than a CEMS or PEMS

▼ **Continue only if “NOx Reduction” is “POST1.”**

**NH3 Emission Limitation:**

Title 30 TAC Chapter 117 provides options to be in compliance with the ammonia (NH<sub>3</sub>) emission specifications of 30 TAC Chapter 117. Select one of the following options. Enter the code on the form.

Code	Description
310	Complying with 30 TAC § 117.310(c)(2) [relating to Emission Specifications for Attainment Demonstration] <i>(use for incinerators in the Houston/Galveston/Brazoria ozone nonattainment area)</i>
410	Complying with 30 TAC § 117.410(c)(2) [relating to Emission Specifications for Eight-Hour Attainment Demonstration] <i>(use for incinerators in the Dallas/Fort Worth Eight-Hour ozone nonattainment area)</i>
ACSS	Complying with an Alternative Case Specific Specification under 30 TAC §§ 117.325 or 117.425

**NH3 Monitoring:**

Select one of the following options to indicate how the unit is monitored for NH<sub>3</sub> emissions. Enter the code on the form.

Code	Description
BAL	Mass balance using the equation and requirements of 30 TAC § 117.8130(1)
OXI	Using the oxidation of ammonia to nitrogen oxide (NO) under 30 TAC § 117.8130(2)
STAIN	Using stain tubes specific for ammonia under 30 TAC § 117.8130(3)
CEMS	Continuous emissions monitoring system
PEMS	Predictive emissions monitoring system

**Table 3: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart E: Standards of Performance for Incinerators**

**Unit ID No.:**

Enter the identification number (ID No.) for the incinerator (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).

**Charging Rate:**

Enter one of the following options to describe the charging rate at the incinerator. Enter the code on the form.

Code	Description
45-	Incinerator with charging rate less than or equal to 45 metric tons/day (50 tons/day)
45+	Incinerator with charging rate greater than 45 metric tons/day (50 tons/day)

▼ **Continue only if “Charging Rate” is “45+.”**

**Construction/Modification Date:**

Select one of the following options that describe the date of commencement of the incinerators most recent construction or modification. Enter the code on the form.

Code	Description
71-	On or before August 17, 1971
71+	After August 17, 1971

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

**Subpart Eb or AAAA:**

Enter “YES” if the facility is covered by 40 CFR Part 60, Subpart Eb or AAAA. Otherwise, enter “NO.”

▼ **Continue only if “Subpart Eb or AAAA” is “NO.”**

**EPA Approved State § 111(d)/129 PLAN:**

Enter “YES” if the facility is covered by an EPA approved state § 111(d)/129 plan implementing 40 CFR Part 60, Subpart Cb or BBBB. Otherwise, enter “NO.”

▼ **Continue only if “EPA Approved State § 111(d)/129 Plan” is “NO.”**

**Subpart FFF or JJJ:**

Enter “YES” if the facility is covered by 40 CFR Part 62, Subpart FFF or JJJ of this title (Federal § 111(d)/129 plan implementing 40 CFR Part 60, Subpart Cb or BBBB). Otherwise, enter “NO.”

**Table 4: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart O: Standards of Performance for Sewage Treatment Plants (Sewage Sludge Incinerators)**

★ **Complete only for municipal sewage sludge incinerators.**

**Unit ID No.:**

Enter the identification number (ID No.) for the incinerator (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).

**Sewage Sludge Incineration:**

Enter “YES” if the incinerator burns waste containing more than 10% sewage sludge (dry basis) from a municipal sewage sludge treatment plant, or charges more than 1000 kg (2205 lb) per day municipal sewage sludge dry basis. Otherwise, enter “NO.”

▼ **Continue only if “Sewage Sludge Incineration” is “YES.”**

**Construction/Modification Date:**

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

<b>Code</b>	<b>Description</b>
73-	On or before June 11, 1973
73-86	After June 11, 1973 and on or before April 18, 1986
86+	After April 18, 1986

▼ **Continue only if “Construction/Modification Date” is “73-86” or “86+.”**

**Incinerator Type:**

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

<b>Code</b>	<b>Description</b>
MULT	Multiple hearth incinerators
FLUID	Fluidized bed incinerator
ELEC	Electric sludge incinerator
OTHER	Any other incinerator type

**Control Device:**

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

<b>Code</b>	<b>Description</b>
WET	Wet scrubbing control device
OTHER	Other control device type

**Control Device ID No.:**

Enter the identification number for the control device to which incinerator emissions are routed (maximum 10 characters). This number should be consistent with the identification number listed on the Form OP-SUM.

★ **Complete “PM Emission Rate” only if “Incinerator Type” is “FLUID,” “MULT,” or “ELEC.”**

**PM Emission Rate:**

Select one of the following options for the emission rate demonstrated during the performance test. Enter the code on the form.

Code	Description
38-	Dry sludge input is less than or equal to 0.38 g/kg (0.75 lb/ton dry sludge)
38+	Dry sludge input is greater than 0.38 g/kg (0.75 lb/ton dry sludge)

**Table 5: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart C: National Emission Standard for Beryllium**

★ **Complete only for incinerators used to process beryllium ore, beryllium, beryllium oxide, beryllium alloys, or beryllium-containing waste.**

**Unit ID No.:**

Enter the identification number (ID No.) for the incinerator (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).

**Ambient Limit:**

Enter “YES” if the owner or operator has requested approval from the EPA Administrator to meet an ambient concentration limit on beryllium in the vicinity of the source of 0.01 micrograms per cubic meter ( $\mu\text{g}/\text{m}^3$ ) averaged over a 30-day period. Otherwise, enter “NO.”

**Ambient Limit ID No.:**

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

▼ **Continue only if “Ambient Limit” is “NO.”**

**Burning:**

Enter “YES” if beryllium and/or beryllium-containing waste, except propellants, are burned in the incinerator. Otherwise, enter “NO.”

**Waiver:** Enter “YES” if a waiver of emission testing was obtained under 40 CFR § 61.13. Otherwise, enter “NO.”

**Waiver ID No.:**

If a waiver of emission testing has been approved, then enter the corresponding unique identifier for each unit or process. 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 the column blank.



**Table 6: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart E: National Emission Standard for Mercury**

★ **Complete only for incineration of wastewater treatment plant sludge.**

**Unit ID No.:**

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

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Emission Testing Waiver:**

Enter “YES” if a waiver of emission testing has been obtained under 40 CFR § 61.13. Otherwise, enter “NO.”

**Waiver ID No.:**

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

▼ **Continue only if “Emission Testing Waiver” is “NO.”**

**Sludge Sampling:**

Enter “YES” if sludge sampling is conducted. Otherwise, enter “NO.”

**Mercury Emissions:**

Enter “YES” if mercury emissions exceed 1,600 grams per 24-hour period. Otherwise, enter “NO.”

**Table 7a: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113), Subchapter D: Hospital/ Medical/ Infectious Waste Incinerators**

★ **Complete this table only for an existing hospital/ medical/ infectious waste incinerator (HMIWI) as defined in TAC §113.2070.**

**Unit ID No.:**

Enter the identification number (ID No.) for the incinerator (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 Date:**

Select one of the following options that describe the date of commencement of the most recent construction. Enter the code on the form.

Code	Description
-96	On or before June 20, 1996
+96	After June 20, 1996

▼ Continue only if “Construction Date” is “-96.”

**Combustor Type:**

Enter “YES” if the HMIWI unit meets one of the combustor types specified in Table 1 of TAC § 113.2070. Otherwise, enter “NO.”

★ Complete “Type of Waste” and “Co-Fired Combustor” only if “Combustor Type” is “YES.”

**Type of Waste:**

Enter “YES” if the incinerator is burning only pathological waste, low-level radioactive waste, and/or chemotherapeutic waste. Otherwise, enter “NO.”

**CO-Fired Combustor:**

Enter “YES” if the incinerator is a co-fired combustor as defined in TAC § 113.2070. Otherwise, enter “NO.”

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

**HMIWI Size:**

Enter “YES” if the incinerator is a small remote HMIWI as defined in TAC § 113.2070. Otherwise, enter “NO.”

▼ Continue only if “HMIWI SIZE” is “NO.”

**Table 7b: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113), Subchapter D: Hospital/ Medical/ Infectious Waste Incinerators**

**Unit ID No.:**

Enter the identification number (ID No.) for the incinerator (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, 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:**

Enter “YES” if the incinerator is equipped with a dry scrubber followed by a fabric filter, a wet scrubber, or a dry scrubber followed by both a fabric filter and a wet scrubber. Otherwise, enter “NO.”

**PM CEMS:**

Enter “YES” if the incinerator uses a continuous emissions monitoring system (CEMS) to demonstrate compliance with the PM emission limit. Otherwise, enter “NO.”

**Opacity Monitoring:**

Select one of the following options that describe the method used to demonstrate compliance with the opacity emission limit. Enter the code on the form.

Code	Description
COMS	Continuous opacity monitoring system
EQUIV	Equivalent opacity monitor approved by the EPA Administrator
NONE	No opacity monitoring system

**Approved Equivalent ID No.:**

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

**Commercial Unit:**

Enter “YES” if the unit has a commercial medical waste incinerator, or if it burns more than 200 lbs/hr of hospital waste or medical/ infectious waste. Otherwise, enter “NO.”

**Table 7c: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113), Subchapter D: Hospital/ Medical/ Infectious Waste Incinerators**

**Unit ID No.:**

Enter the identification number (ID No.) for the incinerator (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).

**CO Monitoring:**

Select one of the following options that describe the method used to demonstrate compliance with the CO emission limit. Enter the code on the form.

<b>Code</b>	<b>Description</b>
CEMS	Continuous emission monitoring system (CEMS)
EQUIV	Equivalent CO monitor approved by the EPA Administrator
NONE	No CO monitoring system

**Approved Equivalent ID No.:**

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

**Dioxins/Furans CEMS:**

Enter “YES” if the incinerator uses a continuous emissions monitoring system (CEMS) to demonstrate compliance with the dioxins / furans emission limit. Otherwise, enter “NO.”

**Toxic Equivalent Method:**

Enter “YES” if the toxic equivalent quantity method as described in TAC § 113.2075(a)(1)(F) is used to determine compliance with the dioxins/furans emission limit. Otherwise, enter “NO.”

**HCL CEMS:**

Enter “YES” if the incinerator uses a continuous emissions monitoring system (CEMS) to demonstrate compliance with the HCL emission limit. Otherwise, enter “NO.”

**HCL Percentage Reduction Method:**

Enter “YES” if the percentage reduction method as described in TAC § 113.2075(a)(1)(G) is used to determine compliance with the HCL emission limit. Otherwise, enter “NO.”

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**Table 7d: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113), Subchapter D: Hospital/ Medical/ Infectious Waste Incinerators**

**Unit ID No.:**

Enter the identification number (ID No.) for the incinerator (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).

**Pb CEMS:**

Enter "YES" if the incinerator uses a continuous emissions monitoring system (CEMS) to demonstrate compliance with the Pb emission limit. Otherwise, enter "NO."

**Pb Percentage Reduction Method:**

Enter "YES" if the percentage reduction method as described in TAC § 113.2075(a)(1)(G) is used to determine compliance with the Pb emission limit. Otherwise, enter "NO."

**Cd CEMS:**

Enter "YES" if the incinerator uses a continuous emissions monitoring system (CEMS) to demonstrate compliance with the Cd emission limit. Otherwise, enter "NO."

**Cd Percentage Reduction Method:**

Enter "YES" if the percentage reduction method as described in TAC § 113.2075(a)(1)(G) is used to determine compliance with the Cd emission limit. Otherwise, enter "NO."

**Hg CEMS:**

Enter "YES" if the incinerator uses a continuous emissions monitoring system (CEMS) to demonstrate compliance with the Hg emission limit. Otherwise, enter "NO."

**Hg Percentage Reduction Method:**

Enter "YES" if the percentage reduction method as described in TAC § 113.2075(a)(1)(G) is used to determine compliance with the Hg emission limit. Otherwise, enter "NO."

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**Table 8a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart EEE: Hazardous Waste Combustors**

- ★ **Complete this table for incinerators that burn hazardous waste, and are located at an area source or a major source, and do not meet the criteria in Table 1 of § 63.1200(b).**

**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). 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).

**Existing Source:**

Enter "YES" if the incinerator is an existing source (construction or reconstruction commenced on or before April 20, 2004). Otherwise, enter "NO."

**Control SYS:** Enter "YES" if the incinerator is equipped with a waste heat boiler or a dry air pollution control system. Otherwise, enter "NO."

★ **Complete "Inlet Temp" only if both "Existing Source" and "Control Sys" are "YES."**

**Inlet Temp:**

Enter "YES" if the gas temperature at the inlet of the initial PM control device is 400 degrees F or lower. Otherwise, enter "NO."

**Hg Feedrate:**

Enter "YES" if extrapolation of feedrate levels is used for Hg. Otherwise, enter "NO."

**ALT Metals:** Enter "YES" if in lieu of complying with the particulate matter standards, you elect to comply with the alternative metal emission control requirement. Otherwise, enter "NO."

**MET Feedrate:**

Enter "YES" if extrapolation of feedrate levels is used for semivolatile and low volatile metals. Otherwise, enter "NO."

**Table 8b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart EEE: Hazardous Waste Combustors**

**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). 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).

**CO/THC Standard:**

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

Code	Description
CO-5	Complying with the CO standard in § 63.1219(a)(5)(i) or (b)(5)(i)
THC-5	Complying with the THC standard in § 63.1219(a)(5)(ii) or (b)(5)(ii)

**Baghouse:**

Enter "YES" if the furnace is equipped with a baghouse. Otherwise, enter "NO."

★ **Complete "PM Detection" only if "Baghouse" is "YES."**

**PM Detection:**

Enter "YES" if a PM detection system is used. Otherwise, enter "NO."

**Dioxin-Listed:**

Enter "YES" if the furnace burns the dioxin-listed hazardous wastes F020, F021, F022, F023, F026, or F027. Otherwise, enter "NO."

**DRE Previous Test:**

Enter "YES" if previous testing was used to document conformance with the DRE standard. Otherwise, enter "NO."

★ Complete “Feed Zone” only if “DRE Previous Test” is “YES.”

**Feed Zone:**

Enter “YES” if the source feeds waste at a location other than the normal flame zone. Otherwise, enter “NO.”

**Texas Incinerator Attributes**  
**Form OP-UA35 (Page 1)**  
**Federal Operating Permit Program**  
**Table 1: Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111)**  
**Subchapter A: Incineration**  
**Commission on Environmental Quality**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

Unit ID No.	SOP Index No.	Waste Type	Monitor	Pounds Burned

**Texas Commission on Environmental Quality  
Incinerator Attributes  
Form OP-UA35 (Page 2)  
Federal Operating Permit Program**

**Table 2a: Title 30 Texas Administrative Code Chapter 117 (30 TAC Chapter 117)  
Subchapter B: Combustion Control at Major Industrial, Commercial, and  
Institutional Sources in Ozone Nonattainment Areas, Incinerators**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

Unit ID No.	SOP Index No.	Maximum Rated Capacity	NOx Emission Limitation	23C-Option	NOx Reduction	NOx Monitoring System	NOx Averaging Method



**Texas Commission on Environmental Quality  
Incinerator Attributes  
Form OP-UA35 (Page 3)  
Federal Operating Permit Program**

**Table 2b: Title 30 Texas Administrative Code Chapter 117 (30 TAC Chapter 117)  
Subchapter B: Combustion Control at Major Industrial, Commercial, and  
Institutional Sources in Ozone Nonattainment Areas, Incinerators**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

Unit ID No.	SOP Index No.	Fuel Flow Monitoring	CO Emission Limitation	CO Monitoring System	NH3 Emission Limitation	NH3 Monitoring

**Texas Commission on Environmental Quality  
Incinerator Attributes  
Form OP-UA35 (Page 4)  
Federal Operating Permit Program**

**Table 3: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart E: Standards of Performance for Incinerators**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

Unit ID No.	SOP Index No.	Charging Rate	Construction/Modification Date	Subpart Eb or AAAA	EPA Approved § 111(d)/129 State Plan	Subpart FFF or JJJ

**Texas Commission on Environmental Quality  
Incinerator Attributes  
Form OP-UA35 (Page 5)  
Federal Operating Permit Program**

**Table 4: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart O: Standards of Performance for Sewage Treatment (Sewage Sludge Incinerators)**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

Unit ID No.	SOP Index No.	Sewage Sludge Incineration	Construction/Modification Date	Incinerator Type	Control Device	Control Device ID No.	PM Emission Rate

**Texas Commission on Environmental Quality  
Incinerator Attributes  
Form OP-UA35 (Page 6)  
Federal Operating Permit Program**

**Table 5: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)**

**Subpart C: National Emission Standard for Beryllium**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

Unit ID No.	SOP Index No.	Ambient Limit	Ambient Limit ID No.	Burning	Waiver	Waiver ID No.

**Texas Commission on Environmental Quality**  
**Incinerator Attributes**  
**Form OP-UA35 (Page 7)**  
**Federal Operating Permit Program**

**Table 6: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)**  
**Subpart E: National Emission Standard for Mercury**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

Unit ID No.	SOP Index No.	Emission Testing Waiver	Waiver ID No.	Sludge Sampling	Mercury Emissions

**Texas Commission on Environmental Quality  
Incinerator Attributes  
Form OP-UA35 (Page 8)  
Federal Operating Permit Program**

**Table 7a: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113)  
Subchapter D: Hospital/ Medical/ Infectious Waste Incinerators**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

Unit ID No.	SOP Index No.	Construction Date	Combustor Type	Type of Waste	Co-Fired Combustor	HMIWI Size

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**Table 7b: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113)  
Subchapter D: Hospital/ Medical/ Infectious Waste Incinerators**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

Unit ID No.	SOP Index No.	Control Device	PM CEMS	Opacity Monitoring	Approved Equivalent ID No.	Commercial Unit

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**Table 7c: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113)  
Subchapter D: Hospital/ Medical/ Infectious Waste Incinerators**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

Unit ID No.	SOP Index No.	CO Monitoring	Approved Equivalent ID No.	Dioxins/Furans CEMS	Toxic Equivalent Method	HCL CEMS	HCL Percentage Reduction Method



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**Table 7d: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113)  
Subchapter D: Hospital/ Medical/ Infectious Waste Incinerators**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

Unit ID No.	SOP Index No.	Pb CEMS	Pb Percentage Reduction Method	Cd CEMS	Cd Percentage Reduction Method	Hg CEMS	Hg Percentage Reduction Method

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**Table 8a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart EEE: Hazardous Waste Combustors**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

<b>Unit ID No.</b>	<b>SOP Index No.</b>	<b>Existing Source</b>	<b>Control System</b>	<b>Inlet Temp</b>	<b>Hg Feedrate</b>	<b>ALT Metals</b>	<b>MET Feedrate</b>

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**Table 8b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart EEE: Hazardous Waste Combustors**

<b>Date:</b>	
<b>Permit No.:</b>	
<b>Regulated Entity No.:</b>	

Unit ID No.	SOP Index No.	CO/THC Standard	Baghouse	PM Detection	Dioxin-Listed	DRE Previous Test	Feed Zone