



## Texas Commission on Environmental Quality

### Form OP-UA35 - Instructions Incinerator Attributes

#### General:

This form is used to provide a description and data pertaining to all solid/liquid waste incinerators (other than those used as control devices or oxidizers) with potentially applicable requirements associated with a particular regulated entity number and application. Each table number, along with the possibility of a corresponding letter (i.e., Table 1a, Table 1b), corresponds to a certain state or federal rule. If the rule on the table is not potentially applicable to a solid/liquid waste incinerator, then it should be left blank and need not be submitted with the application. If the options 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:

- Table 1:** Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111)  
Subchapter A: Incineration
- Table 2a - 2b:** Title 30 Texas Administrative Code, Chapter 117 (30 TAC Chapter 117)  
Subchapter B: Combustion Control at Industrial, Commercial and Institutional Sources in Ozone Nonattainment Areas, Incinerators
- Table 3:** Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart E: Standards of Performance for Incinerators
- 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)
- Table 5:** Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)  
Subpart C: National Emission Standard for Beryllium
- Table 6:** Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)  
Subpart E: National Emission Standard for Mercury
- Tables 7a - 7d:** Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113)  
Subchapter D, Hospital/ Medical/ Infectious Waste Incinerators
- Tables 8a – 8b:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart EEE: Hazardous Waste Combustors

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

Unit attribute questions that do not require a response from all applicants are preceded by qualification criteria in the instructions. If the unit does not meet the qualification criteria, a response to the question is not required. Anytime a response is not required based on the qualification criteria, leave the space on the form blank. Notwithstanding any qualification criteria in the form instructions or information provided in other TCEQ guidance, the applicant may leave an attribute question blank (or indicate “N/A” for “Not Applicable”) if the attribute is not needed for the applicable requirement determinations of a regulation for a unit.

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

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

**Table 1: Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111)  
Subchapter A: Incineration**

★ **Complete only for incinerators as defined in 30 TAC § 101.1, and incinerators other than a hazardous waste incinerator, or a hospital and medical / infectious waste incinerator.**

**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 Web site 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).

**Waste Type:** Select one of the following options to describe the type of waste that is incinerated at the facility. Enter the code on the form.

Code	Description
HAZ	Hazardous waste as specified in 30 TAC § 111.124
MCID	Municipal, commercial, industrial, or domestic solid waste as defined in 30 TAC § 101.1
OTHER	Waste other than specified above

▼ **Continue only if “Waste Type” is “HAZ” or “MCID.”**

**Monitor:** Enter “YES” if the unit has a continuous opacity or carbon monoxide monitor (or equivalent). Otherwise, enter “NO.”

▼ **Continue only if “Waste Type” is “MCID.”**

**Pound Burned:** Select one of the following options to describe the quantity of waste that the incineration unit burns. Enter the code on the form.

Code	Description
100-B	Unit burns less than or equal to 100 pounds of waste per hour
100+	Unit burns greater than 100 pounds of waste per hour

**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**

★ **Complete Tables 2a - 2b only for incinerators located in the Houston/Galveston/Brazoria or Dallas/Fort Worth Eight-Hour ozone nonattainment areas.**

**Unit ID No.:** Enter the identification (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 number, please go to the TCEQ Web site 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).

**Maximum Rated Capacity:** Select one of the following options for the maximum rated capacity (MRC), as defined in 30 TAC Chapter 117, of the incinerator. Enter the code on the form.

Code	Description
40-	MRC is less than 40 MMBtu/hr
40-100	MRC is greater than 40 MMBtu/hr but less than 100 MMBtu/hr
100+	MRC is 100 MMBtu/hr or greater

▼ **Do not continue only if “Maximum Rated Capacity” is “40-.”**

**NOx Emission Limitation:** Select the option that describes the NOx emission specification that applies to the incinerator. Enter the code on the form.

Code	Description
310	Complying with 30 TAC § 117.310(a)(16) [relating to Emission Specifications for Attainment Demonstration] ( <i>use for incinerators in the Houston/Galveston/Brazoria ozone nonattainment area</i> )
SC	Unit is complying with a Source Cap under Title 30 TAC § 117.423 (use for incinerators in the Dallas/Fort Worth Eight-Hour ozone nonattainment area)
410-A	Complying with 30 TAC § 117.410(a)(9)(A), 80% reduction option [relating to Emission Specifications for Eight-Hour Attainment Demonstration] ( <i>use for incinerators in the Dallas/Fort Worth Eight-Hour ozone nonattainment area</i> )
410-B	Complying with 30 TAC § 117.410(a)(9)(B), 0.030 lb/MMBtu option [relating to Emission Specifications for Eight-Hour Attainment Demonstration] (use for incinerators in the Dallas/Fort Worth Eight-Hour ozone nonattainment area)
ACF	Incinerator is complying with an annual capacity factor specification under Title 30 TAC §§ 117.310(d)(3) and 117.310(a)(17) or § 117.410(a)(14)

★ **Complete “23C-Option” only if “NOx Emission Limitation” is “SC.”**

**23C-Option:** Select one of the following § 117. 423(c)(1) options for monitoring. Enter the code on the form.

Code	Description
23C-A	NOx, CO, O <sub>2</sub> (or CO <sub>2</sub> ) CEMS and a totalizing fuel flow meter per § 117.423(c)(1)(A).
23C-B	PEMS and a totalizing fuel flow meter per § 117.423(c)(1)(B).
23C-C	Rate measured by hourly emission rate testing per § 117.423(c)(1)(C).

**NOx Reduction:** Select one of the following NOx reduction options. Enter the code on the form.

Code	Description
POST1	Post combustion control technique with ammonia injection
POST2	Post combustion control technique with chemical reagent other than ammonia
WATER	Water or steam injection
OTHER	Other post combustion control method
NONE	No NOx reduction

**NOx Monitoring System:** Select one of the following monitoring system options. Enter the code on the form.

Code	Description
CEMS	Continuous emissions monitoring system complying with 30 TAC § 117.8100(a)(1)
CEMS75	Continuous emissions monitoring system complying with 40 CFR Part 75 requirements under 30 TAC § 117.8100(a)(5)
PEMS	Predictive emissions monitoring system
PEMS75	Predictive emissions monitoring system complying with 40 CFR Part 75
MERT	Maximum emission rate testing

**NOx Averaging Method:** Select one of the following options for the method used to comply with the applicable emission limitation. Enter the code on the form.

Code	Description
30D	Complying with the applicable emission limit using a 30-day rolling average
1HR	Complying with the applicable emission limits using a block one-hour average

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**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**

**Unit ID No.:** Enter the identification (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 number, please go to the TCEQ Web site 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).

**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

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**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 Web site 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.

<u>Code</u>	<u>Description</u>
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.

<u>Code</u>	<u>Description</u>
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.”

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**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 Web site 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.

Code	Description
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.

Code	Description
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.

Code	Description
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)

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**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 Web site 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.

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**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 Web site 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.”

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**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 Web site 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.”**

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**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 Web site 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.”

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**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 Web site 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.

Code	Description
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 Web site 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, an 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 Web site 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.”

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**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 Web site 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.

<u>Code</u>	<u>Description</u>
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.”

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**Table 1: Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111)  
Subchapter A: Incineration**

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

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

**Texas Commission on Environmental Quality  
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**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>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

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



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**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>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

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



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**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>
<b>Area Name:</b>		<b>Customer Reference 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

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**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>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

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



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**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>
<b>Area Name:</b>		<b>Customer Reference 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>
<b>Area Name:</b>		<b>Customer Reference 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>
<b>Area Name:</b>		<b>Customer Reference 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>
<b>Area Name:</b>		<b>Customer Reference 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>Area Name:</b>		<b>Customer Reference No.:</b>

Unit ID No.	SOP Index No.	Existing Source	Control Sys	Inlet Temp	Hg Feedrate	Alt Metals	Met Feedrate

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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>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

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