



Texas Commission on Environmental Quality

Form OP-UA54 - Instructions Mercury Chlor-Alkali Cell Attributes

General:

This form is used to provide a description and data pertaining to mercury chlor-alkali cells with potentially applicable requirements associated with a particular account 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 mercury chlor-alkali cell, 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:

Table 1: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)
Subpart E: National Emission Standard for Mercury

The Texas Commission on Environmental Quality (TCEQ) primary account number (*XX-XXXX-X*) and 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), the date of the revision submittal, and the account number.

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 (EPA) Administrator before the federal operating permit application is submitted.

Specific:

Table 1: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)
Subpart E: National Emission Standard for Mercury

UNIT ID NO.: Enter the identification number (ID No.) for the mercury chlor-alkali cell (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 refer to the TCEQ guidance document entitled “Federal Operating Permit Application Guidance Document.”

CELL TYPE: Enter “YES” if the mercury chlor-alkali cell produces chlorine gas and alkali metal hydroxide. Otherwise, enter “NO”.

▼ **Continue only if “Cell Type” is “YES.”**

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. 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 is contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

★ **Complete “Cell Room Emissions Test” only if “Emission Testing Waiver” is “NO.”**

CELL ROOM EMISSIONS TEST: Enter “YES” if testing cell room emissions is in accordance with 40 CFR § 61.53(c)(2). Otherwise, enter “NO.”

ALTERNATE MONITORING PLAN: Enter “YES” if an alternate monitoring plan (AMP) has been approved by the EPA Administrator. Otherwise, enter “NO.”

AMP ID NO.: If an AMP has been approved, then enter the corresponding AMP unique identifier for each unit or process. 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 is contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.



Mercury Chlor-Alkali Cell Attributes
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Federal Operating Permit Program

Table 1: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)
Subpart E: National Emission Standard for Mercury

Date:	Account No.:	Permit No.
Area Name:		

Unit ID No.	SOP Index No.	Cell Type	Emission Testing Waiver	Waiver ID No.	Cell Room Emissions Test	Alternate Monitoring Plan	AMP ID No.