



INSTRUCTIONS
Texas Commission on Environmental Quality
Form OP-UA44
Municipal Solid Waste Landfill/Waste Disposal Site Attributes

General:

This form is used to provide a description and data pertaining to municipal solid waste landfills 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 municipal solid waste landfill, 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 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)
Subchapter B: Municipal Solid Waste Landfills

Table 2: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart WWW: Standards of Performance for Municipal Solid Waste Landfills

Table 3: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)
Subpart M: National Emission Standard for Asbestos

Tables 4a - 4b: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113)
Subchapter D: Municipal Solid Waste Landfills

Table 5a - 5b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart AAAA: National Emission Standards for Hazardous Air Pollutants: Municipal Solid Waste Landfills

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 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 Web site at www.tceq.state.tx.us/nav/permits/.

Specific:

**Table 1: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)
Subchapter B: Municipal Solid Waste Landfills**

Complete this table only for a municipal solid waste landfill (MSWLF) located in Brazoria, Chambers, Collin, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Liberty, Montgomery, Tarrant, or Waller Counties.

UNIT ID NO.: Enter the identification number (ID No.) for the municipal solid waste landfill (maximum 10 characters) as listed on Form OP-SUM entitled, "Individual Unit Summary."

SOP/GOP INDEX NO.: Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers please refer to the TCEQ guidance document entitled "Federal Operating Permit Application Guidance Document."

FACILITY CAPACITY: Select one of the following options for the facility capacity. Enter the code on the form.

<u>Code</u>	<u>Description</u>
100-	Facility capacity is less than 100,000 Megagrams (111,000 tons)
100+	Facility capacity is greater than or equal to 100,000 Megagrams (111,000 tons)

▼ **Continue only if "Facility Capacity" is "100+."**

CLOSED OR NOT RECEIVING WASTE: Enter "YES" if the MSWLF was closed or stopped receiving waste prior to November 8, 1987 and does not have the capacity to receive more waste. Otherwise, enter "NO."

▼ **Continue only if "Closed or Not Receiving Waste" is "NO."**

NMOC EMISSION RATE: Enter "YES" if the annual calculation or recalculation of the nonmethane organic compounds (NMOC) emission rate exceeded 150 Megagrams (165.3 tons) per year. Otherwise, enter "NO."

▼ **Continue only if "NMOC Emission Rate" is "YES."**

ALTERNATE CONTROL REQUIREMENT: Enter "YES" if using an alternate method for demonstrating and documenting continuous compliance with applicable control requirements or exemption criteria, and demonstrating substantially equivalent reduction efficiencies which have been approved by the TCEQ Executive Director. Otherwise, enter "NO". GOP applicants must answer "NO."

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

▼ Continue only if “Alternate Control Requirement” is “NO.”

NMOC EMISSIONS CONTROL: Select one of the following options for the control of the total collected NMOC gas emissions. Enter the code on the form.

<u>Code</u>	<u>Description</u>
FLARE	Open flare designed and operated in accordance with 40 CFR § 60.18
TREAT	Gas treatment system which processes the collected gas for subsequent use or sale
CONTROL	Control device which reduces the total collected gas emissions by 98% or to less than 20 parts per million by volume

★ Complete “Atmospheric Vents” only if “NMOC Emissions Control” is “TREAT.”

ATMOSPHERIC VENTS: Enter “YES” if there are any atmospheric vents from the gas treatment system. Otherwise, enter “NO.”

GAS COLLECTION AND CONTROL SYSTEM: Enter “YES” if all of the 30 TAC § 115.152(b) requirements for capping and removing the gas collection and control system have been met. Otherwise, enter “NO.”

CONTROL DEVICE ID NO.: If applicable, enter the identification number (maximum 10 characters) for the control device to which emissions are routed. This number should be consistent with the control device identification number listed on Form OP-SUM. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

**Table 2: Title 40 Code of Federal Regulations, Part 60 (40 CFR Part 60)
Subpart WWW: Standards of Performance for Municipal Solid Waste Landfills**

UNIT ID NO.: Enter the identification number (ID No.) for the municipal solid waste landfill (maximum 10 characters) as listed on Form OP-SUM entitled, “Individual Unit Summary.”

SOP/GOP INDEX NO.: Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers please refer to the TCEQ guidance document entitled “Federal Operating Permit Application Guidance Document.”

CONSTRUCTION/MODIFICATION DATE: Select one of the following codes that describes the date of commencement of the most recent construction, reconstruction, or modification. Enter the code on the form.

<u>Code</u>	<u>Description</u>
91-	Before May 30, 1991
91+	On or after May 30, 1991

▼ Continue only if “Construction/Modification Date” is “91+.”

DESIGN CAPACITY: Select one of the following options for the design capacity of the MSW landfill. Enter the code on the form.

<u>Code</u>	<u>Description</u>
2.5-	Design capacity is less than 2.5 million megagrams (2.75 million tons) or 2.5 million cubic meters (3.27 million cubic yards)
2.5+	Design capacity is greater than or equal to 2.5 million megagrams (2.75 million tons) or 2.5 million cubic meters (3.27 million cubic yards)

▼ Continue only if “Design Capacity” is “2.5+.”

NMOC EMISSION RATE: Select one of the following options for nonmethane organic compounds (NMOC) emission rate. Enter the code on the form.

<u>Code</u>	<u>Description</u>
50-	NMOC emission rate is less than 50 megagrams (55.1 tons) per year
50+	NMOC emission rate is greater than or equal to 50 megagrams (55.1 tons) per year

▼ Continue only if “NMOC Emission Rate” is “50+”.

ACTIVE COLLECTION SYSTEM: Enter “YES” if the facility is using an active collection system. Otherwise, enter “NO.”

ALT TO 40 CFR §§ 60.753 - 60.758:: Enter “YES” if the collection/control system design plan includes alternative provisions (ALT) of 40 CFR § 60.753 - 758. Otherwise, enter “NO.”

★ Complete “Alt to 40 CFR § 60.759” only if “Active Collection System” is “YES.”

ALT TO 40 CFR § 60.759: Enter “YES” if the owner or operator has demonstrated to the EPA Administrator’s satisfaction the sufficiency of ALT to 40 CFR § 60.759. Otherwise, enter “NO.”

ALT ID NO.: If ALT have been approved, enter the corresponding unique identifier for each unit (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the 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.

▼ Continue only if “ALT TO 40 CFR §§ 60.753 - 60.758” is “NO.”

UTILIZING GEOMEMBRANE OR SYNTHETIC COVER: Enter “YES” if the facility is utilizing a geomembrane or synthetic cover. Otherwise, enter “NO.”

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

<u>Code</u>	<u>Description</u>
FLARE	Open flare
COMB	Enclosed combustion device other than a boiler or process heater
B44-	Enclosed combustion device that is a boiler or process heater with a design heat input capacity less than 44 MW
B44+	Enclosed combustion device that is a boiler or process heater with a design heat input capacity greater than or equal to 44 MW
TREAT	Gas treatment system which processes the collected gas emissions for subsequent use or sale
OTHER	Control device other than those described above

CONTROL DEVICE ID NO.: If applicable, enter the identification number (maximum 10 characters) for the control device to which emissions are routed. This number should be consistent with the control device identification number listed on Form OP-SUM. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

**Table 3: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)
Subpart M: National Emission Standard for Asbestos**

Complete this table only for:

1. Active waste disposal sites that receive asbestos-containing waste material from:
 - a. asbestos mills;
 - b. manufacturing, fabricating, demolition, renovation, or spraying operations; or
 - c. operations that convert asbestos-containing waste material into nonasbestos (asbestos-free) material.

2. *Inactive waste disposal site that received asbestos-containing waste material from:*
 - a. asbestos mills; or
 - b. manufacturing and fabricating operations.

UNIT ID NO.: Enter the identification number (ID No.) for the municipal solid waste landfill (maximum 10 characters) as listed on Form OP-SUM entitled, “Individual Unit Summary.”

SOP/GOP INDEX NO.: Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers please refer to the TCEQ guidance document entitled “Federal Operating Permit Application Guidance Document.”

WASTE DISPOSAL SITE: Select one of the following options that describes the waste disposal site. Enter the code on the form.

<u>Code</u>	<u>Description</u>
INACT	Inactive waste disposal site for an asbestos mill, manufacturing operation, or fabricating operation
ACTIV	Active waste disposal site for manufacturing, fabricating, demolition, renovation, and spraying operations, an asbestos mill, or operations that convert asbestos-containing waste material into nonasbestos (asbestos-free) material

Note: GOP applicants must answer “ACTIV.”

ALTERNATIVE CONTROL METHOD: Enter “YES” if the facility is using an EPA approved alternative control method (ACM). Otherwise, enter “NO.” GOP applicants must answer “NO.”

ACM ID NO.: If an ACM has been approved, then enter the corresponding ACM unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the ACM approval letter. The unique identifier and/or the date of the approval letter is contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

▼ Continue only if “Alternative Control Method” is “NO.”

EMISSIONS COMPLIANCE: Select one of the following options that describes the method of compliance for the waste disposal site. Enter the code on the form.

For sites with a “Waste Disposal Site” designation of “INACT:”

<u>Code</u>	<u>Description</u>
NOVIS1	No visible emissions are discharged to the outside air from the inactive waste disposal site
15+A	Asbestos containing waste covered with at least 15 centimeters (6 inches) of compacted nonasbestos containing material and a cover of vegetation
60+	Asbestos containing waste covered with at least 60 centimeters (2 feet) of compacted nonasbestos containing material
RESIN1	A resinous or petroleum-based dust suppression agent that binds to dust to control surface air emissions

For sites with a “Waste Disposal Site” designation of “ACTIV:”

<u>Code</u>	<u>Description</u>
NOVIS2	No visible emissions are discharged to the outside air from the active waste disposal site
15+B	Asbestos containing waste covered with at least 15 centimeters (6 inches) of compacted nonasbestos containing material
RESIN2	A resinous or petroleum-based dust suppression agent that effectively binds dust and controls wind erosion

**Table 4a: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113)
Subchapter D: Municipal Solid Waste Landfills**

Complete this table only for existing municipal solid waste landfills (MSWLF) as defined in 30 TAC § 113.2060.

UNIT ID NO.: Enter the identification number (ID No.) for the municipal solid waste landfill (maximum 10 characters) as listed on Form OP-SUM entitled “Individual Unit Summary.”

SOP/GOP INDEX NO.: Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers please refer to the TCEQ guidance document entitled “Federal Operating Permit Application Guidance Document.”

LESS STRINGENT STANDARD: Enter “YES” if the owner or operator is applying for less stringent emission standards or longer compliance schedules than those otherwise required, and can demonstrate to the TCEQ Executive Director and EPA one of the conditions specified in 30 TAC § 113.2067(1) - (3). Otherwise, enter “NO.” GOP applicants must answer “NO.”

DESIGN CAPACITY: Select one of the following options for the design capacity. Enter the code on the form.

<u>Code</u>	<u>Description</u>
2.5-	Design capacity is less than 2.5 million megagrams (2.75 megatons) and 2.5 million cubic meters (3.27 million cubic yards)
2.5+	Design capacity is greater than or equal to 2.5 million megagrams (2.75 megatons) and 2.5 million cubic meters (3.27 million cubic yards)

▼ Continue only if “Less Stringent Standard” is “NO.”

GAS COLLECTION AND CONTROL SYSTEM: Enter “YES” if the MSWLF is in compliance with 30 TAC § 115.152 and the commission has approved a gas collection and control system. Otherwise, enter “NO”.

▼ Continue only if “Design Capacity” is “2.5+.”

NMOC EMISSION RATE: Select one of the following options for the nonmethane organic compounds (NMOC) emission rate. Enter the code on the form.

<u>Code</u>	<u>Description</u>
50-	NMOC emission rate is less than 50 megagrams (55.1 tons) per year
50+	NMOC emission rate is greater than or equal to 50 megagrams (55.1 tons) per year

▼ Continue only if “Gas Collection and Control System” is “NO” AND “NMOC Emission Rate” is “50+.”

ALT TO 40 CFR §§ 60.753 - 60.758.: Enter “YES” if the collection/control system design plan includes alternative provisions (ALT) of 40 CFR § 60.753 - 758. Otherwise, enter “NO.”

**Table 4b: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113)
Subchapter D: Municipal Solid Waste Landfills**

UNIT ID NO.: Enter the identification number (ID No.) for the municipal solid waste landfill (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 refer to the TCEQ guidance document entitled “Federal Operating Permit Application Guidance Document.”

ALT TO 40 CFR § 60.759: Enter “YES” if the owner or operator has demonstrated to the EPA Administrator’s satisfaction the sufficiency of alternative provisions (ALT) to 40 CFR § 60.759. Otherwise, enter “NO.”

ALT ID NO.: If ALT have been approved, enter the corresponding unique identifier for each unit (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the 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.

ACTIVE COLLECTION SYSTEM: Enter “YES” if the MSWLF is using an active collection system. Otherwise, enter “NO.”

▼ **Continue only if “ALT to 40 CFR §§ 60.753 - 60.758” is “NO.”**

GEOMEMBRANE OR SYNTHETIC COVER: Enter “YES” if MSWLF uses a geomembrane or synthetic cover. Otherwise, enter “NO.”

CONTROL SYSTEM: Select one of the following options for the control system. Enter the code on the form.

<u>Code</u>	<u>Description</u>
FLARE	Open flare designed and operated in accordance with 40 CFR § 60.18
TREAT	Gas treatment system which processes the collected gas for subsequent use or sale
BPH44-	Boiler or process heater with a design capacity less than 44 megawatts
BPH44+	Boiler or process heater with a design capacity greater than or equal to 44 megawatts
OTHENCL	Other enclosed combustion device
OTHCD	Other control system

CONTROL DEVICE ID NO.: If applicable, enter the identification number (maximum 10 characters) for the control device to which emissions are routed. This number should be consistent with the control device identification number listed on Form OP-SUM. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

**Table 5a: Title 40 Code of Federal Regulations, Part 63 (40 CFR Part 63)
Subpart AAAA: Nation Emission Standards for Hazardous Air Pollutants: Municipal Solid Waste Landfills**

UNIT ID NO.: Enter the identification number (ID No.) for the municipal solid waste landfill (maximum 10 characters) as listed on Form OP-SUM entitled, “Individual Unit Summary.”

SOP/GOP INDEX NO.: Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should

complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers please refer to the TCEQ guidance document entitled “Federal Operating Permit Application Guidance Document.”

SUBPART AAAA APPLICABILITY: Enter “YES” if the MSW landfill has accepted waste since November 8, 1987 or has additional capacity for waste deposition. Otherwise, enter “NO.”

▼ **Continue only if “Subpart AAAA Applicability” is “YES.”**

SOURCE CATEGORY: Select one of the following options for the source category of the MSW landfill. Enter the code on the form.

<u>Code</u>	<u>Description</u>
MAJOR	MSW Landfill is a major source as defined in 40 CFR § 63.2
COLOC	MSW Landfill is not a major source on its own, but is collocated with a major source as defined in 40 CFR § 63.2
AREA	MSW Landfill is an area source

DESIGN CAPACITY: Select one of the following options for the design capacity of the MSW landfill. Enter the code on the form.

<u>Code</u>	<u>Description</u>
2.5-	Design capacity is less than 2.5 million megagrams (2.75 million tons) <u>or</u> 2.5 million cubic meters (3.27 million cubic yards)
2.5+	Design capacity is greater than or equal to 2.5 million megagrams (2.75 million tons) <u>and</u> 2.5 million cubic meters (3.27 million cubic yards)

FACILITY TYPE: Select one of the following options to describe the facility type for the MSW landfill. Enter the code on the form.

<u>Code</u>	<u>Description</u>
LAND	Conventional MSW Landfill operations
BIO	Bioreactor operations

If the MSW Landfill operates both conventional and bioreactor operations, complete one line on the form for each type of operation.

▼ **Continue if “Source Category” is “MAJOR” or if “Source Category” is “COLOC” or “AREA” and “Design Capacity” is “2.5+.”**

★ **Complete “NMOC Emission Rate” only if “Source Category” is “COLOC” or “AREA” and “Design Capacity” is “2.5+.”**

NMOC EMISSION RATE: Select one of the following options for nonmethane organic compounds (NMOC) emission rate. Enter the code on the form.

<u>Code</u>	<u>Description</u>
50-	NMOC emission rate is less than 50 megagrams (55.1 tons) per year
50+	NMOC emission rate is greater than or equal to 50 megagrams (55.1 tons) per year

▼ **Continue if any of the following conditions are met:**

- “Source Category” is “MAJOR.”
- “Source Category” is “COLOC” or “AREA,” “Design Capacity” is “2.5+” and “NMOC Emission Rate” is “50+.”
- “Design Capacity” is “2.5+” and “Facility Type” is “BIO.”

**Table 5b: Title 40 Code of Federal Regulations, Part 63 (40 CFR Part 63)
Subpart AAAA: Nation Emission Standards for Hazardous Air Pollutants: Municipal Solid Waste Landfills**

UNIT ID NO.: Enter the identification number (ID No.) for the municipal solid waste landfill (maximum 10 characters) as listed on Form OP-SUM entitled “Individual Unit Summary.”

SOP/GOP INDEX NO.: Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers please refer to the TCEQ guidance document entitled “Federal Operating Permit Application Guidance Document.”

ACTIVE COLLECTION SYSTEM: Enter “YES” if the facility is using an active collection system. Otherwise, enter “NO.”

ALT TO 40 CFR §§ 60.753 - 60.758: Enter “YES” if the collection/control system design plan includes alternative provisions (ALT) of 40 CFR § 60.753 - 758. Otherwise, enter “NO.”

★ **Complete “Alt to 40 CFR § 60.759” only if “Active Collection System” is “YES.”**

ALT TO 40 CFR § 60.759: Enter “YES” if the owner or operator has demonstrated to the EPA Administrator’s satisfaction the sufficiency of ALT to 40 CFR § 60.759. Otherwise, enter “NO.”

ALT ID NO.: If ALT have been approved, enter the corresponding unique identifier for each unit (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the 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.

▼ **Continue only if “Alt to 40 CFR §§ 60.753 - 60.758” is “NO.”**

UTILIZING GEOMEMBRANE OR SYNTHETIC COVER: Enter “YES” if the facility is utilizing a geomembrane or synthetic cover. Otherwise, enter “NO.”

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

<u>Code</u>	<u>Description</u>
FLARE	Open flare
COMB	Enclosed combustion device other than a boiler or process heater
B44-	Enclosed combustion device that is a boiler or process heater with a design heat input capacity less than 44 MW
B44+	Enclosed combustion device that is a boiler or process heater with a design heat input capacity greater than or equal to 44 MW
TREAT	Gas treatment system which processes the collected gas emissions for subsequent use or sale
OTHER	Control device other than those described above

CONTROL DEVICE ID NO.: If applicable, enter the identification number (maximum 10 characters) for the control device to which emissions are routed. This number should be consistent with the control device identification number listed on Form OP-SUM. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

