

Texas Commission on Environmental Quality
Form OP-UA45- Instructions
Surface Impoundment Attributes

General:

This form is used to provide a description and data pertaining to surface impoundments 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 surface impoundment, then it should be left blank and need not be submitted with the application. If the codes entered by the applicant show negative applicability to the rule or sections of the rule represented on the table, then the applicant need not complete the remainder of the table(s) that corresponds to the rule. Further instruction as to which questions should be answered and which questions should not be answered are located in the “Specific” section of the instruction text. The following is included in this form:

- Tables 1a - 1c:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart QQ: National Emission Standard for Surface Impoundments
- Tables 2a - 2d:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations
- Tables 3a - 3b:** Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart FF: National Emission Standard for Benzene Waste Operations (Surface Impoundments)
- Tables 4a - 4c:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart G: National Emission Standards for Organic Hazardous Air Pollutants From Synthetic Organic Chemical Manufacturing Industry Wastewater
- Tables 5a - 5b:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standard for Hazardous Air Pollutants from Petroleum Refineries
- Tables 6a - 6c:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins
- Tables 7a - 7c:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins
- Tables 8a - 8b:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart FFFF: National Emission Standards for Hazardous Air Pollutants: Miscellaneous Organic Chemical Manufacturing

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

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

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

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

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

Specific:

Table 1a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart QQ: National Emission Standard for Surface Impoundments

Unit ID No.:

Enter the identification number (ID No.) (Maximum 10 characters) for the surface impoundment 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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Affected Facility:

Enter “YES” if the affected facility is a surface impoundment for which another subpart of 40 CFR Parts 60, 61, or 63 references the use of 40 CFR Part 63, Subpart QQ for air emission control. Otherwise, enter “NO.”

▼ Continue only if “Affected Facility” is “YES.”

Surface Impoundment Type:

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

Code	Description
FLOAT	Surface impoundment using a floating membrane cover
VENT	Surface impoundment using a cover and venting directly through a closed-vent system to a control device

▼ Continue only if “Surface Impoundment Type” is “VENT.”

Inspected and Monitored:

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

Bypass Device:

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

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

Flow Meter:

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

Design Analysis:

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

No Organic Emissions:

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

Table 1b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart QQ: National Emission Standard for Surface Impoundments

Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment 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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Control Device:

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

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

Control Device ID No.:

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

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

Alternative Operating Parameters:

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

AOP ID No.:

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

▼ **Do not continue if “Alternative Operating Parameters” is “YES.”**

★ **Complete “HAP Recovery” only if “Control Device” is “CADS” or “COND.”**

HAP Recovery:

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

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

Regenerable Carbon Adsorber:

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

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

Exhaust Stream Temperature Monitor:

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

Table 1c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart QQ: National Emission Standard for Surface Impoundments

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

Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the transfer system 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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

HAP Destruction:

Enter “YES” if the vapor incinerator, boiler or process heater is designed and operated to destroy the hazardous air pollutants (HAP) listed in Table 1 of 40 CFR Part 63, Subpart DD contained in the vent stream entering the vapor incinerator, boiler, or process heater. Otherwise, enter “NO.”

★ **Complete “Organic Monitoring Device” only if “Control Device” is “VAPTH” or “VAPCAT.”**

Organic Monitoring Device:

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

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

Meets 40 CFR § 63.693(f)(1)(iii):

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

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

95% HAP Destruction:

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

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

BPH TOC Destruction:

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

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

95% TOC Destruction:

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

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

Meets 40 CFR § 63.693(g)(1)(iii):

Enter “YES” if the boiler or process heater is designed and operated such that the combustion chamber maintains a residence time of 0.5 seconds or longer and a temperature of 760°C or higher. Otherwise, enter “NO.”

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

Introduced with Fuel:

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

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

Continuous Temperature Monitoring System:

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

Table 2a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations

Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment 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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf

Subject to Another Subpart of 40 CFR Part 61 or 63:

Enter “YES” if the surface impoundment is also subject to another subpart under 40 CFR Part 61 or 40 CFR Part 63, and the owner or operator is controlling the hazardous air pollutants (HAP) listed in Table 1 of 40 CFR Part 63, Subpart DD that are emitted from the unit in compliance with the provisions specified in the other applicable subpart. Otherwise, enter “NO.”

▼ **Continue only if “Subject to Another Subpart of 40 CFR Part 61 or 63” is “NO.”**

HAP < 1 MG Per Year:

Enter “YES” if the owner or operator is choosing to exempt the surface impoundment from the requirements specified in 40 CFR § 63.683(b)(1) and the total annual quantity of HAP contained in the off-site material placed in all units selected by the owner or operator to be exempted under 40 CFR § 63.683(b)(2)(ii) is less than 1 MG per year. Otherwise, enter “NO.”

▼ **Continue only if “HAP < 1 MG Per Year” is “NO.”**

Numerical Concentration Limits:

Enter “YES” if the off-site material placed in the surface impoundment is a hazardous waste that meets the numerical concentration limits, applicable to the hazardous waste, as specified in 40 CFR Part 268, Land Disposal Restrictions. Otherwise, enter “NO.”

▼ **Continue only if “Numerical Concentration Limits” is “NO.”**

Treated Organic Hazardous Constituents:

Enter “YES” if the organic hazardous constituents in the hazardous waste have been treated according to 40 CFR § 268.42(a) or have been removed or destroyed by an equivalent method of treatment approved under 40 CFR § 268.42(b). Otherwise, enter “NO.”

▼ **Continue only if “Treated Organic Hazardous Constituents” is “NO.”**

Air Emission Controls:

Enter “YES” if the owner or operator is opting to install and operate air emission controls on the surface impoundment in accordance with the standards specified in 40 CFR § 63.687. Otherwise, enter “NO.”

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

Direct Measurement: Enter “YES” if direct measurement is used to determine the volatile organic HAP (VOHAP) concentration. Otherwise, enter “NO.”

▼ **Continue only if “Air Emission Controls” Is “YES.”**

Biological Treatment: Enter “YES” if the surface impoundment is used for a biological treatment process that meets the requirements in either 40 CFR § 63.683(b)(2)(iii)(A) or (B). Otherwise, enter “NO.”

★ **Complete “Efficiency > 95%” only if “Biological Treatment” is “YES.”**

Efficiency > 95%: Enter “YES” if the HAP reduction efficiency (R) for the treatment process is equal to or greater than 95 percent and the HAP biodegradation efficiency (R_{bio}) for the treatment process is equal to or greater than 95 percent. Otherwise, enter “NO.”

▼ **Continue only if “Biological Treatment” is “NO.”**

Table 2b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations

Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment 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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Surface Impoundment Type:

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

Code	Description
FLOAT	Surface impoundment using a floating membrane cover
VENT	Surface impoundment using a cover and venting directly through a closed-vent system to a control device

▼ **Continue only if “Surface Impoundment Type” is “VENT.”**

Inspected and Monitored:

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

Bypass Device:

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

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

Flow Meter:

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

Design Analysis:

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

No Detectable Organic Emissions:

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

Control Device:

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

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

Control Device ID No.:

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

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

Table 2c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations

Subpart DD:

National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations

Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment 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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Alternative Operating Parameters:

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

AOP ID No.:

If an alternative operating parameter has been approved, then enter the corresponding AOP unique identifier for each unit or process, if the unique identifier is unavailable then enter the date of the AOP approval. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate regulated entity number. Otherwise, leave this column blank.

★ Complete "HAP Recovery" only if "Control Device" is "CADS" or "COND."

HAP Recovery:

Enter "YES" if the control device is designed and operated to recover > 95%, on a weight-basis, of the total hazardous air pollutants (HAP) listed in Table 1 of 40 CFR 63, Subpart DD contained in the vent stream entering the control device. Otherwise, enter "NO."

★ Complete "Regenerable Carbon Adsorber" only if "Control Device" is "CADS."

Regenerable Carbon Adsorber:

Enter "YES" if the carbon adsorber is regenerable. Otherwise, enter "NO."

★ Complete "Complying with § 63.693(d)(4)(iii)" only if "Regenerable Carbon Adsorber" is "NO."

Complying with § 3.693(d)(4)(iii):

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

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

Exhaust Stream Temperature Monitor:

Enter "YES" if a continuous parameter monitoring system is used to measure and record the daily average temperature in the exhaust gases from the condenser. Otherwise, enter "NO."

▼ Continue only if "Control Device" is "VAPTH," "VAPCAT," or "BPH."

Table 2d: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations

Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment 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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

HAP Destruction:

Enter "YES" if the vapor incinerator, boiler, or process heater is designed and operated to destroy the hazardous air pollutants (HAP) listed in Table 1 of 40 CFR Part 63, Subpart DD contained in the vent stream entering the vapor incinerator, boiler, or process heater. Otherwise, enter "NO."

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

Organic Monitoring Device:

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

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

Meets 40 CFR § 63.693(f)(1)(iii):

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

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

95% HAP Destruction:

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

- ★ **Complete "BPH TOC Destruction" only if "Control Device" is "BPH" and "HAP Destruction" is "NO."**

BPH TOC Destruction:

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

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

95% TOC Destruction:

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

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

Meets 40 CFR § 63.693(g)(1)(iii):

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

- ★ **Complete "Introduced with Fuel" only if "Meets 40 CFR § 63.693(g)(1)(iii)" is "NO."**

Introduced with Fuel:

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

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

Continuous Temperature Monitoring System:

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

Table 3a: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart FF: National Emission Standard for Benzene Waste Operations (Surface Impoundments)

Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment 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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Alternate Means of Compliance:

Enter “YES” if using an alternate means of compliance (AMOC) to meet the requirements of 40 CFR § 61.344 for surface impoundments. Otherwise, enter “NO.”

AMOC ID No.:

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

- ▼ Continue only if “Alternate Means of Compliance” is “NO.”

Fuel Gas System:

Enter “YES” if gaseous emissions from the surface impoundment are routed to a fuel gas system. Otherwise, enter “NO.”

- ▼ Do not continue if “Fuel Gas System” is “YES.”

Cover and Closed-Vent:

Enter “YES” if the cover and closed-vent system is operated such that the enclosure of the surface impoundment is maintained at a pressure less than atmospheric pressure and meets the conditions of 40 CFR § 61.344(a)(1)(i)(C)(1) - (3). Otherwise, enter “NO.”

Closed Vent System and Control Device AMOC:

Enter “YES” if using an alternate means of compliance to meet the requirements of 40 CFR § 63.349 for the closed vent system and control device. Otherwise, enter “NO.”

CVS/CD AMOC ID No.:

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

- ▼ Continue only if “Closed Vent System and Control Device AMOC” is “NO.”

Table 3b: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart FF: National Emission Standard for Benzene Waste Operations (Surface Impoundments)

Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment 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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Bypass Line:

Enter “YES” if the closed-vent system contains any bypass line that could divert the vent stream away from the control device. Otherwise, enter “NO.”

★ Complete “Bypass Line Valve” only if “Bypass Line” is “YES.”

Bypass Line Valve:

Enter “YES” if a car-seal or lock and key configuration are used to secure the bypass line valve in the closed position. Otherwise, enter “NO.”

Control Device Type/Operation:

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

Enclosed Combustion Devices:

Code	Description
THERM95	Thermal vapor incinerator with a reduction of organics being greater than or equal to 95 weight percent [see 40 CFR § 61.349(a)(2)(i)(A)]
THERM20	Thermal vapor incinerator that achieves a total organic compound (TOC) concentration of 20 ppmv on a dry basis corrected to 3% oxygen [see 40 CFR § 61.349(a)(2)(i)(B)]
THERMMR	Thermal vapor incinerator that provides a minimum residence time of 0.5 seconds at a minimum temperature of 760 degrees C [see 40 CFR § 61.349(a)(2)(i)(C)]
CATA95	Catalytic vapor incinerator with a reduction of organics being greater than or equal to 95 weight percent [see 40 CFR § 61.349(a)(2)(i)(A)]
CATA20	Catalytic vapor incinerator that achieves a TOC concentration of 20 ppmv on a dry basis corrected to 3% oxygen [see 40 CFR § 61.349(a)(2)(i)(B)]
CATAMR	Catalytic vapor incinerator that provides a minimum residence time of 0.5 seconds at a minimum temperature of 760 degrees C [see 40 CFR § 61.349(a)(2)(i)(C)]
B44-95	Boiler or process heater having a design heat input capacity less than 44 MW and with a reduction of organics being greater than or equal to 95 weight percent [see 40 CFR § 61.349(a)(2)(i)(A)]
B44-20	Boiler or process heater having a design heat input capacity less than 44 MW and that achieves a TOC concentration of 20 ppmv on a dry basis corrected to 3% oxygen [see 40 CFR § 61.349(a)(2)(i)(B)]
B44-MR	Boiler or process heater having a design heat input capacity less than 44 MW and that provides a minimum residence time of 0.5 seconds at a minimum temperature of 760 degrees C [see 40 CFR § 61.349(a)(2)(i)(C)]

B44+95	Boiler or process heater having a design heat input capacity greater than or equal to 44 MW and with a reduction of organics being greater than or equal to 95 weight percent [see 40 CFR § 61.349(a)(2)(i)(A)]
B44+20	Boiler or process heater having a design heat input capacity greater than or equal to 44 MW and that achieves a TOC concentration of 20 ppmv on a dry basis corrected to 3% oxygen [see 40 CFR § 61.349(a)(2)(i)(B)]
B44+MR	Boiler or process heater having a design heat input capacity greater than or equal to 44 MW and that provides a minimum residence time of 0.5 seconds at a minimum temperature of 760 degrees C [see 40 CFR § 61.349(a)(2)(i)(C)]

Vapor Recovery Systems (VRS):

Code	Description
COND	Condenser without a temperature monitoring device
CONDWITH	Condenser with a temperature monitoring device
CDIRECT	Carbon adsorption system that regenerates the carbon bed directly in the control device and does not have a continuous recorder to measure exhaust concentration
CDIRECTW	Carbon adsorption system that regenerates the carbon bed directly in the control device and has a continuous recorder to measure exhaust concentration
CARADS	Carbon adsorption system that does not regenerate the carbon bed directly in the control device
OTH-VRS	A vapor recovery system other than condenser or carbon adsorption system

Other Control Devices:

Code	Description
FLARE	Flare
OTHER	Alternate control device approved under 40 CFR § 61.349(a)(2)(iv)

Control Device ID No:

If applicable, enter the identification number for the control device to which treatment process emissions are routed (maximum 10 characters). This number should be consistent with the identification number listed on the Form OP-SUM, (Individual Unit Summary).

- ★ **Complete “Engineering Calculations” only if “Control Device Type/Operation” is not “OTHER,” “FLARE,” “THERMMR,” “CATAMR,” “B44-MR” or “B44+MR.”**

Engineering Calculations:

Enter “YES” if engineering calculations show that the control device is proven to achieve its emission limitation. Otherwise, enter “NO.”

- ★ **Complete “Alternate Monitoring Parameters” only if “Control Device Type/Operation” is not “OTHER,” “FLARE” or “CARADS.”**

Alternate Monitoring Parameters:

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

- ★ **Complete “Carbon Replacement Interval” only if “Control Device Type/Operation” is “CARADS.”**

Carbon Replacement Interval:

Enter “YES” if the carbon in the carbon adsorption system is replaced at a regular predetermined interval. Otherwise, enter “NO.”

Table 4a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart G: National Emission Standards for Organic Hazardous Air Pollutants From Synthetic Organic Chemical Manufacturing Industry Wastewater

- ★ **Complete only for surface impoundments that receive, manage, or treat wastewater streams subject to 40 CFR Part 63, Subpart G.**

Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment 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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

New Source:

Enter “YES” if the source is new. Otherwise, enter “NO.”

Surface Impoundment Type:

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

Code	Description
COVER	Surface impoundment using a cover (e.g., air-supported structure or rigid cover) and a closed-vent system that routes the organic hazardous air pollutants (HAPs) vapors vented from the surface impoundment to a control device
FLOAT	Surface impoundment using a floating flexible membrane cover

Designated Group 1:

Enter “YES” if the surface impoundment receives a wastewater stream designated as Group 1 using the procedures described in §63.132(e). Otherwise, enter “NO.”

- ▼ **If “Surface Impoundment Type” is “FLOAT” skip the rest of Table 4a and complete “Alternate Monitoring Parameters” on Table 4b only. Otherwise, continue if “Surface Impoundment Type” is “COVER.”**

Negative Pressure:

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

- ★ **Complete “Closed Vent System” and “Bypass Lines” only if “Negative Pressure” is “NO.”**

Closed Vent System:

Select the option that describes the operation of the closed vent system. Enter the code on the form.

Code	Description
SUBPTG	Closed vent system is not maintained under negative pressure and is subject to 40 CFR § 63.148
SUBPTH	Closed vent system is not maintained under negative pressure and is subject to 40 CFR § 63.172

Bypass Lines:

Select the option that describes bypass lines on the closed vent system. Enter the code on the form.

Code	Description
NONE	No bypass lines
FLOWIND	Bypass lines are monitored by flow indicators
CARSEAL	Bypass line valves are secured in the closed position with a car-seal or lock-and-key configuration

Combination of Control Devices:

Enter “YES” if the vent stream is treated using a combination of control devices. Otherwise, enter “NO.”

- ★ **If the response to “Combination of Control Devices” is “YES,” complete one additional row on the form for each additional control device. Each row must have a unique SOP Index No.**

Control Device Type:

Select the control device that is being used to control the HAP emissions from the wastewater tank. Enter the code on the form.

Code	Description
FLARE	Flare
BOIL44+	Boiler or process heater with a design heat input capacity greater than or equal to 44MW
BOILES	Boiler or process heater into which the emission stream is introduced with the primary fuel
BOILHW	Boiler or process heater burning hazardous waste
HWINC	Hazardous waste incinerator
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
BPH	Boiler or Process Heater not described above
OTHCOMB	Other enclosed combustion device not described above
CADS	Carbon adsorber
COND	Condenser
OTHREC	Other recovery device
SCRUB	Scrubber used as a control device
OTHER	Any other control device is used

Control Device ID No.:

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

Table 4b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart G: National Emission Standards for Organic Hazardous Air Pollutants From Synthetic Organic Chemical Manufacturing Industry Wastewater

Unit ID No.:

Enter the identification number (ID No.) for the surface impoundment (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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

- ★ **Complete “Compliance with 40 CFR § 63.139(c)(1) only if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH” or “OTHCOMB.”**

Compliance with 40 CFR § 63.139(c)(1):

Select one of the following options that describes the method of compliance specified in 40 CFR § 63.139(c)(1). Enter the code on the form.

Code	Description
CII	The enclosed combustion device being used meets the 95% reduction provisions specified in 40 CFR § 63.139(c)(1)(i)
CIII	The enclosed combustion device being used meets the 20 ppmv concentration provisions specified in 40 CFR § 63.139(c)(1)(ii)
CIIII	The enclosed combustion device being used meets the 0.5 second residence time at 760 degrees C provisions specified in 40 CFR § 63.139(c)(1)(iii)

Alternate Monitoring Parameters:

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

AMP ID No.:

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

▼ **Continue only if "Alternate Monitoring Parameters" is "NO."**

★ **Complete "Regenerate On-site:" only if "Control Device Type" is "CADS."**

Regenerate on-Site:

Enter "YES" if the carbon adsorption system regenerates the carbon bed directly on-site. Otherwise, enter "NO."

Table 4c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart G: National Emission Standards for Organic Hazardous Air Pollutants From Synthetic Organic Chemical Manufacturing Industry Wastewater

Unit ID No.:

Enter the identification number (ID No.) for the surface impoundment (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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

★ **Complete "Performance Test" only if "Control Device Type" is "VAPTH," "VAPCAT," "BPH," "CADS," "COND" or "SCRUB."**

Performance Test:

Enter "YES" if performance tests are being conducted using the test methods and procedures specified in 40 CFR § 63.145(i). Otherwise, enter "NO."

★ **Complete "95% Reduction Efficiency" only if "Performance Test" is "YES."**

95% Reduction Efficiency:

Enter "YES" if complying with the 95% reduction efficiency requirement. Otherwise, enter "NO."

★ **Complete "Monitoring Options" only if "Alternate Monitoring Parameters" is "NO" and "Control Device Type" is "FLARE," "VAPTH," "VAPCAT," "BPH," "CADS," "COND" or "SCRUB."**

Monitoring Options:

Select the monitoring option that describes the monitoring parameters being used for the control device. Enter the code on the form.

For control devices other than scrubbers and non-regenerative carbon adsorbers

Code	Description
TABLE13	Control device is using the monitoring parameters specified in Table 13
ORGMON	Control device is using an organic monitoring device as allowed under 40 CFR § 63.143(e)(2)

For non-regenerative carbon adsorbers

Code	Description
ORGMON	Non-regenerative carbon adsorber is using an organic monitoring device as allowed under 40 CFR § 63.143(e)(2)
REPLACE	Non-regenerative carbon adsorber is replacing the carbon at a predetermined replacement interval

For scrubbers

Code	Description
ORGMON	Scrubber is using an organic monitoring device as allowed under 40 CFR § 63.143(e)(2)

- ★ **Complete “Continuous Monitoring” only if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH,” “CADS,” “COND” or “SCRUB” and “Monitoring Options” is “TABLE13” or “ORGMON.”**

Continuous Monitoring:

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

Code	Description
151G	Alternative to continuous monitoring as requested and approved under 40 CFR § 63.151(g)
152G	Alternative to continuous monitoring as allowed under § 63.152(g)
NOALT	Complying with the continuous monitoring requirements of 40 CFR § 63.143(e)(1) or § 63.143(e)(2) in Table 13

Continuous Monitoring ALT ID No.:

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

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

- ★ **Complete only for surface impoundments that meet all of the following criteria:**
- **Are located at plant sites that are a major source and contain or contact one or more of the hazardous air pollutants (HAPs) listed in Table 1 of 40 CFR Part 63, Subpart CC**
 - **Receives or manages Group 1 or Group 2 wastewater streams also subject to 40 CFR Part 63, Subpart G**
 - **Receives or manages Group 2 wastewater streams or organic streams whose benzene emissions are subject to the control under the provisions of 40 CFR Part 61, Subpart FF on or after December 31, 1992.**

Note: Tanks that receive Group 1 wastewater streams and do not receive streams subject to the provisions of 40 CFR Part 63, Subpart G and 40 CFR §§ 63.133 - 63.147 should be identified on Table 12, for 40 CFR Part 61, Subpart FF. Tanks that receive Group 1 wastewater streams and do receive streams subject to the provisions of 40 CFR Part 63, Subpart G and 40 CFR §§ 63.133 - 63.147 should be identified on Table 14, for 40 CFR Part 63, Subpart G.

Unit ID No.:

Enter the identification number (ID No.) for the surface impoundment (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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Surface Impoundment Type:

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

Code	Description
COVER	Surface impoundment using a cover (e.g., air-supported structure or rigid cover) and a closed-vent system that routes the organic HAP vapors vented from the surface impoundment to a control device
FLOAT	Surface impoundment using a floating flexible membrane cover

▼ **Continue only if “Surface Impoundment Type” is “COVER.”**

Negative Pressure:

Enter “YES” if the cover and closed-vent systems are operated and maintained under negative pressure. Otherwise, Complete “Closed Vent System” and “Bypass Lines” only if “Negative Pressure” is “NO.”

Closed Vent System:

Select the option that describes the operation of the closed vent system. Enter the code on the form.

Code	Description
SUBPTG	Closed vent system is not maintained under negative pressure and is subject to 40 CFR § 63.148
SUBPTH	Closed vent system is not maintained under negative pressure and is subject to 40 CFR § 63.172

Bypass Lines:

Select the option that describes bypass lines on the closed vent system. Enter the code on the form.

Code	Description
NONE	No bypass lines
FLOWIND	Bypass lines are monitored by flow indicators
CARSEAL	Bypass line valves are secured in the closed position with a car-seal or lock-and-key configuration

Combination of Control Devices:

Enter “YES” if the vent stream is treated using a combination of control devices. Otherwise, enter “NO.”

★ **If the response to “Combination of Control Devices” is “YES,” complete one additional row on the form for each additional control device. Each row must have a unique SOP Index No.**

Control Device Type:

Select the control device that is being used to control the HAP emissions from the wastewater tank. Enter the code on the form.

Code	Description
FLARE	Flare
BOIL44+	Boiler or process heater with a design heat input capacity greater than or equal to 44MW
BOILES	Boiler or process heater into which the emission stream is introduced with the primary fuel
BOILHW	Boiler or process heater burning hazardous waste
HWINC	Hazardous waste incinerator

VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
BPH	Boiler or Process Heater not described above
OTHCOMB	Other enclosed combustion device not described above
CADS	Carbon adsorber
COND	Condenser
OTHREC	Other recovery device
SCRUB	Scrubber used as a control device
OTHER	Any other control device is used

Control Device ID No.

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

★ **Complete “Compliance with 40 CFR § 63.139(c)(1) only if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH” or “OTHCOMB.”**

Compliance With 40 CFR § 63.139(c)(1):

Select one of the following options that describes the method of compliance specified in 40 CFR § 63.139(c)(1). Enter the code on the form.

Code	Description
CII	The enclosed combustion device being used meets the 95% reduction provisions specified in 40 CFR § 63.139(c)(1)(i)
CIII	The enclosed combustion device being used meets the 20 ppmv concentration provisions specified in 40 CFR § 63.139(c)(1)(ii)
C1III	The enclosed combustion device being used meets the 0.5 second residence time at 760 C provisions specified in 40 CFR § 63.139(c)(1)(iii)

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

Unit ID No.:

Enter the identification number (ID No.) for the surface impoundment (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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Alternate Monitoring Parameters:

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

AMP ID No.:

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

▼ **Continue only if “Alternate Monitoring Parameters” is “NO.”**

★ **Complete “Regeneration” only if “Control Device Type” in is “CADS.”**

Regeneration:

Enter "YES" if the carbon adsorption system regenerates the carbon bed directly on-site. Otherwise, enter "NO."

- ★ Complete "Performance Test" only if "Control Device Type" is "VAPTH," "VAPCAT," "BPH," "CADS," "COND" or "SCRUB."

Performance Test:

Enter "YES" if performance tests are being conducted using the test methods and procedures specified in 40 CFR § 63.145(i). Otherwise, enter "NO."

- ★ Complete "95% Reduction Efficiency" only if "Performance Test" is "YES."

95% Reduction Efficiency:

Enter "YES" if complying with the 95% reduction efficiency requirement. Otherwise, enter "NO."

- ★ Complete "Monitoring Options" only if "Alternate Monitoring Parameters" is "NO" and "Control Device Type" is "FLARE," "VAPTH," "VAPCAT," "BPH," "CADS," "COND" or "SCRUB."

Monitoring Options:

Select the monitoring option that describes the monitoring parameters being used for the control device. Enter the code on the form.

For control devices other than scrubbers and non-regenerative carbon adsorbers

Code	Description
TABLE13	Control device is using the monitoring parameters specified in Table 13
ORGMON	Control device is using an organic monitoring device as allowed under 40 CFR § 63.143(e)(2)

For non-regenerative carbon adsorbers

Code	Description
ORGMON	Non-regenerative carbon adsorber is using an organic monitoring device as allowed under § 63.143(e)(2)
REPLACE	Non-regenerative carbon adsorber is replacing the carbon at a predetermined replacement interval

For scrubbers

Code	Description
ORGMON	Scrubber is using an organic monitoring device as allowed under § 63.143(e)(2)

- ★ Complete "Continuous Monitoring" only if "Control Device Type" is "VAPTH," "VAPCAT," "BPH," "CADS," "COND" or "SCRUB" and "Monitoring Options" is "TABLE13" or "ORGMON."

Continuous Monitoring:

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

Code	Description
151G	Alternative to continuous monitoring as requested and approved under 40 CFR § 63.151(g)
152G	Alternative to continuous monitoring as allowed under 40 CFR § 63.152(g)
NOALT	Complying with the continuous monitoring requirements of 40 CFR § 63.143(e)(1) or § 63.143(e)(2) in Table 13

Continuous Monitoring ALT ID No.:

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

Table 6a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins

- ★ Complete only for surface impoundments that receive, manage, or treat process wastewater streams subject to 40 CFR Part 63, Subpart U.

Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment 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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Surface Impoundment Type:

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

Code	Description
COVER	Surface impoundment using a cover (e.g., air-supported structure or rigid cover) and a closed-vent system that routes the organic hazardous air pollutants (HAPs) vapors vented from the surface impoundment to a control device
FLOAT	Surface impoundment using a floating flexible membrane cover

- ▼ Continue only if “Surface Impoundment Type” is “COVER.”

Closed Vent System:

Select the option that describes the operation of the closed vent system. Enter the code on the form.

Code	Description
PRESS	Closed vent system is maintained under negative pressure
SUBPTG	Closed vent system is not maintained under negative pressure and is subject to 40 CFR § 63.148
SUBPTH	Closed vent system is not maintained under negative pressure and is subject to 40 CFR § 63.172

Bypass Lines:

Select the option that describes bypass lines on the closed vent system. Enter the code on the form.

Code	Description
NONE	No bypass lines
FLOWIND	Bypass lines are monitored by flow indicators
CARSEAL	Bypass line valves are secured in the closed position with a car-seal or lock-and-key configuration

Combination of Control Devices:

Enter “YES” if the vent stream is treated using a combination of control devices. Otherwise, enter “NO.”

- ★ If the response to “Combination of Control Devices” is “YES,” complete one additional row on the form for each additional control device. Each row must have a unique SOP Index No.

Table 6b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins

Unit ID No.:

Enter the identification number (ID No.) for the surface impoundment (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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Control Device Type:

Select the control device that is being used to control the HAP emissions from the wastewater tank. Enter the code on the form.

Code	Description
FLARE	Flare
BOIL44+	Boiler or process heater with a design heat input capacity greater than or equal to 44MW
BOILES	Boiler or process heater into which the emission stream is introduced with the primary fuel
BOILHW	Boiler or process heater burning hazardous waste
HWINC	Hazardous waste incinerator
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
BPH	Boiler or Process Heater not described above
OTHCOMB	Other enclosed combustion device not described above
CADS	Carbon adsorber
COND	Condenser
OTHREC	Other recovery device
SCRUB	Scrubber used as a control device
OTHER	Any other control device is used

Control Device ID No.:

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

★ **Complete “Compliance with 40 CFR § 63.139(c)(1) only if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH” or “OTHCOMB.”**

Compliance with 40 CFR § 63.139(c)(1):

Select one of the following options that describes the method of compliance specified in 40 CFR § 63.139(c)(1). Enter the code on the form.

Code	Description
C1I	The enclosed combustion device being used meets the 95% reduction provisions specified in 40 CFR § 63.139(c)(1)(i)
C1II	The enclosed combustion device being used meets the 20 ppmv concentration provisions specified in 40 CFR § 63.139(c)(1)(ii)
C1III	The enclosed combustion device being used meets the 0.5 second residence time at 760 degrees C provisions specified in 40 CFR § 63.139(c)(1)(iii)

Alternate Monitoring Parameters:

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

AMP ID No.:

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

- ▼ Continue only if “Alternate Monitoring Parameters” is “NO.”
- ★ Complete “Regeneration” only if “Control Device Type” is “CADS.”

Regeneration:

Enter “YES” if the carbon bed is regenerated directly on site. Otherwise, enter “NO.”

Table 6c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins

Unit ID No.:

Enter the identification number (ID No.) for the surface impoundment (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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

- ★ Complete “Performance Test” only if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH,” “CADS,” “COND” or “SCRUB.”

Performance Test:

Enter “YES” if performance tests are being conducted using the test methods and procedures specified in 40 CFR § 63.145(i). Otherwise, enter “NO.”

- ★ Complete “95% Reduction Efficiency” only if “Performance Test” is “YES.”

95% Reduction Efficiency:

Enter “YES” if complying with the 95 percent reduction efficiency requirement. Otherwise, enter “NO.”

- ★ Complete “Monitoring Options” only if “Alternate Monitoring Parameters” is “NO” and “Control Device Type” is “FLARE,” “VAPTH,” “VAPCAT,” “BPH,” “CADS,” “COND” or “SCRUB.”

Monitoring Options:

Select the monitoring option that describes the monitoring parameters being used for the control device. Enter the code on the form.

For control devices other than scrubbers and non-regenerative carbon adsorbers

Code	Description
TABLE13	Control device is using the monitoring parameters specified in Table 13
ORGMON	Control device is using an organic monitoring device as allowed under § 63.143(e)(2)

For non-regenerative carbon adsorbers

Code	Description
ORGMON	Non-regenerative carbon adsorber is using an organic monitoring device as allowed under § 63.143(e)(2)
REPLACE	Non-regenerative carbon adsorber is replacing the carbon at a predetermined replacement interval

For scrubbers

Code	Description
ORGMON	Scrubber is using an organic monitoring device as allowed under § 63.143(e)(2)

- ★ **Complete “Alternate Monitoring Option” is “VAPTH,” “VAPCAT,” “BPH,” “CADS,” “COND” or “SCRUB” and “Monitoring Options” is “TABLE13” or “ORGMON.”**

Alternate Monitoring Option:

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

Alternate Monitoring ID No.:

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

Table 7a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins

- ★ **Complete only for surface impoundments at sources that produce a thermoplastic other than polystyrene, acrylonitrile styrene acrylate resin (ASA) or alpha methyl styrene acrylonitrile resin (AMSAN) that receive, manage, or treat process wastewater streams subject to 40 CFR Part 63, Subpart JJJ.**

Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment 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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Surface Impoundment Type:

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

Code	Description
COVER	Surface impoundment using a cover (e.g., air-supported structure or rigid cover) and a closed-vent system that routes the organic hazardous air pollutants (HAPs) vapors vented from the surface impoundment to a control device
FLOAT	Surface impoundment using a floating flexible membrane cover

- ▼ **Continue only if “Surface Impoundment Type” is “COVER.”**

Closed Vent System:

Select the option that describes the operation of the closed vent system. Enter the code on the form.

Code	Description
PRESS	Closed vent system is maintained under negative pressure
SUBPTG	Closed vent system is not maintained under negative pressure and is subject to 40 CFR § 63.148
SUBPTH	Closed vent system is not maintained under negative pressure and is subject to 40 CFR § 63.172

Bypass Lines:

Select the option that describes bypass lines on the closed vent system. Enter the code on the form.

Code	Description
NONE	No bypass lines
FLOWIND	Bypass lines are monitored by flow indicators
CARSEAL	Bypass line valves are secured in the closed position with a car-seal or lock-and-key configuration

Combination of Control Devices:

Enter “YES” if the vent stream is treated using a combination of control devices. Otherwise, enter “NO.”

★ If the response to “Combination of Control Devices” is “YES,” complete one additional row on the form for each additional control device. Each row must have a unique SOP Index No.

Table 7b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins

Unit ID No.:

Enter the identification number (ID No.) for the surface impoundment (maximum 10 characters) as listed on Form O-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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Control Device Type:

Select the control device that is being used to control the HAP emissions from the wastewater tank. Enter the code on the form.

Code	Description
FLARE	Flare
BOIL44+	Boiler or process heater with a design heat input capacity greater than or equal to 44MW
BOILES	Boiler or process heater into which the emission stream is introduced with the primary fuel
BOILHW	Boiler or process heater burning hazardous waste
HWINC	Hazardous waste incinerator
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
BPH	Boiler or Process Heater not described above
OTHCOMB	Other enclosed combustion device not described above
CADS	Carbon adsorber

COND	Condenser
OTHREC	Other recovery device
SCRUB	Scrubber used as a control device
OTHER	Any other control device is used

Control Device ID No.:

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

★ **Complete “Compliance with 40 CFR § 63.139(c)(1) only if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH” or “OTHCOMB.”**

Compliance with 40 CFR § 63.139(c)(1):

Select one of the following options that describes the method of compliance specified in 40 CFR § 63.139(c)(1). Enter the code on the form.

Code	Description
C1I	The enclosed combustion device being used meets the 95% reduction provisions specified in 40 CFR § 63.139(c)(1)(i)
C1II	The enclosed combustion device being used meets the 20 ppmv concentration provisions specified in 40 CFR § 63.139(c)(1)(ii)
C1III	The enclosed combustion device being used meets the 0.5 second residence time at 760 degrees C provisions specified in 40 CFR § 63.139(c)(1)(iii)

Alternate Monitoring Parameters:

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

AMP ID No.:

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

▼ **Continue only if “Alternate Monitoring Parameters” is “NO.”**

★ **Complete “Regeneration” only if “Control Device Type” is “CADS.”**

Regeneration:

Enter “YES” if the carbon bed is regenerated directly on site. Otherwise, enter “NO.”

Table 7c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins

Unit ID No.:

Enter the identification number (ID No.) for the surface impoundment (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 website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

- ★ Complete “Performance Test” only if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH,” “CADS,” “COND” or “SCRUB.”

Performance Test:

Enter “YES” if performance tests are being conducted using the test methods and procedures specified in 40 CFR § 63.145(i). Otherwise, enter “NO.”

- ★ Complete “95% Reduction Efficiency” only if “Performance Test” is “YES”

95% Reduction Efficiency:

Enter “YES” if complying with the 95 percent reduction efficiency requirement. Otherwise, enter “NO.”

- ★ Complete “Monitoring Options” only if “Alternate Monitoring Parameters” is “NO” and “Control Device Type” is “FLARE,” “VAPTH,” “VAPCAT,” “BPH,” “CADS,” “COND” or “SCRUB.”

Monitoring Options:

Select the monitoring option that describes the monitoring parameters being used for the control device. Enter the code on the form.

For control devices other than scrubbers and non-regenerative carbon adsorbers

Code	Description
TABLE13	Control device is using the monitoring parameters specified in Table 13
ORGMON	Control device is using an organic monitoring device as allowed under § 63.143(e)(2)

For non-regenerative carbon adsorbers

Code	Description
ORGMON	Non-regenerative carbon adsorber is using an organic monitoring device as allowed under § 63.143(e)(2)
REPLACE	Non-regenerative carbon adsorber is replacing the carbon at a predetermined replacement interval

For scrubbers

Code	Description
ORGMON	Scrubber is using an organic monitoring device as allowed under § 63.143(e)(2)

- ★ Complete “Alternate Monitoring Option” is “VAPTH,” “VAPCAT,” “BPH,” “CADS,” “COND” or “SCRUB” and “Monitoring Options” is “TABLE13” or “ORGMON.”

Alternate Monitoring Option:

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

Alternate Monitoring ID No.:

If alternative continuous monitoring has been approved under § 63.1335(g), then enter the corresponding unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate regulated entity number. Otherwise, leave this column blank.

Table 8a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart FFFF: National Emission Standards for Hazardous Air Pollutants: Miscellaneous Organic Chemical Manufacturing

Complete only for surface impoundments for streams at MCPUs that meet criteria in 40 CFR § 63.2435(a)-(b) and § 63.2485 and that are not complying with the pollution prevention alternative standards §63.2495(a)(1) and (2) in lieu of the emission limitations and work practice standards contained in Table 7.

Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment 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 “Federal Operating Permit Application.”

Surface Impoundment Type:

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

Code	Description
COVER	Surface impoundment using a cover (e.g., air-supported structure or rigid cover) and a closed-vent system that routes the organic hazardous air pollutants (HAPs) vapors vented from the surface impoundment to a control device
FLOAT	Surface impoundment using a floating flexible membrane cover

▼ Continue only if “Surface Impoundment Type” is “COVER.”

Closed Vent System:

Select the option that describes the operation of the closed vent system. Enter the code on the form.

Code	Description
PRESS	Closed vent system is maintained under negative pressure
SUBPTG	Closed vent system is not maintained under negative pressure and is subject to 40 CFR § 63.148
SUBPTH	Closed vent system is not maintained under negative pressure and is subject to 40 CFR § 63.172

★ Complete “Bypass Lines” only if “Closed Vent System” is “SUBPTG” or “SUBPTH.”

Bypass Lines:

Select the option that describes bypass lines on the closed vent system. Enter the code on the form.

Code	Description
NONE	No bypass lines
FLOWIND	Bypass lines are monitored by flow indicators
CARSEAL	Bypass line valves are secured in the closed position with a car-seal or lock-and-key configuration

Combination Of Control Devices:

Enter “YES” if the vent stream is treated using a combination of control devices. Otherwise, enter “NO.”

If the response to “Combination of Control Devices” is “YES,” complete one additional row on the form for each additional control device. Each row must have a unique SOP Index No.

Control Devices:

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

Code	Description
FLARE	Flare
BPH-44+	Boiler or process heater with a design heat input capacity greater than or equal to 44 MW
BPH-VNT	Boiler or process heater into which the emission stream is introduced with primary fuel
BPH-HAZ	Boiler or process heater burning hazardous waste meeting 40 CFR § 63.139(d)(4)(iii)
HAZINC	Hazardous waste incinerator
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
BPH-44-	Boiler or process heater with a design heat capacity less than 44MW and into which the emission stream is not introduced with the primary fuel
OTHENC	Other enclosed combustion device
CADS	Carbon adsorber
COND	Condenser
SCRUB	Scrubber
OTHVRS	Other vapor recovery system
OTHER	Other control device

Control Device ID No.:

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

★ **Complete “Compliance with 40 CFR § 63.139(c)(1) only if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH-44-” or “OTHENC.”**

Compliance With 40 CFR § 63.139(c)(1):

Select one of the following options that describes the method of compliance specified in 40 CFR § 63.139(c)(1). Enter the code on the form.

Code	Description
CII	The enclosed combustion device being used meets the 95% reduction provisions specified in 40 CFR § 63.139(c)(1)(i)
CIII	The enclosed combustion device being used meets the 20 ppmv concentration provisions specified in 40 CFR § 63.139(c)(1)(ii)
H3	The enclosed combustion device being used meets the 20 ppmv concentration provisions but using alternate method specified in 40 CFR § 63.2485(h)(3) in lieu of 40 CFR § 63.139(c)(1)(ii)
C1III	The enclosed combustion device being used meets the 0.5 second residence time at 760 C provisions specified in 40 CFR § 63.139(c)(1)(iii)

Table 8b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63) Subpart FFFF: National Emission Standards for Hazardous Air Pollutants: Miscellaneous Organic Chemical Manufacturing

Control Device ID No.:

Enter the identification number (ID No.) for the closed-vent system and control device (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 “Federal Operating Permit Application.”

Halogenated:

Select one of the following codes that describe the halogen characteristic of the stream. Enter the code on the form.

Code	Description
DES	The stream is designated as halogenated
DET	The stream is determined as halogenated
NON	The stream is determined as non-halogenated

- ★ **Complete “Halogen Reduction” only if “Halogenated” is “DES” or “DET” and “Control DeviceType” is “FLARE,” “BPH-44+,” “BPH-VNT,” “BPH-HAZ,” “HAZINC,” “VAPTH,” “VAPCAT,” “BPH-44-,” or “OTHEHC.”**

Halogen Reduction:

Select one of the following codes that describes the halogen reduction device emission limit. Enter the code on the form.

Code	Description
AFT20-	The halogen reduction device is located after the combustion control device and is reducing overall emissions of hydrogen halide and halogen HAP to a concentration ≤ 20 ppmv
AFT45-	The halogen reduction device is located after the combustion device and is reducing the overall emissions of hydrogen halide and halogen HAP to ≤ 0.45 kg/hr
AFT99+	The halogen reduction device is located after the combustion device and is reducing overall emissions of hydrogen and halogen HAP by ≥ 99 percent
BEF	The halogen reduction device is located before the combustion control device and is reducing the halogen atom mass emission rate to ≤ 0.45 kg/hr or to a concentration ≤ 20 ppmv

Alt 63G Mon Parameters:

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

AMP ID No.:

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

- ▼ **Continue only if “Alt 63G Mon Parameters” is “NO.”**
- ★ **Complete “Regeneration” only if “Control Devices” is “CADS.”**

Regeneration:

Enter “YES” if the carbon bed is regenerated onsite. Otherwise, enter “NO.”

- ★ **Complete “Performance Test” only if “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH-44-,” “CADS,” “COND” or “SCRUB.”**

Performance Tests:

Enter “YES” if performance tests are used to demonstrate that the control device or combination of control devices achieves the appropriate conditions. Otherwise, enter “NO.”

- ★ **Complete “2485H3” only if “Performance Tests” is “YES” and “Control Devices” is “VAPTH” or “VAPCAT.”**

2485(h)(3):

Enter “YES” if the method in 40 CFR § 63.2485(h)(3) is used in lieu of 40 CFR § 63.145(i)(2). Otherwise, enter “NO.”

- ★ **Complete “95% Performance Tests” only if “Performance Tests” is “YES.”**

95% Performance Tests:

Enter “YES” if the performance tests are conducted to demonstrate compliance with 95% reduction efficiency. Otherwise, enter “NO.”

- ★ Complete “Monitoring Options” only if “Alt 63G Mon Parameters” is “NO” and “Control Device Type” is “VAPTH,” “VAPCAT,” “BPH-44-,” “CADS,” or “COND.”

Monitoring Options:

Select the monitoring option that describes the monitoring parameters being used for the control device. Enter the code on the form.

For control devices other than scrubbers and non-regenerative carbon adsorbers

Code	Description
TABLE13	Control device is using the monitoring parameters specified in Table 13
ORGMON	Control device is using an organic monitoring device as allowed under § 63.143(e)(2)

For non-regenerative carbon adsorbers

Code	Description
ORGMON	Non-regenerative carbon adsorber is using an organic monitoring device as allowed under § 63.143(e)(2)
REPLACE	Non-regenerative carbon adsorber is replacing the carbon at a predetermined replacement interval

For scrubbers

Code	Description
ORGMON	Scrubber is using an organic monitoring device as allowed under § 63.143(e)(2)

**Texas Commission on Environmental Quality
 Surface Impoundment Attributes
 Form OP-UA45 (Page 1)
 Federal Operating Permit Program**

**Table 1a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
 Subpart QQ: National Emission Standard for Surface Impoundments**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Affected Facility	Surface Impoundment Type	Inspected and Monitored	Bypass Device	Flow Meter	Design Analysis	No Organic Emissions

**Texas Commission on Environmental Quality
Surface Impoundment Attributes
Form OP-UA45 (Page 2)
Federal Operating Permit Program**

**Table 1b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart QQ: National Emission Standard for Surface Impoundments**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Control Device	Control Device ID No.	Alternative Operating Parameters	AOP ID No.	HAP Recovery	Regenerable Carbon Adsorber	Exhaust Stream Temperature Monitor

Texas Commission on Environmental Quality
Surface Impoundment Attributes
Form OP-UA45 (Page 3)
Federal Operating Permit Program

Table 1c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart QQ: National Emission Standards for Surface Impoundments

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	HAP Destruction	Organic Monitoring Device	Meets 40 CFR § 63.693(f)(1)(iii)	95% HAP Destruction	BPH TOC Destruction	95% TOC Destruction	Meets 40 CFR § 63.693(g)(1)(iii)	Introduced with Fuel	Continuous Temperature Monitoring System

**Texas Commission on Environmental Quality
 Surface Impoundment Attributes
 Form OP-UA45 (Page 4)
 Federal Operating Permit Program**

**Table 2a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
 Subpart DD: National Emission Standards for Hazardous Air Pollutants from
 Off-Site Waste and Recovery Operations**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Subject to Another Subpart of 40 CFR Part 61 or 63	HAP < 1 MG Per Year	Numerical Concentration Limits	Treated Organic Hazardous Constituents	Air Emission Controls	Direct Measurement	Biological Treatment	Efficiency > 95%

**Texas Commission on Environmental Quality
 Surface Impoundment Attributes
 Form OP-UA45 (Page 5)
 Federal Operating Permit Program**

**Table 2b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
 Subpart DD: National Emission Standards for Hazardous Air Pollutants from
 Off-Site Waste and Recovery Operations**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Surface Impoundment Type	Inspected and Monitored	Bypass Device	Flow Meter	Design Analysis	No Detectable Organic Emissions	Control Device	Control Device ID No.

**Texas Commission on Environmental Quality
Surface Impoundment Attributes
Form OP-UA45 (Page 6)
Federal Operating Permit Program**

**Table 2c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart DD: National Emission Standards for
Hazardous Air Pollutants from Off-Site Waste and Recovery Operations**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Alternative Operating Parameters	AOP ID No.	HAP Recovery	Regenerable Carbon Adsorber	Complying with § 63.693(d)(4)(iii)	Exhaust Stream Temperature Monitor

**Texas Commission on Environmental Quality
 Surface Impoundment Attributes
 Form OP-UA45 (Page 7)
 Federal Operating Permit Program**

**Table 2d: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
 Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-Site
 Waste and Recovery Operations**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	HAP Destruction	Organic Monitoring Device	Meets 40 CFR § 63.693(f)(1)(iii)	95% HAP Destruction	BPH TOC Destruction	95% TOC Destruction	Meets 40 CFR § 63.693(g)(1)(iii)	Introduced with Fuel	Continuous Temperature Monitoring System

**Texas Commission on Environmental Quality
Surface Impoundment Attributes
Form OP-UA45 (Page 8)
Federal Operating Permit Program**

**Table 3a: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)
Subpart FF: National Emission Standard for Benzene Waste Operations (Surface Impoundments)**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Alternate Means of Compliance	AMOC ID No.	Fuel Gas System	Cover and Closed-Vent	Closed Vent System and Control Device AMOC	CVS/CD AMOC ID No.

**Texas Commission on Environmental Quality
 Surface Impoundment Attributes
 Form OP-UA45 (Page 9)
 Federal Operating Permit Program**

**Table 3b: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)
 Subpart FF: National Emission Standard for Benzene Waste Operations (Surface Impoundments)**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Bypass Line	Bypass Line Valve	Control Device Type/ Operation	Control Device ID No.	Engineering Calculations	Alternate Monitoring Parameters	Carbon Replacement Interval

**Texas Commission on Environmental Quality
 Surface Impoundment Attributes
 Form OP-UA45 (Page 11)
 Federal Operating Permit Program**

**Table 4b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
 Subpart G: National Emission Standard for Benzene Waste Operations (Surface Impoundments)**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Compliance With Title 40 CFR § 63.139(c)(1)	Alternate Monitoring Parameters	AMP ID No.	Regenerate On-site

**Texas Commission on Environmental Quality
 Surface Impoundment Attributes
 Form OP-UA45 (Page 17)
 Federal Operating Permit Program**

**Table 6c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
 Subpart U: National Emission Standard for Hazardous Air Pollutant Emissions:
 Group I Polymers and Resins**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Performance Test	95% Reduction Efficiency	Monitoring Options	Alternate Monitoring Option	Alternate Monitoring ID No.

**Texas Commission on Environmental Quality
Surface Impoundment Attributes
Form OP-UA45 (Page 18)
Federal Operating Permit Program**

**Table 7a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart JJJ: National Emission Standard for Hazardous Air Pollutant Emissions:
Group IV Polymers and Resins**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Surface Impoundment Type	Closed Vent System	Bypass Lines	Combination of Control Devices

**Texas Commission on Environmental Quality
Surface Impoundment Attributes
Form OP-UA45 (Page 19)
Federal Operating Permit Program**

**Table 7b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart JJJ: National Emission Standard for Hazardous Air Pollutant Emissions:
Group IV Polymers and Resins**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Control Device Type	Control Device ID No.	Compliance With Title 40 CFR § 63.139(c)(1)	Alternate Monitoring Parameters	AMP ID No.	Regeneration

**Texas Commission on Environmental Quality
 Surface Impoundment Attributes
 Form OP-UA45 (Page 20)
 Federal Operating Permit Program**

**Table 7c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
 Subpart JJJ: National Emission Standard for Hazardous Air Pollutant Emissions:
 Group IV Polymers and Resins**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Performance Test	95% Reduction Efficiency	Monitoring Options	Alternate Monitoring Option	Alternate Monitoring ID No.

**Texas Commission on Environmental Quality
Surface Impoundment Attributes
Form OP-UA45 (Page 21)
Federal Operating Permit Program**

**Table 8a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart FFFF: National Emission Standards for Hazardous Air Pollutants:
Miscellaneous Organic Chemical Manufacturing**

Date:	
Permit No.:	
Regulated Entity No.:	

Unit ID No.	SOP Index No.	Surface Impoundment Type	Closed Vent System	Bypass Lines	Combination of Control Devices	Control Devices	Control Device ID No.	Compliance with 40 CFR § 63.139(c)(1)

