**Form OP-UA15 - Instructions**
**Emission Point/Stationary Vent/Distillation Operation Vent/Process Vent Attributes**
**Texas Commission on Environmental Quality**

The unit attributes (OP-UA) forms are used to provide a description and data pertaining to all emission units, emission points, processes and control devices with potentially applicable requirements associated with a particular regulated entity (RN) number and application. The information will be provided in an excel format. Each OP-UA form will include sheets for General Information, a Table of Contents, OP-SUM, OP-REQ2, and the unit attribute tables. The individual unit summary (OP-SUM) information and the negative applicable/superseded requirement determinations (OP-REQ2) will be provided on each individual OP-UA form for the applicable units identified in the unit attribute tables.

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**General Information Sheet**

The General Information sheet holds the permit information. The following permit application information is requested for the site:

**Date:**
Enter the date the application is being submitted by the applicant to TCEQ (MM/DD/YYYY). Any subsequent submittals must show the date of revision.

**Customer Reference No. (CN):**
Enter the customer reference number (CNXXXXXXXXX). This number is issued by TCEQ as part of the central registry process. If a customer reference number has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc., in this space.

Regulated Entity No. (RN):

Enter the regulated entity reference number for the site (RNXXXXXXXXX). This number is issued by TCEQ as part of the central registry process. If a regulated entity reference number has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc., in this space.

**Permit No.:**
Enter the permit number assigned by TCEQ. Leave the permit number blank if a permit number has not been assigned.

**Permit Area Name:**
Enter the name of the application area (maximum 50 characters). This should be the same name provided on Form OP-1 (Site Information Summary).

**Permit Type:**
Choose the type of permit for which this application is being submitted from the dropdown menu (SOP, GOP, TOP). Information on the different permit types can be found on TCEQ's website at: www.tceq.texas.gov/permitting/air/titlev/permit_types.html.

**Project Type:**
Choose the project type for which this application is being submitted from the dropdown menu (Initial, Revision, Renewal).

**Submission Type:**
Choose the submission type for which this form is being submitted from the dropdown menu (New Application, Existing Application Update).

**Project Number:**
Enter the project number assigned by TCEQ. Leave the project number blank if a project number has not been assigned.

Title V Form Release Date, Form Number, APD ID Number, and Version Revised Date are present and cannot be altered.

**Table of Contents Sheet**

The Table of Contents lists all the sheets in the UA Form. If information is submitted on the OP-SUM, OP-REQ2 or the Unit Attribute tables, the "Data Submitted" column will display a "Yes". If no information is submitted, the "Data Submitted" column will remain blank. The Table of Contents information is auto populated. Applicants will not need to submit any information in the Table of Contents.

**Instructions for OP-SUM Sheet**

**General:**
All emission points with one or more potentially applicable requirements addressed in this form must be identified on the OP-SUM sheet. The term “emission points” in these instructions has the meaning as defined in 30 TAC Chapter 101.

The purpose of this sheet is to list individual emission points addressed in the Federal Operating Permit (FOP) application and to provide identifying information and preconstruction authorizations. This form is also used to designate members of groups.

The corresponding preconstruction authorization for each emission point must also be listed on this form. For emission points which were authorized to construct or modify under Permits by Rule (PBR), list all applicable PBR information, including registration numbers. If an emission point is authorized under more than one preconstruction authorization, then list all applicable preconstruction authorizations, including any Prevention of Significant Deterioration (PSD) and/or nonattainment permit(s).

**Groups:**

- A “group” is a collection of units/emission points or devices that have identical applicability (or non-applicability) determinations and may, or may not, have a physical relationship.
- Group members may have different 30 TAC Chapter 116 or 30 TAC Chapter 106 preconstruction authorizations.
- Groups may be used on UA forms only if all unit attributes are identical.
- All groups must be mutually exclusive. Emission points cannot be listed in more than one group on a given UA form.
- Grouping is optional.
- Groups are assigned an ID No. by the applicant, which must begin with the prefix “GRP” followed by a maximum of eleven characters (GRP*XXXXXXX*).

**Specific:**
**Table 1**

**Unit Action Indicator (Unit AI):**
Complete this section only for a permit revision or renewal. Select “A” from the dropdown menu if the emission point indicated is an addition to the existing permit. Select “D” from the dropdown menu if the existing emission point indicated is being deleted from the permit. If an emission point is not being added/deleted from the permit, leave blank.

**Revision No.:**
Complete this section only for a permit revision or renewal. Enter the revision number identified on Form OP-2, Table 2. This number will link the specified change to the appropriate permit revision. If no changes are made to an existing emission point in the permit, leave blank.

**Emission Point ID No.:**
Each emission point must be assigned an identification number. (Maximum 14 characters)

For emission points with potentially applicable requirements, enter the emission point numbers (EPNs) as listed in the TCEQ State of Texas Air Reporting System (STARS).

If EPN currently does not exist in STARS, then a new ID No. that is consistent with the existing numbering system must be provided by the applicant. Emission point ID Nos. cannot begin with "GRP" (the character sequence reserved for Group ID Nos.).

**Group ID No.:**
If applicable, enter the unique identification number for the group which includes this emission point (GRP*XXXXXXX*) ("GRP" followed by a maximum of 11 characters). If the emission point is not a member of a group, leave this column blank. (See general instructions, above, for information regarding requirements for grouping emission points in FOP applications.)

**Emission Point Name/Description:**
Each emission point must be given a name or description that distinguishes it from other emission points as much as practicable. The Emission Point Name/Description should clearly indicate the type of emission point. If possible, please avoid using generic descriptions, such as "Vent", for multiple emission points. (Maximum 50 characters)

- Enter a text name or description for the emission point from STARS whenever possible.
- If no STARS name currently exists, a new name that is consistent with the existing naming convention must be provided by the applicant.

***Example*:** The following example is intended as guidance on completion of columns on OP-SUM. It should be assumed that all criteria for inclusion in the application are met. Criteria for grouping are also assumed to be satisfied.

| Emission Point ID No. | Group ID No. | Emission Point Name/Description |
|---|---|---|
| B-1-STK | GRP-STACK | Boiler 1 Stack |
| B-2-STK | GRP-STACK | Boiler 2 Stack |
| T3VENT | | Tank 3 Vent |

**CAM (For reference only):**
Indicate if the emission point is subject to 40 CFR Part 64 by selecting "Y" from the dropdown menu in the "CAM" column next to the emission point. Please refer to 40 CFR Part 64 to determine applicability. *Certification by the Responsible Official (RO) pursuant to 30 TAC § 122.165 does not extend to the information which is designated on forms as "For reference only."*

**Preconstruction Authorizations (PCA):**
At least one PCA must be indicated for each emission point; however, an emission point may have multiple authorizations. *All preconstruction authorizations listed on this form must also be identified on Form OP-REQ1.*

When an emission point has multiple authorizations, each PCA must be listed in a separate row.

*The following examples are intended as guidance on completion of columns for the preconstruction authorizations. The examples are followed by specific instructions for each column.*

*Example 1: Adding multiple PCA Categories for an* emission point

| Unit AI | Revision No. | Unit ID No. | Group ID No. | Unit Name/Description | CAM | PCA AI | Preconstruction Authorization (PCA) Category | Authorization / Registration Number | Permit By Rule (PBR) Number | PBR Effective Date |
|---|---|---|---|---|---|---|---|---|---|---|
| A | | Flare1 | | Diamine Flare | Y | A | NSR Permit | 1234 | | |
| A | | Flare1 | | Diamine Flare | Y | A | PSD | PSDTX1234 | | |
| A | | Flare1 | | Diamine Flare | Y | A | PBR | 23456, 34567 | 106.261 | 11/01/2003 |
| A | | Flare1 | | Diamine Flare | Y | A | PBR | 23456, 34567 | 106.262 | 11/01/2003 |

*Example 2: Adding and deleting a PCA for an* emission point

| Unit AI | Revision No. | Unit ID No. | Group ID No. | Unit Name/Description | CAM | PCA AI | Preconstruction Authorization (PCA) Category | Authorization / Registration Number | Permit By Rule (PBR) Number | PBR Effective Date |
|---|---|---|---|---|---|---|---|---|---|---|
| | | T-3 | GRPTANKS | Tank 3 | | A | Standard Permit | 12345 | | |
| | | T-3 | GRPTANKS | Tank 3 | | D | PBR | | 106.432 | 09/04/2000 |

**Preconstruction Authorization Action Indicator (PCA AI):**
Select "A" from the dropdown menu if a preconstruction authorization is being added for the emission point. Select "D" from the dropdown menu if a preconstruction authorization is being deleted from the emission point. If a preconstruction authorization is not being added/deleted from the emission point, leave blank.

**Preconstruction Authorization (PCA) Category:**
Select from the dropdown menu the category of the PCA being added or deleted.

- PBR - Permit by Rule claimed or registered under 30 TAC Chapter 106
- Standard Permit - 30 TAC Chapter 116 and non-rule Air Quality Standard Permits
- NSR Permit - 30 TAC Chapter 116 preconstruction authorizations
- PSD - Prevention of Significant Deterioration Permits
- Nonattainment - Nonattainment Permits
- GHG – Greenhouse Gas Permits
- 112(G) [HAP] - Hazardous Air Pollutant Permits
- MSW or IHW - Municipal Solid Waste or Industrial Hazardous Waste Permits
- Exemption – De Minimis Facilities or Sources authorized by 30 TAC Chapter 116, § 116.119

**Authorization/Registration Number:**
List all TCEQ permit numbers for 30 TAC Chapter 116 preconstruction authorizations, Title I preconstruction authorizations (PSD and nonattainment permits) and 30 TAC Chapter 106 (PBR) registration numbers, under which the emission point is operating.

- **30 TAC Chapter 116 Permits:** Enter the TCEQ permit number, for example, 12345. This includes special permits and standard permit registrations.
- **Prevention of Significant Deterioration (PSD) Permit:** Enter the PSD permit number (PSDTX*XXX*), for example, PSDTX123. If the PSD permit has been modified, include the "M" suffix (PSDTX*XXX*M*XX*), for example, PSDTX123M5. *Title I authorizations should only be listed for emission points addressed by the PSD or nonattainment permits.*
- **Nonattainment Permit:** Enter each nonattainment permit number (N*XXX*), for example, N123. If the nonattainment permit has been modified, include the "M" suffix (N*XXX*M*XX*), for example, N123M5. *Title I authorizations should only be listed for emission points addressed by the PSD or nonattainment permits.*
- **Permit by Rule (previously Standard Exemption):** Enter the PBR Registration No. for each PBR registered under 30 TAC Chapter 106 and each standard exemption previously registered under 30 TAC Chapter 116.
- **Exemption:** Enter 116.119 for a de minimis facility or source, which has other potentially applicable or applicable requirements (these are authorized by 30 TAC Chapter 116, § 116.119). *De minimis facilities or sources should not be included if there are no other potentially applicable or applicable requirements.*

**Permit by Rule (PBR) Number:**
For each PBR claimed or registered under 30 TAC Chapter 106, and each standard exemption claimed or registered previously under 30 TAC Chapter 116, enter the number in the appropriate format shown below.

Note: All emission points authorized by PBR must also be identified on Form OP-PBRSUP.

| Format | PBR/standard exemption claimed or registered date |
|---|---|
| 106.*XXX* | Authorized on or after March 14, 1997 (except 106.181 is on or after December 27, 1996) |
| *XXX* | Authorized prior to March 14, 1997 |

XXX = 30 TAC Chapter 116 standard exemption number or 30 TAC Chapter 106 PBR number.

**PBR Effective Date:**
For each PBR claimed or registered under 30 TAC Chapter 106 and each standard exemption claimed or registered, enter the effective date of the rule. *MM/DD/YYYY = Effective date of the Standard Exemption or PBR in effect at the time claimed or granted. Information on version dates is available at:*

Information on Chapter 116 version dates is available at:
www.tceq.texas.gov/permitting/air/permitbyrule/historical_rules/oldselist/se_index.html.

Information on Chapter 106 version dates is available at:
www.tceq.texas.gov/permitting/air/permitbyrule/historical_rules/old106list/index106.html.

Please note that prior to March 14, 1997, a standard exemption list was incorporated by reference into 30 TAC Chapter 116 and each standard exemption had an assigned number, e.g., 112. Each standard exemption now resides in a section of 30 TAC Chapter 106 (e.g., 30 TAC § 106.148) and now is referred to as a PBR.

(Standard exemptions were readopted under the PBR designation on March 14, 1997.) Information regarding PBRs may be found on the TCEQ website at https://www.tceq.texas.gov/permitting/air/permitbyrule/air-pbr.

The applicant has the option of claiming a newer and more stringent version of the standard exemption or PBR if the original applicable version of the standard exemption or PBR cannot easily be determined. As an example of a standard exemption authorized before March 14, 1997, Standard Exemption No. 6 had an effective date of August 30, 1988. It was then amended with a new effective date of July 20, 1992. The standard exemption identifier for a compressor engine constructed in 1993 and registered under Standard Exemption No. 6 would be represented as:

| Permit By Rule (PBR) Number | PBR Effective Date |
|---|---|
| 6 | 07/20/1992 |

As an example of a PBR authorized on or after March 14, 1997, Standard Exemption No. 6 had an effective date of June 7, 1996. It was then amended and moved to 30 TAC § 106.512 with an effective date of March 14, 1997. The PBR identifier for a compressor engine constructed in 1998 and registered under 30 TAC § 106.512 would be represented as:

| Permit By Rule (PBR) Number | PBR Effective Date |
|---|---|
| 106.512 | 03/14/1997 |

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**Table 2**

**Complete Table 2 only for Affected Sources that are subject to the following Program(s): Acid Rain, Cross-State Air Pollution Rule (CSAPR), and/or Texas $SO_2$ Trading Program.**

**General:**
The Acid Rain Program permit requirements are defined in 30 TAC Chapter 122, Subchapter E. The CSAPR requirements are defined in 40 CFR Part 97. The Texas $SO_2$ Trading Program requirements are defined in 30 TAC Chapter 101, Subchapter H.

**Specific:**
**Unit Action Indicator (Unit AI):**
Complete this section only for a permit revision or renewal. Select "A" from the dropdown menu if the emission point indicated is an addition to the existing permit. Select "D" from the dropdown menu if the existing emission point indicated is being deleted from the permit. If an emission point is not being added/deleted from the permit, leave blank.

**Revision No.:**
Complete this section only for a permit revision or renewal. Enter the revision number identified on Form OP-2, Table 2. This number will link the specified change to the appropriate permit revision. If no changes are made to an existing emission point in the permit, leave blank.

**Emission Point ID No.:**
Each affected emission point must be assigned an identification number (maximum 14 characters). The identification number listed on Table 2 must be the same as the identification number listed on Table 1 of this form for the same emission point.

*Note: There may be differences between the Emission Point ID No. on the OP-SUM and emission point names from other sources such as EPA COR, EIA (ORIS), TCEQ SIP lists, etc. However, the Emission Point ID No. utilized for OP-SUM, Table 2 must be consistent with those given on the OP-SUM, Table 1.*

**COR Unit ID No.:**
Enter the emission point identification number (maximum 14 characters) that is listed on the EPA Certificate of Representation (COR).

**Acid Rain:**
Select "YES" from the dropdown menu for an affected emission point subject to the Acid Rain Program (ARP). Otherwise, select "NO."

**ARP Status:**
Select one of the following options from the dropdown menu that describes the ARP status for that emission point.

| Code | Description |
|---|---|
| EU | An existing affected unit with an existing Acid Rain permit |
| NEW | A new affected unit that does not have an existing Acid Rain permit (Applicant must also submit Form OP-AR1.) |
| RENEW | An existing affected unit with an existing Acid Rain permit for which the applicant is applying for a renewal (Applicant must also submit Form OP-AR1.) |
| NEXM | Applying for a new unit exemption under 40 CFR 72.7 (Applicant must also submit required additional information in a separate cover letter.) |
| REXM | Applying for a retired unit exemption under 40 CFR 72.8 (Applicant must also submit required additional information in a separate cover letter.) |
| OPT | A unit that is not an affected unit requiring an Acid Rain permit but applicant is electing to become an affected unit as an "OPT-IN" in the Acid Rain program under 40 CFR Part 74 (Applicant must also submit required additional information in a separate cover letter.) |

**CSAPR:**
Select "YES" from the dropdown menu if the emission point is subject to the requirements of 40 CFR Part 97, Subpart EEEEE (CSAPR $NO_x$ Ozone Season Group 2 Trading Program). Otherwise, select "NO."

**CSAPR Monitoring:**
Select one of the following options from the dropdown menu that describes the CSAPR NOx Ozone Season Group 2 monitoring for that emission point.

| Code | Description |
|---|---|
| CEMS | A unit that is complying with the CEMS requirements of 40 CFR Part 75, Subpart H for $NO_X$ and heat input. |
| CEMSD | A gas or oil fired unit that is complying with the CEMS requirements of 40 CFR Part 75, Subpart H for $NO_X$, and with the monitoring requirements of 40 CFR Part 75, Appendix D for heat input. |
| PEAK | A gas or oil fired peaking unit that is complying with the monitoring requirements of 40 CFR Part 75, Appendix E for $NO_X$, and with the monitoring requirements of 40 CFR Part 75, Appendix D for heat input. |
| LME | A gas or oil fired unit that is complying with the Low Mass Emissions monitoring requirements of 40 CFR § 75.19 for $NO_X$ and heat input. |
| ALTMON | A unit that is complying with EPA-approved alternative monitoring system requirements of 40 CFR Part 75, Subpart E for $NO_X$ and heat input. |
| REXM | Applying for a retired unit exemption under 40 CFR Part 97, Subpart EEEEE (CSAPR $NO_X$ Ozone Season Group 2 Trading Program) (Applicant must also submit required additional information in a separate cover letter). |

**Texas $SO_2$:**
Select "YES" from the dropdown menu if the emission point is complying with the requirements of 40 CFR Part 97, Subpart FFFFF (Texas $SO_2$ Trading Program). Otherwise, select "NO."

**Texas $SO_2$ Monitoring:**
Select one of the following options from the dropdown menu that describes the Texas $SO_2$ monitoring for that emission point.

| Code | Description |
|---|---|
| CEMS | A unit that is complying with the CEMS requirements of 40 CFR Part 75, Subpart B for $SO_2$ and 40 CFR Part 75, Subpart H for heat input. |
| CEMSD | A gas or oil fired unit that is complying with the monitoring requirements of 40 CFR Part 75, Appendix D for $SO_2$ and heat input. |
| LME | A gas or oil fired unit that is complying with the Low Mass Emissions monitoring requirements of 40 CFR § 75.19 for $SO_2$ and heat input. |
| ALTMON | A unit that is complying with EPA-approved alternative monitoring system requirements of 40 CFR Part 75, Subpart E for $SO_2$ and heat input. |
| REXM | Applying for a retired unit exemption under 40 CFR Part 97, Subpart FFFFF (Texas $SO_2$ Trading Program) (Applicant must also submit required additional information in a separate cover letter.) |

**COR:**
Select "YES" from the dropdown menu to indicate that the applicant has submitted the COR to EPA for the Acid Rain and CSAPR programs, as applicable, and has included a copy of the required COR to TCEQ with this submittal. (Providing the required COR copy to TCEQ authorizes the Designated Representative (DR) (or Alternate Designated Representative (ADR)) to sign Form OP-CRO1, page 2, to certify Acid Rain and CSAPR program application submittal.) Otherwise, select "NO."

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**Instructions for OP-REQ2 Sheet**

**General:**
The purpose of this sheet is to document negative applicability from potentially applicable requirements or to document duplicative, redundant, and or contradicting requirements that have been superseded by a more stringent or equivalent requirement for emission points when a permit shield is requested. Negative applicability or superseded requirement determinations when a permit shield is NOT requested may be documented on this sheet OR the appropriate unit attribute table.

A negative applicability determination is any regulatory citation that provides the basis whereby every operating condition of an emission point is not subject to a regulation. For example, Title 40 Code of Federal Regulation § 60.110b(a) [40 CFR § 60.110b(a)] could be the regulatory basis for a negative applicability determination for a VOC storage tank of less than 75 cubic meters; therefore, the storage tank is completely exempt from 40 CFR Part 60, Subpart Kb.

*Note: Numerous regulatory citations appear to authorize exemptions to qualifying emission points from those regulations. However, closer examination typically reveals that there are still some requirements which must still be met (such as monitoring and/or recordkeeping).*

For certain emission units subject to certain 40 CFR Part 63 standards, other federal regulations may apply. In many instances one of the overlapping regulations may specify which rule supersedes the other. The regulation may state that the owner or operator only has to comply with a specific subpart after the compliance date or it may state that compliance with the subpart is deemed to be in or constitute compliance with other subparts. Although superseded rules do not qualify as negative applicability determinations, it has been determined that these instances can be documented on the OP-REQ2, if the applicant elects to comply only with the superseding requirement. For example, a Group 1 or Group 2 storage tank, subject to 40 CFR Part 63, Subpart G, may not be required to comply with 40 CFR Part 60, Subpart Kb due to rule overlap of 40 CFR Part 63, Subpart G.

In this case, the permit applicant may request a permit shield from 40 CFR Part 60, Subpart Kb. In this case, the applicant must submit the superseding requirement citation, § 63.110(b), and a textual description of the superseding determination, if they elect to comply with only the superseding requirement.

When an emission point has one or more potential applicable requirements, the applicant must list all the requirements for which negative applicability or superseded requirement determinations can be made. Once the negative applicability or superseded requirement determinations have been made, indicate the citation and reason for the non-applicability or superseded requirement in the appropriate columns. Indicate the determinations for all potentially applicable requirements for each emission point before listing the next emission point.

Negative applicability or superseded requirement determinations for potentially applicable requirements, confirmed by TCEQ, may be approved as a permit shield (see instructions outlined in Area Wide Applicability Determinations, Form OP-REQ1, to request a permit shield). If a permit shield is requested, the determinations are always required on the OP-REQ2 sheet. For additional information relating to permit shields, refer to the TCEQ guidance document entitled "Site Operating Permit (SOP) Permit Shield Guidance found on TCEQ's website at: www.tceq.texas.gov/permitting/air/guidance/titlev/tv_site_guidance.html.

**Specific**

*Fill out the OP-REQ2 sheet to provide a negative applicability determination for emission points included on this OP-UA form. If the emission point is not submitted on an OP-UA form, submit the negative applicability determination on the standalone OP-REQ2 form.*

**Unit Action Indicator (AI):**
Complete this section only for a permit revision or renewal. Select "A" from the dropdown menu if the negative applicability or superseded requirement is an addition to the permit. Select "D" from the dropdown menu if the negative applicability or superseded requirement is being deleted from the permit. For revisions to existing negative applicability or superseded requirements in the permit, use the "D" indicator for the existing permit shield and the "A" indicator for the revised permit shield.

**Revision No.:**
Complete this section only for a permit revision or renewal. Enter the revision number identified on Form OP-2, Table 2 (only for revision items within the application). This number will link the specific negative applicable requirement determination to the appropriate revision.

**Emission Point ID No.:**
Select the identification number (ID No.) (maximum 14 characters) of the emission point as listed on the OP-SUM sheet.

**Potentially Applicable Regulatory Name:**
Select the name of the potentially applicable requirement from the dropdown menu for which negative applicability or superseded requirement is being demonstrated. If the potentially applicable regulatory name is not found in the dropdown menu, enter it manually (maximum 50 characters).

*Note: Permit shields cannot be granted for permit authorizations of any kind (i.e. - PSD, NSR permit, Acid Rain, etc.).*

**Negative Applicability or Superseded Requirement Citation:**
Enter the citation of the paragraph of the rule that was used to determine negative applicability or superseded requirements. Provide the citation detail to the level of the paragraph allowing the exemption, exclusion, or non-applicability. If there is more than one citation for determining negative applicability or superseded requirements, select the most appropriate or the clearest (least likely to be misinterpreted). Negative applicability or superseded requirement determinations by the applicant are subject to auditing during the permit application review. The applicant must always indicate the negative applicability or superseded requirement citation on the OP-REQ2. For examples on the level of detail for citations, see table below (maximum 36 characters).

Example Applicable Regulatory Requirements*

| **Regulation** | **Potentially Applicable Regulatory Name** *(Input Format)* | **Negative Applicability or Superseded Requirement Citation** *(Input Format)* |
|---|---|---|
| 30 TAC Chapters 111, 112, 113, 115 and 117 | Chapter 111 | § 111.*XXX*(*x*)(*yy*)(*zz*) |
| | Chapter 112 | § 112.*XXX*(*x*)(*yy*)(*zz*) |
| | Chapter 113 | § 113.*XXX*(*x*)(*yy*)(*zz*) |
| | Chapter 115, Storage of VOCs | § 115.*XXX*(*x*)(*yy*)(*zz*) |
| | Chapter 117, ICI | § 117.*XXX*(*x*)(*yy*)(*zz*) |
| 40 CFR Part 60, Subparts, New Source Performance Standards (NSPS) | NSPS *XXX* | § 60.*XXX*(*x*)(*yy*)(*zz*) |
| 40 CFR Part 61, Subparts, National Emission Standards for Hazardous Air Pollutants (NESHAP) | NESHAP *XX* | § 61.*XX*(*x*)(*yy*)(*zz*) |
| 40 CFR Part 63, Subparts, NESHAP by source category, including hazardous organic (HON) | MACT *XX* | § 63.*XXX*(*x*)(*yy*)(*zz*) |

* This list is not intended to be exhaustive

**Negative Applicability/Superseded Requirement Reason:**
Enter a textual description indicating the reason for the negative applicability or superseded requirement determination. If a permit shield is requested, the textual description provided will be recreated as the *Basis of Determination* for the permit shield in the permit. The description may include rule text, rule preamble, or other text resulting from a historical rule interpretation, EPA applicability determination Index (ADI), or case law. Use multiple lines if necessary (maximum 250 characters).

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**OP-UA15 Form Unit Attribute Tables- Instructions**

**General:**
This form is used to provide a description and data pertaining to all emission points, stationary vents, distillation operation vents, and process vents 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 an emission point, stationary vent, distillation operation vent and/or process vent, 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 - 1b:** **Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A: Visible Emissions**

| | |
|---|---|
| Tables 2a - 2c: | Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B: Vent Gas Control |
| Tables 3a - 3b: | These tables have been retired as of March 1, 2000, due to the repeal of Title 30 Texas Administrative Code Chapter 119 (30 TAC Chapter 119) Control of Air Pollution from Carbon Monoxide. Applicability determinations for this regulation are no longer necessary in the permit application. |
| Tables 4a - 4c: | 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 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 G: National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry for Process Vents |
| Table 7: | Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart O: Ethylene Oxide Emission Standards for Sterilization Facilities |
| Tables 8a - 8c: | Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutants: Group I Polymers and Resins, Continuous Front-end Process Vents |
| Tables 9a - 9c: | Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutants: Group I Polymers and Resins, Batch and Aggregate Batch Process Vents |
| Tables 10a – 10d: | Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutants: Group IV Polymers and Resins, Continuous Process Vents |
| Tables 11a - 11c: | Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutants: Group IV Polymers and Resins, Batch and Aggregate Batch Process Vents |
| Tables 12a - 12b: | Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter H, Division 1: Highly Reactive Volatile Organic Compounds-Vent Gas Control |
| Tables 13a – 13g: | 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 - Continuous Process Vents |
| Table 14: | 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 - Batch Process Vents |
| Table 15: | Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A, Division 5: Emission Limits on Nonagricultural Processes |
| Tables 16a – 16b: | Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart GGGGG: National Emission Standards for Hazardous Air Pollutants: Site Remediation |

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.

Please note that for general operating permit (GOP) applications, responses may be required for questions on this form which are not included as a column in the applicable GOP table. These responses may be needed to determine applicability of certain requirements within a single row of the GOP permit table.

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.

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**Specific:**

**Table 1a: Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A: Visible Emissions**

★ **For SOP applications, complete Table 1 for:**

- **A. all stationary vents (other than flares) constructed on or before January 31, 1972;**
- **B. stationary vents (other than flares) constructed after January 31, 1972, with a flow rate greater than or equal to 100,000 acfm (vents with a flowrate less than 100,000 acfm may be included);**
- **C. solid fossil fuel-fired steam generators;**
- **D. oil or mixture of oil and gas-fired steam generators; and**
- **E. catalytic regenerators.**

★ **For GOP applications, complete Table 1 for:**

**A. stationary vents (other than flares) with a flow rate greater than or equal to 100,000 acfm;**

**B. solid fossil fuel-fired steam generators;**

**C. oil or mixture of oil and gas-fired steam generators; and**

**D. catalytic regenerators.**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the emission point or stationary vent (maximum 14 characters) as listed on Form OP-SUM "Individual Unit Summary."

*Note: The emission point ID No. should be representative of the vent stream prior to the control device. If no such ID No. is available, the control devices ID No. may be used to represent the emission point. The same practice may be used for combined vent streams, as long as the ID No. corresponds to a point after the combination of the vent streams. For further information on combined streams, refer to the TCEQ Rule Interpretation No. R5-121.009.*

**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 Index Numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Alternate Opacity Limitation:**
Enter "YES" if complying with an alternate opacity limitation (AOL) under 30 TAC § 111.113. Otherwise, enter "NO" (GOP applicants must answer "NO").

**AOL ID No.:**
If an AOL has been approved, then enter the corresponding AOL unique identifier for each unit or process (maximum 14 characters). If the unique identifier is unavailable, then enter the date of the AOL 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 "Alternate Opacity Limitation" is "NO."**

**Vent Source:**
Select one of the following vent sources. Enter the code on the form.

| Code | Description |
|---|---|
| SOLID | The source of the vent is a steam generator fired by solid fossil fuel |
| OIL | The source of the vent is a steam generator that burns oil or a mixture of oil and gas |
| NOVIS | The source of the vent is from colorless VOCs, non-fuming liquids, or other sources that are not capable of producing visible emissions. Periodic monitoring to demonstrate compliance is not required for these vents since the emissions cannot obstruct the transmission of light to produce opacity. Note: Do not use this code for vents from natural gas combustion sources. |
| CATREG | The source of the vent is a catalyst regenerator for a fluid bed catalytic cracking unit |
| OTHER | The source of the vent cannot be categorized in the above descriptions |

**Opacity Monitoring System:**
Select one of the following options to describe the opacity monitoring system. Enter the code on the form.

| Code | Description |
|---|---|
| OPMON | A continuous emissions monitoring system (CEMS) capable of measuring the opacity of emissions is installed in the vent in accordance with 30 TAC § 111.111(a)(1)(C) |
| EDEX | TCEQ Executive Director and the EPA Administrator have determined that 30 TAC § 111.111(a)(1)(F) may be used to comply with the appropriate opacity standard since the gas stream or portion of a gas stream contains condensed water vapor which could interfere with proper CEMS operation (Site Operating Permit applications only) |
| NONE | Optical instrument capable of measuring the opacity of emissions is not installed in the vent or optical instrumentation does not qualify as OPMON or EDEX as described above |

**Construction Date:**
Select one of the following options that describes the date on which construction was begun for any source routing to the vent. Enter the code on the form.

| Code | Description |
|---|---|
| 72- | On or before January 31, 1972 |
| 72+ | After January 31, 1972 |

**Effluent Flow Rate:**
Select one of the following options to describe the total effluent flow rate of the vent gas stream. Enter the code on the form.

| Code | Description |
|---|---|
| 100- | Effluent flow rate is less than 100,000 acfm |
| 100+ | Effluent flow rate is greater than or equal to 100,000 acfm |

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**Table 1b: Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A: Visible Emissions**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the emission point or stationary vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

★ **Complete "Annual ACF" only if "Vent Source" is "SOLID."**

**Annual Ace:**
Select one of the following annual average capacity factors (ACF) to describe the affected facility. Enter the code on the form.

| Code | Description |
|---|---|
| 30- | Annual ACF is less than or equal to 30% |
| 30+ | Annual ACF is greater than 30% as reported to the Federal Power Commission for calendar year 1974 |
| 30+NR | Annual ACF is greater than 30%, but was not reportable to the Federal Power Commission for calendar year 1974 |

★ **Complete "Heat Input" only if "Vent Source" is "SOLID" and "Annual ACF" is "30+."**

**Heat Input:**
Select one of the following options to describe the heat input of the vent gas stream. Enter the code on the form.

| Code | Description |
|---|---|
| 250- | Heat Input is less than or equal to 250 MMBtu/hr |
| 250+ | Heat Input is greater than 250 MMBtu/hr |

★ **Complete "SIP Violation" only if "Vent Source" is "OIL."**

**State Implementation Plan (SIP) Violation:**
Select one of the following options to describe the source of the vent gas stream. Enter the code on the form.

| Code | Description |
|---|---|
| YES | The source is not able to comply with applicable periodic monitoring (PM) and opacity regulations without the use of PM collection equipment and has been found to be in violation of any visible emission standard in an SIP |
| NO | The source is able to comply with applicable PM and opacity regulations without the use of PM collection equipment and has not been found to be in violation of any visible emission standard in an SIP |

★ **Complete "Total Feed Capacity" only if "Vent Source" is "CATREG."**

**Total Feed Capacity:**
Select one of the following options to describe the total feed capacity of the fluid bed catalytic cracking unit. Enter the code on the form.

| Code | Description |
|---|---|
| 20- | Total Feed Capacity is less than or equal to 20,000 barrels per day |
| 20+ | Total Feed Capacity is greater than 20,000 barrels per day |

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**Table 2a*:*** **Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B: Vent Gas Control**

*Note: Complete this table only for emission points, stationary vents, distillation operation vents, or process vents, which emit VOCs and are, located in a county subject to 30 TAC Chapter 115, Subchapter B, Division 2: Vent Gas Control.*

★ **Do not complete Table 2 for SOP applications for which either of the following is true:**

**A. vents which are regulated in another division of 30 TAC Chapter 115, i.e., volatile organic compound (VOC) storage, VOC water separation, VOC loading/unloading, etc.; or**

**B. combustion unit exhaust for which the combustion unit is not used as a control device for a vent gas stream, originating from a non-combustion source, that is subject to the 30 TAC Chapter 115, Subchapter B, Division 2: Vent Gas Control.**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the emission point, stationary vent, distillation operation vent, or VOC process vent (maximum 14 characters) as listed on Form OP-SUM "Individual Unit Summary."

Note: The emission point ID No. should be representative of the vent stream prior to the control device. If no such ID No. is available, the control devices ID No. may be used to represent the emission point. The same practice may be used for combined vent streams, as long as the ID No. corresponds to a point after the combination of the vent streams. For further information on combined streams, refer to the TCEQ Rule Interpretation No. R5-121.009.

**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 Index Numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Chapter 115 Division:**
Enter "YES" if the vent stream originates from a source for which another Division in Chapter 115 establishes a control requirement, emission specification, or exemption for that source. Otherwise, enter "NO."

▼ **Continue only if "Chapter 115 Division" is "NO."**

**Combustion Exhaust:**
Enter "YES" if the vent stream is combustion unit exhaust and the combustion unit is not used as a control device for a vent stream originating from a noncombustion source subject to 30 TAC Chapter 115, Subchapter B, Division 2. Otherwise, enter "NO."

▼ **Continue only if "Combustion Exhaust" is "NO."**

**Vent Type:**
Select one of the following options to describe the vent type. Enter the code on the form.

| Code | Description |
|---|---|
| BAKE | The volatile organic compound (VOC) emissions are from bakery ovens located in the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas |
| DISTOPER | Vent gas stream originates from a synthetic organic chemical manufacturing industry (SOCMI) reactor process or distillation operation, as defined in 30 TAC § 115.10, located in the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas |
| DISTBTCH | Vent gas stream originates from a SOCMI reactor process or distillation operation, as defined in 30 TAC § 115.10, designed and operated in a batch mode, located in the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas |
| AIROX | Vent gas stream is emitted from an air oxidation synthetic organic chemical manufacturing process located in the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas |
| LPPP | Vent gas stream is emitted from a liquid phase polypropylene manufacturing process located in the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas |
| HDPE | Vent gas stream is emitted from a liquid phase slurry high-density polyethylene manufacturing process located in the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas |
| CPS | Vent gas stream is emitted from a continuous polystyrene manufacturing process located in the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas |
| LDPE | Vent gas stream emissions of ethylene associated with the formation, handling, and storage of solidified low-density polyethylene in which more than 1.1 pounds of ethylene per 1,000 pounds of product are emitted |
| EXLDPE | Vent gas stream emissions of ethylene associated with the formation, handling, and storage of solidified low-density polyethylene in which no more than 1.1 pounds of ethylene per 1,000 pounds of product are emitted |
| SPECVOC | Vent gas steam emissions of the specific VOCs ethylene, butadiene, isobutylene, styrene, isoprene, propylene, and/or methylstyrene from a vent located in Nueces, Victoria, Aransas, Calhoun, Matagorda, San Patricio, or Travis County |
| CLASVOC | Vent gas stream emissions of the specified classes of VOCs including aldehydes, alcohols, aromatics, ethers, olefins, peroxides, amines, acids, esters, ketones, sulfides, and branched chain hydrocarbons ($C_8$ and above) from a vent located in Nueces, Victoria, Aransas, Calhoun, Matagorda, San Patricio, or Travis County |
| CATREG | Vent gas stream originates from the catalyst regeneration of a petroleum or chemical process system, basic oxygen furnace, or fluid coking unit located in Aransas, Calhoun, Matagorda, San Patricio, or Travis County |

| Code | Description |
|---|---|
| IRON | The vent gas stream originates from an iron cupola located in Aransas, Calhoun, Matagorda, San Patricio, or Travis County |
| BLAST | The vent gas stream originates from a blast furnace located in Aransas, Calhoun, Matagorda, San Patricio, or Travis County |
| REGVAPPL | Title 30 TAC Chapter 115, Subchapter B, Vent Gas Control rules are applicable, and the vent is not specifically classified under the rule (for vents located in the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas) |
| REGVCONT | Title 30 TAC Chapter 115, Subchapter B, Vent Gas Control rules are potentially applicable, the vent is not specifically classified under the rule and the vent is complying with the requirements of another Division of 30 TAC Chapter 115 under the contingency provisions of that Division (for vents located in the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas) |

★ **Complete "Total Uncontrolled VOC Weight" only if "Vent Type" is "BAKE" or "CATREG."**

**Total Uncontrolled VOC Weight:**
Select one of the following options for the total weight of uncontrolled volatile organic compounds (VOCs) (in tpy) emitted. Enter the code on the form.

For "**Vent Type**" designation of "**BAKE**" in the Dallas/Fort Worth area:

| Code | Description |
|---|---|
| 25- | Total uncontrolled VOC weight from all bakery ovens on the property is less than 25 tpy and is claiming the exemption 30 TAC § 115.127(a)(5) |
| 25-50 | Prior to November 7, 2025, total uncontrolled VOC weight from all bakery ovens on the property is greater than or equal to 25 tpy, but is less than 50 tpy or is not claiming the exemption 30 TAC § 115.127(a)(5) |
| 50+ | Prior to November 7, 2025, total uncontrolled VOC weight from all bakery ovens on the property is greater than or equal to 50 tpy |
| DFW25+ | On or after November 7, 2025, total uncontrolled VOC weight from all bakery ovens on the property is greater than or equal to 25 tpy or is not claiming the exemption 30 TAC § 115.127(a)(5) |

For "**Vent Type**" designation of "**BAKE**" in the El Paso or Houston/Galveston/Brazoria areas:

| Code | Description |
|---|---|
| 25- | Total uncontrolled VOC weight from all bakery ovens on the property is less than 25 tpy and is claiming with the exemption 30 TAC § 115.127(a)(5) |
| 25+ | Total uncontrolled VOC weight from all bakery ovens on the property is greater than or equal to 25 tpy or is not claiming the exemption 30 TAC § 115.127(a)(5) |

For "**Vent Type**" designation of "**BAKE**" in Bexar County:

| Code | Description |
|---|---|
| 100- | Total uncontrolled VOC weight from all bakery ovens on the property is less than 100 tpy |
| 100+ | Total uncontrolled VOC weight from all bakery ovens on the property is greater than or equal to 100 tpy |

For "**Vent Type**" designation of "**BAKE**" in the Beaumont/Port Arthur area, leave this column blank.

For "**Vent Type**" designation of "**CATREG**:"

| Code | Description |
|---|---|
| 5- | The vent gas stream emits less than or equal to 5 tons of total uncontrolled VOC in any one calendar year and is claiming with the exemption 30 TAC § 115.127(c)(2) |
| 5+ | The vent gas stream emits greater than 5 tons of total uncontrolled VOC in any one calendar year or is not claiming the exemption 30 TAC § 115.127(c)(2) |

★ **Complete "Combined 24-Hour VOC Weight" and "VOC Concentration" only for Vents That are Claiming an Exemption in 30 TAC § 115.127 and Meet Either of the Following Criteria:**

1. **For the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, and Houston/Galveston/Brazoria Areas, all "Vent Types," excluding "BAKE," "DISTOPER," "DISTBTCH," "REGVCONT," and "EXLDPE;" or**
2. **For Nueces, Victoria, Aransas, Calhoun, Matagorda, San Patricio, and Travis Counties, "Vent Types" "SPECVOC" or "CLASVOC."**

**Combined 24-Hour VOC Weight:**
Select one of the following options for the applicable uncontrolled VOC emission rate in any continuous 24-hour period from the combination of all sources (if more than one) routing to the vent. Enter the code on the form.

| Code | Description |
|---|---|
| 100- | Combined VOC Weight is less than or equal to 100 pounds (45.4 kg) |
| 100+ | Combined VOC Weight is greater than 100 pounds (45.4 kg) |

*Note: For the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, and Houston/Galveston/Brazoria areas, the "Combined 24-Hour VOC Weight" shall be based on the highest value since July 17, 1991.*

**VOC Concentration:**
Select one of the following options for the VOC concentration (psia true partial pressure). Enter the code on the form.

For vents located in the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, and Houston/Galveston/Brazoria Areas:

For "Vent Type" designation of "LPPP," "HDPE," or "CPS:"

| Code | Description |
|---|---|
| 408- | VOC Concentration is less than 408 PPMV |
| 408+ | VOC Concentration is greater than or equal to 408 PPMV |

For all other "Vent Types:"

| Code | Description |
|---|---|
| 612- | VOC Concentration is less than 612 PPMV |
| 612+ | VOC Concentration is greater than or equal to 612 PPMV |

*Note: For the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, and Houston/Galveston/Brazoria areas, the "VOC Concentration" shall be based on the highest value since July 17, 1991.*

For vents located in Nueces, Victoria, Aransas, Calhoun, Matagorda, San Patricio, and Travis Counties:

| Code | Description |
|---|---|
| 30K- | VOC Concentration is less than 30,000 PPMV |
| 30K+ | VOC Concentration are greater than or equal to 30,000 PPMV |

*Note: Applicants with "VOC Concentration" designations of "612+," "408+," or "30K+" have the option to leave this column blank.*

★ **Complete "VOC Concentration or Emission Rate at Maximum Operating Conditions" only for vents that meet one of the following criteria:**

1. **for the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, and Houston/Galveston/Brazoria areas, all "Vent Types," other than "BAKE," "DISTOPER," and "DISTBTCH," that are complying with an exemption in 30 TAC § 115.127(a); or**
2. **for Nueces and Victoria Counties, "Vent Types" "EXLDPE," "SPECVOC," or "CLASVOC" that are complying with an exemption in 30 TAC § 115.127(b); or**
3. **for Aransas, Calhoun, Matagorda, San Patricio, and Travis Counties, "Vent Types" "EXLDPE," "SPECVOC," or "CLASVOC" that are complying with an exemption in 30 TAC § 115.127(c).**

**VOC Concentration or Emission Rate at Maximum Operating Conditions:**
Enter "YES" if the VOC concentration or emission rate is less than the applicable exemption limit at maximum actual operating conditions and the alternate recordkeeping requirements of 30 TAC § 115.126(4) are being selected. Otherwise, enter "NO." If the exemption in 30 TAC § 115.127(a) or (b) does not relate to VOC concentration or emission rate, leave this column blank.

★ **Do not complete the rest of Table 2 (i.e., Tables 2b and 2c) if "VOC Concentration or Emission Rate at Maximum Operating Conditions" is "YES."**

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**Table 2b: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B: Vent Gas Control**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the emission point, stationary vent, distillation operation vent, or VOC process vent (maximum 14 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 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Alternate Control Requirement:**
Select one of the following options to indicate if an alternate method of demonstrating and documenting compliance, allowed under 30 TAC § 115.123, is or is not used (GOP applicants must use code "NONE"). Enter the code on the form.

| Code | Description |
|---|---|
| ALTED | Alternate method for demonstrating and documenting continuous compliance with applicable control requirements or exemption criteria and demonstrating substantially equivalent reduction efficiencies approved by the TCEQ Executive Director |
| NONE-AR | Approved alternate reasonably available control technology as determined by the TCEQ Executive Director (Available Only to "Vent Type" designation of "DISTOPER," "LPPP," "HDPE," or "CPS" that are located in the Beaumont/Port Arthur, Bexar County, Dallas/Fort Worth, El Paso, or Houston/Galveston/Brazoria areas) |
| NONE | Alternate control not used |

**ACR ID No.:**
If an alternate control requirement (ACR) has been approved, enter the corresponding ACR unique identifier for each unit (maximum 14 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 are contained in the compliance file under the appropriate account number. Otherwise, leave this column blank.

*Note: Enter the identifier or date of the approval letter if using some other alternative, such as an alternate reasonably available control technology, alternate means of control, or emission reduction credit. For these cases, the type of alternate used will need to be explained in a cover letter or some other attachment to the permit application.*

★ **Complete "Control Device Type" and "Control Device ID No." only if "Alternate Control requirement" is "NONE." If there is no control device, then leave these columns blank.**

**Control Device Type:**
Select one of the following options for control device. Enter the code on the form.

| Code | Description |
|---|---|
| DIRFLM | Direct flame incinerator in which the vent gas stream is burned at a temperature greater than or equal to 1300°F (704 C) |
| BOILER | Boiler in which the vent gas stream is burned at a temperature greater than or equal to 1300°F (704°C). (For "Vent Type" designation of "CATREG" located in Aransas, Calhoun, Matagorda, San Patricio, or Travis County only) |
| BLASCOM | Combustion device used in a heating process for a blast furnace (For "Vent Type" designation of "BLAST" located in Aransas, Calhoun, Matagorda, San Patricio, or Travis Counties only) |
| CHILLER | Chiller or catalytic incinerator |
| CRBADS | Carbon adsorption system that replaces the carbon at a predetermined time interval |
| CRBADS-R | Carbon adsorption system that regenerates the carbon bed |
| FLARE | Flare |
| VAPCOM | Vapor Combustor not considered a Flare |
| VAPFLR | Vapor Combustor considered a Flare for purposes of 30 TAC Chapter 115, Vent Gas Controls |
| AFTER | Afterburner operating at a temperature greater than or equal to 1300°F (704°C) which has a retention time of at least one-fourth of a second and a steady flame that is not affected by the cupola charge and relights automatically if extinguished (For "Vent Type" designation of "IRON" located in Aransas, Calhoun, Matagorda, San Patricio, or Travis Counties only) |
| OTHER | Other vapor control/recovery system, as defined in 30 TAC § 115.10 |

**Control Device ID No.:**
If applicable, enter the identification number (ID No.) for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP SUM "Individual Unit Summary." If there is no control device, then leave this column blank.

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**Table 2c: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B: Vent Gas Control**

★ **Complete only if "Vent Type" is "DISTOPER" OR you are claiming one of the exemptions in 30 TAC § 115.127(a)(4).**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the emission point, stationary vent, distillation operation vent, or VOC process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Total Design Capacity:**
Select one of the following options for the total design capacity (in tpy) of the process which the SOCMI reactor process or distillation operation is operating. Enter the code on the form.

| Code | Description |
|---|---|
| 1100- | Total Design Capacity is less than 1,100 tons per year for all chemicals produced within that unit |
| 1100+ | Total Design Capacity is greater than or equal to 1,100 tons per year for all chemicals produced within that unit |

**Flow Rate/Concentration:**
Select one of the following options for the flow rate in standard cubic meters per minute (scm/min) or VOC concentration in parts per million by volume (PPMV). Enter the code on the form.

| Code | Description |
|---|---|
| 500- | Flow rate is less than 0.011 scm/min or the VOC concentration is less than 500 PPMV |
| 500+ | Flow rate is greater than or equal to 0.011 scm/min or the VOC concentration is greater than or equal to 500 PPMV |

**40 CFR Part 60, Subpart NNN Requirements:**
Enter "YES" if the distillation unit vent gas stream satisfies either of the following requirements of 40 CFR Part 60, Subpart NNN, Standards of Performance for VOC Emissions from Synthetic Organic Chemical Manufacturing Industry (SOCMI) Distillation Operations:

1. **Title 40 CFR § 60.660(c)(4) - Total Resource Effectiveness (TRE) index value is greater than 8.0; or**
2. **Title 40 CFR § 60.662(c) - TRE index value is greater than 1.0 without the use of VOC emission control devices. Otherwise, enter "NO."**

*Note: The TRE index is defined in 40 CFR § 60.661.*

**40 CFR Part 60, Subpart RRR Requirements:**
Enter "YES" if the distillation unit vent gas stream satisfies either of the following requirements of 40 CFR Part 60, Subpart RRR, Standards of Performance for VOC Emissions from SOCMI Reactor Processes:

1. **Title 40 CFR § 60.700(c)(2) - TRE index value is greater than 8.0; or**
2. **Title 40 CFR § 60.702(c) - TRE index value is greater than 1.0 without the use of VOC emission control devices. Otherwise, enter "NO."**

*Note: The TRE index is defined in 40 CFR § 60.701.*

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**Table 3a:** **This table has been retired as of March 1, 2000, due to the repeal of Title 30 Texas Administrative Code Chapter 119 (30 TAC Chapter 119) Control of Air Pollution from Carbon Monoxide. Applicability determinations for this regulation are no longer necessary in the permit application.**

**Table 3b:** **This table has been retired as of March 1, 2000, due to the repeal of Title 30 Texas Administrative Code Chapter 119 (30 TAC Chapter 119) Control of Air Pollution from Carbon Monoxide. Applicability determinations for this regulation are no longer necessary in the permit application.**

**Table 4a:** **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**

★ **Complete only for plant sites that are a major source and contain materials specified in 40 CFR § 63.680(b)(2), Subpart DD:**

★ **Complete only for plant sites that have a waste management operation of HAPs as specified in 40 CFR Part 264 and 265.**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 characters) as listed on Form OP-SUM "Individual Unit Summary."

*Note: The emission point ID No. should be representative of the vent stream prior to the control device. If no such ID No. is available, the control devices ID No. may be used to represent the emission point. The same practice may be used for combined vent streams, as long as the ID No. corresponds to a point after the combination of the vent streams. For further information on combined streams, refer to the TCEQ Rule Interpretation No. R5-121.009.*

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Air Emission Controls:**
Enter "YES" if the owner or operator is opting to install and operate air emission controls on the process vent in accordance with the standards specified in 40 CFR § 63.690. 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 hazardous air pollutant (VOHAP) concentration. Otherwise, enter "NO."

▼ **Continue only if "Air Emission Controls" is "YES."**

**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 bypass devices that to 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."

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**Table 4b: 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**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**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 for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM "Individual Unit Summary." 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, and 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 (maximum 14 characters). 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 account number. Otherwise, leave this column blank.

★ **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%, 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 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 adsorption system is regenerable. Otherwise, enter "NO."

★ **Complete "Complying with 40 CFR § 63.693(d)(4)(iii)" only if "Regenerable Carbon Adsorber" is "NO."**

**Complying with 40 CFR § 63.693(d)(4)(iii):**
Enter "YES" if the owner or operator has chosen to comply with the requirements of 40 CFR § 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 temperature monitoring device equipped with a continuous recorder is being used to monitor the continuous parameter monitoring system is used to measure and record the daily average temperature in the exhaust stream gases from the condenser. Otherwise, enter "NO."

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**Table 4c: 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**

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

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**HAP Destruction:**
Enter "YES" if the vapor incinerator, boiler, or process heater is designed and operated to destroy the HAP listed in Table 1 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 5a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standard for Hazardous Air Pollutants (HAPs) from Petroleum Refineries**

★ **Complete only for plant sites that are a major source and contain or contact one or more of the HAPs listed in Table 1 of 40 CFR Part 63, Subpart CC:**

★ **Complete only for miscellaneous process vents as defined in 40 CFR Part 63, Subpart CC, 40 CFR § 63.641.**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the miscellaneous process vent (maximum 14 characters) as listed on Form OP-SUM "Individual Unit Summary."

*Note: The emission point ID No. should be representative of the vent stream prior to the control device. If no such ID No. is available, the control devices ID No. may be used to represent the emission point. The same practice may be used for combined vent streams, as long as the ID No. corresponds to a point after the combination of the vent streams. For further information on combined streams, refer to the TCEQ Rule Interpretation No. R5-121.009.*

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Specified in 40 CFR § 63.640(g)(1) - (6):**
Enter "YES" if the miscellaneous process vent is part of a process specified in 40 CFR § 63.640(g)(1) - (6). Otherwise, enter "NO."

▼ **Continue only if "Specified in 40 CFR § 63.640(g)(1) - (6)" is "NO."**

**Subject to 40 CFR Part 63, Subparts F, G, H, or I:**
Enter "YES" if the miscellaneous process vent is subject to 40 CFR Part 63, Subparts F, G, H, or I. Otherwise, enter "NO."

▼ **Continue only if "Subject to 40 CFR Part 63, Subparts F, G, H, or I" is "NO."**

**Vent Type:**
Select one of the following options for the type of vent. Enter the code on the form.

| Code | Description |
|---|---|
| GRP1 | Group 1 vent |
| GRP2 | Group 2 vent |
| MAINT | Vent is designated as a maintenance vent |

★ **Complete "Engineering Assessment" only if "Vent Type" is "GRP2."**

**Engineering Assessment:**
Enter "YES" if engineering assessment is used to determine the total organic compound (TOC) emission rate for the representative operating condition expected to yield the highest daily emission rate. Otherwise, enter "NO."

★ **Complete "Maintenance Vent Compliance" only if "Vent Type" is "MAINT."**

**Maintenance Vent Compliance:**
Select one of the following options for the type of vent. Enter the code on the form.

| Code | Description |
|---|---|
| 2016-COMP | Maintenance vent operation includes a period of time after February 1, 2016, and prior to the date of compliance with § 63.643(c). |
| COMP+ | Maintenance vent only operated on/after date of compliance with § 63.643(c). |

▼ **Do not continue if "Vent Type" is "GRP2" or "MAINT."**

**Control Device:**
Select one of the following options for the type of control device. Enter the code on the form.

| Code | Description |
|---|---|
| FLARE | Flare |
| HAZCAT | Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| HAZINC | Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| CATINC | Catalytic incinerator |
| INCIN | Incinerator other than a catalytic incinerator |
| BPH44- | Boiler or process heater with a design heat input capacity of less than 44 MW where the vent stream is not introduced into the flame zone |
| BPH44+ | Boiler or process heater with a design heat input capacity of greater or equal to than 44 MW or a boiler or process heater in which all vent streams are introduced into the flame zone |
| BPH-HAZ | Boiler or process heater burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii) |
| OTHER | Prior approval has been received to use a control device other than an incinerator, boiler, process heater, or flare |

**Control Device ID No.:**
If applicable, enter the identification number for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM "Individual Unit Summary." If there is no control device, then leave this column blank.

★ **Complete "Performance Test" only if "Control Device" is "CATINC," "INCIN," or "BPH44-."**

**Performance Test:**
Enter "YES" if a performance test was conducted for determining compliance with a regulation promulgated by the EPA and the test was conducted using the same methods specified in Subpart G and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test, with or without adjustments, reliably demonstrate compliance despite process changes. Otherwise, enter "NO."

★ **Do not complete "Alternate Parameter Monitoring" if "Control Device" is "FLARE" or "OTHER."**

**Alternate Parameter Monitoring:**
Enter "YES" if the owner or operator received prior approval to monitor parameters other than those specified in 40 CFR § 63.644(a). Otherwise, enter "NO."

**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**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the miscellaneous process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

★ **Complete "98% Reduction" only if "Performance Test" is "NO" and "Control Device" is "CATINC," "INCIN," or "BPH44-."**

**98% Reduction:**
Enter "YES" if compliance with the 98% by reduction requirements specified in § 63.116(c)(1)(i) are chosen. Otherwise, enter "NO."

**Divert Vent Stream:**
Enter "YES" if the miscellaneous process vent utilizes a vent system that contains bypass lines that could divert the vent stream away from the control device used to comply with 40 CFR § 63.644(a). Otherwise, enter "NO."

★ **Complete "Secured Bypass Line" only if "Divert Vent Stream" is "YES."**

**Secured Bypass Line:**
Enter "YES" if the bypass line valve is secured in the closed position with a car-seal or a lock and key type configuration. Otherwise, enter "NO."

★ **Do not complete "Continuous Operating Parameter Alternative" if "Control Device Type" is "BPH44+" or "OTHER."**

**Continuous Operating Parameter Alternative:**
Enter "YES" if the owner or operator received prior approval by the EPA Administrator for using an approved alternative to the continuous operating parameter monitoring and recordkeeping provisions of 40 CFR § 63.655(i). Otherwise, enter "NO."

★ **Complete "Automated Data Recording" only if "Continuous Operating Parameter Alternative" is "YES."**

**Automated Data Recording:**
Enter "YES" if the owner or operator received prior approval by the EPA Administrator for using an automated data compression system that does not record monitored operating parameter values at a set frequency but records all values that meet set criteria for variation from previously recorded values. Otherwise, enter "NO."

★ **Complete "Alternative ID No." if "Control Device" is "OTHER," "Alternate Parameter Monitoring" is "YES," "Automated Data Recording" is "YES," or "Continuous Operating Parameter Alternative" is "YES."**

**Alternate ID No.:**
If an alternate has been approved, then enter the corresponding alternate unique identifier for each unit or process (maximum 14 characters). If the unique identifier is unavailable, then enter the date of the alternate 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.

**Table 6a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart G: National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry for Process Vents**

★ **Complete only for process vents handling streams which meet the applicability requirements of 40 CFR § 63.107(b) through (h) or meet the criteria of 40 CFR § 63.107(i) and are not transferred to off-site control or on-site control not owned or operated by the source under 40 CFR § 63.113(i) or if the site receives streams transferred under 40 CFR § 63.113(i).**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 characters) as listed on Form OP-SUM "Individual Unit Summary."

Note: The emission point ID No. should be representative of the vent stream prior to the control device. If no such ID No. is available, the control devices ID No. may be used to represent the emission point. The same practice may be used for combined vent streams, as long as the ID No. corresponds to a point after the combination of the vent streams. For further information on combined streams, refer to the TCEQ Rule Interpretation No. R5-121.009.

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Overlap:**
Select one of the following options to describe the overlap with other regulations. Enter the code on the form.

| Code | Description |
|---|---|
| III | Title 40 CFR Part 60, Subpart III |
| NNN | Title 40 CFR Part 60, Subpart NNN |
| RRR | Title 40 CFR Part 60, Subpart RRR |
| 61F | Title 40 CFR Part 61, Subpart F |
| NONE | Title 40 CFR Part 63, Subpart G only |

**Group 1:**
Enter "YES" if the process vent meets the definition of a Group 1 process vent. Otherwise, enter "NO."

★ **Complete "Regulation" only if "Overlap" is "III," "NNN," "RRR," or "61F" and "Group 1" is "NO."**

**Regulation:**
Select one of the following options that best describe the rule for which the owner or operator is electing to comply. Enter the code on the form.

| Code | Description |
|---|---|
| 60III | Owner or operator is electing to comply with the associated monitoring, testing, recordkeeping, and reporting requirements of 40 CFR Part 60, Subpart III, supporting the control requirements of 40 CFR § 60.612 |
| 60III/63G | The process vent is subject to the provisions of 40 CFR Part 60, Subpart III and 40 CFR Part 63, Subpart G and the owner or operator is electing to comply only with the requirements of 40 CFR Part 63, Subpart G |
| 60NNN | Owner or operator is electing to comply with the associated monitoring, testing, recordkeeping, and reporting requirements of 40 CFR Part 60, Subpart NNN, supporting the control requirements of 40 CFR § 60.662 |
| 60NNN/63G | The process vent is subject to the provisions of 40 CFR Part 60, Subpart NNN and 40 CFR Part 63, Subpart G, and the owner or operator is electing to comply only with the requirements of 40 CFR Part 63, Subpart G |
| 60RRR | Owner or operator is electing to comply with the associated monitoring, testing, recordkeeping, and reporting requirements of 40 CFR Part 60, Subpart RRR, supporting the control requirements of 40 CFR § 60.702 |
| 60RRR/63G | The process vent is subject to the provisions of 40 CFR Part 60, Subpart RRR and 40 CFR Part 63, Subpart G, and the owner or operator is electing to comply only with the requirements of 40 CFR Part 63, Subpart G |
| 61F | Owner or operator is electing to comply only with the associated monitoring, testing, recordkeeping, and reporting requirements of 40 CFR Part 61, Subpart F |
| 61F/63G | Owner or operator is complying with 40 CFR Part 61, Subpart F and 40 CFR Part 63, Subpart G (process vent is not controlled by a combustion device meeting 40 CFR Part 61, Subpart F) |
| 63G | Owners or operator is required to comply only with the requirements of 40 CFR Part 63, Subpart G |

★ **Complete "HAP Concentration" only if "Group 1" is "NO."**

**HAP Concentration:**
Select one of the following options to describe the hazardous air pollutant (HAP) concentration. Enter the code on the form.

| Code | Description |
|---|---|
| 50- | HAP concentration is less than 50 ppm |
| 50+ | HAP concentration is greater than or equal to 50 ppm |
| NCE | HAP concentration is not needed to determine applicability |

★ **Complete "Flow Rate" only if "Group 1" is "NO."**

**Flow Rate:**
Select one of the following options that best describes the flow rate. Enter the code on the form.

| Code | Description |
|---|---|
| 5- | Flow rate is less than 0.005 scm/min |
| 5+ | Flow rate is greater than or equal to 0.005 scm/min or the owner or operator is not electing to demonstrate this flow rate |
| NCE | Flow rate is not needed to determine applicability |

★ **Complete "Electing Control" if "Group 1" is "NO"; or if "Group 1" is "YES" and unit is complying with 40 CFR § 63.113(a)(3).**

**Electing Control:**
Select one of the following options that best describes the total resource effectiveness (TRE) index value. Enter the code on the form.

| Code | Description |
|---|---|
| 113A1 | Electing to control the process vent to the levels required in 40 CFR § 63.113(a)(1) without calculating the TRE index value |
| 113A2 | Electing to control the process vent to the levels required in 40 CFR § 63.113(a)(2) without calculating the TRE index value |
| NOELECT | Not electing to control the process vent to the levels required in 40 CFR §§ 63.113(a)(1) or (a)(2) |

★ **Complete "NSPS TRE Index Value" if "Electing Control" is "NOELECT," "Group 1" is "NO" and "Overlap" is "III," "NNN," or "RRR."**

**NSPS TRE Index Value:**
Select one of the following options that best describes the total resource effectiveness (TRE) index value calculated using the appropriate equation from 40 CFR Part 60, Subparts III, NNN or RRR. Enter the code on the form.

| Code | Description |
|---|---|
| 1- | TRE index value is less than 1 |
| 1-4 | TRE index value is greater than 1 and less than 4 |
| 4-8 | TRE index value is than 4 and less than 8 |
| 8+ | TRE index value is greater than 8 |
| NCE1- | TRE index value is not calculated and is assumed to be less than 1 |

★ **Complete "MACT TRE Index Value" only if one of the following conditions is met:**

1. **"Overlap" is "III," "NNN," or "RRR," "Group 1" is "NO," "Electing Control" is "NOELECT," "NSPS TRE Index Value" is NOT "1-" or "NCE1-," "HAP Concentration" is "50+" or "NCE," and "Flow Rate" is "5+" or "NCE."**
2. **"Overlap" is "61F," "Group 1" is "NO," "Electing Control" is "NOELECT," and "Regulation" is "61F/63G."**
3. **"Group 1" is "YES," unit is complying with 40 CFR § 63.113(a)(3), and "Electing Control" is "NOELECT."**
4. **"Overlap" is "NONE," "Group 1" is "NO," "HAP Concentration" is "50+" or "NCE," "Flow Rate" is "5+" or "NCE," and "Electing Control" is "NOELECT."**

**MACT TRE Index Value:**
Select one of the following options that best describes the total resource effectiveness (TRE) index value calculated using the procedures of 40 CFR § 63.115(d). Enter the code on the form.

| Code | Description |
|---|---|
| 1- | TRE index value is less than 1.0 |
| 1-4 | TRE index value is greater than 1.0 but less than or equal to 4.0 |
| 4+ | TRE index value is greater than 4.0 |

★ **Complete "Plant Type" only if "Group 1" is "NO," "Overlap" is "61F" and "Electing Control" is "113A1" or "113A2.**

**Plant Type:**
Select one of the following options to describe the plant from which the emissions from the process vent originate. Enter the code on the form.

| Code | Description |
|---|---|
| EDC | Ethylene dichloride plant |
| VINYL | Vinyl chloride plant |
| POLY | Polyvinyl chloride plant |

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**Table 6b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart G: National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry for Process Vents**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Control Device:**
Select one of the following options that best describes the type of control, recapture, or recovery device. Enter the code on the form.

Select from the following list for units complying with the requirements of 40 CFR § 63.113(a)(1) or 63.113(a)(2).

| Code | Description |
|---|---|
| FLARE | Flare |
| BPH44- | Boiler or process heater with a design heat input capacity of less than or equal to 44 MW |
| BPH44+ | Boiler or process heater with a design heat input capacity of greater than 44 MW |
| BPH-HAZ | Boiler or process heater burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii) |
| HAZCAT | Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| HAZINC | Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| CATINC | Catalytic incinerator |
| INCIN | Thermal incinerator |
| FUEL | Boiler or process heater into which the process vent stream is introduced with the primary fuel or is used as the primary fuel |
| ABS | Absorber used as a recapture device |
| COND | Condenser used as a recapture device |
| CARB | Carbon adsorber used as a recapture device |
| RCPORG | Absorber, Condenser or Carbon Adsorber used as a recapture device and using an organic monitoring device as specified in 40 CFR § 63.114(b) (use only for units subject to and complying with 40 CFR§ 63.113(a)(2)) |
| OTHER | Control or recapture device other than those specified in 40 CFR § 63.114(a) and (b) or in 40 CFR Part 60, Subparts III, NNN or RRR |

Select from the following list for units complying with 40 CFR § 63.113(a)(3) or 63.113(d) or using a recovery device to comply with the requirements of 40 CFR Part 60, Subparts III, NNN or RRR.

| Code | Description |
|---|---|
| ABSRCV | Absorber used as a recovery device |
| CONDRCV | Condenser used as a recovery device |
| CARBRCV | Carbon adsorber used as a recovery device |
| RCVORG | Absorber, Condenser or Carbon Adsorber used as a recovery device and using an organic monitoring device as specified in 40 CFR § 63.114(b) (use only for units subject to and complying with § 40 CFR 63.113(a)(3) or (d)) |
| OTHERRCV | Recovery device other than those specified in 40 CFR § 63.114(a) and (b) or in 40 CFR Part 60, Subparts III, NNN or RRR |
| NORCV | No recovery device (use only for units complying with 40 CFR § 63.113(a)(3) or (d)) |

**Control Device ID No.:**
If applicable, enter the identification number for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM "Individual Unit Summary." If there is no control device, then leave this column blank.

**Halogenated:**
Enter "YES" if the vent stream is halogenated. Otherwise, enter "NO."

★ **Complete "TRE for Halogenated Vent Stream" only if "Group 1" is "NO," "Overlap" is "III," "NNN" or "RRR," "Halogenated" is "YES," "Electing Control" is "NOELECT," "MACT TRE Index Value is NOT "1-" and "NSPS TRE Index Value" is NOT "1-."**

**Tre for Halogenated Vent Stream:**

Enter "YES" if the total resource effectiveness (TRE) index value is being calculated for a halogenated vent stream. Otherwise, enter "NO."

★ **Complete "Halogen Reduction Device" only if "Halogenated" is "YES" and the vent stream is complying using a non-flare combustion control device.**

**Halogen Reduction Device:**
Select one of the following options for the type of halogen reduction device. Enter the code on the form.

| Code | Description |
|---|---|
| SCRUB | The vent stream exiting the combustion device is ducted to a scrubber before it is discharged to the atmosphere |
| OTHER | The vent stream exiting the combustion device is ducted to a halogen reduction device other than a scrubber before it is discharged to the atmosphere |
| PRIOR | Halogen reduction device is used prior to the control device, making the vent stream nonhalogenated |

★ **Complete "Installation Date" only if "Halogen Reduction Device" is "SCRUB" or "OTHER."**

**Installation Date:**
Select one of the following options to describe the installation date of the scrubber or other halogen reduction device. Enter the code on the form.

| Code | Description |
|---|---|
| 92- | Prior to December 31, 1992 |
| 92+ | On or after December 31, 1992 |

**Performance Test:**
Enter "YES" if a performance test was conducted for determining compliance with a regulation promulgated by the EPA and the test was conducted using the same methods specified in Subpart G and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test, with or without adjustments, reliably demonstrate compliance despite process changes. Otherwise, enter "NO."

**Table 6c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart G: National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry for Process Vents**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Alternate Monitoring Parameters (AMP):**
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 14 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.

**Continuous Monitoring:**
Select one of the following options that best 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 40 CFR § 63.152(g) |
| NOALT | Complying with the continuous monitoring requirements of 40 CFR §§ 63.114, 63.117, and 63.118 |

**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 14 characters). If the unique identifier is unavailable, then enter the date of the approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

**Bypass Lines:**
Enter "YES" if the vent system contains bypass lines that can divert the vent stream from the control device. Otherwise, enter "NO."

★ **Complete "Flow Indicator" only if "Bypass Lines" is "YES."**

**Flow Indicator:**
Enter "YES" if a flow indicator is installed and operated at the entrance of the bypass line. Otherwise, enter "NO."

**Table 7: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart O: Ethylene Oxide Emission Standards for Sterilization Facilities**

★ **Complete Table 7 only for vents at sterilization facilities that have used more than 907 kg (1 ton) of ethylene oxide in any consecutive 12-month period since December 3, 1996.**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Facility Type:**
Select one of the following options to describe the facility type. Enter the code on the form.

| Code | Description |
|---|---|
| BEE | Beehive fumigator |
| LAB | Research or laboratory facility as defined in the Federal Clean Air Act § 112(c)(7) |
| HOSP | Hospital, doctor's office, clinic, or other facility whose primary purpose is to provide medical services to humans or animals |
| OTHER | Non-exempt facility type |

▼ **Continue only if "Facility Type" is "OTHER."**

**Facility Ethylene Oxide Usage:**
Select one of the following options to describe the ethylene oxide usage since December 6, 1996. Enter the code on the form.

| Code | Description |
|---|---|
| 1-10 | Ethylene oxide use was greater than 907 kg (1 ton) for at least one consecutive 12-month period, but less than 9070 kg (10 tons) for all consecutive 12-month periods after December 6, 1996. |
| 10+ | Ethylene oxide use was greater than 9070 kg (1 ton) for at least one consecutive 12-month period after December 6, 1996. |

**Vent Type:**
Select one of the following options to indicate the type of sterilization facility vent. Enter the code on the form.

| Code | Description |
|---|---|
| STCV | Sterilization Chamber Vent |
| ARV | Aeration Room Vent |

★ **Complete "Control Device Efficiency" only if "Vent Type" is "ARV" and "Facility Ethylene Oxide Usage" is "10+."**

**Control Device Efficiency:**
Enter "YES" if the efficiency of the control device is being determined using the procedures in 40 CFR § 63.365(d). Otherwise, enter "NO."

★ **Complete "Control Device Type" if "Vent Type" is "STCV," or if "Vent Type" is "ARV" and "Facility Ethylene Oxide Usage" is "10+."**

**Control Device Type:**
Select one of the following options to describe the type of control technology used for control of the vent. Enter the code on the form.

| Code | Description |
|---|---|
| SCRUB | Acid-water scrubber |
| CATOX | Catalytic oxidation unit |
| TOX | Thermal oxidation unit |
| OTHER | Control technology other than acid-water scrubber, catalytic oxidation unit, or thermal oxidation unit |

**Control Device ID No.:**
Enter the identification number for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM "Individual Unit Summary." If there is no control device, then leave this column blank.

★ **Complete "Monitoring Option" only if "Control Device Type" is "CATOX" or "TOX."**

**Monitoring Option:**
Select one of the following to describe how the thermal or catalytic oxidizer is being monitored. Enter the code on the form.

| Code | Description |
|---|---|
| TEMP | Continuously monitoring and recording the temperature at the outlet to the catalyst bed or exhaust point of the thermal combustion chamber |
| CONC | Measuring and recording the ethylene oxide concentration after the control device |

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**Table 8a: 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, Continuous Front-end Process Vents**

★ **Complete only for the following process vent streams subject to 40 CFR Part 63, Subpart U:**

- **Continuous front-end process vent streams**
- **Combined vent streams (continuous front-end and batch or aggregate batch vent streams) routed to a recovery device prior to any control or release to the atmosphere**
- **Combined vent streams (continuous front-end and batch or aggregate batch vent streams) containing a Group 1 continuous front-end process vent stream**
- **Combined vent streams (continuous front-end and batch or aggregate batch vent streams) not containing a Group 1 continuous front-end process vent stream but electing to comply with the Group 1 continuous front end process vent stream requirements**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 characters) as listed on Form OP-SUM "Individual Unit Summary."

*Note: The emission point ID No. should be representative of the vent stream prior to the control device. If no such ID No. is available, the control devices ID No. may be used to represent the emission point. The same practice may be used for combined vent streams, as long as the ID No. corresponds to a point after the combination of the vent streams. For further information on combined streams, refer to the TCEQ historical rule opinion No. R5-121.009.*

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Vent Stream Type:**
Select one of the following options to describe the type of vent stream. Enter the code on the form.

| Code | Description |
|---|---|
| CONT | Continuous Front-end Process Vent |
| COMBINED | Combined Continuous Front-end Process Vents and Batch or Aggregate Batch Front-end Process Vents |

★ **Complete "Routed to Recovery" only if "Vent Stream Type" is "COMBINED."**

**Routed to Recovery:**
Enter "YES" if the combined front-end process vent stream is routed to a recovery device prior to any other control or venting to the atmosphere. Otherwise, enter "NO."

★ **Complete "Stream Group Status" if "Vent Stream Type" is NOT "COMBINED," or if "Vent Stream Type" is "COMBINED" and "Routed to Recovery" is "NO."**

**Stream Group Status:**
Select one of the following options to describe the Group or control status of the vent stream. Enter the code on the form.

| Code | Description |
|---|---|
| GRP1 | Vent stream meets the definition of Group 1 continuous front-end process vent (Use for Vent Stream Type of "CONT"; or for Vent Stream Type of "COMBINED" where the combined stream contains a Group 1 Continuous Front-end Process Vent) |
| GRP2 | Vent stream meets the definition of Group 2 continuous front-end process vent (Use only for Vent Stream Type of "CONT") |
| G2ELECT | Vent stream meets the definition of Group 2 continuous front-end process vent, and the control requirements of Group 1 are elected (Use only for Vent Stream Type of "CONT") |
| ELECT | Electing to comply with the Group 1 Continuous Front-end Process Vent requirements (use only for Vent Stream Type of "COMBINED" where the combined stream does not contain a Group 1 Continuous Front end Process Vent, and the Group 1 Continuous Front-end Process Vent requirements are elected) |

★ **Complete "HAP Concentration" only if one of the following conditions is met:**

- **"Vent Stream Type" is "CONT" and "Stream Group Status" is "GRP2"**
- **"Vent Stream Type" is "CONT," "Stream Group Status" is "GRP1" and vent stream is routed to a recovery device prior to any control or release to the atmosphere**
- **"Vent Stream Type" is "COMBINED" and "Routed to Recovery" is "YES."**

**HAP Concentration:**
Select one of the following options to describe the hazardous air pollutant (HAP) concentration. Enter the code on the form.

| Code | Description |
|---|---|
| 50- | HAP concentration is less than 50 ppm |
| 50+ | HAP concentration is greater than or equal to 50 ppm |
| NCE | HAP concentration is not needed to determine applicability |

★ **Complete "Flow Rate" only if one of the following conditions is met:**

- **"Vent Stream Type" is "CONT" and "Stream Group Status" is "GRP2"**
- **"Vent Stream Type" is "CONT," "Stream Group Status" is "GRP1" and vent stream is routed to a recovery device prior to any control or release to the atmosphere**
- **"Vent Stream Type" is "COMBINED" and "Routed to Recovery" is "YES."**

**Flow Rate:**
Select one of the following options that best describes the flow rate. Enter the code on the form.

| Code | Description |
|---|---|
| 5- | Flow rate is less than 0.005 scm/min |
| 5+ | Flow rate is greater than or equal to 0.005 scm/min or the owner or operator is not electing to demonstrate this flow rate |
| NCE | Flow rate is not needed to determine applicability |

★ **Complete "TRE Index Value" only if one of the following conditions is met:**

- **"Vent Stream Type" is "CONT" and "Stream Group Status" is "GRP2"**
- **"Vent Stream Type" is "CONT," "Stream Group Status" is "GRP1" and vent stream is routed to a recovery device prior to any control or release to the atmosphere**
- **"Vent Stream Type" is "COMBINED" and "Routed to Recovery" is "YES."**

**TRE Index Value:**
Select one of the following options that best describes the total resource effectiveness (TRE) index value. Enter the code on the form.

| Code | Description |
|---|---|
| 1- | TRE index value is less than 1.0 |
| 1-4 | TRE index value is greater than 1.0 but less than or equal to 4.0 |
| 4+ | TRE index value is greater than 4.0 |
| NCE | TRE index value is not calculated |

▼ **Continue only if one of the following conditions is met:**

- **"Stream Group Status" is "GRP1" and "TRE Index Value" is "1-4."**
- **"Stream Group Status" is NOT "GRP1" and "HAP Concentration" is "50+" or "NCE," "Flow Rate" is "5+" or "NCE" and "TRE Index Value" is "1-4."**

**Halogenated:**
Enter "YES" if the vent stream is halogenated. Otherwise, enter "NO."

**Table 8b: 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, Continuous Front-End Process Vents**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

★ **Complete "Existing Source" only if "Halogenated" is "YES."**

**Existing Source:**
Enter "YES" if the vent is an existing source. Otherwise, enter "NO."

★ **Complete "Product Type and Production Process" only if "Halogenated" is "YES."**

**Product Type and Production Process:**
Select one of the following that describes the rubber type and production process used. Enter the code on the form.

| Code | Description |
|---|---|
| SPC95- | Butyl rubber, Halobutyl rubber, or ethylene-propylene rubber produced by the solution process and process is controlled by a combustion device installed prior to June 12, 1995 (use only if "Existing Source" is "YES") |
| SPC95+ | Butyl rubber, Halobutyl rubber, or ethylene-propylene rubber produced by the solution process and process is controlled by a combustion device installed after June 12, 1995 (use only if "Existing Source" is "YES") |
| E-GPR | Elastomer produced by the gas-phased reaction process |
| OTHER | Other product |

★ **Complete "Meeting Process Vent Requirements" only if "Product Type and Production Process" is "SPC95- " or "E GPR."**

**Meeting Process Vent Requirements:**
Enter "YES" if the requirements of 40 CFR § 63.113(a)(2); 40 CFR § 63.113(a)(3); 40 CFR § 63.113(b) and the associated testing requirements in 40 CFR § 63.116; or 40 CFR § 63.11(b) and 40 CFR § 63.504(c) are met. Otherwise, enter "NO."

★ **Complete "Halogen Reduction Device" only if "Halogenated" is "YES" and one of the following conditions are met:**

- **"Product Type and Production Process" is "OTHER" or"SPC95+."**
- **"Product Type and Production Process" is "E-GPR" or "SPC95-" and "Meeting Process Vent Requirements" is "NO."**

**Halogen Reduction Device:**
Select one of the following options for the type of halogen reduction device. Enter the code on the form.

| Code | Description |
|---|---|
| SCRUB | The vent stream exiting the combustion device is ducted to a scrubber before it is discharged to the atmosphere |
| OTHER | The vent stream exiting the combustion device is ducted to a halogen reduction device other than a scrubber before it is discharged to the atmosphere |
| PRIOR | Halogen reduction device is used prior to the control device, making the vent stream nonhalogenated |

★ **Complete "Installation Date" only if "Halogen Reduction Device" is "SCRUB" or "OTHER."**

**Installation Date:**
Select one of the following options to describe the installation date of the scrubber or other halogen reduction device. Enter the code on the form.

| Code | Description |
|---|---|
| 95- | Prior to June 12, 1995 |
| 95+ | On or after June 12, 1995 |

**Control Device:**
Select one of the following options that best describes the type of control, recapture, or recovery device. Enter the code on the form.

Select from the following list for vent streams complying with the requirements of 40 CFR § 63.113(a)(1) or 63.113(a)(2).

| Code | Description |
|---|---|
| FLARE | Flare |
| BPH44- | Boiler or process heater with a design heat input capacity of less than or equal to 44 MW |
| BPH44+ | Boiler or process heater with a design heat input capacity of greater than 44 MW |
| BPH-HAZ | Boiler or process heater with a design heat input capacity of less than or equal to 44 MW burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii) |
| HAZCAT | Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| HAZINC | Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| CATINC | Catalytic incinerator |
| INCIN | Thermal incinerator |
| FUEL | Boiler or process heater into which the process vent stream is introduced with the primary fuel or is used as the primary fuel |
| ENG | Internal Combustion Engine |
| ABS | Absorber used as a recapture device |
| COND | Condenser used as a recapture device |
| CARB | Carbon adsorber used as a recapture device |
| OTHER | Control or recapture device other than those specified in 40 CFR § 63.114(a) and (b) |
| NOCD | No control device |

Select from the following list for vent streams complying with the requirements of 40 CFR §§ 63.113(a)(3) or 63.113(d).

| Code | Description |
|---|---|
| ABSRCV | Absorber used as a recovery device |
| CONDRCV | Condenser used as a recovery device |
| CARBRCV | Carbon adsorber used as a recovery device |
| OTHERRCV | Recovery device other than those specified in 40 CFR § 63.114(a) and (b) |
| NORCV | No recovery device (use only for units complying with the requirements of 40 CFR § 63.113(a)(3) or (d)) |

**Control Device ID No.:**
If applicable, enter the identification number for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM "Individual Unit Summary." If there is no control device, then leave this column blank.

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**Table 8c: 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, Continuous Front-end Process Vents**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Performance Test:**
Enter "YES" if a performance test was conducted for determining compliance with a regulation promulgated by the EPA and the test was conducted using the same methods specified in 40 CFR § 63.116 and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test, with or without adjustments, reliably demonstrate compliance despite process changes. Otherwise, enter "NO."

**Alternate Monitoring Parameters (AMP):**
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 14 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.

**Alternate Continuous Monitoring Requested:**
Enter "YES" if an alternate continuous monitoring system is requested and approved. Otherwise, enter "NO."

**ALT Continuous Monitoring ID No:**
If alternative continuous monitoring has been approved under 40 CFR § 63.506(g), then enter the corresponding unique identifier for each unit or process (maximum 14 characters). If the unique identifier is unavailable, then enter the date of the approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

**Bypass Lines:**
Enter "YES" if the vent system contains bypass lines that can divert the vent stream from the control device. Otherwise, enter "NO."

★ **Complete "Flow Indicator" only if "Bypass Lines" is "YES."**

**Flow Indicator:**
Enter "YES" if a flow indicator is installed and operated at the entrance of the bypass line. Otherwise, enter "NO."

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**Table 9a: 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, Batch and Aggregate Batch Front-end Vents**

★ **Complete only for the following process vent streams subject to 40 CFR PART 63, Subpart U:**

- **Batch or aggregate batch process vent streams**
- **Combined vent streams (continuous front-end and batch or aggregate batch vent streams) not routed to a recovery device prior to any control or release to the atmosphere**
- **Combined vent streams (continuous front-end and batch or aggregate batch vent streams) not containing a Group 1 continuous front-end process vent stream and not electing to comply with the Group 1 continuous front-end process vent requirements**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Vent Stream Type:**
Select one of the following options to describe the type of vent stream. Enter the code on the form.

| Code | Description |
|---|---|
| BATCH | Batch Front-end Process Vents |
| AGGBATCH | Aggregate Batch Front-end Process Vents |
| COMBINED | Combined Continuous Front-end Process Vents and Batch or Aggregate Batch Front End Process Vents |

**Stream Group Status:**
Select one of the following options to describe the Group or control status of the vent stream. Enter the code on the form.

| Code | Description |
|---|---|
| CONTROL | Stream is routed to a flare or control device complying with the control requirements or 40 CFR § 63.487(a) or (b) for Batch or Aggregate Batch vent streams |
| 488 | Requirements of 40 CFR § 63.488 are used to determine control requirements for the stream |

★ **Complete "Annual Organic HAP Emissions" only if "Stream Group Status" is "488."**

**Annual Organic HAP Emissions:**
Enter "YES" if the vent has annual organic HAP emissions of 11,800 kilograms per year or more. Otherwise, enter "NO."

★ **Complete "Cutoff Flow Rate" only if "Annual Organic HAP Emissions" is "YES."**

**Cutoff Flow Rate:**
Enter "YES" if the vent has a cutoff flow rate of less than the annual average flow rate. Otherwise, enter "NO."

★ **Complete "Single Highest HAP Recipe" if "Annual Organic HAP Emissions" is "NO"; or if "Annual Organic HAP Emissions" is "YES" and "Cutoff Flow Rate" is "YES."**

**Single Highest HAP Recipe:**
Enter "YES" if the emissions from the single highest HAP recipe were used in the group determination and the group determination assumed operation of the batch unit at maximum design capacity for 12 months. Otherwise, enter "NO."

▼ **Do Not Continue if "Single Highest HAP Recipe" is "YES" or if "Single Highest HAP Recipe" is "NO" and "Annual Organic HAP Emissions" is "YES."**

★ **Complete "Electing to Comply with § 63.487(f)(1)" only if "Single Highest HAP Recipe" is "NO" and "Annual Organic HAP Emissions" is "NO."**

**Electing to Comply with § 63.487(f)(1):**
Enter "YES" if electing to comply with 40 CFR § 63.487(f)(1). Otherwise, enter "NO."

▼ **Do not continue if "Electing to Comply with § 63.487(f)(1)" is required to be answered.**

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## Table 9b: 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, Batch and Aggregate Batch Front-end Process Vents

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Halogenated:**
Enter "YES" if the vent stream is halogenated. Otherwise, enter "NO."

★ **Complete "Halogen Reduction Device" only if "Halogenated" is "YES" and the vent stream is complying using a combustion control device.**

**Halogen Reduction Device:**
Select one of the following options for the type of halogen reduction device. Enter the code on the form.

| Code | Description |
|---|---|
| SCRUB | The vent stream exiting the combustion device is ducted to a scrubber before it is discharged to the atmosphere |
| OTHER | The vent stream exiting the combustion device is ducted to a halogen reduction device other than a scrubber before it is discharged to the atmosphere |
| PRIOR | Halogen reduction device is used prior to the control device, making the vent stream nonhalogenated |

★ **Complete "Installation Date" only if "Halogen Reduction Device" is "SCRUB" or "OTHER."**

**Installation Date:**
Select one of the following options to describe the installation date of the scrubber or other halogen reduction device. Enter the code on the form.

| Code | Description |
|---|---|
| 95- | Prior to June 12, 1995 |
| 95+ | On or after June 12, 1995 |

**Control Device:**
Select one of the following options that best describes the type of control, recapture, or recovery device. Enter the code on the form.

| Code | Description |
|---|---|
| FLARE | Flare |
| BPH44- | Boiler or process heater with a design heat input capacity of less than or equal to 44 MW |
| BPH44+ | Boiler or process heater with a design heat input capacity of greater than 44 MW |
| BPH-HAZ | Boiler or process heater with a design heat input capacity of less than or equal to 44 MW burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii) |
| HAZCAT | Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| HAZINC | Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| CATINC | Catalytic incinerator |
| INCIN | Thermal incinerator |
| FUEL | Boiler or process heater into which the process vent stream is introduced with the primary fuel or is used as the primary fuel |
| ENG | Internal Combustion Engine |
| ABS | Absorber used as a recapture device |
| COND | Condenser used as a recapture device |
| CARB | Carbon adsorber used as a recapture device |
| OTHER | Control or recapture device other than those specified in 40 CFR § 63.114(a) and (b) |
| NOCD | No control device |

**Control Device ID No.:**
If applicable, enter the identification number for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM "Individual Unit Summary." If there is no control device, then leave this column blank.

★ **Complete "Complying with 20 PPMV Limit" only if "Vent Stream Type" is "AGGBATCH" or "COMBINED."**

**Complying with 20 PPMV Limit:**
Enter "YES" if complying with the 20 parts per million by volume outlet concentration standard specified in 40 CFR § 63.487(b)(2). Otherwise, enter "NO."

**Performance Test:**
Enter "YES" if a performance test was conducted for determining compliance with a regulation promulgated by the EPA and the test was conducted using the same methods specified in 40 CFR § 63.490 and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test, with or without adjustments, reliably demonstrate compliance despite process changes. Otherwise, enter "NO."

**Table 9c: 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, Batch and Aggregate Batch Front-end Process Vents**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

★ **Complete "Organic Monitoring Device" only if "Vent Stream Type" is "BATCH."**

**Organic Monitoring Device:**
Enter "YES" if electing to install an organic monitoring device as an alternate to the devices required by 40 CFR § 63.489(b)(5) - (b)(7). Otherwise, enter "NO."

**Alternate Monitoring Parameters (AMP):**
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 14 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.

★ **Complete "Emission Episodes" only if "Control Device" is NOT "NOCD."**

**Emission Episodes:**
Enter "YES" if the control device is operated at all times when batch emission episodes are venting. Otherwise, enter "NO."

Bypass Lines**:**

Enter "YES" if the vent system contains bypass lines that can divert the vent stream from the control device. Otherwise, enter "NO."

★ **Complete "Flow Indicator" only if "Bypass Lines" is "YES."**

**Flow Indicator:**
Enter "YES" if a flow indicator is installed and operated at the entrance of the bypass line. Otherwise, enter "NO."

**Table 10a: 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, Continuous Process Vents**

★ **Complete only for the following process vent streams subject to 40 CFR Part 63, Subpart JJJ:**

- **Continuous process vent streams**
- **Combined vent streams (continuous and batch or aggregate batch vent streams) routed to a recovery device prior to any control or release to the atmosphere**
- **Combined vent streams (continuous and batch or aggregate batch vent streams) containing a Group 1 continuous process vent stream**
- **Combined vent streams (continuous and batch or aggregate batch vent streams) not containing a Group 1 continuous process vent stream but electing to comply with the Group 1 continuous process vent stream requirements**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Construction/Modification Date:**
Select one of the following options that describe the construction, reconstruction, or modification date of the affected source. Enter the code on the form.

| Code | Description |
|---|---|
| 1995- | Source is an existing source that commenced construction, reconstruction, or modification on or prior to March 29, 1995 |
| 1995+ | Source is a new source that commenced construction, reconstruction, or modification after March 29, 1995 |

**Thermoplastic Produced:**
Select one of the following options that describe the thermoplastic product produced by the affected source. Enter the code on the form.

| Code | Description |
|---|---|
| PETC | Source produces poly (ethylene terephthalate) resin (PET) using a continuous process |
| POLYC | Source produces polystyrene using a continuous process |
| MBS | Source produces methyl methacrylate butadiene styrene resin (MBS) |
| SAN | Source produces styrene acrylonitrile resin (SAN) |
| ASA | Source produces acrylonitrile styrene acrylate resin (ASA) |
| AMSAN | Source produces alpha methyl styrene acrylonitrile resin (AMSAN) |
| A/A | Source produces both ASA and AMSAN |
| OTHER | Source produces a thermoplastic resin other than those listed |

★ **If "Thermoplastic Produced" is "SAN," "ASA," "AMSAN," "A/A" or "OTHER," go to Table 10b.**

★ **Complete "PET Process" only if "Thermoplastic Produced" is "PETC."**

**PET Process:**
Select one of the following that describes the continuous process used to produce PET. Enter the code on the form.

| Code | Description |
|---|---|
| DMT | PET is produced using a continuous dimethyl terephthalate process |
| TPA | PET is produced using a continuous terephthalic acid process |

★ **Complete "Vent Section" only if "Thermoplastic Produced" is "PETC" or "POLYC."**

**Vent Section:**
Select one of the following options that describe the section of the process that contains the vent. Enter the code on the form.

For vents from a source producing PET using a continuous dimethyl terephthalate process

| Code | Description |
|---|---|
| MATREC | Vent is in the material recovery section of the process |
| POLYR | Vent is in the polymerization reaction section of the process |
| OTHER1 | Vent is in a process section other than those listed |

For vents from a source producing PET using a continuous terephthalic acid process

| Code | Description |
|---|---|
| MATPREP | Vent is associated with esterification vessels in the raw material preparation section of the process |
| POLYR | Vent is in the polymerization reaction section of the process |
| OTHER2 | Vent is in a process section other than those listed |

For vents from a source producing polystyrene using a continuous process

| Code | Description |
|---|---|
| MATREC | Vent is in the material recovery section of the process |
| OTHER3 | Vent is in a process section other than the material recovery section |

★ **Complete "Compliance Option" only if one of the following conditions apply:**

- **"Thermoplastic Produced" is "PETC" and "Vent Section" is "MATREC," "MATPREP" or "POLYR."**
- **"Thermoplastic Produced" is "POLYC" and "Vent Section" is "MATREC."**
- **"Thermoplastic Produced" is "MBS."**

★ **Complete if "Vent Section" is "OTHER1," "OTHER2" or "OTHER3;" go to Table 10b.**

**Compliance Option:**
Select one of the following options that describe the compliance option selected for the vent. Enter the code on the form.

For "Thermoplastic Produced" of "PETC" with "PET Process" of "DMT" and "Vent Section" is "MATREC"

| Code | Description |
|---|---|
| 12- | Emissions of organic HAP from material recovery sections are demonstrated to be 0.12 kg/Mg of product or less |
| 18- | Emissions of organic HAP from material recovery sections are demonstrated to be 0.18 kg/Mg of product or less |
| CONDT1 | Daily average outlet gas stream temperature from each final condenser is maintained at 3°C (37°F) or less |
| CD | Emissions are controlled using a control device |

For "Thermoplastic Produced" of "PETC" with "PET Process" of "TPA" and "Vent Section" is "MATPREP"

| Code | Description |
|---|---|
| 04- | Emissions of organic HAP from material preparation sections are demonstrated to be 0.04 kg/Mg of product or less |
| CD | Emissions are controlled using a control device |

For "Thermoplastic Produced" of "PETC" and "Vent Section" is "POLYR"

| Code | Description |
|---|---|
| 02- | Emissions of organic HAP from polymerization reaction sections are demonstrated to be 0.02 kg/Mg of product or less |
| CD | Emissions are controlled using a control device |

For "Thermoplastic Produced" of "POLYC" and "Vent Section" is "MATREC"

| Code | Description |
|---|---|
| 036- | Emissions of organic HAP from material recovery sections are demonstrated to be 0.036 kg/Mg of product or less |
| CONDT2 | Daily average outlet gas stream temperature from each final condenser is maintained at -25° C (-13°F) or less |
| CD | Emissions are controlled using a control device |

For "Thermoplastic Produced" of "MBS"

| Code | Description |
|---|---|
| 59- | Emissions of organic HAP from the collection of continuous process vents are demonstrated to be 0.000590 kg/Mg of product or less |
| NMEC | Compliance is not demonstrated using a mass emission rate limit |

▼ **Continue only if "Compliance Option" is "CD" or "NMEC." If "Compliance Option" is "CD," go to Table 10c and begin with the "Control Device" question. If "Compliance Option" is "NMEC," go to Table 10b.**

**Table 10b: 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, Continuous Process Vents**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Vent Stream Type:**
Select one of the following options to describe the type of vent stream. Enter the code on the form.

| Code | Description |
|---|---|
| CONT | Continuous Front-end Process Vent |
| COMBINED | Combined Continuous Front-end Process Vents and Batch or Aggregate Batch Front-end Process Vents |

★ **Complete "Routed to Recovery" only if "Vent Stream Type" is "COMBINED."**

**Routed to Recovery:**
Enter "YES" if the combined front-end process vent stream is routed to a recovery device prior to any other control or venting to the atmosphere. Otherwise, enter "NO."

★ **Complete "Stream Group Status" if "Vent Stream Type" is NOT "COMBINED," or if "Vent Stream Type" is "COMBINED" and "Routed to Recovery" is "NO."**

**Stream Group Status:**
Select one of the following options to describe the Group or control status of the vent stream. Enter the code on the form.

| Code | Description |
|---|---|
| GRP1 | Vent stream meets the definition of Group 1 continuous front-end process vent (Use for Vent Stream Type of "CONT"; or for Vent Stream Type of "COMBINED" where the combined stream contains a Group 1 Continuous Process Vent) |
| GRP2 | Vent stream meets the definition of Group 2 continuous front-end process vent (Use only for Vent Stream Type of "CONT") |
| G2ELECT | Vent stream meets the definition of Group 2 continuous front-end process vent, and the control requirements of Group 1 are elected (Use only for Vent Stream Type of "CONT") |
| ELECT | Electing to comply with the Group 1 Continuous Front-end Process Vent requirements (use only for Vent Stream Type of "COMBINED" where the combined stream does not contain a Group 1 Continuous Process Vent, and the Group 1 Continuous Process Vent requirements are elected) |

★ **Complete "HAP Concentration" only if one of the following conditions is met:**

- **"Vent Stream Type" is "CONT" and "Stream Group Status" is "GRP2"**
- **"Vent Stream Type" is "CONT," "Stream Group Status" is "GRP1" and vent stream is routed to a recovery device prior to any control or release to the atmosphere**
- **"Vent Stream Type" is "COMBINED" and "Routed to Recovery" is "YES."**

**HAP Concentration:**
Select one of the following options to describe the hazardous air pollutant (HAP) concentration. Enter the code on the form.

| Code | Description |
|---|---|
| 50- | HAP concentration is less than 50 ppm |
| 50+ | HAP concentration is greater than or equal to 50 ppm |
| NCE | HAP concentration is not needed to determine applicability |

★ **Complete "Flow Rate" only if one of the following conditions is met:**

- **"Vent Stream Type" is "CONT" and "Stream Group Status" is "GRP2"**
- **"Vent Stream Type" is "CONT," "Stream Group Status" is "GRP1" and vent stream is routed to a recovery device prior to any control or release to the atmosphere**
- **"Vent Stream Type" is "COMBINED" and "Routed to Recovery" is "YES."**

**Flow Rate:**
Select one of the following options that best describes the flow rate. Enter the code on the form.

| Code | Description |
|---|---|
| 5- | Flow rate is less than 0.005 scm/min |
| 5+ | Flow rate is greater than or equal to 0.005 scm/min or the owner or operator is not electing to demonstrate this flow rate |
| NCE | Flow rate is not needed to determine applicability |

★ **Complete "TRE Index Value" only if one of the following conditions is met:**

- **"Vent Stream Type" is "CONT" and "Stream Group Status" is "GRP2"**
- **"Vent Stream Type" is "CONT," "Stream Group Status" is "GRP1" and vent stream is routed to a recovery device prior to any control or release to the atmosphere**
- **"Vent Stream Type" is "COMBINED" and "Routed to Recovery" is "YES."**

**TRE Index Value:**
Select one of the following options that best describes the total resource effectiveness (TRE) index value. Enter the code on the form.

For "Vent Stream Type" of "COMBINED" or for "Vent Stream Type" of "CONT" and "Thermoplastic Produced" is NOT "MBS."

| Code | Description |
|---|---|
| 1- | TRE index value is less than or equal to 1.0 |
| 1-4 | TRE index value is greater than 1.0 but less than or equal to 4.0 |
| 4+ | TRE index value is greater than 4.0 |
| NCE | TRE index value is not calculated |

For "Vent Stream Type" of "CONT" and "Thermoplastic Produced" is "MBS."

| Code | Description |
|---|---|
| 3.7- | TRE index value is less than or equal to 3.7 |
| 3.7-6.7 | TRE index value is greater than 3.7 but less than or equal to 6.7 |
| 6.7+ | TRE index value is greater than 6.7 |
| NCE | TRE index value is not calculated |

★ **Continue only if one of the following conditions is met:**

- **"Stream Group Status" is "GRP1" and "TRE Index Value" is "1-4" or "3.7-6.7."**
- **"Stream Group Status" is NOT "GRP1" and "HAP Concentration" is "50+" or "NCE," "Flow Rate" is "5+" or "NCE" and "TRE Index Value" is "1-4" or "3.7-6.7."**

**Halogenated:**

Enter "YES" if the vent stream is halogenated. Otherwise, enter "NO."

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**Table 10c: 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, Continuous Process Vents**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Halogen Reduction Device:**
Select one of the following options for the type of halogen reduction device. Enter the code on the form.

| Code | Description |
|---|---|
| SCRUB | The vent stream exiting the combustion device is ducted to a scrubber before it is discharged to the atmosphere |
| OTHER | The vent stream exiting the combustion device is ducted to a halogen reduction device other than a scrubber before it is discharged to the atmosphere |
| PRIOR | Halogen reduction device is used prior to the control device, making the vent stream nonhalogenated |

★ **Complete "Installation Date" only if "Halogen Reduction Device" is "SCRUB" or "OTHER."**

**Installation Date:**
Select one of the following options to describe the installation date of the scrubber or other halogen reduction device. Enter the code on the form.

| Code | Description |
|---|---|
| 95- | Prior to March 29, 1995 |
| 95+ | On or after March 29, 1995 |

**Control Device:**
Select one of the following options that best describes the type of control, recapture, or recovery device. Enter the code on the form.

Select from the following list for vent streams complying with the requirements of 40 CFR §§ 63.1316(b)(2)(v), 63.1316(b)(2)(v), or 63.1316(c)(1)(iii).

| Code | Description |
|---|---|
| FLARE | Flare |
| BPH150- | Boiler or process heater with a design heat input capacity of less than 150 MMBtu/hr |
| BPH150+ | Boiler or process heater with a design heat input capacity of 150 MMBtu/hr or greater |
| BPH-HAZ | Boiler or process heater with a design heat input capacity of less than or equal to 44 MW burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii) |
| HAZCAT | Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| HAZINC | Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| CATINC | Catalytic incinerator |
| INCIN | Thermal incinerator |
| FUEL | Boiler or process heater with a design heat input capacity of less than 150 MMBtu/hr into which the process vent stream is introduced with the primary fuel or is used as the primary fuel |

Select from the following list for vent streams complying with the requirements of 40 CFR § 63.113(a)(1) or 63.113(a)(2).

| Code | Description |
|---|---|
| FLARE | Flare |
| BPH44- | Boiler or process heater with a design heat input capacity of less than or equal to 44 MW |
| BPH44+ | Boiler or process heater with a design heat input capacity of greater than 44 MW |
| BPH-HAZ | Boiler or process heater with a design heat input capacity of less than or equal to 44 MW burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii) |
| HAZCAT | Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| HAZINC | Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| CATINC | Catalytic incinerator |
| INCIN | Thermal incinerator |
| FUEL | Boiler or process heater into which the process vent stream is introduced with the primary fuel or is used as the primary fuel |
| ABS | Absorber used as a recapture device |
| COND | Condenser used as a recapture device |
| CARB | Carbon adsorber used as a recapture device |
| OTHER | Control or recapture device other than those specified in 40 CFR § 63.114(a) and (b) |
| NOCD | No control device |

Select from the following list for vent streams complying with the requirements of 40 CFR§§ 63.113(a)(3) or 63.113(d).

| Code | Description |
|---|---|
| ABSRCV | Absorber used as a recovery device |
| CONDRCV | Condenser used as a recovery device |
| CARBRCV | Carbon adsorber used as a recovery device |
| OTHERRCV | Recovery device other than those specified in 40 CFR § 63.114(a) and (b) |
| NORCV | No recovery device (use only for units complying with the requirements of 40 CFR § 63.113(a)(3) or (d)) |

**Control Device ID No.:**
If applicable, enter the identification number for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM "Individual Unit Summary." If there is no control device, then leave this column blank.

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**Table 10d: Title 40 Code of Federal Regulations Part 63 (40 CFR PART 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins, Continuous Process Vents**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Performance Test:**
Enter "YES" if a performance test was conducted for determining compliance with a regulation promulgated by the EPA and the test was conducted using the same methods specified in 40 CFR § 63.116 and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test, with or without adjustments, reliably demonstrate compliance despite process changes. Otherwise, enter "NO."

**Alternate Monitoring Parameters (AMP):**
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 14 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.

**Alternate Continuous Monitoring Requested:**
Enter "YES" if an alternate continuous monitoring system is requested and approved. Otherwise, enter "NO."

**ALT Continuous Monitoring ID No.:**
If alternative continuous monitoring has been approved under 40 CFR § 63.506(g), then enter the corresponding unique identifier for each unit or process (maximum 14 characters). If the unique identifier is unavailable, then enter the date of the approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

**Bypass Lines:**
Enter "YES" if the vent system contains bypass lines that can divert the vent stream from the control device. Otherwise, enter "NO."

★ **Complete "Flow Indicator" only if "Bypass Lines" is "YES."**

**Flow Indicator:**
Enter "YES" if a flow indicator is installed and operated at the entrance of the bypass line. Otherwise, enter "NO."

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**Table 11a: 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, Batch and Aggregate Batch Process Vents**

★ **Complete only for the following process vent streams subject to 40 CFR PART 63, Subpart JJJ:**

- **Batch or aggregate batch process vent streams**
- **Combined vent streams (continuous and batch or aggregate batch vent streams) not routed to a recovery device prior to any control or release to the atmosphere**
- **Combined vent streams (continuous and batch or aggregate batch vent streams) not containing a Group 1 continuous process vent stream and not electing to comply with the Group 1 continuous process vent requirements**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Vent Stream Type:**
Select one of the following options to describe the type of vent stream. Enter the code on the form.

| Code | Description |
|---|---|
| BATCH | Batch Front-end Process Vents |
| AGGBATCH | Aggregate Batch Front-end Process Vents |
| COMBINED | Combined Continuous Front-end Process Vents and Batch or Aggregate Batch Front-end Process Vents |

**Construction/Modification Date:**
Select one of the following options that describe the construction, reconstruction, or modification date of the affected source. Enter the code on the form.

| Code | Description |
|---|---|
| 1995- | Source is an existing source that commenced construction, reconstruction, or modification on or prior to March 29, 1995 |
| 1995+ | Source is a new source that commenced construction, reconstruction, or modification after March 29, 1995 |

**Thermoplastic Produced:**
Select one of the following options that describe the thermoplastic product produced by the affected source. Enter the code on the form.

| Code | Description |
|---|---|
| SAN | Source produces styrene acrylonitrile resin (SAN) |
| ASA | Source produces acrylonitrile styrene acrylate resin (ASA) |
| AMSAN | Source produces alpha methyl styrene acrylonitrile resin (AMSAN) |
| A/A | Source produces both ASA and AMSAN |
| OTHER | Source produces a thermoplastic resin other than those listed |

★ **Complete "Stream Group Status" only if "Thermoplastic Produced" is "OTHER;" or "Thermoplastic Produced" is "SAN" and "Construction/Modification Date" is "1995-."**

★ **If "Thermoplastic Produced" is "ASA," "AMSAN" or "A/A;" or "Thermoplastic Produced" is "SAN" and "Construction/Modification Date" is "1995+," go to Table 11b.**

**Stream Group Status:**
Select one of the following options to describe the Group or control status of the vent stream. Enter the code on the form.

| Code | Description |
|---|---|
| CONTROL | Stream is routed to a flare or control device complying with the control requirements or 40 CFR § 63.1322(a) or (b) for Batch or Aggregate Batch vent streams |
| 1323 | Requirements of 40 CFR§ 63.1323 are used to determine control requirements for the stream |

★ **Complete "Annual Organic HAP Emissions" only if "Stream Group Status" is "1323."**

**Annual Organic HAP Emissions:**
Enter "YES" if the vent has annual organic HAP emissions of 11,800 kilograms per year or more. Otherwise, enter "NO."

★ **Complete "Cutoff Flow Rate" only if "Annual Organic HAP Emissions" is "YES."**

**Cutoff Flow Rate:**
Enter "YES" if the vent has a cutoff flow rate of less than the annual average flow rate. Otherwise, enter "NO."

★ **Complete "Single Highest HAP Recipe" if "Annual Organic HAP Emissions" is "NO;" or if "Annual Organic HAP Emissions" is "YES" and "Cutoff Flow Rate" is "YES."**

**Single Highest HAP Recipe:**
Enter "YES" if the emissions from the single highest HAP recipe were used in the group determination and the group determination assumed operation of the batch unit at maximum design capacity for 12 months. Otherwise, enter "NO."

▼ **Do Not Continue if "Single Highest HAP Recipe" is "YES" or if "Single Highest HAP Recipe" is "NO" and "Annual Organic HAP Emissions" is "YES."**

★ **Complete "Electing to Comply with § 63.1322(f)(1)" only if "Single Highest HAP Recipe" is "NO" and "Annual Organic HAP Emissions" is "NO."**

**Electing to Comply with § 63.1322(f)(1):**
Enter "YES" if electing to comply with 40 CFR § 63.1322(f)(1). Otherwise, enter "NO."

▼ **Do not continue if "Electing to Comply with § 63.1322(f)(1)" is required to be answered.**

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## Table 11b: 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, Batch and Aggregate Batch Process Vents

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Halogenated:**
Enter "YES" if the vent stream is halogenated. Otherwise, enter "NO."

★ **Complete "Halogen Reduction Device" only if "Halogenated" is "YES" and the vent stream is complying using a combustion control device.**

**Halogen Reduction Device:**
Select one of the following options for the type of halogen reduction device. Enter the code on the form.

| Code | Description |
|---|---|
| SCRUB | The vent stream exiting the combustion device is ducted to a scrubber before it is discharged to the atmosphere |
| OTHER | The vent stream exiting the combustion device is ducted to a halogen reduction device other than a scrubber before it is discharged to the atmosphere |
| PRIOR | Halogen reduction device is used prior to the control device, making the vent stream nonhalogenated |

★ **Complete "Installation Date" only if "Halogen Reduction Device" is "SCRUB" or "OTHER."**

**Installation Date:**
Select one of the following options to describe the installation date of the scrubber or other halogen reduction device. Enter the code on the form.

| Code | Description |
|---|---|
| 95- | Prior to March 29, 1995 |
| 95+ | On or after March 29, 1995 |

**Control Device:**
Select one of the following options that best describes the type of control, recapture, or recovery device. Enter the code on the form.

| Code | Description |
|---|---|
| FLARE | Flare |
| BPH44- | Boiler or process heater with a design heat input capacity of less than or equal to 44 MW |
| BPH44+ | Boiler or process heater with a design heat input capacity of greater than 44 MW |
| BPH-HAZ | Boiler or process heater with a design heat input capacity of less than or equal to 44 MW burning hazardous waste and meeting the requirements of 40 CFR § 63.116(b)(4)(i) or (ii) |
| HAZCAT | Catalytic hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| HAZINC | Thermal hazardous waste incinerator meeting the requirement of 40 CFR § 63.116(b)(5) |
| CATINC | Catalytic incinerator |
| INCIN | Thermal incinerator |
| FUEL | Boiler or process heater into which the process vent stream is introduced with the primary fuel or is used as the primary fuel |
| ABS | Absorber used as a recapture device |
| COND | Condenser used as a recapture device |
| CARB | Carbon adsorber used as a recapture device |
| OTHER | Control or recapture device other than those specified in 40 CFR § 63.114(a) and (b) |
| NOCD | No control device |

**Control Device ID No.:**
If applicable, enter the identification number for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM "Individual Unit Summary." If there is no control device, then leave this column blank.

★ **Complete "Complying with 20 PPMV Limit" only if the following conditions are met:**

- **"Vent Stream Type" is "AGGBATCH" or "COMBINED."**
- **"Thermoplastic Produced" is "OTHER" or "Thermoplastic Produced" is "SAN" and "Construction/Modification Date" is "1995-."**

**Complying with 20 PPMV Limit:**
Enter "YES" if complying with the 20 parts per million by volume outlet concentration standard specified in 40 CFR § 63.1322(b)(2). Otherwise, enter "NO."

**Performance Test:**
Enter "YES" if a performance test was conducted for determining compliance with a regulation promulgated by the EPA and the test was conducted using the same methods specified in 40 CFR § 63.1325 and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test, with or without adjustments, reliably demonstrate compliance despite process changes. Otherwise, enter "NO."

**Table 11c: 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, Batch and Aggregate Process Vents**

**Emission Point ID No.:**
Enter the identification number (ID No.) for the process vent (maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

★ **Complete "Organic Monitoring Device" only if "Vent Stream Type" is "BATCH."**

**Organic Monitoring Device:**
Enter "YES" if electing to install an organic monitoring device as an alternate to the devices required by 40 CFR § 63.1324(c)(5) - (c)(7). Otherwise, enter "NO."

**Alternate Monitoring Parameters (AMP):**
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 14 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.

★ **Complete "Emission Episodes" only if "Control Device" is NOT "NOCD."**

**Emission Episodes:**
Enter "YES" if the control device is operated at all times when batch emission episodes are venting. Otherwise, enter "NO."

**Bypass Lines:**
Enter "YES" if the vent system contains bypass lines that can divert the vent stream from the control device. Otherwise, enter "NO."

★ **Complete "Flow Indicator" only if "Bypass Lines" is "YES."**

**Flow Indicator:**
Enter "YES" if a flow indicator is installed and operated at the entrance of the bypass line. Otherwise, enter "NO."

**Table 12a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115, Subchapter H, Division 1: Highly-Reactive Volatile Organic Compounds-Vent Gas Control**

★ **Complete this table only for operations located in the Houston/Galveston/Brazoria area; and**

★ **Complete this table only for operations with vent gas streams containing HRVOC, as defined in § 115.10.**

★ **Do not complete this table if all individual gas streams routed to a flare contain less than 5% by weight of HRVOC at all times and all individual gas streams not routed to a flare contain less than 100 PPMV HRVOC at all times.**

★ **Do not complete this table for pressure relief valves**

★ **Do not complete this table if the vent gas streams are from any of the following sources:**

- **Vent gas streams from the combustion of less than 5% by weight HRVOC in boilers, furnaces, engines, turbines, incinerators, and heaters;**
- **Vent gas streams from pressure tanks that maintain working pressure sufficient at all times to prevent any vapor or gas loss to the atmosphere;**
- **Vent gas streams from laboratory vent hoods;**
- **Vent gas streams from instrumentation air systems;**
- **Vent gas streams from atmospheric storage tanks;**
- **Vent gas streams from wastewater systems vents;**
- **Vent gas streams from cooling towers; and**
- **Vent gas streams from equipment leak fugitive components, except for vents from pressure relief valves occurring when the process is sufficient to overcome the preset pressure relief point of the pressure relief valve and emissions are either released directly to the atmosphere or routed to a control device.**

**Emission Point ID No.:**
Enter the identification number (ID No.) for HRVOC sources (maximum 14 characters) as listed on Form OP-SUM.

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**HRVOC Concentration:**
Enter "YES" if the vent gas stream has a HRVOC concentration less than 100 ppmv at all times. Otherwise, enter "NO."

**Max Flow Rate:**
Enter "YES" if the vent gas stream has a maximum potential flow rate less than or equal to 100 dry standard cubic feet per hour (ft3/hr). Otherwise, enter "NO."

★ **Complete "Exempt Date" only if "HRVOC Concentration" or "Max Flow Rate" is "YES."**

**Exempt Date:**
Enter "YES" if the vent gas stream became exempt after 12/31/05. Otherwise, enter "NO."

▼ **Continue only if "HRVOC Concentration" and "Max Flow Rate" are "NO."**

**Vent Gas Stream Control:**
Select one of the following codes that best describes the vent gas stream at the site. Enter the code on the form.

| Code | Description |
|---|---|
| FLARE | Vent gas stream is controlled by a flare. |
| UNCON | Vent gas stream is uncontrolled. |
| OTHCD | Vent gas stream is controlled by other than a flare. |

▼ **Do not continue if "Vent Gas Stream" control is "Flare."**

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**Table 12b: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter H, Division 1: Highly-Reactive Volatile Organic Compounds-Vent Gas Control**

**Emission Point ID No.:**
Enter the identification number (ID No.) for HRVOC sources (maximum 14 characters) as listed on Form OP-SUM.

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Alternative Monitoring (AM):**
Enter "YES" if using alternative monitoring (AM) and testing methods approved by the executive director. Otherwise, enter "NO."

**AM ID No.:**
If an AM has been approved, then enter the unique identifier for each unit or process (maximum 14 characters). If the unique identifier is unavailable, then enter the date of the AM 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.

**Minor Modification:**
Enter "YES" if using any minor modification to the monitoring and testing methods approved by the executive director. Otherwise, enter "NO."

**Minor Modifications ID No.:**
If a minor modification has been approved, then enter the corresponding minor modification unique identifier (maximum 14 characters) for each unit or process. If the unique identifier is unavailable, then enter the date of the minor modification 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.

**Process Knowledge:**
Enter "YES" if process knowledge and engineering calculations are used to determine HRVOC emissions during emission events and scheduled startup, shutdown, and maintenance activities. Otherwise, enter "NO."

**Waived Testing:**
Enter "YES" if the executive director waived testing for identical vents. Otherwise, enter "NO."

**Testing Requirements:**
Select one of the following codes that best describes the testing requirements. Enter the code on the form.

| Code | Description |
|---|---|
| CEMS | Continuous emissions monitoring system in lieu of testing requirements in § 115.725(a). |
| PROCESS | Process knowledge to determine maximum potential HRVOC hourly emissions for analyzer vents, stream system vents, vent gas streams with no HRVOC except during emission event or degassing safety device in lieu of testing. |
| DEC31 | Testing procedures specified in § 115.125 were conducted prior to December 31, 2004, and they are being used in lieu of conducting new tests. |
| 725A | Meeting § 115.725(a) |

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**Table 13a: 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 - Continuous Process Vents**

★ **Complete only for continuous process vent streams at Miscellaneous Organic Chemical Manufacturing Facilities that meet criteria in 40 CFR § 63.2435(a)-(b) and § 63.2455(a) 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 1.**

**Emission Point ID No.:**
Enter the identification number (ID No.) for HRVOC sources (maximum 14 characters) as listed on Form OP-SUM.

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Emission Standard:**
Select one of the following emission standard options. Enter the code on the form.

| Code | Description |
|---|---|
| ALT2505 | Alternate emission limit as provided in 40 CFR § 63.2505(a)(1) |
| GRP2 | The vent stream is Group 2 (not designated as Group 1 and determined to not be Group 1) |
| NEWABV | The vent stream is Group 1 and the source is new (after April 4, 2002) and the TRE index is maintained above 5.0 with a recovery device per § 63.2455(a) – Table 1.1.a.iii |
| XSTABV | The vent stream is Group 1 and the source is existing (on or before April 4, 2002) and the TRE index is maintained above 1.9 with a recovery device per § 63.2455(a) – Table 1.1.a.iii |
| BLWFLR | The TRE index is not maintained above the threshold (5.0 for a new source and 1.9 for an existing source) and a flare is being used for control |
| CD98 | The TRE index is not maintained above the threshold (5.0 for a new source and 1.9 for an existing source) and a non-flare CD is being used to meet 98% reduction per § 63.2455(a) – Table 1.1.a.i |
| CDPMV | The TRE index is not maintained above the threshold (5.0 for a new source and 1.9 for an existing source) and a non-flare CD is being used to meet a PPMV standard per § 63.2455(a) – Table 1.1.a.i |

★ **Go to Table 13e if "Emission Standard" is "CD98" or "CDPMV."**

★ **Go to Table 13d if "Emission Standard" is "BLWFLR."**

★ **Go to Table 13c if "Emission Standard" is "NEWABV" or "XSTABV."**

★ **Go to Table 13b if "Emission Standard" is "GRP2."**

▼ **Continue with Table 13a only if "Emission Standard" is "ALT2505."**

**COMB Device:**
Enter "YES" if a combustion control device is being used. Otherwise, enter "NO."

★ **Complete "95% Scrubber" only if "Comb Device" is "YES."**

**95% Scrubber:**
Enter "YES" if combustion device is followed by a scrubber AND the 95% reduction efficiency requirement is met. Otherwise, enter "NO."

**PERF Test:**
Enter "YES" if a performance test is conducted. Otherwise, enter "NO."

**Negative Pressure:**
Enter "YES" if the closed vent system is operated and maintained under negative pressure. Otherwise, enter "NO."

▼ **Continue only if "Negative Pressure" is "NO."**

**Bypass Line:**
Select the option that best describes the 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 |

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## Table 13b: 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 - Continuous Process Vents

★ **Continue with Table 13b only if "Emission Standard" is "GRP2."**

**Emission Point ID No.:**
Enter the identification number (ID No.) for HRVOC sources (maximum 14 characters) as listed on Form OP-SUM.

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Recovery Device:**
Enter "YES" if the TRE index is maintained using a recovery device. Otherwise, enter "NO."

▼ **Continue only if "Recovery Device" is "YES."**

**Existing Source:**
Enter "YES" if the source is an existing source (commenced construction on or before April 4, 2002). Otherwise, enter "NO."

**TRE Index Threshold:**
Enter "YES" if the TRE index is greater than the applicable threshold (i.e., 5.0 for existing source or 8.0 for new source). Otherwise, enter "NO."

▼ **Continue only if "TRE Index Threshold" is "NO."**

**ALT 63SS MON Parameters:**
Enter "YES" if alternate monitoring parameters or requirements have been approved by the Administrator. Otherwise, enter "NO."

★ **Complete "Alt 63SS MON ID:" only if "Alt 63SS Mon Parameters" is "YES."**

**ALT 63SS MON ID:**
If an alternate has been approved, then enter the corresponding alternate unique identifier for each unit or process (maximum 14 characters). If the unique identifier is unavailable, then enter the date of the alternate 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.

**SS Device Type:**
Select one of the following options that describes device used. Enter the code on the form.

| Code | Description |
|---|---|
| ABS | Absorber |
| COND | Condenser |
| CADS | Carbon adsorber |
| OTHREC | Recovery device other than one of the above |

**SS Device ID:**
If applicable, enter the identification number (ID No.) for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM entitled, "Individual Unit Summary." If there is no control device, then leave this column blank.

★ **Complete "Water" only if "SS Device Type" is "ABS."**

**Water:**
Enter "YES" if the scrubbing liquid is water. Otherwise, enter "NO."

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## Table 13c: 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 - Continuous Process Vents

▼ **Continue with Table 13c only if "Emission Standard" is "NEWABV" or "XSTABV."**

**Emission Point ID No.:**
Enter the identification number (ID No.) for HRVOC sources (maximum 14 characters) as listed on Form OP-SUM.

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Designated GRP1:**
Enter "YES" if the emission stream is designated as Group 1. Otherwise, enter "NO."

**ALT 63SS MON Parameters:**
Enter "YES" if alternate monitoring parameters or requirements have been approved by the Administrator. Otherwise, enter "NO."

★ **Complete "Alt 63SS MON ID:" only if "Alt 63SS Mon Parameters" is "YES."**

**ALT 63SS MON ID:**
If an alternate has been approved, then enter the corresponding alternate unique identifier for each unit or process (maximum 14 characters). If the unique identifier is unavailable, then enter the date of the alternate 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.

**SS Device Type:**
Select one of the following options that describes device used. Enter the code on the form.

| Code | Description |
|---|---|
| ABS | Absorber |
| COND | Condenser |
| CADS | Carbon adsorber |
| OTHREC | Recovery device other than one of the above |

**SS Device ID:**
If applicable, enter the identification number (ID No.) for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM entitled, "Individual Unit Summary." If there is no control device, then leave this column blank.

★ **Complete "Water" only if "SS Device Type" is "ABS."**

**Water:**
Enter "YES" if the scrubbing liquid is water. Otherwise, enter "NO."

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**Table 13d: 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 - Continuous Process Vents**

▼ **Continue with Table 13d only if "Emission Standard" is "BLWFLR."**

**Emission Point ID No.:**
Enter the identification number (ID No.) for HRVOC sources (maximum 14 characters) as listed on Form OP-SUM.

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Designated GRP1:**
Enter "YES" if the emission stream is designated as Group 1. Otherwise, enter "NO."

**Designated HAL:**
Enter "YES" if the emission stream is designated as halogenated. Otherwise, enter "NO."

★ **Complete "Determined HAL" only if "Designated HAL" is "NO."**

**Determined HAL:**
Enter "YES" if the emission stream is determined to be halogenated. Otherwise, enter "NO."

**Prior Eval:**
Enter "YES" if the data from a prior evaluation or assessment is used. Otherwise, enter "NO."

★ **Complete "Assessment Waiver" only if "Prior Eval" is "NO."**

**Assessment Waiver:**
Enter "YES" if the Administrator has granted a waiver of compliance assessment. Otherwise, enter "NO."

★ **Complete "Assessment Waiver ID" only if "Assessment Waiver" is "YES."**

**Assessment Waiver ID:**
If an alternate has been approved, then enter the corresponding alternate unique identifier for each unit or process (maximum 14 characters). If the unique identifier is unavailable, then enter the date of the alternate 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.

**Negative Pressure:**
Enter "YES" if the closed vent system is operated and maintained under negative pressure. Otherwise, enter "NO."

▼ **Continue only if "Negative Pressure" is "NO."**

**Bypass Line:**
Select the option that best describes the 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 |

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**Table 13e: 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 - Continuous Process Vents**

▼ **Continue with Tables 13e – 13g only if "Emission Standard" is "CD98" or "CDPMV."**

**Emission Point ID No.:**
Enter the identification number (ID No.) for HRVOC sources (maximum 14 characters) as listed on Form OP-SUM.

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Designated GRP1:**
Enter "YES" if the emission stream is designated as Group 1. Otherwise, enter "NO."

**Small Device:**
Enter "YES" if a small control device (defined in § 63.2550) is being used. Otherwise, enter "NO."

★ **Complete "1257A1" only if "Small Device" is "Yes."**

**1257A1:**
Enter "YES" if you are conducting a design evaluation as specified in § 63.1257(a)(1). Otherwise, enter "NO."

★ **Complete "1257A1 DEVICE TYPE" only if "1257A1" is "Yes."**

**1257A1 Device Type:**
Select one of the following options for the type of control device. Enter the code on the form.

| Code | Description |
|---|---|
| 05RT | Enclosed combustion device with a 0.5 second residence time at 760°C per § 63.1257(a)(1)(i) |
| THERM | Thermal vapor incinerator not meeting the criteria in § 63.1257(a)(1)(i) |
| CATA | Catalytic vapor incinerator not meeting the criteria in § 63.1257(a)(1)(i) |
| BPH | Boiler or process heater not meeting the criteria in § 63.1257(a)(1)(i) |
| COND | Condenser |
| CADON | Carbon adsorber that regenerates the carbon bed onsite |
| CADOTH | Carbon adsorber that does not regenerates the carbon bed onsite |
| SCRB | Scrubber |
| NONE | None of the above devices |

**1257A1 Device ID:**
If applicable, enter the identification number (ID No.) for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM entitled, "Individual Unit Summary." If there is no control device, then leave this column blank.

**ALT 63SS MON Parameters:**
Enter "YES" if alternate monitoring parameters or requirements have been approved by the Administrator. Otherwise, enter "NO."

★ **Complete "Alt 63SS MON ID:" only if "Alt 63SS Mon Parameters" is "YES."**

**ALT 63SS MON ID:**
If an alternate has been approved, then enter the corresponding alternate unique identifier for each unit or process (maximum 14 characters). If the unique identifier is unavailable, then enter the date of the alternate 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.

★ **Complete "CEMS" only if "ALT 63SS MON PARAMETERS" is "NO."**

**CEMS:**
Enter "YES" if a CEMS is used. Otherwise, enter "NO."

**SS Device Type:**
Select one of the following options that describes device used. Enter the code on the form.

| Code | Description |
|---|---|
| CATA | Catalytic incinerator |
| INCIN | Incinerator other than a catalytic incinerator |
| BPH44+ | Boiler or process heater with a design heat input capacity equal to or greater than 44 megawatts (MW) or in which all vent streams are introduced with the primary fuel or are used as the primary fuel |
| BPH44- | Boiler or process heater with a design heat input capacity of less than 44 MW and the vent stream is not introduced as or with the primary fuel |
| ABS | Absorber |
| COND | Condenser |
| CADS | Carbon adsorber |
| OTHCMB | Combustion device other than one of the above |
| OTHNONC | Non-combustion device other than one of the above |

**SS Device ID:**
If applicable, enter the identification number (ID No.) for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM entitled, "Individual Unit Summary." If there is no control device, then leave this column blank.

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**Table 13f: 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 - Continuous Process Vents**

**Emission Point ID No.:**
Enter the identification number (ID No.) for HRVOC sources (maximum 14 characters) as listed on Form OP-SUM.

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

★ **Complete "Meets 63.988(b)(2)" only if "SS Device Type" is "CATA," "INCIN," "BPH44+" or "BPH44-."**

**Meets 63.988(b)(2):**
Enter "YES" if the control device meets criteria in § 63.988(b)(2). Otherwise, enter "NO."

★ **Complete "Water" only if "SS Device Type" is "ABS."**

**Water:**
Enter "YES" if the scrubbing liquid is water. Otherwise, enter "NO."

**Designated HAL:**
Enter "YES" if the emission stream is designated as halogenated. Otherwise, enter "NO."

★ **Complete "Determined HAL" only if "Designated HAL" is "NO."**

**Determined HAL:**
Enter "YES" if the emission stream is determined to be halogenated. Otherwise, enter "NO."

**Table 13g: 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 - Continuous Process Vents**

**Emission Point ID No.:**
Enter the identification number (ID No.) for HRVOC sources (maximum 14 characters) as listed on Form OP-SUM.

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**HAL Device Type:**
Select one of the following options that describes halogen reduction device used. Enter the code on the form.

| Code | Description |
|---|---|
| SCRBBFR | A halogen scrubber preceding a combustion device |
| SCRBAFT | A halogen scrubber following a combustion device |
| SCRBNO | A halogen scrubber is used, no combustion device |
| OTHBFR | A halogen reduction device other than a scrubber preceding a combustion device |
| OTHAFT | A halogen reduction device other than a scrubber following a combustion device |
| OTHNO | A halogen reduction device other than a scrubber is used, no combustion device |
| NONE | No halogen scrubber or other halogen reduction device is used |

**HAL Device ID:**
If applicable, enter the identification number (ID No.) for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM entitled, "Individual Unit Summary." If there is no control device, then leave this column blank.

**Prior Eval:**
Enter "YES" if the data from a prior evaluation or assessment is used. Otherwise, enter "NO."

★ **Complete "Assessment Waiver" only if "Prior Eval" is "NO."**

**Assessment Waiver:**
Enter "YES" if the Administrator has granted a waiver of compliance assessment. Otherwise, enter "NO."

★ **Complete "Assessment Waiver ID" only if "Assessment Waiver" is "YES."**

**Assessment Waiver ID:**
If an alternate has been approved, then enter the corresponding alternate unique identifier for each unit or process (maximum 14 characters). If the unique identifier is unavailable, then enter the date of the alternate 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.

★ **Complete "Formaldehyde" only if "Assessment Waiver" is "NO."**

**Formaldehyde:**
Enter "YES" if the stream contains formaldehyde. Otherwise, enter "NO."

**Negative Pressure:**
Enter "YES" if the closed vent system is operated and maintained under negative pressure. Otherwise, enter "NO."

▼ **Continue only if "Negative Pressure" is "NO."**

**Bypass Line:**
Select the option that describes the 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 |

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**Table 14: 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 - Batch Process Vents**

★ **Complete only for batch process vent streams that meet either of the following criteria:**

- **Batch process vents at a Miscellaneous Organic Chemical Manufacturing Process Unit (MCPU) and that are not complying with the pollution prevention alternative standards §63.2495(a)(1) and (2) but that are complying with the alternate emission limit as provided in 40 CFR § 63.2505(a). For processes with batch process vents complying with 40 CFR § 63.2460 Table 2, you must fill out Table 6 in Form OP-UA60.**
- **Batch process vents at a Chemical Manufacturing Process Unit (CMPU) as identified in 40 CFR § 63.100(j)(4) and that are not complying with the pollution prevention alternative standards §63.2495(a)(1) and (2) but that are complying with the alternate emission limit as provided in 40 CFR § 63.2505(a). For processes with batch process vents complying with § 63.2460 Table 2, you must fill out Table 6 in Form OP-UA60**

**Emission Point ID No.:**
Enter the identification number (ID No.) for HRVOC sources (maximum 14 characters) as listed on Form OP-SUM.

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**COMB Device:**
Enter "YES" if a combustion control device is being used. Otherwise, enter "NO."

★ **Complete "95% Scrubber" only if "Comb Device" is "YES."**

**95 % Scrubber:**
Enter "YES" if combustion device is followed by a scrubber and the 95% reduction efficiency requirement is met. Otherwise, enter "NO."

**PERF Test:**
Enter "YES" if a performance test is conducted. Otherwise, enter "NO."

**Negative Pressure:**
Enter "YES" if the closed vent system is operated and maintained under negative pressure. Otherwise, enter "NO."

▼ **Continue only if "Negative Pressure" is "NO."**

**Bypass Line:**
Select the option that describes the 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 |

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**Table 15: Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A, Division 5: Emission Limits on Nonagricultural Processes**

★ **Complete only for emission sources that have to address periodic monitoring (PM) or compliance assurance monitoring (CAM) requirements for 30 TAC Chapter 111, Nonagricultural Processes. Sources that do not have to address PM or CAM for this regulation are covered on form OP-REQ1.**

*Emission sources that meet the applicability of CAM:*

- **Have a pre-control potential to emit that equals or exceeds the major source threshold for particulate matter; and**
- **Use *a control device to meet the particulate matter emission limit specified in 30 TAC §111.151(a)***

*Emission sources that are not subject to CAM may require periodic monitoring for assuring compliance with the particulate matter emission limit in 30 TAC §111.151(a). Periodic monitoring is required for all emission sources where the actual emissions of particulate matter exceed 50 tons per year.*

*CAM and periodic monitoring requirements must be submitted separately on form OP-MON.*

**Emission Point ID No.:**
Enter the identification number (ID No.) for the emission point (maximum 14 characters) as listed on Form OP-SUM.

**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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Effective Stack Height:**
Enter "Yes" if the effective stack height as calculated in the equation specified by 30 TAC §111.151(c) is less than the standard effective stack height as determined by Table 2 specified in 30 TAC §111.151(b). Otherwise, enter "NO."

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**Table 16a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart GGGGG: National Emission Standards for Hazardous Air Pollutants: Site Remediation**

★ **Complete this table only for facilities performing sites remediation that are a major source of HAP emissions or co-located at a facility with stationary sources that are a major source of HAP emissions and do not qualify for the §§63.7881(a), or (b) exemptions.**

Emission Point ID No.**:**
Enter the identification number (ID No.) (maximum 14 characters) for the process vent 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Emissions:
Select one of the following options that describes the emissions of the process vent or material managed by it. Enter the code on the form.

| Code | Description |
|---|---|
| 5- | Vent stream exiting the vent is less than 0.005 cubic meters per minute or is less than 6.0 cubic meters per minute and total HAP concentration is less than 20 parts per million by volume |
| 10- | The average total VOHAP concentration of the material managed by the process vented through the process vent is less than 10 parts per million by weight |
| ASUB | Process vent is also subject to another subpart under 40 CFR part 61 or 40 CFR part 63 and complying with the applicable emission limitations and work practice standards in the other subpart |
| HAP1.4- | Total emissions of HAP from the vent are reduced to less than 1.4 kilograms per hour and 2.8 megagrams per year |
| TOC1.4- | Emissions of TOC from the vent are reduced to less than 1.4 kilograms per hour and 2.8 megagrams per year |
| HAP95 | Total emissions of HAP from the vent are reduced by 95 percent by weight or more |
| TOC95 | Emissions of TOC from the vent are reduced by 95 percent by weight or more |

▼ **Continue only if "Emissions" is "HAP1.4-," "TOC1.4-," "HAP95," or "TOC95."**

**Uncontrolled Vent Streams:**
Enter "YES" if uncontrolled vent streams are included in the facility wide emission limit. 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 |
|---|---|
| CASR | Regenerable carbon adsorption system |
| CASNR | Non-regenerable carbon adsorption system |
| COND | Condenser |
| VAPTH | Thermal vapor incinerator |
| VAPCAT | Catalytic vapor incinerator |
| BPH | Boiler or process heater |
| FLARE | Flare |

**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.

★ **Complete "Alternative Work Practice Standards" only if "Control Device" is "CASR," "CASNR," "COND," "VAPTH," "VAPCAT," or "FLARE."**

**Alternative Work Practice Standards:**
Enter "YES" if an alternative to work practice standards for the closed vent system and control device has been approved by the EPA. Otherwise, enter "NO."

★ **Complete "Alternative Work Practice Standard ID No." only if "Alternative Work Practice Standards" is "YES."**

**Alternative Work Practice Standards ID No.:**
If an Alternative Work Practice Standard has been approved, then enter the corresponding Alternative Standard unique identifier for each unit or process. If the unique identifier is unavailable, then enter the date of the Alternative Standard 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.

★ **Complete "Design Evaluation" only if "Control Device" is "CASR," "CASNR," "COND, "VAPTH," "VAPCAT," or "BPH."**

**Design Evaluation:**
Enter "YES" if design evaluation is used to demonstrate initial control device compliance. Otherwise, enter "NO."

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## Table 16b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart GGGGG: National Emission Standards for Hazardous Air Pollutants: Site Remediation

**Emission Point ID No.:**
Enter the identification number (ID No.) (maximum 10 characters) for the process vent 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

**Bypass Device:**
Select the option that describes the bypass device on the closed vent system. Enter the code on the form.

| Code | Description |
|---|---|
| NONE | No bypass device |
| FLOW | Bypass device is equipped with a flow indicator |
| FLOW-H | Bypass device is equipped with a flow indicator and the closed vent system is inspected and monitored as specified in 40 CFR § 63.7927(a)(1)(ii) |
| SEAL | Bypass device is equipped with a seal or locking device |
| SEAL-H | Bypass device is equipped with a seal or locking device and the closed vent system is inspected and monitored as specified in 40 CFR § 63.7927(a)(1)(ii) |

**Continuous Emissions Monitoring System (CEMS):**
Enter "YES" if a continuous emissions monitoring system is used to monitor the control device. Otherwise, enter "NO."

**CVSCD Continuous Compliance:**
Select one of the following options for closed vent system and control device (CVSCD) setup to determine means of continuous compliance.

| Code | Description |
|---|---|
| NOEM | The closed vent system is designed to operate with no detectable organic emissions, as specified in 40 CFR § 63.7928(b)(1) |
| BAP | The closed vent system is designed to operate below atmospheric pressure, as specified in 40 CFR § 63.7928(b)(2) |
| CVS-H | The closed vent system is monitored as specified in 40 CFR § 63.7928(b)(5) |