

Form OP-UA35 - Instructions
Incinerator 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 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 The individual unit summary (OP-SUM) information and the negative applicable/superseded requirement determinations (OP-REQ2) will be provided on each individual OP-UA form for the applicable units identified in the unit attribute tables.

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 (CNXXXXXXXXXX). 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 (RNXXXXXXXXXX). 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 units with one or more potentially applicable requirements addressed in this form must be identified on the OP-SUM sheet. The term "unit" in these instructions has the meaning of "emission unit" as defined in 30 TAC Chapter 122.

The purpose of this sheet is to list individual units 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 unit must also be listed on this form. For units which were authorized to construct or modify under Permits by Rule (PBR), list all applicable PBR information, including registration numbers. If a unit 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 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. Units 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 (GRPXXXXXX).

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 unit indicated is an addition to the existing permit. Select "D" from the dropdown menu if the existing emission unit indicated is being deleted from the permit. If an emission unit 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 unit in the permit, leave blank.

Unit ID No.:

Each unit must be assigned an identification number. (Maximum 14 characters)

- For emission units with potentially applicable requirements, enter Facility ID Nos. (FINs) as listed in the TCEQ State of Texas Air Reporting System (STARS).
- If FIN 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. Unit 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 unit (GRPXXXXXX) (“GRP” followed by a maximum of 11 characters). If the unit is not a member of a group, leave this column blank. (See general instructions, above, for information regarding requirements for grouping units in FOP applications.)

Unit Name/Description:

Each unit must be given a name or description that distinguishes it from other units as much as practicable. The Unit Name/Description should clearly indicate the type of unit. If possible, please avoid using generic descriptions, such as “Tank” or “Boiler,” for multiple units. (Maximum 50 characters)

- Enter a text name or description for the unit 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.

Unit ID No.	Group ID No.	Unit Name/Description
B-1	GRP-BOILER	Boiler 1
B-2	GRP-BOILER	Boiler 2
T-3		Tank 3
T-4		Tank 4

CAM (For reference only):

Indicate if the unit is subject to 40 CFR Part 64 by selecting “Y” from the dropdown menu in the “CAM” column next to the unit. 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 unit; however, a unit may have multiple authorizations. *All preconstruction authorizations listed on this form must also be identified on Form OP-REQ1.*

When a unit 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 a unit

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 a unit

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 unit. Select “D” from the dropdown menu if a preconstruction authorization is being deleted from the emission unit. If a preconstruction authorization is not being added/deleted from the emission unit, 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 unit 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 (PSDTXXXX), for example, PSDTX123. If the PSD permit has been modified, include the “M” suffix (PSDTXXXXMXX), for example, PSDTX123M5. *Title I authorizations should only be listed for units addressed by the PSD or*

nonattainment permits.

- **Nonattainment Permit:** Enter each nonattainment permit number (NXXX), for example, N123. If the nonattainment permit has been modified, include the “M” suffix (NXXXMXX), for example, N123M5. *Title I authorizations should only be listed for units 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 units 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

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 SO₂ 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 SO₂ Trading Program requirements are defined in 30 TAC Chapter 101, Subchapter H.

Specific:

Unit Action Indicator (Unit AI):

Select “A” from the dropdown menu if the emission unit indicated is an addition to the permit. Select “D” from the dropdown menu if the existing emission unit indicated is being deleted from the permit. If an emission unit 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 unit in the permit, leave blank.

Unit ID No.:

Each affected unit 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 unit.

Note: There may be differences between the Unit ID No. on the OP-SUM and unit names from other sources such as EPA COR, EIA (ORIS), TCEQ SIP lists, etc. However, the Unit 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 unit 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 unit 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 unit.

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 unit 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 NO_x Ozone Season Group 2 monitoring for that unit.

Code	Description
CEMS	A unit that is complying with the CEMS requirements of 40 CFR Part 75, Subpart H for NOX 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 NOX, 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 NOX, 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 NOX and heat input.
ALTMON	A unit that is complying with EPA-approved alternative monitoring system requirements of 40 CFR Part 75, Subpart E for NOX and heat input.
REXM	Applying for a retired unit exemption under 40 CFR Part 97, Subpart EEEEE (CSAPR NOX Ozone Season Group 2 Trading Program) (Applicant must also submit required additional information in a separate cover letter).

Texas SO₂:

Select "YES" from the dropdown menu if the unit is complying with the requirements of 40 CFR Part 97, Subpart FFFFF (Texas SO₂ Trading Program). Otherwise, select "NO."

Texas SO₂ Monitoring:

Select one of the following options from the dropdown menu that describes the Texas SO₂ monitoring for that unit.

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.”

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 units 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 unit 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 units 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 unit 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 unit before listing the next unit.

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 units included on this OP-UA form. If the unit 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.

Unit ID No.:

Select the identification number (ID No.) (maximum 14 characters) of the unit 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 <i>(Input Format)</i>	Negative Applicability or Superseded Requirement Citation <i>(Input Format)</i>
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).

OP-UA35 Form Unit Attribute Tables- Instructions
General:

This form is used to provide a description and data pertaining to all solid/liquid waste incinerators (other than those used as control devices or oxidizers) with potentially applicable requirements associated with a particular regulated entity number and application. Each table number, along with the possibility of a corresponding letter (i.e., Table 1a, Table 1b), corresponds to a certain state or federal rule. If the rule on the table is not potentially applicable to a solid/liquid waste incinerator, then it should be left blank and need not be submitted with the application. If the options entered by the applicant show negative applicability to the rule or sections of the rule represented on the table, then the applicant need not complete the remainder of the table(s) that corresponds to the rule. Further instruction as to which questions should be answered and which questions should not be answered are located in the “Specific” section of the instruction text. The following is included in this form:

<u>Table 1:</u>	Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A: Incineration
<u>Table 2a - 2b:</u>	Title 30 Texas Administrative Code, Chapter 117 (30 TAC Chapter 117), Subchapter B: Combustion Control at Industrial, Commercial and Institutional Sources in Ozone Nonattainment Areas, Incinerators
<u>Table 3:</u>	Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart E: Standards of Performance for Incinerators
<u>Table 4:</u>	Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart O: Standards of Performance for Sewage Treatment Plants (Sewage Sludge Incinerators)
<u>Table 5:</u>	Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart C: National Emission Standard for Beryllium
<u>Table 6:</u>	Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart E: National Emission Standard for Mercury
<u>Tables 7a - 7d:</u>	Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113), Subchapter D, Hospital/ Medical/ Infectious Waste Incinerators
<u>Tables 8a - 8b:</u>	Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart EEE: Hazardous Waste Combustors

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

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

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

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

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

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

Unit ID No.:

Enter the identification number (ID No.) for the incinerator (maximum 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 go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Waste Type:

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

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

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

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

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

Pound Burned:

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

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

Table 2a: Title 30 Texas Administrative Code, Chapter 117 (30 TAC Chapter 117), Subchapter B: Combustion Control at Major Industrial, Commercial, and Institutional Sources in Ozone Nonattainment Areas, Incinerators

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

Unit ID No.:

Enter the identification (ID No.) for the incinerator (maximum 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 go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Maximum Rated Capacity:

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

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

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

NOx Emission Limitation:

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

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

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

Select one of the following § 117. 423(c)(1) options for monitoring. Enter the code on the form.

Code	Description
23C-A	NO _x , CO, O ₂ (or CO ₂) CEMS and a totalizing fuel flow meter per § 117.423(c)(1)(A)
23C-B	PEMS and a totalizing fuel flow meter per § 117.423(c)(1)(B)
23C-C	Rate measured by hourly emission rate testing per § 117.423(c)(1)(C)

NO_x Reduction:

Select one of the following NO_x reduction options. Enter the code on the form.

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

NO_x Monitoring System:

Select one of the following monitoring system options. Enter the code on the form.

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

NO_x Averaging Method:

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

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

Table 2b: Title 30 Texas Administrative Code, Chapter 117 (30 TAC Chapter 117), Subchapter B: Combustion Control at Major Industrial, Commercial, and Institutional Sources in Ozone Nonattainment Areas, Incinerators

Unit ID No.:

Enter the identification (ID No.) for the incinerator (maximum 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 go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

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This form is for use by facilities subject to air quality permit requirements and may be revised periodically. (Title V Release 11/17)

Fuel Flow Monitoring:

Select one of the following options to indicate how fuel flow is monitored. Enter the code on the form.

Code	Description
X40A	Fuel flow is with a totalizing fuel flow meter per 30 TAC §§ 117.340(a) or 117.440(a)
X40A2-A	Unit operates with a NO _x and diluent CEMS and monitors stack exhaust flow per 30 TAC §§ 117.340(a)(2)(A) or 117.440(a)(2)(A)
X40A2-B	Unit vents to a common stack with a NO _x and diluent CEMS and uses a single totalizing fuel flow meter per 30 TAC §§ 117.340(a)(2)(B) or 117.440(a)(2)(B)

CO Emission Limitation:

Title 30 TAC Chapter 117 provides options to be in compliance with the carbon monoxide (CO) emission specifications of 30 TAC Chapter 117. Select one of the following options. Enter the code on the form.

Code	Description
111	Unit is subject to the CO limits of 30 TAC § 111.121[relating to Single, Dual, and Multiple Chamber Incinerators]
113	Unit is subject to the CO limits of 30 TAC § 113.2072 [(relating to Emission Limits), for hospital/medical/infectious waste incinerators]
HWI	Unit is subject to the CO limits of 40 CFR Part 264 or 265, Subpart O, for hazardous waste incinerators
310	Complying with 30 TAC § 117.310(c)(1) [relating to Emission Specifications for Attainment Demonstration] <i>(use for incinerators in the Houston/Galveston/Brazoria ozone nonattainment area)</i>
410	Complying with 30 TAC § 117.410(c)(1) [relating to Emission Specifications for Eight-Hour Attainment Demonstration] <i>(use for incinerators in the Dallas/Fort Worth Eight-Hour ozone nonattainment area)</i>
ACSS	Complying with an Alternative Case Specific Specification under 30 TAC §§ 117.325 or 117.425

CO Monitoring System:

Select one of the following options to indicate how the unit is monitored for CO exhaust emissions. Enter the code on the form.

Code	Description
CEMS	Continuous emissions monitoring
PEMS	Predictive emissions monitoring system
OTHER	Other than a CEMS or PEMS

▼ **Continue only if “NO_x Reduction” is “POST1.”**

NH₃ Emission Limitation:

Title 30 TAC Chapter 117 provides options to be in compliance with the ammonia (NH₃) emission specifications of 30 TAC Chapter 117. Select one of the following options. Enter the code on the form.

Code	Description
310	Complying with 30 TAC § 117.310(c)(2) [relating to Emission Specifications for Attainment Demonstration] <i>(use for incinerators in the Houston/Galveston/Brazoria ozone nonattainment area)</i>
410	Complying with 30 TAC § 117.410(c)(2) [relating to Emission Specifications for Eight-Hour Attainment Demonstration] <i>(use for incinerators in the Dallas/Fort Worth Eight-Hour ozone nonattainment area)</i>
ACSS	Complying with an Alternative Case Specific Specification under 30 TAC §§ 117.325 or 117.425

NH₃ Monitoring:

Select one of the following options to indicate how the unit is monitored for NH₃ emissions. Enter the code on the form.

Code	Description
BAL	Mass balance using the equation and requirements of 30 TAC § 117.8130(1)
OXI	Using the oxidation of ammonia to nitrogen oxide (NO) under 30 TAC § 117.8130(2)
STAIN	Using stain tubes specific for ammonia under 30 TAC § 117.8130(3)
CEMS	Continuous emissions monitoring system
PEMS	Predictive emissions monitoring system

Table 3: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart E: Standards of Performance for Incinerators

Unit ID No.:

Enter the identification number (ID No.) for the incinerator (maximum 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 go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Charging Rate:

Enter one of the following options to describe the charging rate at the incinerator. Enter the code on the form.

Code	Description
45-	Incinerator with charging rate less than or equal to 45 metric tons/day (50 tons/day)
45+	Incinerator with charging rate greater than 45 metric tons/day (50 tons/day)

▼ Continue only if “Charging Rate” is “45+.”

Construction/Modification Date:

Select one of the following options that describe the date of commencement of the incinerators most recent construction or modification. Enter the code on the form.

Code	Description
71-	On or before August 17, 1971
71+	After August 17, 1971

▼ Continue only if “Construction/Modification Date” is “71+.”

Subpart Eb or AAAA:

Enter “YES” if the facility is covered by 40 CFR Part 60, Subpart Eb or AAAA. Otherwise, enter “NO.”

▼ Continue only if “Subpart Eb or AAAA” is “NO.”

EPA Approved State § 111(d)/129 PLAN:

Enter “YES” if the facility is covered by an EPA approved state § 111(d)/129 plan implementing 40 CFR Part 60, Subpart Cb or BBBB. Otherwise, enter “NO.”

▼ Continue only if “EPA Approved State § 111(d)/129 Plan” is “NO.”

Subpart FFF or JJJ:

Enter “YES” if the facility is covered by 40 CFR Part 62, Subpart FFF or JJJ of this title (Federal § 111(d)/129 plan implementing 40 CFR Part 60, Subpart Cb or BBBB). Otherwise, enter “NO.”

Table 4: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart O: Standards of Performance for Sewage Treatment Plants (Sewage Sludge Incinerators)

★ Complete only for municipal sewage sludge incinerators.

Unit ID No.:

Enter the identification number (ID No.) for the incinerator (maximum 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 go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Sewage Sludge Incineration:

Enter “YES” if the incinerator burns waste containing more than 10% sewage sludge (dry basis) from a municipal sewage sludge treatment plant, or charges more than 1000 kg (2205 lb) per day municipal sewage sludge dry basis. Otherwise, enter “NO.”

▼ Continue only if “Sewage Sludge Incineration” is “YES.”

Construction/Modification Date:

Select one of the following options for the date of commencement of the most recent construction, modification, or reconstruction of the unit. Enter the code on the form.

Code	Description
73-	On or before June 11, 1973
73-86	After June 11, 1973 and on or before April 18, 1986
86+	After April 18, 1986

▼ **Continue only if “Construction/Modification Date” is “73-86” or “86+.”**

Incinerator Type:

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

Code	Description
MULT	Multiple hearth incinerators
FLUID	Fluidized bed incinerator
ELEC	Electric sludge incinerator
OTHER	Any other incinerator type

Control Device:

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

Code	Description
WET	Wet scrubbing control device
OTHER	Other control device type

Control Device ID No:

Enter the identification number for the control device to which incinerator emissions are routed (maximum 14 characters). This number should be consistent with the identification number listed on the Form OP-SUM.

★ **Complete “PM Emission Rate” only if “Incinerator Type” is “FLUID,” “MULT,” or “ELEC.”**

PM Emission Rate:

Select one of the following options for the emission rate demonstrated during the performance test. Enter the code on the form.

Code	Description
38-	Dry sludge input is less than or equal to 0.38 g/kg (0.75 lb/ton dry sludge)
38+	Dry sludge input is greater than 0.38 g/kg (0.75 lb/ton dry sludge)

Table 5: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart C: National Emission Standard for Beryllium

★ **Complete only for incinerators used to process beryllium ore, beryllium, beryllium oxide, beryllium alloys, or beryllium-containing waste.**

Unit ID No.:

Enter the identification number (ID No.) for the incinerator (maximum 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 go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Ambient Limit:

Enter “YES” if the owner or operator has requested approval from the EPA Administrator to meet an ambient concentration limit on beryllium in the vicinity of the source of 0.01 micrograms per cubic meter ($\mu\text{g}/\text{m}^3$) averaged over a 30-day period. Otherwise, enter “NO.”

Ambient Limit ID No.:

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

▼ **Continue only if “Ambient Limit” is “NO.”**

Burning:

Enter “YES” if beryllium and/or beryllium-containing waste, except propellants, are burned in the incinerator. Otherwise, enter “NO.”

Waiver: Enter “YES” if a waiver of emission testing was obtained under 40 CFR § 61.13. Otherwise, enter “NO.”

Waiver ID No.:

If a waiver of emission testing has been approved, then enter the corresponding unique identifier for each unit or process. If the unique identifier is unavailable, then enter the date of the approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate account number. Otherwise, leave the column blank.

Table 6: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart E: National Emission Standard for Mercury

★ **Complete only for incineration of wastewater treatment plant sludge.**

Unit ID No.:

Enter the identification number (ID No.) for the incinerator (maximum 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 go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Emission Testing Waiver:

Enter “YES” if a waiver of emission testing has been obtained under 40 CFR § 61.13. Otherwise, enter “NO.”

Waiver ID No.:

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

▼ **Continue only if “Emission Testing Waiver” is “NO.”**

Sludge Sampling:

Enter “YES” if sludge sampling is conducted. Otherwise, enter “NO.”

Mercury Emissions:

Enter “YES” if mercury emissions exceed 1,600 grams per 24-hour period. Otherwise, enter “NO.”

Table 7a: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113), Subchapter D: Hospital/ Medical/ Infectious Waste Incinerators

★ **Complete this table only for an existing hospital/ medical/ infectious waste incinerator (HMIWI) as defined in TAC §113.2070.**

Unit ID No.:

Enter the identification number (ID No.) for the incinerator (maximum 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 go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Construction Date:

Select one of the following options that describe the date of commencement of the most recent construction. Enter the code on the form.

Code	Description
-96	On or before June 20, 1996
+96	After June 20, 1996

▼ **Continue only if “Construction Date” is “-96.”**

Combustor Type:

Enter “YES” if the HMIWI unit meets one of the combustor types specified in Table 1 of TAC § 113.2070. Otherwise, enter “NO.”

★ **Complete “Type of Waste” and “Co-Fired Combustor” only if “Combustor Type” is “YES.”**

Type of Waste:

Enter “YES” if the incinerator is burning only pathological waste, low-level radioactive waste, and/or chemotherapeutic waste. Otherwise, enter “NO.”

CO-Fired Combustor:

Enter “YES” if the incinerator is a co-fired combustor as defined in TAC § 113.2070. Otherwise, enter “NO.”

▼ **Continue only if “Combustor Type” is “NO.”**

HMIWI Size:

Enter “YES” if the incinerator is a small remote HMIWI as defined in TAC § 113.2070. Otherwise, enter “NO.”

▼ **Continue only if “HMIWI SIZE” is “NO.”**

Table 7b: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113), Subchapter D: Hospital/ Medical/ Infectious Waste Incinerators
Unit ID No.:

Enter the identification number (ID No.) for the incinerator (maximum 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 go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Control Device:

Enter “YES” if the incinerator is equipped with a dry scrubber followed by a fabric filter, a wet scrubber, or a dry scrubber followed by both a fabric filter and a wet scrubber. Otherwise, enter “NO.”

PM CEMS:

Enter “YES” if the incinerator uses a continuous emissions monitoring system (CEMS) to demonstrate compliance with the PM emission limit. Otherwise, enter “NO.”

Opacity Monitoring:

Select one of the following options that describe the method used to demonstrate compliance with the opacity emission limit. Enter the code on the form.

Code	Description
COMS	Continuous opacity monitoring system
EQUIV	Equivalent opacity monitor approved by the EPA Administrator
NONE	No opacity monitoring system

Approved Equivalent ID No.:

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

Commercial Unit:

Enter “YES” if the unit has a commercial medical waste incinerator, or if it burns more than 200 lbs/hr of hospital waste or medical/ infectious waste. Otherwise, enter “NO.”

Table 7c: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113), Subchapter D: Hospital/ Medical/ Infectious Waste Incinerators

Unit ID No.:

Enter the identification number (ID No.) for the incinerator (maximum 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 go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

CO Monitoring:

Select one of the following options that describe the method used to demonstrate compliance with the CO emission limit. Enter the code on the form.

Code	Description
CEMS	Continuous emission monitoring system (CEMS)
EQUIV	Equivalent CO monitor approved by the EPA Administrator
NONE	No CO monitoring system

Approved Equivalent ID No.:

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

Dioxins/Furans CEMS:

Enter "YES" if the incinerator uses a continuous emissions monitoring system (CEMS) to demonstrate compliance with the dioxins / furans emission limit. Otherwise, enter "NO."

Toxic Equivalent Method:

Enter "YES" if the toxic equivalent quantity method as described in TAC § 113.2075(a)(1)(F) is used to determine compliance with the dioxins/furans emission limit. Otherwise, enter "NO."

HCL CEMS:

Enter "YES" if the incinerator uses a continuous emissions monitoring system (CEMS) to demonstrate compliance with the HCL emission limit. Otherwise, enter "NO."

HCL Percentage Reduction Method:

Enter "YES" if the percentage reduction method as described in TAC § 113.2075(a)(1)(G) is used to determine compliance with the HCL emission limit. Otherwise, enter "NO."

Table 7d: Title 30 Texas Administrative Code Chapter 113 (30 TAC Chapter 113), Subchapter D: Hospital/ Medical/ Infectious Waste Incinerators

Unit ID No.:

Enter the identification number (ID No.) for the incinerator (maximum 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 go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Pb CEMS:

Enter "YES" if the incinerator uses a continuous emissions monitoring system (CEMS) to demonstrate compliance with the Pb emission limit. Otherwise, enter "NO."

Pb Percentage Reduction Method:

Enter "YES" if the percentage reduction method as described in TAC § 113.2075(a)(1)(G) is used to determine compliance with the Pb emission limit. Otherwise, enter "NO."

Cd CEMS:

Enter "YES" if the incinerator uses a continuous emissions monitoring system (CEMS) to demonstrate compliance with the Cd emission limit. Otherwise, enter "NO."

Cd Percentage Reduction Method:

Enter "YES" if the percentage reduction method as described in TAC § 113.2075(a)(1)(G) is used to determine compliance with the Cd emission limit. Otherwise, enter "NO."

Hg CEMS:

Enter "YES" if the incinerator uses a continuous emissions monitoring system (CEMS) to demonstrate compliance with the Hg emission limit. Otherwise, enter "NO."

Hg Percentage Reduction Method:

Enter “YES” if the percentage reduction method as described in TAC § 113.2075(a)(1)(G) is used to determine compliance with the Hg emission limit. Otherwise, enter “NO.”

Table 8a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart EEE: Hazardous Waste Combustors

- ★ **Complete this table for incinerators that burn hazardous waste, and are located at an area source or a major source, and do not meet the criteria in Table 1 of § 63.1200(b).**

Unit ID No.:

Enter the identification number (ID No.) for the unit (maximum 14 characters) as listed on Form OP-SUM (Individual Unit Summary).

SOP/GOP Index No.:

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Existing Source:

Enter “YES” if the incinerator is an existing source (construction or reconstruction commenced on or before April 20, 2004). Otherwise, enter “NO.”

Control SYS: Enter “YES” if the incinerator is equipped with a waste heat boiler or a dry air pollution control system. Otherwise, enter “NO.”

- ★ **Complete “Inlet Temp” only if both “Existing Source” and “Control Sys” are “YES.”**

Inlet Temp:

Enter “YES” if the gas temperature at the inlet of the initial PM control device is 400 degrees F or lower. Otherwise, enter “NO.”

Hg Feedrate:

Enter “YES” if extrapolation of feedrate levels is used for Hg. Otherwise, enter “NO.”

ALT Metals: Enter “YES” if in lieu of complying with the particulate matter standards, you elect to comply with the alternative metal emission control requirement. Otherwise, enter “NO.”

MET Feedrate:

Enter “YES” if extrapolation of feedrate levels is used for semivolatile and low volatile metals. Otherwise, enter “NO.”

Table 8b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart EEE: Hazardous Waste Combustors

Unit ID No.:

Enter the identification number (ID No.) for the unit (maximum 14 characters) as listed on Form OP-SUM (Individual Unit Summary).

SOP/GOP Index No.:

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please go to the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

CO/THC Standard:

Select one of the following options. Enter the code on the form.

Code	Description
CO-5	Complying with the CO standard in § 63.1219(a)(5)(i) or (b)(5)(i)
THC-5	Complying with the THC standard in § 63.1219(a)(5)(ii) or (b)(5)(ii)

Baghouse:

Enter “YES” if the furnace is equipped with a baghouse. Otherwise, enter “NO.”

★ **Complete “PM Detection” only if “Baghouse” is “YES.”**

PM Detection:

Enter “YES” if a PM detection system is used. Otherwise, enter “NO.”

Dioxin-Listed:

Enter “YES” if the furnace burns the dioxin-listed hazardous wastes F020, F021, F022, F023, F026, or F027. Otherwise, enter “NO.”

DRE Previous Test:

Enter “YES” if previous testing was used to document conformance with the DRE standard. Otherwise, enter “NO.”

★ **Complete “Feed Zone” only if “DRE Previous Test” is “YES.”**

Feed Zone:

Enter “YES” if the source feeds waste at a location other than the normal flame zone. Otherwise, enter “NO.”