# Form OP-UA51
# Dryer/Kiln/Oven 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 The individual unit summary (OP-SUM) information and the negative applicable/superseded requirement determinations (OP-REQ2) will be provided on each individual OP-UA form for the applicable units identified in the unit attribute tables.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 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 (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 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 (GRP*XXXXXXX*) ("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 (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 units 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 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 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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**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):**
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** *(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).

## OP-UA51 Form Unit Attribute Tables- Instructions

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

| | |
|---|---|
| **Table 1:** | **Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart PP: Standards of Performance for Ammonium Sulfate Manufacture** |
| **Table 2:** | **Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart E: National Emission Standard for Mercury** |
| **Table 3:** | **Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart K: National Emission Standards for Radionuclide Emissions From Elemental Phosphorus Plants** |
| **Tables 4a – 4b:** | **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, Dryers, Kilns, and Ovens** |
| **Table 5:** | **Title 30 Texas Administrative Code Chapter 117 (30 TAC Chapter 117), Subchapter E: Multi-Region Combustion Control, Division 2, Cement Kilns** |
| **Table 6:** | **Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A: Visible Emissions and Particulate Matter, Division 2, Incineration** |
| **Tables 7a – 7c:** | **Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart EEE: Hazardous Waste Combustors** |
| **Tables 8a – 8d:** | **Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJJJ: Brick and Structural Clay Products Manufacturing** |

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

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 regulation for a unit.

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

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 the TCEQ customers and regulated activities, such a 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 has 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 an 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.

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**Specific**

**Table 1: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart PP: Standards of Performance for Ammonium Sulfate Manufacture**

★ **Complete this table only for ammonium sulfate dryers within an ammonium sulfate manufacturing plant in the caprolactam by-product, synthetic, and coke oven by-product sectors of the ammonium sulfate industry**.

**Unit ID No.:**
Enter the identification number (ID No.) for the ammonium sulfate dryer (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 Date:**
Select one of the following options that describe the date of commencement of the most recent construction or modification of the ammonium sulfate dryer. Enter the code on the form.

| Code | Description |
|---|---|
| 80- | On or before February 4, 1980 |
| 80+ | After February 4, 1980 |

▼ **Continue only if "Construction Date" is "80+."**

**Weigh Scales:**
Enter "YES" if the plant, where the ammonium sulfate dryer is located, uses weigh scales to directly measure the production rate of ammonium sulfate. Otherwise, enter "NO."

▼ **Continue only if "Weigh Scales" is "NO."**

**Material Balance:**
Select one of the following options for the type of plant at which the ammonium sulfate dryer is located. Enter the code on the form.

| Code | Description |
|---|---|
| SCOB | The ammonium sulfate dryer is located at a synthetic or coke oven by-product ammonium sulfate plant (the ammonium sulfate production rate is determined by material balance) |
| CAPB | The ammonium sulfate dryer is located at a caprolactam by-product ammonium sulfate plant |

(the ammonium sulfate production rate is determined by material balance)

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**Table 2: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart E: National Emission Standard for Mercury**

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

**Unit ID No.:**
Enter the identification number (ID No.) for the dryer (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.

**Emissions 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 by the EPA Administrator, then enter the corresponding unique identifier (maximum 14 characters) 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 this column blank.

▼ **Continue only if "Emissions 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."

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**Table 3: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart K: National Emission Standards for Radionuclide Emissions From Elemental Phosphorus Plants**

★ **Complete only for calciner or nodulizing kilns located at an elemental phosphorus plant.**

**Unit ID No.:**
Enter the identification number (ID No.) for the calciner or nodulizing kiln (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 Operating Condition:**
Enter "YES" if calciner or nodulizing kiln is using an alternate operating condition (AOC), approved by the EPA Administrator. Otherwise, enter "NO."

**AOC ID No.:**
If an AOC has been approved by the EPA Administrator, then enter the corresponding AOC unique identifier for each unit or process. If the unique identifier is unavailable, then enter the date of the AOC 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 "Free-Jet Scrubber System" only if "Alternate Operating Condition" is "NO."**

**Free-Jet Scrubber System:**
Enter "YES" if a Hydro-Sonic® Tandem Nozzle Fixed Throat Free-Jet Scrubber System is in place. Otherwise, enter "NO."

★ **Complete "Wet Scrubber" only if "Free-Jet Scrubber System" is "NO."**

**Wet Scrubber:**
Enter "YES" if a wet-scrubber is being used for emissions control. Otherwise, enter "NO."

**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.

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**Table 4a: 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, Dryers, Kilns, and Ovens.**

★ **Complete Tables 4a - 4b only for units located at a major source of NOx in the Houston/Galveston/Brazoria or Dallas/Fort Worth Eight-Hour ozone nonattainment areas.**

**Unit ID No.:**
Enter the identification (ID No.) for the unit (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.

**Unit Type:**
Select one of the following options that describe the unit. Enter the code on the form.

For units located in the Houston/Galveston/Brazoria ozone nonattainment area:

| Code | Description |
|---|---|
| MGDRY | Magnesium chloride fluidized bed dryer |
| LKILN | Lime kiln |
| AGKILN | Lightweight aggregate kiln |
| OTHER1 | Kiln, dryer or oven other than listed above |

For unit located in the Dallas/Fort Worth Eight-Hour ozone nonattainment area:

| Code | Description |
|---|---|
| LKILN | Lime kiln |
| BKILN | Brick kiln |
| CKILN | Ceramic kiln |
| FGOVN | Gas fired curing oven used for the production of mineral wool-type or textile type fiberglass |
| OV/HTR | Oven or heater |
| DRYER | Dryer used in an organic solvent, printing ink, clay, brick, ceramic tile, calcining or vitrifying processes |
| SDRYER | Spray dryer used in ceramic tile manufacturing processes |
| OTHER2 | Other not listed above such as fiberglass forming oven or natural gas-fired heater used exclusively for comfort heat in an area of occupancy |

▼ **Do not continue if "Unit Type" is "OTHER1" or "OTHER2"**

**Maximum Rated Capacity:**
Select one of the following options for the maximum rated capacity (MRC), as defined in 30 TAC Chapter 117, of the unit. Enter the code on the form.

| Code | Description |
|---|---|
| 5- | MRC is 5 MMBtu/hr or less |
| 5-100 | MRC is greater than 5 MMBtu/hr but less than 100 MMBtu/hr |
| 100 | MRC is 100 MMBtu/hr or greater |

▼ **Do not continue if "Unit Type" is "BKILN," "CKILN," "FGOVN," "OV/HTR," "DRYER" or "SDRYER" and "Maximum Rated Capacity" is "5-."**

★ **Complete "Fuel Fired" only if "Unit Type" is "OV/HTR," "DRYER" OR "SDRYER."**

**Fuel Fired:**
Enter "YES" if the dryer, heater, or oven is fired with natural gas. Otherwise, enter "NO."

▼ **Do not continue if "Unit Type" is "OV/HTR," "DRYER" or "SDRYER" and "Fuel-Fired" is "NO."**

★ **Complete "N-Bound" only if "Unit Type" is "FGOVN."**

**N-Bound:**
Enter "YES" if the curing oven uses nitrogen-containing or other [bound chemical] additives. Otherwise, enter "NO."

▼ **Do not continue if "N-Bound" is "YES."**

**NOx Emission Limitation:**
Select the option that describes the NOx emission specification that applies to the unit. Enter the code on the form.

| Code | Description |
|---|---|
| 310 | Complying with the requirements of 30 TAC § 117.310(a) [relating to Emission Specifications for Attainment Demonstration] *(use for units in the Houston/Galveston/Brazoria ozone nonattainment area)* |
| 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 | Complying with the requirements of 30 TAC § 117.410(a) [relating to Emission Specifications for Eight-Hour Attainment Demonstration] *(use for units in the Dallas/Fort Worth Eight-Hour ozone nonattainment area)* |
| ACF | Unit is complying with an annual capacity factor specification under Title 30 TAC §§ 117.310(d)(3) and 117.310(a)(17) or under § 117.410(a)(14) |

★ **Complete "23C-Option" only if "NOx 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 | NOx, 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) |

★ **Complete "Kiln Lb/Ton NOx Limit" only if "Unit Type" is "BKILN" or "CKILN" and unit is in Dallas/Fort Worth Eight-Hour ozone nonattainment area.**

**Kiln lb/ton NOx Limit:**
Enter "YES" if the brick or ceramic kiln uses the lb/ton of product NOx emission limit (instead of 40% reduction). Otherwise, enter "NO."

**NOx Reduction (ICI):**
Select one of the following NOx reduction options. Enter the code on the form.

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

**NOx 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 |

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**Table 4b: 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; Dryers, Kilns, and Ovens**

**Unit ID No.:**
Enter the identification (ID No.) for the unit (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.

**NOx 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 |

**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 NOx 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 NOx 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 |
|---|---|
| 310 | Complying with 30 TAC § 117.310(c)(1) [relating to Emission Specifications for Attainment Demonstration] *(use for units in the Houston/Galveston/Brazoria ozone nonattainment area)* |
| 410 | Complying with 30 TAC § 117.410(c)(1) [relating to Emission Specifications for Eight-Hour Attainment Demonstration] *(use for units in the Dallas/Fort Worth Eight-Hour ozone nonattainment area)* |
| 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 system complying with 30 TAC § 117.8100(a)(1) |
| PEMS | Predictive emissions monitoring system complying with 30 TAC § 117.8100(b) |
| OTHER | Other than a CEMS or PEMS |

▼ **Continue only if "NOx Reduction (ICI)" is "POST1."**

**NH3 Emission Limitation:**
Title 30 TAC Chapter 117 provides two options to be in compliance with the ammonia ($NH_3$) 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] *(use for units in the Houston/Galveston/Brazoria ozone nonattainment area)* |
| 410 | Complying with 30 TAC § 117.410(c)(2) [relating to Emission Specifications for Eight-Hour Attainment Demonstration] *(use for units in the Dallas/Fort Worth Eight-Hour ozone nonattainment area)* |
| 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 $NH_3$ emissions. Enter the code on the form.

| Code | Description |
|---|---|
| CEMS | Continuous emissions monitoring system |
| PEMS | Predictive emissions monitoring system |
| MBAL | Mass balance |
| OXY | Oxidation of ammonia to nitric oxide (NO) |
| STUBE | Stain tube |

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**Table 5: Title 30 Texas Administrative Code Chapter 117 (30 TAC Chapter 117), Subchapter E, Division 2: Cement Kilns**

★ **Complete this table only for portland cement kilns located in Bexar, Comal, Ellis, Hays, or McClennan Counties.**

**Unit ID No.:**
Enter the identification number (ID No.) for the kiln (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.

**Date Placed in Service:**
Select one of the following options to indicate the date that the portland cement kiln was placed in service. Enter the code on the form.

| Code | Description |
|---|---|
| 99- | Before December 31, 1999 |
| 99-06 | On or after December 31, 1999, but before January 1, 2006 |
| 06+ | On or after January 1, 2006 |

★ **Complete "Kilns at Account Before January 1, 2001" only if the site is located in Ellis County.**

**Kilns at Account Before January 1, 2001:**
Enter "YES" if there were any portland cement kilns in operation at the account before January 1, 2001. Otherwise, enter "NO."

**Complying With Source Cap:**
Enter "YES" if the kiln is located at an account that is complying with the source cap specified in 30 TAC § 117.3120. Otherwise, enter "NO."

▼ **Do not continue if the site is located in Bexar, Comal, Hays or McLennan County, "Date Placed in Service" is "99-06" or "06+," and "Complying with Source Cap" is "NO."**

▼ **Do not continue if the site is located in Ellis County, "Kilns at Account Before January 1, 2001" is "NO," and "Complying with Source Cap" is "NO."**

★ **Complete "Kiln Type" if "Date Placed in Service" is "99-" and "Complying with Source Cap" is "NO."**

**Kiln Type:**
Select one of the following options for the type of portland cement kiln. Enter the code on the form.

| Code | Description |
|---|---|
| LWK | Long wet kiln |
| LDK | Long dry kiln |
| PREHTRK | Preheater kiln |
| PRECALK | Preheater-precalciner kiln or precalciner kiln |

★ **Complete "NOx Control" if site is located in Bexar, Comal, Hays or McLennan County and "Date Placed in Service" is "99-" or if site is located in Ellis County, "Date Placed in Service" is "99-" and "Complying with Source Cap" is "NO."**

**NOx Control:**
Select one of the following options to indicate the type of control used for NOx. Enter the code on the form.

For kilns of type "LWK" or "LDK":

| Code | Description |
|---|---|
| 3110C | The kiln meets the specifications in § 117.3110(c) and the owner or operator is choosing to comply with these controls in liu of the emission limits in § 117.3110(a) |
| WA | A weighted average for multiple cement kilns at the same account is used to comply with the NOx emission specifications as allowed under § 117.3110(b) |
| 3110A | The kiln meets emission limits in § 117.3110(a) |

For kilns of type "PREHRTK" or "PRECALK":

| Code | Description |
|---|---|
| 3110D | Either a low-NOx burner or a low-NOx precalciner is used to control NOx under § 117.3110(d) |
| WA | A weighted average for multiple cement kilns at the same account is used to comply with the NOx emission specifications as allowed under § 117.3110(b) |
| 3110A | The kiln meets emission limits in § 117.3110(a) |

**NOx Monitoring Type:**
Select one of the following options to indicate the type of monitoring system used to monitor the exhaust NOx emissions from the kiln. Enter the code on the form.

| Code | Description |
|---|---|
| CEMS | Continuous emissions monitoring system |
| PEMS | Predictive emissions monitoring system |

▼ **Do not continue if the site is located in Ellis County, "Kilns at Account Before January 1, 2001" is "NO," and "Complying with Source Cap" is "YES."**

**$NH_3$ Injection:**
Enter "YES" if ammonia or urea is injected into the exhaust stream for NOx control. Otherwise, enter "NO."

★ **Complete "Alternative Case Specific Specifications for $NH_3$" only if "$NH_3$ Injection" is "YES."**

**Alternative Case Specific Specifications for $NH_3$:**
Enter "YES" if the applicant is complying with the Alternative Case Specific Specifications under § 117.3125. Otherwise, enter "NO."

**Table 6: Title 30 Texas Administrative Code Chapter 111 (30 TAC Chapter 111), Subchapter A, Division 2: Incineration**

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

**Hazardous Waste:**
Enter "YES" if the unit combusts hazardous waste as a fuel for energy recovery and the facility accepts hazardous waste as a fuel from off-site sources which involves a commercial transaction or a change of ownership of the waste and the facility is not regulated at 40 CFR Part 264 or 265, Subpart O. Otherwise, enter "NO".

▼ **Continue only if "Hazardous Waste" is "YES."**

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

**Table 7a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart EEE: Hazardous Waste Combustors**

★ **Complete this table for solid or liquid-fueled boilers 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 and GOP 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.

**Type Kiln:**
Select one of the following options. Enter the code on the form.

| Code | Description |
|---|---|
| CEMENT | Cement kiln |
| AGG | Lightweight aggregate kiln |

**Existing Source:**
Enter "YES" if the kiln is an existing source (construction or reconstruction commenced on or before April 20, 2004). Otherwise, enter "NO."

**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."

★ **Complete "Inline Raw Dual Stks" only if "Type Kiln" is "CEMENT."**

**Inline Raw Dual Stks.:**
Enter "YES" if the kiln has an in-line raw mill with dual stacks. Otherwise, enter "NO."

**Hg ALT:**
Enter "YES" if the kiln is complying with the alternate Hg standards in § 63.1206(b). Otherwise, enter "NO."

★ **Complete "Hg MTEC" and "Hg Feedrate" only if "Hg Alt" is "NO."**

**Hg MTEC:**
Enter "YES" if the kiln is complying with the maximum theoretical emission concentration. Otherwise, enter "NO."

**Hg Feedrate:**
Enter "YES" if extrapolation of feedrate levels is used for Hg. Otherwise, enter "NO."

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**Table 7b: 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 and GOP 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.

**Semivol ALT:**
Enter "YES" if the kiln is complying with the alternate semi-volatile metals standards in § 63.1206(b). Otherwise, enter "NO."

**Lowvol ALT:**
Enter "YES" if the kiln is complying with the alternate low volatile metals standards in § 63.1206(b). Otherwise, enter "NO."

★ **Complete "Met Feedrate" if "Semivol Alt" and/or "Lowvol Alt" are "NO."**

**Met Feedrate:**
Enter "YES" if extrapolation of feedrate levels is used for semi-volatile and/or low volatile metals. Otherwise, enter "NO."

**CO/THC Standard:**
Select one of the following options. Enter the code on the form.

For cement kilns:

| Code | Description |
|---|---|
| 1206-1 | Complying with § 63.1206(b)(13)(i)(A)(1) or§ 63.1206(b)(13)(i)(B)(1) [hydrocarbons in the main stack] |
| 1206-2 | Complying with § 63.1206(b)(13)(i)(A)(2) or § 63.1206(b)(13)(i)(B)(2)(i) [hydrocarbons both in the by-pass duct and at a preheater tower combustion gas monitoring location] |
| 1206-3 | Complying with § 63.1206(b)(13)(i)(A)(3) or § 63.1206(b)(13)(i)(B)(3)(i) [only firing location of hazardous waste upstream of the point where combustion gases are diverted into the bypass duct is at the kiln end where products are normally discharged] |
| CO-5MID | Complying with the CO standard in § 63.1220(a)(5)(i)(A) or § 63.1220(b)(5)(i)(A)(1) [for kilns equipped with a by-pass duct or midkiln gas sampling system] |
| THC-5MID | Complying with the THC standard in § 63.1220(a)(5)(i)(B) or § 63.1220(b)(5)(i)(A)(2) [for kilns equipped with a by-pass duct or midkiln gas sampling system] |

For cement kilns:

| Code | Description |
|---|---|
| CO-5 | Complying with the CO standard in § 63.1220(a)(5)(ii)(B) or § 63.1220(b)(5)(ii)(B)(1) |
| THC-5 | Complying with the THC standard in § 63.1220(a)(5)(ii)(A) or § 63.1220(b)(5)(ii)(A) |

For lightweight aggregate kilns:

| Code | Description |
|---|---|
| CO-5A | Complying with the CO standard in § 63.1221(a)(5)(i) or (b)(5)(i) |
| THC-5A | Complying with the THC standard in § 63.1221(a)(5)(ii) or (b)(5)(ii) |

★ **Complete "No Previous Kiln" only if "Type Kiln" is "Cement" and "Existing Source" is "NO."**

**No Previous Kiln:**
Enter "YES" if the kiln was constructed after April 19, 1996, at a site where a cement kiln did not previously exist. Otherwise, enter "NO."

**Chlorine ALT:**
Enter "YES" if the kiln is complying with the alternate hydrogen chloride/chlorine gas standards in § 63.1206(b). Otherwise, enter "NO."

**Baghouse:**
Enter "YES" if the kiln is equipped with a baghouse. Otherwise, enter "NO."

---

**Table 7c: 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 and GOP 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 "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 the 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."

★ **Complete "Inline Raw Mill" only if "Type Kiln" is "CEMENT."**

**Inline Raw Mill:**
Enter "YES" if the kiln has an in-line raw mill. Otherwise, enter "NO."

★ **Complete "Preheater Dual Stks" only if "Type Kiln" is "CEMENT."**

**Preheater Dual Stacks:**
Enter "YES" if the kiln is a preheater/precalciner kiln with dual stacks. Otherwise, enter "NO."

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**Table 8a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJJJ: Brick and Structural Clay Products Manufacturing**

★ **Complete this table for periodic or tunnel kilns that are located at a major source of HAP, and are not subject to 40 CFR Part 63, Subparts KKKKK or SSSSS**

**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 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.

**Kiln Type:**
Select one of the following options. Enter the code on the form.

| Code | Description |
|---|---|
| PERI | Periodic kiln |
| TUN | Tunnel kiln |

▼ **Do not continue if "Kiln Type" is "PERI."**

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

| Code | Description |
|---|---|
| DLA | Tunnel Kiln equipped with a Dry Limestone Absorber |
| DRY | Tunnel Kiln equipped with a Dry Lime Injection Fabric Filter, Dry Line Scrubber/Fabric Filter |
| WS | Tunnel Kiln equipped with a Wet Scrubber |
| T2ALT | APCD not addressed in Table 2 per § 63.8445(h) |
| NONE | No add-on control device |

**HCl Eq 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. If there is no control device, then leave this column blank.

★ **Complete "HCl Eq Alternative Standard" and "HCl Eq Monitoring Type" only if "HCl Eq Control Device Type" is "DLA," "DRY" or "WS."**

**HCl Eq Alternate Standard:**
Select one of the following options. Enter the code on the form.

| Code | Description |
|---|---|
| ALT | Alternate standard established for the kiln |
| NOALT | No alternate standard established for the kiln |

**HCl Eq Monitoring Type:**
Select one of the following options. Enter the code on the form.

| Code | Description |
|---|---|
| CMS | Continuous Monitoring System |
| ALTM | Approved alternative monitoring |

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## Table 8b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJJJ: Brick and Structural Clay Products Manufacturing

**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 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.

**If "HCl Eq Control Device Type" is "WS," skip to Table 8c.**

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

| Code | Description |
|---|---|
| DLA | Dry Limestone Absorber used to maintain no visible emissions |
| DRY | Dry Lime Injection Fabric Filter, Dry Line Scrubber/Fabric Filter used to maintain no visible emission |
| NONE | No add-on control device |

**PM/Opacity 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. If there is no control device, then leave this column blank

★ **Complete "Visual Emissions Alternative Standard" and "PM/Opacity Monitoring Type" only if "PM/Opacity Control Device Type" is "DLA," or "DRY".**

**Visual Emissions Alternate Standard:**
Select one of the following options. Enter the code on the form.

| Code | Description |
|---|---|
| VEALT | Visible Emissions Alternate standard established for the kiln |
| NOVEALT | No Visible Emissions Alternate standard established for the kiln |

**PM/Opacity Monitoring Type:**
Select one of the following options. Enter the code on the form.

| Code | Description |
|---|---|
| CMS | Continuous Monitoring System |
| ALTM | Approved alternative monitoring |

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**Table 8c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJJJ: Brick and Structural Clay Products Manufacturing**

**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 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.

**Design Capacity:**
Select one of the following options. Enter the code on the form.

| Code | Description |
|---|---|
| 10- | Tunnel kiln less than 10 tons/hr (9.07 Mg/hr) is a small kiln |
| 10+ | Tunnel kiln greater than 10 tons/hr (9.07 Mg/hr) is a large kiln |

**Construction Date:**
Select one of the following options. Enter the code on the form.

| Code | Description |
|---|---|
| EXIST | Tunnel kiln commenced on or before December 18, 2014 is an existing kiln |
| NEW-REC | Tunnel kiln commenced after December 18, 2014 is a new or reconstructed kiln |

**PM Pollutant Emission Limit Units:**
Select one of the following options for the emission limit units. Enter the code on the form.

| Code | Description |
|---|---|
| PMKM | Particulate Matter pollutant measured in kg/Mg (lb/ton) of fired product |
| PMMD | Particulate Matter pollutant measured in mg/dscm (gr/dscf) at 17% $O_2$ of fired product |
| TNHGHM | Kiln is using non-Hg HAP Metal in lieu of particulate matter |

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

| Code | Description |
|---|---|
| DLA | Dry Limestone Absorber |
| DRY | Dry Lime Injection Fabric Filter, Dry Line Scrubber/Fabric Filter |
| WS | Wet Scrubber |
| T2ALT | APCD not addressed in Table 2 per § 63.8445(h) |
| NONE | No add-on control device |

**PM 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. If there is no control device, then leave this column blank

★ **Complete "PM Alternative Standard" only if "PM Control Device Type" is "DLA," "DRY," or "WS."**

**PM Alternate Standard:**
Select one of the following options. Enter the code on the form.

| Code | Description |
|---|---|
| ALT | Alternate standard established for the kiln |
| NOALT | No alternate standard established for the kiln |

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**Table 8d: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJJJ: Brick and Structural Clay Products Manufacturing**

**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 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 "PM Monitoring Type" only if "PM Control Device Type" is "DLA," "DRY," or "WS."**

**PM Monitoring Type:**
Select one of the following options. Enter the code on the form.

| Code | Description |
|---|---|
| CMS | Continuous Monitoring System |
| ALTM | Approved alternative monitoring |

**Hg Pollutant Emission Limit Units:**
Select one of the following options for the HG pollutant emission limit units. Enter the code on the form.

| Code | Description |
|---|---|
| HGKM | Mercury pollutant measured in kg/Mg (lb/ton) of fired product |
| HGMD | Mercury pollutant measured in µg/dscm at 17% $O_2$ of fired product |
| HGKH | Mercury pollutant measured in kg/hr (lb/hr) of fired product |

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

| Code | Description |
|---|---|
| DLA | Dry Limestone Absorber |
| ACI | Activated carbon injection |
| T2ALT | APCD not addressed in Table 2 per § 63.8445(h) |
| NONE | No add-on control device |

**Hg 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. If there is no control device, then leave this column blank.

★ **Complete "Hg Alternative Standard" and "Hg Monitoring Type" only if "Hg Control Device Type" is "DLA" or "ACI."**

**Hg Alternate Standard:**
Select one of the following options. Enter the code on the form.

| Code | Description |
|---|---|
| ALT | Alternate standard established for the kiln |
| NOALT | No alternate standard established for the kiln |

**Hg Monitoring Type:**
Select one of the following options. Enter the code on the form.

| Code | Description |
|---|---|
| CMS | Continuous Monitoring System |
| ALTM | Approved alternative monitoring |