







**Alternative Operating Parameters:**

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

**AOP ID No.:**

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

- ▼ **Do not continue if “Alternative Operating Parameters” is “YES.”**
- ★ **Complete “HAP Recovery” only if “Control Device” is “CADS” or “COND.”**

**HAP Recovery:**

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

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

**Regenerable Carbon Adsorber:**

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

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

**Exhaust Stream Temperature Monitor:**

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

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

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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the transfer system as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**HAP Destruction:**

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

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

**Organic Monitoring Device:**

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

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

**Meets 40 CFR § 63.693(f)(1)(iii):**

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

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

**95% HAP Destruction:**

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

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

**BPH TOC Destruction:**

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

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

**95% TOC Destruction:**

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

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

**Meets 40 CFR § 63.693(g)(1)(iii):**

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

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

**Introduced with Fuel:**

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

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

**Continuous Temperature Monitoring System:**

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

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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf)

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

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

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

**HAP < 1 MG Per Year:**

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

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

**Numerical Concentration Limits:**

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

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

**Treated Organic Hazardous Constituents:**

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

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

**Air Emission Controls:**

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

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

**Direct Measurement:**

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

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

**Biological Treatment:**

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

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

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

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

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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**Surface Impoundment Type:**

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

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

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

**Inspected and Monitored:**

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

**Bypass Device:**

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

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

**Flow Meter:**

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

**Design Analysis:**

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

**No Detectable Organic Emissions:**

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

**Control Device:**

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

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

**Control Device ID No.:**

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

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

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

**Subpart DD:**

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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**Alternative Operating Parameters:**

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

**AOP ID No.:**

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

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

**HAP Recovery:**

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

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

**Regenerable Carbon Adsorber:**

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

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

**Complying with § 3.693(d)(4)(iii):**

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

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

**Exhaust Stream Temperature Monitor:**

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

▼ **Continue only if “Control Device” is “VAPTH,” “VAPCAT,” or “BPH.”**



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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**HAP Destruction:**

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

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

**Organic Monitoring Device:**

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

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

**Meets 40 CFR § 63.693(f)(1)(iii):**

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

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

**95% HAP Destruction:**

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

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

**BPH TOC Destruction:**

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

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

**95% TOC Destruction:**

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

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

**Meets 40 CFR § 63.693(g)(1)(iii):**

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

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

**Introduced with Fuel:**

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

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

**Continuous Temperature Monitoring System:**

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

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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**Alternate Means of Compliance:**

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

**AMOC ID No.:**

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

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

**Fuel Gas System:**

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

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

**Cover and Closed-Vent:**

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

**Closed Vent System and Control Device AMOC:**

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

**CVS/CD AMOC ID No.:**

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

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

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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**Bypass Line:**

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

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

**Bypass Line Valve:**

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

**Control Device Type/Operation:**

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

Enclosed Combustion Devices:

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

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

### Vapor Recovery Systems (VRS):

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

### Other Control Devices:

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

### Control Device ID No:

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

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

### Engineering Calculations:

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

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

### Alternate Monitoring Parameters:

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

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

### Carbon Replacement Interval:

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

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

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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**New Source:**

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

**Surface Impoundment Type:**

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

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

**Designated Group 1:**

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

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

**Negative Pressure:**

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

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

**Closed Vent System:**

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

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

**Bypass Lines:**

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

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

**Combination of Control Devices:**

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

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

**Control Device Type:**

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

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

**Control Device ID No.:**

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

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

**Unit ID No.:**

Enter the identification number (ID No.) for the surface impoundment (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

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

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

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

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

**Alternate Monitoring Parameters:**

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

**AMP ID No.:**

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

- ▼ Continue only if “Alternate Monitoring Parameters” is “NO.”
- ★ Complete “Regenerate On-site:” only if “Control Device Type” is “CADS.”

**Regenerate on-Site:**

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

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

**Unit ID No.:**

Enter the identification number (ID No.) for the surface impoundment (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

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

**Performance Test:**

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

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

**95% Reduction Efficiency:**

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

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



**Monitoring Options:**

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

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

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

For non-regenerative carbon adsorbers

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

For scrubbers

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

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

**Continuous Monitoring:**

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

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

**Continuous Monitoring ALT ID No.:**

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

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

This table has been removed from the form. See note below for information on submitting attributes for surface impoundments subject to 40 CFR Part 63, Subpart CC.

*Note: Surface impoundments that receive Group 1 wastewater streams and do not receive streams subject to the provisions of 40 CFR Part 63, Subpart G and 40 CFR §§ 63.133 - 63.147 should be identified on Table 3, for 40 CFR Part 61, Subpart FF.*

*Surface impoundments that receive Group 1 wastewater streams and do receive streams subject to the provisions of 40 CFR Part 63, Subpart G and 40 CFR §§ 63.133 - 63.147 should be identified on Table 4, for 40 CFR Part 63, Subpart G.*

*Surface impoundments that receive Group 2 wastewater streams and do receive streams subject to the provisions of 40 CFR Part 63, Subpart G and 40 CFR §§ 63.133 - 63.147 should also be identified on Table 7, for 40 CFR Part 63, Subpart G, as follows:*

- *If complying with §63.640(o)(2)(i) or §63.640(o)(2)(ii)(A), comply with Group 2 requirements.*



- *If complying with §63.640(o)(2)(ii)(B) (Group 2 wastewater whose benzene emissions are subject to control under 40 CFR Part 61, Subpart FF on or after December 31, 1992), comply with Group 1 requirements.*

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

This table has been removed from the form.

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

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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**Surface Impoundment Type:**

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

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

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

**Closed Vent System:**

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

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

**Bypass Lines:**

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

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

**Combination of Control Devices:**

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

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

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

**Unit ID No.:**

Enter the identification number (ID No.) for the surface impoundment (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**Control Device Type:**

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

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

**Control Device ID No.:**

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

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

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

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

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

**Alternate Monitoring Parameters**

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

**AMP ID No.:**

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

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

**Regeneration:**

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

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

**Unit ID No.:**

Enter the identification number (ID No.) for the surface impoundment (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

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

**Performance Test:**

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

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

**95% Reduction Efficiency:**

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

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

**Monitoring Options:**

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

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

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

For non-regenerative carbon adsorbers

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

For scrubbers

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

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

**Alternate Monitoring Option:**

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

**Alternate Monitoring ID No.:**

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

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

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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**Surface Impoundment Type:**

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

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

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

**Closed Vent System:**

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

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

**Bypass Lines:**

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

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

**Combination of Control Devices:**

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

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

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

**Unit ID No.:**

Enter the identification number (ID No.) for the surface impoundment (maximum 10 characters) as listed on Form O-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**Control Device Type:**

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

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

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

**Control Device ID No.:**

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

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

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

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

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

**Alternate Monitoring Parameters:**

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

**AMP ID No.:**

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

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

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

**Regeneration:**

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

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

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**Unit ID No.:**

Enter the identification number (ID No.) for the surface impoundment (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

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

**Performance Test:**

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

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

**95% Reduction Efficiency:**

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

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

**Monitoring Options:**

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

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

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

For non-regenerative carbon adsorbers

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

For scrubbers

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

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

**Alternate Monitoring Option:**

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

**Alternate Monitoring ID No.:**

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



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

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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**Surface Impoundment Type:**

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

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

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

**Closed Vent System:**

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

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

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

**Bypass Lines:**

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

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

**Combination Of Control Devices:**

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

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



**Control Devices:**

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

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

**Control Device ID No.:**

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

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

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

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

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

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

**Control Device ID No.:**

Enter the identification number (ID No.) for the closed-vent system and control device (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**Halogenated:**

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

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

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

**Halogen Reduction:**

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

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

**Alt 63G Mon Parameters:**

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

**AMP ID No.:**

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

- ▼ Continue only if “Alt 63G Mon Parameters” is “NO.”

- ★ Complete “Regeneration” only if “Control Devices” is “CADS.”

**Regeneration:**

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

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

**Performance Tests:**

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

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

**2485(h)(3):**

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

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

**95% Performance Tests:**

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

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

**Monitoring Options:**

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

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

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

For non-regenerative carbon adsorbers

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

For scrubbers

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

**Table 9a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart GGGGG: National Emission Standards for Hazardous Air Pollutants: Site Remediation**

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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

**Means of Compliance:**

Select one of the following options for means of compliance with this rule. Enter the code on the form.

Code	Description
ASUB	Surface impoundment is also subject to another subpart under 40 CFR part 61 or part 63 and complying with the applicable emission limitations and work practice standards in the other subpart
AMOC	Alternative means of compliance (AMOC) to meet the work practice standards in 40 CFR § 63.7905 being used
BIO-R	Surface impoundment is used for biological treatment process with R and Rbio greater than or equal to 95 percent
BIO-HAP	Surface impoundment is used for a biological treatment process and total HAP removed from off-site material stream is less than or equal to required mass removal for off-site material stream
FLOAT	Surface impoundment uses floating membrane cover as described in 40 CFR § 63.942
CVSCD	Surface impoundment uses a cover with a closed vent system to a control device

★ Complete “AMOC ID No.” only if “Means of Compliance” is “AMOC.”

**AMOC ID No.:**

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

▼ Continue only if “Means of Compliance” is “CVSCD.”

**Control Device:**

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

Code	Description
CASR	Regenerable carbon adsorption system
CASNR	Non-regenerable carbon adsorption system
COND	Condenser
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
BPH	Boiler or process heater
FLARE	Flare

**Control Device ID No.:**

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

**Alternative Work Practice Standards:**

Enter “YES” if an alternative to work practice standards for the closed vent system and control device has been approved by the EPA. Otherwise, enter “NO.”

**Alternative Work Practice Standards ID No.:**

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

**Table 9b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart GGGGG: National Emission Standards for Hazardous Air Pollutants: Site Remediation**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/sop\\_initial.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf).

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

**Design Evaluation:**

Enter “YES” if design evaluation is used to demonstrate initial control device compliance. Otherwise, enter “NO.”

**Bypass Device:**

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

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

**Continuous Emissions Monitoring System (CEMS):**

Enter “YES” if a continuous emissions monitoring system is used to monitor the control device. Otherwise, enter “NO.”

**CVSCD Continuous Compliance:**

Select one of the following options for closed vent system setup to determine means of continuous compliance.

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









**Surface Impoundment Attributes  
Form OP-UA45 (Page 4)**

**Federal Operating Permit Program**

**Table 2a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**

**Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations  
Texas Commission on Environmental Quality**

Date	Permit No.	Regulated Entity No.

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



**Surface Impoundment Attributes**  
**Form OP-UA45 (Page 6)**  
**Federal Operating Permit Program**  
**Table 2c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations**  
**Texas Commission on Environmental Quality**

Date	Permit No.	Regulated Entity No.

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

**Surface Impoundment Attributes  
Form OP-UA45 (Page 7)**

**Federal Operating Permit Program**

**Table 2d: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**

**Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off-Site Waste and Recovery Operations  
Texas Commission on Environmental Quality**

Date	Permit No.	Regulated Entity No.

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

**Surface Impoundment Attributes**  
**Form OP-UA45 (Page 8)**  
**Federal Operating Permit Program**  
**Table 3a: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)**  
**Subpart FF: National Emission Standard for Benzene Waste Operations (Surface Impoundments)**  
**Texas Commission on Environmental Quality**

Date	Permit No.	Regulated Entity No.

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

**Surface Impoundment Attributes**  
**Form OP-UA45 (Page 9)**  
**Federal Operating Permit Program**  
**Table 3b: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61)**  
**Subpart FF: National Emission Standard for Benzene Waste Operations (Surface Impoundments)**  
**Texas Commission on Environmental Quality**

Date	Permit No.	Regulated Entity No.

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

**Surface Impoundment Attributes  
Form OP-UA45 (Page 10)**

**Federal Operating Permit Program**

**Table 4a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**

**Subpart G: National Emission Standards for Organic Hazardous Air Pollutants From Synthetic Organic Chemical Manufacturing  
Industry Wastewater**

**Texas Commission on Environmental Quality**

Date	Permit No.	Regulated Entity No.

Unit ID No.	SOP Index No.	New Source	Surface Impoundment Type	Designated Group 1	Negative Pressure	Closed Vent System	Bypass Lines	Combination of Control Devices	Control Device Type	Control Device ID No.





**Surface Impoundment Attributes**  
**Form OP-UA45 (Page 12)**  
**Federal Operating Permit Program**  
**Table 4c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart G: National Emission Standard for Benzene Waste Operations (Surface Impoundments)**  
Texas Commission on Environmental Quality

Date	Permit No.	Regulated Entity No.

Unit ID No.	SOP Index No.	Performance Test	95% Reduction Efficiency	Monitoring Options	Continuous Monitoring	Continuous Monitoring ALT ID No.

**Surface Impoundment Attributes**  
**Form OP-UA45 (Page 13)**  
**Federal Operating Permit Program**  
**Table 5a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart CC: National Emission Standard for Hazardous Air Pollutants from Petroleum Refineries**  
Texas Commission on Environmental Quality

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**Surface Impoundment Attributes**  
**Form OP-UA45 (Page 14)**  
**Federal Operating Permit Program**  
**Table 5b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart CC: National Emission Standard for Hazardous Air Pollutants from Petroleum Refineries**  
Texas Commission on Environmental Quality

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**Surface Impoundment Attributes**  
**Form OP-UA45 (Page 16)**  
**Federal Operating Permit Program**  
**Table 6b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart U: National Emission Standard for Hazardous Air Pollutant Emissions: Group I Polymers and Resins**  
Texas Commission on Environmental Quality

Date	Permit No.	Regulated Entity No.

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





**Surface Impoundment Attributes**  
**Form OP-UA45 (Page 19)**  
**Federal Operating Permit Program**  
**Table 7b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**  
**Subpart JJJ: National Emission Standard for Hazardous Air Pollutant Emissions: Group IV Polymers and Resins**  
**Texas Commission on Environmental Quality**

Date	Permit No.:	Regulated Entity No.

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











