

Form OP-UA45 - Instructions
Surface Impoundment 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 The individual unit summary (OP-SUM) information and the negative applicable/superseded requirement determinations (OP-REQ2) will be provided on each individual OP-UA form for the applicable units identified in the unit attribute tables.

General Information Sheet

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

Date:

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

Customer Reference No. (CN):

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

Regulated Entity No. (RN):

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

Permit No.:

Enter the permit number assigned by TCEQ. Leave the permit number blank if a permit number has not been assigned.

Permit Area Name:

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

Permit Type:

Choose the type of permit for which this application is being submitted from the dropdown menu (SOP, GOP, TOP).

Information on the different permit types can be found on TCEQ's website at:

www.tceq.texas.gov/permitting/air/titlev/permit_types.html.

Project Type:

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

Submission Type:

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

Project Number:

Enter the project number assigned by TCEQ. Leave the project number blank if a project number has not been assigned.

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

Table of Contents Sheet

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

Instructions for OP-SUM Sheet**General:**

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

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

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

Groups:

- A "group" is a collection of units or devices that have identical applicability (or non-applicability) determinations and may, or may not, have a physical relationship.
 - Group members may have different 30 TAC Chapter 116 or 30 TAC Chapter 106 preconstruction authorizations.
 - Groups may be used on UA forms only if all unit attributes are identical.
 - All groups must be mutually exclusive. Units cannot be listed in more than one group on a given UA form.
 - Grouping is optional.
 - Groups are assigned an ID No. by the applicant, which must begin with the prefix "GRP" followed by a maximum of eleven characters (GRPXXXXXXX).
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Specific**Table 1****Unit Action Indicator (Unit AI):**

Complete this section only for a permit revision or renewal. Select "A" from the dropdown menu if the emission unit indicated is an addition to the existing permit. Select "D" from the dropdown menu if the existing emission unit indicated is being deleted from the permit. If an emission unit is not being added/deleted from the permit, leave blank.

Revision No.:

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

Unit ID No.:

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

- For emission units with potentially applicable requirements, enter Facility ID Nos. (FINs) as listed in the TCEQ State of Texas Air Reporting System (STARS).
- If FIN currently does not exist in STARS, then a new ID No. that is consistent with the existing numbering system must be provided by the applicant. Unit ID Nos. cannot begin with “GRP” (the character sequence reserved for Group ID Nos.).

Group ID No.:

If applicable, enter the unique identification number for the group which includes this unit (GRPXXXXXX) (“GRP” followed by a maximum of 11 characters). If the unit is not a member of a group, leave this column blank. (See general instructions, above, for information regarding requirements for grouping units in FOP applications.)

Unit Name/Description:

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

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

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

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

CAM (For reference only):

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

Preconstruction Authorizations (PCA):

At least one PCA must be indicated for each unit; however, a unit may have multiple authorizations. *All preconstruction authorizations listed on this form must also be identified on Form OP-REQ1.*

When a unit has multiple authorizations, each PCA must be listed in a separate row.

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

Example 1: Adding multiple PCA Categories for a unit

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

Example 2: Adding and deleting a PCA for a unit

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

Preconstruction Authorization Action Indicator (PCA AI):

Select “A” from the dropdown menu if a preconstruction authorization is being added for the emission unit. Select “D” from the dropdown menu if a preconstruction authorization is being deleted from the emission unit. If a preconstruction authorization is not being added/deleted from the emission unit, leave blank.

Preconstruction Authorization (PCA) Category:

Select from the dropdown menu the category of the PCA being added or deleted.

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

Authorization/Registration Number:

List all TCEQ permit numbers for 30 TAC Chapter 116 preconstruction authorizations, Title I preconstruction authorizations (PSD and nonattainment permits) and 30 TAC Chapter 106 (PBR) registration numbers, under which the unit is operating.

- **30 TAC Chapter 116 Permits:** Enter the TCEQ permit number, for example, 12345. This includes special permits and standard permit registrations.
- **Prevention of Significant Deterioration (PSD) Permit:** Enter the PSD permit number (PSDTXXXX), for example, PSDTX123. If the PSD permit has been modified, include the “M” suffix (PSDTXXXXMXX), for example, PSDTX123M5. *Title I authorizations should only be listed for units addressed by the PSD or nonattainment permits.*

- **Nonattainment Permit:** Enter each nonattainment permit number (NXXX), for example, N123. If the nonattainment permit has been modified, include the “M” suffix (NXXXMXX), for example, N123M5. *Title I authorizations should only be listed for units addressed by the PSD or nonattainment permits.*
- **Permit by Rule (previously Standard Exemption):** Enter the PBR Registration No. for each PBR registered under 30 TAC Chapter 106 and each standard exemption previously registered under 30 TAC Chapter 116.
- **Exemption:** Enter 116.119 for a de minimis facility or source, which has other potentially applicable or applicable requirements (these are authorized by 30 TAC Chapter 116, § 116.119). *De minimis facilities or sources should not be included if there are no other potentially applicable or applicable requirements.*

Permit by Rule (PBR) Number:

For each PBR claimed or registered under 30 TAC Chapter 106, and each standard exemption claimed or registered previously under 30 TAC Chapter 116, enter the number in the appropriate format shown below.

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

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

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

PBR Effective Date:

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

Information on Chapter 116 version dates is available at:

www.tceq.texas.gov/permitting/air/permitbyrule/historical_rules/oldselist/se_index.html.

Information on Chapter 106 version dates is available at:

www.tceq.texas.gov/permitting/air/permitbyrule/historical_rules/old106list/index106.html.

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

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

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

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

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

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

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-UA48 Form Unit Attribute Tables- Instructions**General:**

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

<u>Tables 1a - 1c:</u>	Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart QQ: National Emission Standard for Surface Impoundments
<u>Tables 2a - 2d:</u>	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
<u>Tables 3a - 3b:</u>	Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart FF: National Emission Standard for Benzene Waste Operations (Surface Impoundments)
<u>Tables 4a - 4c:</u>	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
<u>Tables 5a - 5b:</u>	Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standard for Hazardous Air Pollutants from Petroleum Refineries – These tables have been removed from the form. Applicability determinations on other tables in this form may be necessary. Please see instructional notes under the placeholders for Table 5 in these instructions.
<u>Tables 6a - 6c:</u>	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
<u>Tables 7a - 7c:</u>	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
<u>Tables 8a - 8b:</u>	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
<u>Tables 9a - 9b:</u>	Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart GGGGG: National Emission Standards for Hazardous Air Pollutants: Site Remediation

The application area name from Form OP-1 (Site Information Summary) must appear in the header of each page for the purpose of identification for the initial submittal. The date of the initial form submittal must also be included and should be consistent throughout the application (MM/DD/YYYY). Leave the permit number blank for the initial form submittal.

If this form is included as part of the permit revision process, enter the permit number assigned by the TCEQ, the area name (from Form OP-1), and the date of the revision submittal.

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

Notwithstanding any qualification criteria in the form instructions or information provided in other TCEQ guidance, the applicant may leave an attribute question blank (or indicate “N/A” for “Not Applicable”) if the attribute is not needed for the applicable requirement determinations of a regulation for a unit. In some situations, the applicant has the option of selecting alternate requirements, limitations, and/or practices for a unit. Note that these alternate requirements, limitations, and/or practices must have the required approval from the TCEQ Executive Director and/or the U.S. Environmental Protection Agency Administrator before the federal operating permit application is submitted.

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

Specific:

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

Unit ID No.:

Enter the identification number (ID No.) (Maximum 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Affected Facility:

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

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

Surface Impoundment Type:

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

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

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

Inspected and Monitored:

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

Bypass Device:

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

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

Flow Meter:

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

Design Analysis:

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

No Organic Emissions:

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

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

Unit ID No.:

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

Control Device:

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

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

Control Device ID No.:

If applicable, enter the identification number (ID No.) for the control device to which emissions are routed (maximum 14 characters). This number should be consistent with the control device identification number listed on Form OP-SUM. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

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

Alternative Operating Parameters:

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

AOP ID No.:

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

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

2. 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.”

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

Regenerable Carbon Adsorber:

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

4. 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

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

Unit ID No.:

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

HAP Destruction:

Enter "YES" if the vapor incinerator, boiler or process heater is designed and operated to destroy the 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."

6. 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."

7. 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."

8. 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."

9. 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."

10. 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."

11. 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."

12. 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."

13. 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 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

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.”

14. 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.”

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

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

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

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

Unit ID No.:

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

Surface Impoundment Type:

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

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

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

Inspected and Monitored:

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

Bypass Device:

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

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

Flow Meter:

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

Design Analysis:

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

No Detectable Organic Emissions:

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

Control Device:

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

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

Control Device ID No.:

If applicable, enter the identification number (ID No.) for the control device to which emissions are routed. This number should be consistent with the control device identification number (maximum 14 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 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Alternative 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.

17. 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.”

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

Regenerable Carbon Adsorber:

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

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

Complying with § 63.693(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.”

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

Exhaust Stream Temperature Monitor:

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

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

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

Unit ID No.:

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

HAP Destruction:

Enter “YES” if the vapor incinerator, boiler, or process heater is designed and operated to destroy the 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.”

21. 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.”

22. 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.”

23. 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.”

24. 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.”

25. 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.”

26. 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.”

27. 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.”

28. 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 14 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 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 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 14 characters). If the unique identifier is unavailable, then enter the date of the AMOC approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate regulated entity number. Otherwise, leave this column blank.

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

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

Unit ID No.:

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

Bypass 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.”

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

Bypass Line Valve:

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

Control Device Type/Operation:

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

Enclosed Combustion Devices:

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

Vapor Recovery Systems (VRS):

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

Other Control Devices:

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

Control Device ID No:

If applicable, enter the identification number for the control device to which treatment process emissions are routed (maximum 14 characters). This number should be consistent with the identification number listed on the Form OP-SUM, (Individual Unit Summary).

- 30. 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.”

- 31. 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.”

- 32. 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

- 33. 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 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

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.”

34. 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.”

35. 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 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.

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 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.

36. 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 14 characters). If the unique identifier is unavailable, then enter the date of the AMP approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate regulated entity number. Otherwise, leave this column blank.

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

37. 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 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.

- 38. 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.”

- 39. 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.”

- 40. 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)

41. 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 14 characters). If the unique identifier is unavailable, then enter the date of the approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate regulated entity number. Otherwise, leave this column blank.

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

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

42. 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 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

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.”

- 43. 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 14 characters) as listed on Form OP-SUM (Individual Unit Summary).

SOP Index No.:

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

Control Device 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 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.

44. 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 14 characters). If the unique identifier is unavailable, then enter the date of the AMP approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate regulated entity number. Otherwise, leave this column blank.

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

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This form is for use by facilities subject to air quality permit requirements and may be revised periodically. (Title V Release 11/22)

45. 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 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.

46. 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.”

47. 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.”

48. 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)

49. 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 14 characters). If the unique identifier is unavailable, then enter the date of the approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate 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

50. 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 14 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at

www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

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.”

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

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

Unit ID No.:

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

Control Device 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 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.

- 52. 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 14 characters). If the unique identifier is unavailable, then enter the date of the AMP approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate regulated entity number. Otherwise, leave this column blank.

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

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

Regeneration:

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

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

Unit ID No.:

Enter the identification number (ID No.) for the surface impoundment (maximum 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.

- 54. 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.”

- 55. 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."

- 56. 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)

- 57. 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 14 characters). If the unique identifier is unavailable, then enter the date of the approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate 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

- 58. 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 14 characters) for the surface impoundment as listed on Form OP-SUM (Individual Unit Summary).

SOP Index No.:

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

Surface Impoundment Type:

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

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

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

Closed Vent System:

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

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

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 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 “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
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)
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 14 characters) as listed on Form OP-SUM (Individual Unit Summary).

SOP Index No.:

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

Halogenated:

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 “OTHENC.”**

Halogen Reduction:

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

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

Alt 63G Mon Parameters:

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

AMP ID No.:

If an AMP has been approved, then enter the corresponding AMP unique identifier for each unit or process (maximum 14 characters). If the unique identifier is unavailable, then enter the date of the AMP approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

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

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 14 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 14 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 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 “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)