

**Form OP-UA3 - Instructions**  
**Storage Tank/Vessel Attributes**  
**Texas Commission on Environmental Quality**

**General:**

This form is used to provide a description and data pertaining to all storage tanks or storage vessels 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 storage tank or storage vessel, then it should be left blank and need not be submitted with the application. The following storage tanks or storage vessels are considered off-permit sources and do not need to be listed:

- A. Storage tanks/vessels designed to operate in excess of 30 psia and without emissions to the atmosphere (pressure vessels).

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:

<a href="#"><u>Table 1:</u></a>	<b>Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart K: Standards of Performance for Storage Vessels for Petroleum Liquids</b>
<a href="#"><u>Table 2:</u></a>	<b>Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart Ka: Standards of Performance for Storage Vessels for Petroleum Liquids</b>
<a href="#"><u>Table 3:</u></a>	<b>Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart Kb: Standards of Performance for Volatile Organic Liquid Storage Vessels (Including Petroleum Liquid Storage Vessels)</b>
<a href="#"><u>Tables 4a - 4b:</u></a>	<b>Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B, Division 1: Storage of Volatile Organic Compounds (VOCs)</b>
<a href="#"><u>Table 5:</u></a>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart R: National Emission Standards for Gasoline Distribution Facilities (Bulk Gasoline Terminals and Pipeline Breakout Stations)</b>
<a href="#"><u>Table 6:</u></a>	<b>Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart Y: National Emission Standards for Benzene Emissions from Benzene Storage Vessels</b>
<a href="#"><u>Table 7:</u></a>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart OO: National Emission Standards for Tanks - Level 1</b>
<a href="#"><u>Tables 8a - 8d:</u></a>	<b>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</b>
<a href="#"><u>Tables 9a - 9b:</u></a>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart G: National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry for Storage Vessels</b>
<a href="#"><u>Tables 10a - 10d:</u></a>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries</b>
<a href="#"><u>Tables 11a - 11b:</u></a>	<b>Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart L: National Emission Standards for Benzene from Coke By-Product Recovery Plants</b>

<a href="#"><u>Tables 12a - 12c:</u></a>	<b>Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart FF: National Emission Standards for Benzene Waste Operations (Tanks)</b>
<a href="#"><u>Tables 13a - 13b:</u></a>	<b>Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart QQQ: Standards of Performance for VOC Emissions from Petroleum Refinery Wastewater Systems</b>
<a href="#"><u>Tables 14a - 14e:</u></a>	<b>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</b>
<a href="#"><u>Tables 15a - 15c:</u></a>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries These Tables have been removed from the form. Applicability determination on other tables in this form may be necessary. Please see instructional notes under the placeholders for Table 15 in these instructions.</b>
<a href="#"><u>Tables 16a - 16b:</u></a>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart HH: National Emission Standards for Hazardous Air Pollutants from Oil and Natural Gas Production Facilities</b>
<a href="#"><u>Tables 17a - 17b:</u></a>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutants: Group I Polymers and Resins, Storage Vessels</b>
<a href="#"><u>Tables 18a - 18e:</u></a>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutants: Group I Polymers and Resins, Wastewater</b>
<a href="#"><u>Tables 19a - 19c:</u></a>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutants: Group IV Polymers and Resins, Storage Vessels</b>
<a href="#"><u>Tables 20a - 20e:</u></a>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart JJJ: National Emission Standards for Hazardous Air Pollutants: Group IV Polymers and Resins, Wastewater</b>
<a href="#"><u>Tables 21a - 21f:</u></a>	<b>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, Storage Vessels</b>
<a href="#"><u>Tables 22a - 22e:</u></a>	<b>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, Wastewater Tanks</b>
<a href="#"><u>Tables 23a - 23b:</u></a>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CCCCCC: National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Dispensing Facilities</b>
<a href="#"><u>Tables 24a - 24b:</u></a>	<b>Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart OOOOa: Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015</b>
<a href="#"><u>Tables 25a - 25b:</u></a>	<b>Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart OOOO: Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution for which Construction, Modification or Reconstruction Commenced After August 23, 2011, and on or before September 18, 2015</b>

- Tables 26a – 26b:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart GGGGG: National Emission Standards for Hazardous Air Pollutants: Site Remediation
- Tables 27a – 27b:** Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B, Division 7: Oil and Natural Gas Service in Ozone Nonattainment Areas
- Tables 28a – 28c:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart BBBB: National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Distribution Bulk Terminals, Bulk Plants, and Pipeline Facilities

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](http://www.tceq.texas.gov/permitting/central_registry).

**Specific:****Table 1: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart K: Standards of Performance for Storage Vessels for Petroleum Liquids**

★ **Complete this table only for storage vessels constructed or modified on or before May 18, 1978.**

**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Construction/Modification Date:**

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

Code	Description
73-	On or before June 11, 1973
73-74	After June 11, 1973, and on or before March 8, 1974
74-78	After March 8, 1974, and before May 19, 1978

▼ **Continue only if “Construction/Modification Date” is “73-74” or “74-78.”**

**Storage Capacity:**

Select **one** of the following options for the nominal storage capacity of the storage vessel. Enter the **code** on the form.

Code	Description
40K-	Capacity is less than or equal to 40,000 gallons (151,416 liters)
40K-65K	Capacity is greater than 40,000 gallons but less than or equal to 65,000 gallons (246,052 liters)
65K+	Capacity is greater than 65,000 gallons

▼ **Continue only if “Construction/Modification Date” is:**

1. “73-74” or “74-78” and “Storage Capacity” is “65K+”; or
2. “74-78” and “Storage Capacity” is “40K-65K.”

**Product Stored:**

Select **one** of the following options for each product stored, as it pertains to 40 CFR Part 60, Subpart K. Enter the **code** on the form. The codes are followed by a description. Use multiple lines, if necessary, to list multiple products stored in a storage vessel. Please refer to 40 CFR § 60.111 for the definitions of “Petroleum liquids,” “Petroleum,” and “Condensate.”

Code	Description
PTCD-DPF	Petroleum or condensate stored, processed, and/or treated at a drilling and production facility prior to custody transfer
PTLQ-1	Petroleum liquid (other than petroleum or condensate)
PTCD-1	Petroleum (other than crude oil) or condensate
CRUD-1	Crude oil
OTHER1	Stored product other than petroleum liquid

▼ **Continue only if “Product Stored” is “PTLQ-1,” “PTCD-1,” or “CRUD-1.”**

**True Vapor Pressure:**

Indicate true vapor pressure (TVP) options corresponding to the materials that the storage vessel has authority to store. Use multiple lines, if necessary. Storage of material in each range generally constitutes one operating condition. The site must have preconstruction authorization for all stored materials. Select **one** of the following options. Enter the **code** on the form.

Code	Description
1.5-	TVP is less than 1.5 psia (10.3 kPa)
1.5-11.1	TVP is greater than or equal to 1.5 psia (10.3 kPa) but less than or equal to 11.1 psia (76.6 kPa)
11.1+	TVP is greater than 11.1 psia (76.6 kPa)

▼ **Continue only if “True Vapor Pressure” is “1.5-” or “1.5-11.1.”**

**Storage Vessel Description:**

Select **one** of the following emission control options as pertains to 40 CFR Part 60, Subpart K. Enter the **code** on the form.

Code	Description
FLR	Floating roof (internal or external)
FLR-EQ	Floating roof equivalent (internal or external)
VRS-EQ	Vapor recovery system (VRS) equivalent (fixed roof)
VRS-RD1	VRS and a vapor return or disposal system (fixed roof)
NONE1	Emission controls not required (fixed roof)

**Reid Vapor Pressure:**

Select **one** of the following options for the Reid vapor pressure (RVP) for each product stored. Enter the **code** on the form. Use multiple lines, if necessary.

*For storage vessels where “Product Stored” is “PTLQ-1” or “PTCD-1:”*

Code	Description
OTH1-	RVP is less than 1.0 psia (6.9 kPa)
OTH1+	RVP is greater than or equal to 1.0 psia
NCE	RVP not determined since 40 CFR § 60.113(d)(1) exemption is not utilized

*For tanks or vessels where the “Product Stored” is “CRUD-1:”*

Code	Description
CR1-	RVP is less than 1.0 psia (6.9 kPa) [Use only if claiming 40 CFR § 60.113(d)(1) exemption]
CR2-	RVP is less than 2.0 psia (13.8 kPa)
CR2+	RVP is greater than or equal to 2.0 psia
CRPP	Physical properties of the crude oil precluded determination of TVP by the recommended method

★ **Complete “Maximum TVP” only if “True Vapor Pressure” is “1.5-.”**

**Maximum TVP:**

Indicate the maximum TVP ranges corresponding to the materials the storage vessel has authority to store. Use multiple lines, if necessary. Storage of material in each range generally constitutes one operating condition. The site must have preconstruction authorization for all stored materials. Select **one** of the following options. Enter the **code** on the form.

Code	Description
1-	Maximum TVP is less than or equal to 1.0 psia (6.9 kPa)
1+	Maximum TVP is greater than 1.0 psia
NCE	Maximum TVP not determined since 40 CFR § 60.113(d)(1) exemption is not utilized

★ **Complete “Estimated TVP” only if “Product Stored” is “CRUD-1” and “Reid Vapor Pressure” is “CR2-” or “CRPP.”**

**Estimated TVP:**

Indicate estimated TVP ranges corresponding to the materials the storage vessel has authority to store. Use multiple lines, if necessary. Storage of material in each range generally constitutes one operating condition. The site must have preconstruction authorization for all stored materials. Select **one** of the following options. Enter the **code** on the form.

Code	Description
1-	Estimated TVP is less than or equal to 1.0 psia (6.9 kPa)
1+	Estimated TVP is greater than 1.0 psia

**Control Device ID No.:**

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

**Table 2: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart Ka: Standards of Performance for Storage Vessels for Petroleum Liquids**

★ **Complete this table only for storage vessels constructed or modified on or after May 19, 1978, and on or before July 23, 1984.**

**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Product Stored:**

Select **one** of the following options for each product stored as it pertains to 40 CFR Part 60, Subpart Ka. Enter the **code** on the form. Use multiple lines, if necessary, to list multiple products stored in a storage tank or vessel. Please refer to 40 CFR § 60.111a for the definitions of “Petroleum liquids,” “Petroleum,” and “Condensate.”

Code	Description
PTLQ-2	Petroleum liquid (other than petroleum or condensate)
PTCD-BF2	Petroleum (other than crude oil) or condensate stored, processed, and/or treated prior to custody transfer
PTCD-AF2	Petroleum (other than crude oil) or condensate stored, processed, and/or treated after custody transfer
CRUD-BF2	Crude oil stored, processed, and/or treated prior to custody transfer
CRUD-AF2	Crude oil stored, processed, and/or treated after custody transfer
OTHER2	Stored product other than petroleum liquid

▼ **Continue only if “Product Stored” is “PTLQ-2,” “PTCD-BF2,” “PTCD-AF2,” “CRUD-BF2,” or “CRUD AF2.”**

**Storage Capacity:**

Select **one** of the following options for the nominal storage capacity of the storage vessel. Enter the **code** on the form.

*For tanks or vessels with a “Product Stored” designation of “PTLQ-2,” “PTCD-AF2,” or “CRUD-AF2:”*

<b>Code</b>	<b>Description</b>
40K-	Capacity is less than or equal to 40,000 gallons (151,416 liters)
40K+	Capacity is greater than 40,000 gallons (151,416 liters)

*For tanks or vessels with a “Product Stored” designation of “PTCD-BF2” or “CRUD-BF2:”*

<b>Code</b>	<b>Description</b>
420K-	Capacity is less than 420,000 gallons (1,589,873 liters)
420K+	Capacity is greater than or equal to 420,000 gallons (1,589,873 liters)

▼ **Continue only if “Product Stored” is:**

1. “PTLQ-2,” “PTCD-AF2,” or “CRUD-AF2” and “Storage Capacity” is “40K+”; or
2. “PTCD-BF2” or “CRUD-BF2” and “Storage Capacity” is “420K+.”

**True Vapor Pressure:**

Indicate the true vapor pressure (TVP) ranges corresponding to the materials the storage vessel has authority to store. Use multiple lines, if necessary. Storage of material in each range generally constitutes one operating condition. The site must have preconstruction authorization for all stored materials. Select **one** of the following options. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
1.5-	TVP is less than 1.5 psia (10.3 kPa)
1.5-11.1	TVP is greater than or equal to 1.5 (10.3 kPa) but less than or equal to 11.1 psia (76.6 kPa)
11.1+	TVP is greater than 11.1 psia (76.6 kPa)

▼ **Continue only if “True Vapor Pressure” is “1.5-” or “1.5-11.1.”**

**Storage Vessel Description:**

Select **one** of the following emission control options as it pertains to 40 CFR Part 60, Subpart Ka. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
EFR-MT2	Pontoon-type or double-deck-type external floating roof (EFR) with mechanical shoe primary seal
EFR-LQ2	Pontoon-type or double-deck-type EFR with liquid-mounted primary seal
EFR-VP	Pontoon-type or double-deck-type EFR with vapor-mounted primary seal
IFR	Fixed roof with an internal floating-type cover
VRS-RD2	Vapor recovery system (VRS) and a vapor return or disposal system (fixed roof)
IFRVRS2	Internal floating roof and VRS
AMEL2	Alternate means of emissions limitation (AMEL) as provided in 40 CFR § 60.114a
NONE2	Emission controls not required (fixed roof)

★ **Complete “AMEL ID No.” only if “Storage Vessel Description” is “AMEL2.”**

**AMEL ID No.:**

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

**Reid Vapor Pressure:**

Select **one** of the following options for the Reid vapor pressure (RVP) for each product stored. Enter the **code** on the form. Use multiple lines, if necessary.

*For storage vessels where “Product Stored” is “PTLQ-2,” “PTCD-BF2,” or “PTCD-AF2:”*

Code	Description
OTH1-	RVP is less than 1.0 psia (6.9 kPa)
OTH1+	RVP is greater than or equal to 1.0 psia
NCE	RVP not determined since 40 CFR § 60.115a (d)(1) exemption is not utilized

*For storage vessels where the “Product Stored” is “CRUD-AF2” or “CRUD-BF2:”*

Code	Description
CR1-	RVP is less than 1.0 psia (6.9 kPa) [Use only if claiming 40 CFR § 60.115a(d)(1) exemption]
CR2-	RVP is less than 2.0 psia (13.8 kPa)
CR2+	RVP is greater than or equal to 2.0 psia
CRPP	Physical properties of the crude oil precluded determination of TVP by the recommended method

★ **Complete “Maximum TVP” only if “True Vapor Pressure” is “1.5-.”**

**Maximum TVP:**

Indicate the maximum TVP ranges corresponding to the materials the storage vessel has authority to store. Use multiple lines, if necessary. Storage of material in each range generally constitutes one operating condition. The site must have preconstruction authorization for all stored materials. Select **one** of the following options. Enter the **code** on the form.

Code	Description
1-	Maximum TVP is less than or equal to 1.0 psia (6.9 kPa)
1+	Maximum TVP is greater than 1.0 psia
NCE	Maximum TVP not determined since 40 CFR § 60.115a(d)(1) exemption is not utilized

★ **Complete “Estimated TVP” only if “Reid Vapor Pressure” is “CR2-” or “CRPP” and:**

1. “Product Stored” is “CRUD-BF2” and “Storage Capacity” is “420K+”; or
2. “Product Stored” is “CRUD-AF2” and “Storage Capacity” is “40K+”

**Estimated TVP:**

Indicate the estimated TVP ranges corresponding to the materials the storage vessel has authority to store. Use multiple lines, if necessary. Storage of material in each range generally constitutes one operating conditions. The site must have preconstruction authorization for all stored materials. Select **one** of the following options. Enter the **code** on the form.

Code	Description
1-	Estimated TVP is less than or equal to 1.0 psia (6.9 kPa)
1+	Estimated TVP is greater than 1.0 psia

**Control Device ID No.:**

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



**Table 3: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart Kb: Standards of Performance for Volatile Organic Liquid Storage Vessels (Including Petroleum Liquid Storage Vessels)**

- ★ **Complete this table only for storage vessels for which construction, reconstruction, or modification commenced after July 23, 1984.**

**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Product Stored:**

Select **one** of the following options for each product stored, as it pertains to 40 CFR Part 60, Subpart Kb. Enter the **code** on the form. Use multiple lines, if necessary, to list multiple products stored in a storage vessel. Please refer to 40 CFR § 60.111b for the definitions of “Petroleum liquids,” “Petroleum,” “Volatile organic liquid (VOL),” “Waste,” and “Condensate.”

<b>Code</b>	<b>Description</b>
PTLQ-3	Petroleum liquid (other than petroleum or condensate)
PTCD-BF3	Petroleum (other than crude oil) or condensate stored, processed, and/or treated prior to custody transfer
PTCD-AF3	Petroleum (other than crude oil) or condensate stored, processed, and/or treated after custody transfer
CRUD-BF3	Crude oil stored, processed, and/or treated prior to custody transfer
CRUD-AF3	Crude oil stored, processed, and/or treated after custody transfer
VOL	Volatile organic liquid
WASTE	Waste mixture of indeterminate or variable composition
BEVALC	Beverage alcohol
GBP	Product stored at a gasoline bulk plant
COKE	Product stored at a coke oven by-product plant
GASSTN	Product stored at a gasoline service station
MOBILE	Vessel permanently attached to a mobile vehicle such as trucks, rail cars, barges, or ships
OTHER3	Stored product other than VOL or petroleum liquid

- ▼ **Continue only if “Product Stored” is “PTLQ-3,” “PTCD-BF3,” “PTCD-AF3,” “CRUD-BF3,” “CRUD-AF3,” “VOL,” or “WASTE.”**

**Storage Capacity:**

Select **one** of the following options for the nominal storage capacity of the storage vessel. Enter the **code** on the form.

*For storage vessels with a "Product Stored" designation "PTLQ-3," "PTCD-AF3," "CRUD-AF3," "VOL," or "WASTE:"*

Code	Description
10K-	Capacity is less than 10,600 gallons (40,000 liters)
10K-20K	Capacity is greater than or equal to 10,600 gallons but less than 19,813 gallons (capacity is greater than 40,000 liters but less than or equal to 75,000 liters)
20K-40K	Capacity is greater than or equal to 19,813 gallons but less than 39,890 gallons (capacity is greater than 75,000 liters but less than or equal to 151,000 liters)
40K+	Capacity is greater than or equal to 39,890 gallons (151,000 liters)

*For storage vessels with a "Product Stored" designation "PTCD-BF3" or "CRUD-BF3:"*

Code	Description
420K-	Capacity is less than or equal to 420,000 gallons (1,589,874 liters)
420K+	Capacity is greater than 420,000 gallons (1,589,874 liters)

▼ **Continue only if "Product Stored" is:**

1. "PTLQ-3," "PTCD-AF3," "CRUD-AF3," "VOL," or "WASTE" and "Storage Capacity" is "20K 40K" or "40K+;" or
2. "PTCD-BF3" or "CRUD-BF3" and "Storage Capacity" is "420K+."

**WW Tank Control:**

Select **one** of the following options that describe the control used for the tank. Enter the **code** on the form.

Code	Description
NONE	The storage vessel is not using 40 CFR 63, subpart WW to comply with 40 CFR 60, subpart Kb
IFR	An IFR is operated and maintained per 40 CFR § 63.1062(a)(1)
EFR	An EFR is operated and maintained per 40 CFR § 63.1062(a)(2)
EQUIV	An equivalent to the requirements in paragraph § 63.1062(a)(1) or (a)(2) is used, as provided in §63.1062(a)(3)

★ **Complete "Maximum TVP" only if "WW Tank Control" is "NONE."**

**Maximum TVP:**

Indicate all maximum true vapor pressure (TVP) ranges corresponding to the materials the storage vessel has authority to store. Use multiple lines, if necessary. Storage of material in each range generally constitutes one operating condition. The site must have preconstruction authorization for all stored materials. Select **one** of the following options. Enter the **code** on the form.

*For storage vessels where "Storage Capacity" is "20K-40K:"*

Code	Description
2.2-	TVP is less than 2.2 psia
2.2-4.0	TVP is greater than or equal to 2.2 psia but less than 4.0 psia
4.0-11.1	TVP is greater than or equal to 4.0 psia but less than 11.1 psia
11.1+A	TVP are greater than or equal to 11.1 psia

*For storage vessels where "Storage Capacity" is "40K+" or "420K+:"*

Code	Description
0.5-	TVP is less than 0.5 psia
0.5-0.75	TVP is greater than or equal to 0.5 psia but less than 0.75 psia
0.75-11.1	TVP is greater than or equal to 0.75 psia but less than 11.1 psia
11.1+B	TVP is greater than or equal to 11.1 psia

▼ **Continue only if “Storage Capacity” is:**

1. “20K-40K” and “Maximum TVP” is “2.2-4.0,” “4.0-11.1,” or “11.1+A;” or
2. “40K+” or “420K+” and “Maximum TVP” is “0.5-0.75,” “0.75-11.1,” or “11.1+B.”

★ **Complete “Storage Vessel Description” only if “WW Tank Control” is “NONE”, “IFR”, or “EFR.”**

**Storage Vessel Description:**

Select **one** of the following emission control options as it pertains to 40 CFR Part 60, Subpart Kb. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
IFR-LQ	Fixed roof with an internal floating roof (IFR) using a liquid-mounted seal
IFR-SL	Fixed roof with an IFR using two seals mounted one above the other to form a continuous closure
IFR-MT	Fixed roof with an IFR using a mechanical shoe seal
IFR-VP	Vapor-mounted seal to comply with §63.1063(c)(1)(i)(D)
IFR-SLI	Two seals mounted one above the other and complying the inspection requirement in §63.1063(c)(1)(i)
IFR-SLII	Two seals mounted one above the other and complying the inspection requirement in §63.1063(c)(1)(ii)
EFR-MT3	Pontoon-type or double-deck-type external floating roof (EFR) with mechanical shoe primary seal
EFR-LQ3	Pontoon-type or double-deck-type EFR with liquid-mounted primary seal
EFR-OTH	Liquid-mounted seal or mechanical shoe seal, or a vapor-mounted seal and secondary seal complying with §63.1063(a)(1)(ii)(C)
CVS-FL	Closed vent system (CVS) with a flare used as the control device (fixed roof)
CVS-CD	CVS and control device other than a flare (fixed roof)
AMEL3	Alternate means of emissions limitation (AMEL) as provided in 40 CFR § 60.114b
NONE3	Emission controls not required (fixed roof)

★ **Complete “AMEL ID No.” only if “Storage Vessel Description” is “AMEL3.”**

**AMEL ID No.:**

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

★ **Complete “Guidepole” only if “WW Tank Control” is “IFR” or “EFR.”**

**Guidepole:**

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

<b>Code</b>	<b>Description</b>
UNSLLOT	Only an unslotted guidepole is used per 40 CFR §63.1063(a)(2)(vii)
FLOAT	Only a slotted guidepole which has a pole wiper and pole float per 40 CFR §63.1063(a)(2)(viii)(A)
SLEAVE	Only a slotted guidepole which has a pole wiper and pole sleeve per 40 CFR §63.1063(a)(2)(viii)(B)
GUIDE1	Both unslotted guidepoles per 40 CFR §63.1063(a)(2)(vii) and slotted guidepoles which have a pole wiper and pole float per 40 CFR §63.1063(a)(2)(viii)(A) are used
GUIDE2	Both unslotted guidepoles per 40 CFR §63.1063(a)(2)(vii) and slotted guidepoles which have a pole wiper and pole sleeve per 40 CFR §63.1063(a)(2)(viii)(B) are used
NONE	Storage vessel does not have a guidepole

★ **Complete “Reid Vapor Pressure” only if:**

1. “Product Stored” is “CRUD-AF3” and “Storage Capacity” is “20K-40K” or “40K+;” or
2. “Product Stored” is “CRUD-BF3” and “Storage Capacity” is “420K+.”

**Reid Vapor Pressure:**

Select **one** of the following options for the Reid vapor pressure (RVP) for each product stored. Enter the **code** on the form. Use multiple lines, if necessary.

Code	Description
CR2-	RVP is less than 2.0 psia
CR2+	RVP is greater than or equal to 2.0 psia
CRPP	Physical properties of the crude oil precluded determination of TVP by the recommended method

**Control Device ID No.:**

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

**Table 4a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B: Storage of Volatile Organic Compounds (VOCs)**

- ★ **Complete this table only for storage tanks located in Aransas, Bexar, Brazoria, Calhoun, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Gregg, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Matagorda, Montgomery, Nueces, Orange, Parker, Rockwall, San Patricio, Tarrant, Travis, Victoria, Waller, or Wise County.**

**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Alternate Control Requirement (ACR):**

Enter “YES” if using an alternate method for demonstrating and documenting continuous compliance with applicable control requirements or exemption criteria and demonstrating substantially equivalent reduction efficiencies which have been approved by the TCEQ executive director. Otherwise, enter “NO.” GOP applicants must enter “NO.”

**ACR ID No.:**

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

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

- ▼ **Continue only if “Alternate Control Requirement” is “NO.”**

**Product Stored:**

Select **one** of the following options for each product stored. Enter the **code** on the form. Use multiple lines, if necessary, to list multiple products stored in a storage tank or vessel.

*For storage tanks located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Gregg, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Nueces, Orange, Parker, Rockwall, Tarrant, Victoria, Waller, or Wise County:*

<b>Code</b>	<b>Description</b>
VOC1	VOC (other than crude oil or condensate)
GASMV	Gasoline from a storage container in motor vehicle fuel dispensing service (as defined in 30 TAC Chapter 115)
OIL1	Crude oil and/or condensate
OIL-BF	Crude oil and/or condensate prior to custody transfer [Use only if claiming 30 TAC § 115.111(a)(2) or § 115.111(b)(2) exemption]
CRUD	Crude oil [Use only if claiming 30 TAC §§ 115.111(a)(7) or 115.111(b)(7) exemption]
CRUD-BFP	Crude oil prior to custody transfer or at a pipeline breakout station [Use only if claiming 30 TAC §§ 115.111(a)(7) or 115.111(b)(7) exemption]
WAX	Waxy, high pour point crude oil [Use only if claiming 30 TAC §§ 115.111(a)(5) or 115.111(b)(5) exemption]
WAX-BFP	Waxy, high pour point crude oil prior to custody transfer or at a pipeline breakout station [Use only if claiming 30 TAC §§ 115.111(a)(5) or 115.111(b)(5) exemption]
OTHER1	Other than crude oil, condensate, or VOC

*For storage tanks located in Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, Waller, Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Parker, Rockwall, Tarrant, or Wise Counties:*

<b>Code</b>	<b>Description</b>
COIL-BF	Crude oil prior to custody transfer
OIL-PBS	Crude oil at a pipeline breakout station
CON-BF	Condensate prior to custody transfer
CON-PBS	Condensate at a pipeline breakout station

*For storage tanks located in Aransas, Bexar, Calhoun, or Travis County:*

<b>Code</b>	<b>Description</b>
NA	Crude oil and/or condensate
VOC2	VOC other than crude oil or condensate
OTHER2	Other than crude oil, condensate, or VOC

*For storage tanks located in Matagorda or San Patricio County:*

<b>Code</b>	<b>Description</b>
OIL2	Crude oil and/or condensate
VOC3	VOC other than crude oil or condensate
OTHER3	Other than crude oil, condensate, or VOC

▼ **Do not continue if “Product Stored” is “OTHER1,” “OTHER2,” “OTHER3,” or “NA.”**

**Storage Capacity:**

Select **one** of the following options for the storage capacity of the storage tank. Enter the **code** on the form.

*For storage tanks located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Gregg, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Nueces, Orange, Parker, Rockwall, Tarrant, Victoria, Waller, or Wise County and "Product Stored" is "VOCI" or "GASMV:"*

Code	Description
A1K-	Capacity is less than or equal to 1,000 gallons
A1K-25K	Capacity is greater than 1,000 gallons but less than or equal to 25,000 gallons
A25K-40K	Capacity is greater than 25,000 gallons but less than or equal to 40,000 gallons
A40K+	Capacity is greater than 40,000 gallons
A25K-	Capacity is less than 25,000 gallons [Use only if "Product Stored" is "GASMV" and claiming 30 TAC §§ 115.111(a) (3) or 115.111(b)(3) exemption]

*For storage tanks located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Gregg, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Nueces, Orange, Parker, Rockwall, Tarrant, Victoria, Waller, or Wise County and "Product Stored" is "OIL1," "OIL-BF," "CRUD," "CRUD-BFP," "OIL-PBS," "COIL-BF," "CON-BF," "WAX," or "WAX-BFP:"*

Code	Description
B1K-	Capacity is less than or equal to 1,000 gallons
B1K-40K	Capacity is greater than 1,000 gallons but less than or equal to 40,000 gallons.
B40K+	Capacity is greater than 40,000 gallons
B210K-	Capacity is less than 210,000 gallons [Use only if "Product Stored" is "OIL-BF" and claiming 30 TAC §§ 115.111(a)(2) or 115.111(b)(2) exemption]

*For storage tanks located in Aransas, Bexar, Calhoun, Matagorda, San Patricio, or Travis County and "Product Stored" is "VOC2" or "VOC3:"*

Code	Description
C1K-	Capacity is less than or equal to 1,000 gallons
C1K-25K	Capacity is greater than 1,000 gallons but less than or equal to 25,000 gallons
C25K+	Capacity is greater than 25,000 gallons

*For storage tanks located in Matagorda or San Patricio County and "Product Stored" is "OIL2:"*

Code	Description
D420K-	Capacity is less than or equal to 420,000 gallons
D420K+	Capacity is greater than 420,000 gallons
NCE	Capacity not determined since 30 TAC § 115.111(c)(4) exemption is not utilized

▼ **Do not continue if:**

1. "Storage Capacity" is "A1k-," "B1K-," or "C1K-;" OR
2. "Product Stored" is "GASMV" and "Storage Capacity" is "A25K-;" OR
3. "Product Stored" is "OIL-BF" and "Storage Capacity" is "B210K-;" OR
4. "Product Stored" is "OIL2" and "Storage Capacity" is "D420K-."

★ **Complete "Throughput" only if "Product Stored" is "CON-BF."**

**Throughput:**

Select **one** of the following options that best describes the liquid throughput. Enter the **code** on the form.

*For storage tanks located in Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, or Waller County*

Code	Description
15BBL+	The liquid throughput is greater than 1,500 barrels
15BBL-	The liquid throughput is less than or equal to 1,500 barrels

*For storage tanks located in Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Parker, Rockwall, Tarrant, or Wise County*

Code	Description
30BBL+	The liquid throughput is greater than 3,000 barrels
30BBL-	The liquid throughput is less than or equal to 3,000 barrels

- ★ **Complete “Potential to Emit” only if “Product Stored” is “CRUD-BFP,” “WAX-BFP,” “COIL-BF,” “OIL-PBS,” “CON-BF,” or “CON-PBS”;** and
1. **Located in Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, or Waller County;** or
  2. **Located in Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Parker, Rockwall, Tarrant, or Wise County**

**Potential to Emit:**

Select **one** of the following options that best describes the uncontrolled VOC emissions from the individual tank, or from the aggregate of storage tanks in a tank battery on a 12-month rolling basis. Enter the **code** on form.

*For storage tanks located in Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, or Waller County*

Code	Description
25+	The uncontrolled VOC emissions from the individual tank, or from the aggregate of storage tanks in a tank battery, is greater than or equal to 25 tons per year
25-	The uncontrolled VOC emissions from the individual tank, or from the aggregate of storage tanks in a tank battery, is less than 25 tons per year

*For storage tanks located in Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Parker, Rockwall, or Tarrant County*

Code	Description
50+	The uncontrolled VOC emissions from the individual tank, or from the aggregate of storage tanks in a tank battery, is greater than or equal to 50 tons per year
50-	The uncontrolled VOC emissions from the individual tank, or from the aggregate of storage tanks in a tank battery, is less than 50 tons per year

- ★ **Complete “Uncontrolled Emissions” only if “Potential to Emit,” is “25+” or “50+.”**

**Uncontrolled Emissions:**

Select **one** of the following options that best describes how uncontrolled VOC emissions are estimated. Enter the **code** on the form.

*For storage tanks located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, Fort Bend, Galveston, Harris, Johnson, Kaufman, Liberty, Montgomery, Parker, Rockwall, Tarrant, Waller, or Wise Counties*

Code	Description
E6A	Using direct measurements specified in § 115.117
E6B	Using factors in §115.112(e)(6)(B)
E6C	Using factors in §115.112(e)(6)(C)
E6D	Using factors in §115.112(e)(6)(D) [Use only if “Product Stored” is “CRUD-BFP,” “WAX-BFP,” “COIL-BF,” or “OIL-PBS”]

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**Table 4b: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B: Storage of Volatile Organic Compounds (VOCs)**
**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

- ★ **Complete “Construction Date” only if the storage tank is located in Aransas, Bexar, Calhoun, Matagorda, San Patricio, or Travis County; “Product Stored” is “VOC2” or “VOC3” and “Storage Capacity” is “C1K 25K.”**

**Construction Date:**

Select **one** of the following options that describe the construction date of the storage tank. Enter the **code** on the form.

Code	Description
73-	Before May 12, 1973
73+	On or after May 12, 1973
NCE	Date not determined since 30 TAC § 115.111(c)(3) exemption is not utilized

▼ **Continue only if “Product Stored” is:**

1. “VOC1” or “GASMV” and “Storage Capacity” is “A1K-25K,” “A25K-40K,” or “A40K+”; or
2. “OIL1,” “OIL-BF,” “CRUD,” “CRUD-BFP,” “WAX,” “WAX-BFP,” “OIL-PBS,” “COIL-BF,” “CON-BF,” or “CON-PBS,” and “Storage Capacity” is “B1K 40K,” “B40K+,” or “B210K-;” or
3. “VOC2” or “VOC3” and “Storage Capacity” is “C1K-25K” or “C25K+”; or
4. “OIL2” and “Storage Capacity” is “D420K+” or “NCE.”

**Tank Description:**

Select **one** of the following options for the storage tank description. Enter the **code** on the form.

*For storage tanks located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Gregg, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Nueces, Orange, Parker, Rockwall, Tarrant, Victoria, Waller, or Wise County:*

Code	Description
SFP1	Tank using a submerged fill pipe
VRS1	Tank using a vapor recovery system (VRS)
SPVRS1	Tank using a submerged fills pipe and VRS
EFR1	Tank (other than welded) using an external floating roof (EFR)
IFR1	Tank using an internal floating roof (IFR)
IFRVRS1	Tank using an IFR and VRS
WDEFR1	Welded tank using an EFR
NONE1	Tank does not require emission controls



For storage tanks located in Aransas, Bexar, Calhoun, Matagorda, San Patricio, or Travis County and “Product Stored” is “VOC2” or VOC3:”

Code	Description
SFP2	Tank using a submerged fill pipe
VRS2	Tank using a VRS
SPVRS2	Tank using a submerged fills pipe and VRS
EFR2	Tank using an EFR without slotted sampling and gauge pipes
IFR2	Tank using an IFR without slotted sampling and gauge pipes
EFRSLT2	Tank using an EFR with slotted sampling and gauge pipes
IFRSLT2	Tank using an IFR with slotted sampling and gauge pipes
NONE2	Tank does not require emission controls

For storage tanks located in Matagorda or San Patricio County and “Product Stored” is “OIL2:”

Code	Description
VRS3	Tank using a VRS
EFR3	Tank using an EFR without slotted sampling and gauge pipes
IFR3	Tank using an IFR without slotted sampling and gauge pipes
EFRSLT3	Tank using an EFR with slotted sampling and gauge pipes
IFRSLT3	Tank using an IFR with slotted sampling and gauge pipes
NONE3	Tank does not require emission controls

**True Vapor Pressure:**

Select **one** of the following options for each true vapor pressure (TVP) of the product at storage conditions. Enter the **code** on the form. Use multiple lines, if necessary, to list TVPs for all products stored in a tank or vessel.

For storage tanks located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Gregg, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Nueces, Orange, Parker, Rockwall, Tarrant, Victoria, Waller, or Wise County:

Code	Description
1-	TVP is less than 1.0 psia
1-1.5	TVP is greater than or equal to 1.0 psia but less than 1.5 psia
1.5+A	TVP are greater than or equal to 1.5 psia
4.0-	TVP is greater than 1.0 psia and less than 4.0 psia [Use only if “Tank Description” is “WDEFR1” and claiming 30 TAC §§ 115.111(a)(6) or 115.111(b)(6) exemption]
4.0-6.0	TVP is greater than or equal to 4.0 psia but less than 6.0 psia [Use only if “Tank Description” is “WDEFR1” and claiming 30 TAC §§ 115.111(a)(7) or 115.111(b)(7) exemption]

For storage tanks located in Aransas, Bexar, Calhoun, or Travis County:

Code	Description
1.5-B	TVP is less than 1.5 psia
1.5+B	TVP is greater than or equal to 1.5 psia

For storage tanks located in Matagorda or San Patricio County:

Code	Description
1.5-C	TVP is less than 1.5 psia
1.5-11	TVP is greater than or equal to 1.5 psia but less than 11 psia
11+	TVP is greater than or equal to 11 psia

## ★ Complete “Primary Seal” only if:

1. The storage tank is located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Gregg, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Nueces, Orange, Parker, Rockwall, Tarrant, Victoria, Waller, or Wise County;
2. “Tank Description” is “WDEFR1” or “EFR1”; and
3. The application is for an SOP.

**Primary Seal:**

Select **one** of the following options for the primary seal description. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
VAPOR	Vapor mounted
MSHOE	Mechanical shoe
LQFM	Liquid-mounted foam
LQLIQ	Liquid-mounted liquid filled
SL80-	Mechanical shoe, liquid-mounted foam, or liquid-mounted liquid-filled type seal installed before August 22, 1980 [Use only if claiming the 30 TAC §§ 115.111(a)(4), 115.111(b)(4), 115.111(a)(6) or 115.111(b)(6) exemption]
SL82-	Mechanical shoe, liquid-mounted foam, or liquid-mounted liquid filled type seal installed before December 10, 1982 [Use only if claiming the 30 TAC §§ 115.111(a)(7) or 115.111(b)(7) exemption]
NCE	Other type of primary seal is used
NONE	Any/None (GOP applications only)

## ★ Complete “Secondary Seal” only if:

1. The storage tank is located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Gregg, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Nueces, Orange, Parker, Rockwall, Tarrant, Victoria, Waller, or Wise County; and
2. “Tank Description” is “WDEFR1”; and
3. “Primary Seal” is “MSHOE” or “SL80-.”

**Secondary Seal:**

Select **one** of the following options for the secondary seal description. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
MSH80-	Shoe-mounted installed before August 22, 1980 [Use only if claiming the 30 TAC §§ 115.111(a)(4) or 115.111(b)(4) exemption]
NCE	Secondary seal not determined since 30 TAC §§ 115.111(a)(4) or 115.111(b)(4) exemption is not utilized

**Control Device Type:**

If a control device is required by 30 TAC Chapter 115, select **one** of the following options for control device type stored. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
FLARE	Flare
COND	Condensation system
CATINC	Catalytic incinerator
DIRINC	Direct-flame incinerator
CAS	Carbon adsorption system
CARADS	Carbon adsorber (non-regenerative)
VRU	Other vapor recovery unit
VDU	Other vapor destruction
OTHER	Other control device

**Control Device ID No.:**

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

**Table 5: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart R: National Emission Standards for Gasoline Distribution Facilities (Bulk Gasoline Terminals and Pipeline Breakout Stations)**

★ **Complete this table only if the site or application area is a major sources for hazardous air pollutants (HAPs) and is defined as a bulk gasoline terminal (40 CFR § 60.501) or pipeline breakout station (40 CFR § 63.421).**

**Unit ID No.:**

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

**SOP Index No.:**

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

**Storage Capacity:**

Select **one** of the following options for the capacity of the storage vessel as it pertains to 40 CFR Part 63, Subpart R. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
20K-	Capacity is less than 20,000 gallons (75,708 liters)
20K+	Capacity are greater than or equal to 20,000 gallons (75,708 liters)

▼ **Continue only if “Storage Capacity” is “20K+.”**

**Alternate Means of Emission Limitation:**

Enter “YES” if using an alternate means of emission limitation (AMEL) as it pertains to 40 CFR Part 63, Subpart R. Otherwise, enter “NO.”

★ **Complete “AMEL ID No.” only if “Alternate Means of Emission Limitation” is “YES.”**

**AMEL ID No.:**

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

▼ **Continue only if “Alternative Means of Emission Limitation” is “NO.”**

**Storage Vessel Descriptions:**

Select **one** of the following emission control options. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
IFR-LQ	Fixed roof with an internal floating roof (IFR) using a liquid-mounted seal
IFR-SL	Fixed roof with an IFR using two seals mounted one above the other to form a continuous closure
IFR-MT	Fixed roof with an IFR using a mechanical shoe seal
EFR-MT	Pontoon-type or double-deck-type external floating roof (EFR) with mechanical shoe primary seal

EFR	Pontoon-type or double-deck-type EFR not having a mechanical shoe primary seal
FLARE	Closed vent system (CVS) with a flare used as the control device (fixed roof)
TOX	CVS with a thermal oxidation system (fixed roof)
RCS	CVS with a refrigeration condenser system (fixed roof)
CAS	CVS with a carbon adsorption system (fixed roof)
OTHER	CVS with another control device or monitoring an alternate operating parameter (fixed roof)
AMEL	AMEL as provided in 40 CFR § 60.114b

★ Complete “AMOC ID No.” only if “Storage Vessel Description” is “OTHER” or “AMEL.”

**AMOC ID No.:**

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

**Control Device ID No.:**

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

▼ Continue only if “Storage Vessel Description” is “EFR,” “EFR-MT,” “IFR-SL,” “IFR-MT,” or “IFR LQ.”

**Subject to NSPS Kb:**

Enter “YES” if the storage vessel is subject to 40 CFR Part 60, Subpart Kb. Otherwise, enter “NO.”

▼ Continue only if “Storage Vessel Description” is “EFR” or “EFR-MT” and “Subject to NSPS Kb” is “NO.”

**EFR Not Meeting §63.423(a) Requirements:**

Enter “YES” if the storage vessel has an EFR which does not currently meet the requirements of §63.423(a). Otherwise, enter “NO.”

**Table 6: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart Y: National Emission Standards for Benzene Emissions from Benzene Storage Vessels**

★ Complete only for site operating permit (SOP) applications.

**Unit ID No.:**

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

**SOP Index No.:**

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

**Tank Type:**

Select one of the following storage vessel types. Enter the code on the form.

Code	Description
COKE	Storage tanks or vessels used to store benzene at coke by-product facilities
PRESS	Pressure vessel designed to operate in excess of 204.9 kPa (29.72 psi) and has no emissions to the atmosphere

MOTOR	Vessel permanently attached to a motor vehicle such as trucks, rail cars, barges, or ships.
BENZ	The storage tank or vessel stores benzene within the specific gravities defined in 40 CFR § 61.270(a), not including storage tanks or vessels used to store benzene at coke by-product facilities, pressure vessels designed to operate in excess of 204.9 kPa (29.72 psi) which have no emissions to the atmosphere, or vessels permanently attached to a motor vehicle such as trucks, rail cars, barges, or ships
OTHER	The storage tank or vessel stores benzene which is not within specific gravities defined in 40 CFR § 61.270(a)

▼ Continue only if “Tank Type” is “BENZ.”

**Storage Capacity:**

Select **one** of the following options for the capacity of the storage vessel. Enter the **code** on the form.

Code	Description
10K-	Capacity is less than 10,000 gallons
10K+	Capacity are greater than or equal to 10,000 gallons

▼ Continue only if “Storage Capacity” is “10K+.”

**Stringency:**

Select **one** of the following options for stringency between 40 CFR Part 61, Subpart Y and 40 CFR Part 60, Subparts K, Ka, and Kb. Enter the **code** on the form.

Code	Description
YES	The storage vessel is subject to the provisions of 40 CFR Part 60, Subparts K, Ka, and Kb and the provisions of 40 CFR Part 61, Subpart Y are more stringent
NO	The storage vessel is subject to the provisions of 40 CFR Part 60, Subparts K, Ka, and Kb, and the provisions of 40 CFR Part 61, Subpart Y are not more stringent
NOKS	The storage vessel is not subject to the provisions of 40 CFR Part 60, Subparts K, Ka, and Kb”

▼ Continue only if “Stringency” is “YES” or “NOKS

**Alternate Means of Emissions Limitation:**

Enter “YES” if using an alternate means of emission limitation (AMEL) capacity. Otherwise, enter “NO.”

★ Complete “AMEL ID No.” only if “Alternate Means of Emission Limitation” is “YES.”

**AMEL ID No.:**

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

▼ Continue only if “Alternate Means of Emission Limitation” is “NO.”

**Tank Description:**

Select **one** of the following options for the storage vessel description. Enter the **code** on the form.

Code	Description
ESVIFR	Existing storage vessel for which construction of an internal floating roof (IFR) equipped with a continuous seal commenced on or before July 28, 1988
IFRLQ	Fixed roof with an IFR using a foam or liquid filled seal in contact with a liquid
IFR2	Fixed roof with an IFR using two seals mounted one above the other, where the lower seal can be vapor mounted, but both continuous
IFRSH	Fixed roof with an IFR using a metallic shoe seal

EFRSH	Pontoon-type or double-deck-type external floating roof (EFR) with metallic shoe primary seal
EFRLQ	Pontoon-type or double-deck-type EFR with liquid-mounted primary seal
CVS	Closed vent system

★ **Complete “Control Device Type” only if “Tank Description” is “CVS.”**

**Control Device Type:**

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

Code	Description
FLARE	Flare
OTH	Other control device

**Control Device ID No.:**

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

**Table 7: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart OO: National Emission Standards for Tanks - Level 1**

*Note: Questions relating to 40 CFR Part 63, Subpart OO have been incorporated into Table 8b. For tanks subject to the requirements of 40 CFR Part 63, Subpart OO, only by reference of 40 CFR Part 63, Subpart DD, complete Tables 8a - 8d. Do not complete Table 7.*

**Unit ID No.:**

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

**SOP Index No.:**

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

**Subject to 40 CFR Part 60, 61, or 63:**

Enter “YES” if the tank is subject to another subpart within 40 CFR Part 60, 61, or 63 and references the use of this subpart for air emission control. Otherwise, enter “NO.”

▼ **Continue only if “Subject to 40 CFR Part 60, 61, or 63” is “YES.”**

**Closed Vent System and Control Device:**

Enter “YES” if the openings of the fixed roof, and any manifold system associated with the fixed roof, are connected by a closed vent system that is vented to a control device. Otherwise, enter “NO.”

**Control Device ID No.:**

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

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**Table 8a: 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.) for the tank (maximum 10 characters) as listed on Form OP SUM (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://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 tank is also subject to another subpart under 40 CFR Part 61 or 40 CFR Part 63, and the owner or operator is controlling the 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 tank from the requirements specified in 40 CFR § 63.683(b)(1), and the total annual quantity of hazardous air pollutants (HAP) contained in the off-site material placed in the tank 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 is less than 1 MG per Year” is “NO.”

**Numerical Concentration Limits:**

Enter “YES” if the off-site material placed in the tank 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 tank in accordance with the standards specified in 40 CFR § 63.685. Otherwise, enter “NO.”

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

**Direct Measurements:**

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

▼ Continue only if “Air Emission Controls” is “YES.”

**Biological Treatment:**

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

★ Complete “Efficiency is greater than 95%” only if “Biological Treatment” is “YES.”

**Efficiency ≥ 95%:**

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

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

**Table 8b: 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.) for the tank (maximum 10 characters) as listed on Form OP SUM (Individual Unit Summary).

**SOP Index No.:**

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

**Bulk Feed:**

Enter “YES” if the tank is used for bulk feed of off-site material to a waste incinerator and meets all of the conditions specified in 40 CFR § 63.683(b)(2)(v)(A)-(C). Otherwise, enter “NO.”

▼ Continue only if “Bulk Feed” is “NO.”

**Existing Source:**

Enter “YES” if the tank is part of an existing source managing off-site material. Otherwise, enter “NO.”

**Tank Emissions Control:**

Select one of the following options that describe the required tank emissions control. Enter the **code** on the form.

Code	Description
TL1T3	Tank is not used to manage off-site material having a maximum organic vapor pressure that is greater than or equal to 76.6 kPa, is not used for a waste stabilization process (as defined in 40 CFR § 63.681) and is required to use Tank Level 1 controls as specified by Table 3 (only for “Existing Source” designation of “YES”)
TL1T4	Tank is not used to manage off-site material having a maximum organic vapor pressure that is greater than or equal to 76.6 kPa, is not used for a waste stabilization process (as defined in 40 CFR § 63.381) and is required to use Tank Level 1 controls as specified by Table 4 (only for “Existing Source” designation of “NO”)
TL2	Tank is used for waste stabilization process and requires Level 2 controls
CVS	Tank manages off-site material having maximum HAP vapor pressure that is greater than or equal to 76.6 kPa
OTHER	Tank cannot be classified as one of the above codes

★ Complete “Level 2 Controls” only if “Tank Emissions Control” is “TL1T3” or “TL1T4.”

**Level 2 Controls:**

Enter “YES” if as an alternative to meeting 40 CFR § 63.685(c)(2)(i), air emissions from the tank are controlled in accordance with Level 2 controls specified in 40 CFR § 63.685(d). Otherwise, enter “NO.”

★ Complete “Closed vent System” Only if “Level 2 Controls” is “NO.”



**Closed Vent Systems:**

Enter “YES” if the openings of the fixed roof, and any manifold system associated with the fixed roof, are connected by a closed vent system (CVS) that is vented to a control device. Otherwise, enter “NO.”

▼ **Do not continue if “Level 2 Controls” is “NO.”**

**Tank Type:**

Select one of the following options that describe the tank for which the owner/operator controls air emissions by using Tank Level 2 controls. Enter the code on the form:

Code	Description
IFR	Fixed-roof tank equipped with an internal floating roof (IFR) (Not for “Tank Emissions Control” designation of “CVS”)
EFR	Tank equipped with an external floating roof. (Not for “Tank Emissions Control” designation of “CVS”)
CVS/CD	A tank vented through a CVS to a control device
PRESS	A pressure tank
ENCL	A tank located inside an enclosure that is vented through a CVS to an enclosed combustion control device

▼ **Continue only if “Tank Type” is “CVS/CD” or “ENCL.”**

**Inspected and Monitored:**

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

**Bypass Device:**

Enter “YES” if the CVS 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.”

★ **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.”

**Table 8c: 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.) for the tank (maximum 10 characters) as listed on Form OP SUM (Individual Unit Summary).

**SOP Index No.:**

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

**No Detectable Organic Emissions:**

Enter “YES” if the closed vent system (CVS) 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 Type:**

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

<b>Code</b>	<b>Description</b>
CADS	Carbon adsorption system (For "Tank Type" designation of "CVS/CD" only)
COND	Condenser (For "Tank Type" designation of "CVS/CD" only)
FLARE	Flare (For "Tank Type" designation of "CVS/CD" only)
VAPTH	Thermal vapor incinerator
VAPCAT	Catalytic vapor incinerator
BPH	Boiler or process heater (BPH)

**Control Device ID No.:**

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

▼ **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 (maximum 10 characters). If the unique identifier is unavailable then enter the date of the AOP approval. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate regulated entity number. Otherwise, leave this column blank.

★ **Complete "HAP Recovery" only if "Control Device Type" is "CADS" or "COND."**

**HAP Recovery:**

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

★ **Complete "Regenerable Carbon Adsorber" only if "Control Device Type" is "CADS."**

**Regenerable Carbon Adsorber:**

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

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

**Comply with 40 CFR § 63.693(d)(4)(iii):**

Enter "YES" if the owner or operator has chosen to comply with the requirements of 40 CFR § 63.693(d)(4)(iii). Otherwise, enter "NO."

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

**Exhaust Stream Temp 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."

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**Table 8d: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart DD: National Emission Standards for Hazardous Air Pollutants from Off Site Waste and Recovery Operations**

★ **Complete only if “Control Device Type” in Table 8c is “VAPTH,” “VAPCAT,” or “BPH.”**

**Unit ID No.:**

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

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://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 contained in the vent stream entering the vapor incinerator, boiler, or process heater. Otherwise, enter “NO.”

★ **Complete “Organic Monitoring Device” only if “Control Device Type” in Table 8c is “VAPTH” or “VAPCAT.”**

**Organic Monitoring Device:**

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

★ **Complete “Meets 40 CFR § 63.693(f)(1)(iii)” only if “Control Device Type” in Table 8c is “VAPTH” or “VAPCAT” and “HAP Destruction” is “NO.”**

**Meets 40 CFR § 63.693(f)(1)(iii):**

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

★ **Complete “95% HAP Destruction” only if “Control Device Type” in Table 8c is “VAPTH,” “VAPCAT,” or “BPH” and “HAP Destruction” is “YES.”**

**95% HAP Destruction:**

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

★ **Complete “BPH TOC Destruction” only if “Control Device Type” in Table 8c 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 BPH. Otherwise, enter “NO.”

★ **Complete “95% TOC Destruction” only if “Control Device Type” in Table 8c is “VAPTH” or “VAPCAT” and “Meets 40 CFR § 63.693(f)(1)(iii)” is “NO,” or if “Control Device Type” in Table 8c 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 BPH is destroyed by greater than or equal to 95% on a weight-basis. Otherwise, enter “NO.”

- ★ **Complete “Meets 40 CFR § 63.693(g)(1)(iii)” only if “Control Device Type” in Table 8c 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 BPH and the combustion chamber maintains a residence time of 0.5 seconds or longer and a temperature of 760°C or higher. Otherwise, enter “NO.”

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

**Introduced with Fuel:**

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

- ★ **Complete “Continuous Temperature Monitoring System” only if “Control Device Type” in Table 8c 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 9a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart G: National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry for Storage Vessels**

**Unit ID No.:**

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

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 63G-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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**MACT Subpart F/G Applicability:**

Enter “YES” if the unit is a Group I vessel (as defined in Table 5 for existing sources or Table 6 for new sources of 40 CFR 63, Subpart G). Otherwise, enter “NO.”

**NESHAP Subpart Y Applicability:**

Enter “YES” if the unit is subject to 40 CFR Part 61, Subpart Y. Otherwise, enter “NO.”

- ★ **Complete “NSPS Subpart Kb Applicability” only if “MACT Subpart F/G Applicability” is “NO” and “NESHAP Subpart Y Applicability” is “NO.”**

**NSPS Subpart Kb Applicability:**

Enter “YES” if the unit is subject to 40 CFR Part 60, Subpart Kb. Otherwise, enter “NO.”

- ▼ **Continue only if “MACT Subpart F/G Applicability” is “YES.”**

**Maximum TVP:**

Indicate the maximum true vapor pressure (TVP) range corresponding to the material the storage vessel has authority to store. If the stored material has a TVP that can fall into both ranges, a second line must be utilized. Storage of material in each range generally constitutes one operating condition. The site must have preconstruction authorization for all stored materials. Select **one** of the following options. Enter the **code** on the form.

Code	Description
11.11-	Maximum TVP of the total organic hazardous air pollutants (HAP) in the liquid is less than 11.11 psi (76.6 kPa)
11.11+	Maximum TVP of the total organic HAP in the liquid is greater than or equal to 11.11 psi (76.6 kPa)

**Emission Control Type:**

Select **one** of the following emission control options. Enter the **code** on the form.

*For “Maximum TVP” of “11.11-”*

Code	Description
AMOC	Alternate Means of Control (AMOC) as provided in 40 CFR § 63.121
EFR	External floating roof (EFR)
EFR-IFR	EFR converted to an internal floating roof (IFR) (i.e. fixed roof installed above an external floating roof)
IFR	Fixed roof and an IFR
CVS-CD	Closed vent system (CVS) and control device (fixed roof)
ROUTED	Emissions routed to a fuel gas system
PROCESS	Emissions routed to a process
BAL	Emission controlled using a vapor balancing system under 40 CFR § 63.119(g)

*For “Maximum TVP” of “11.11+”*

Code	Description
AMOC	AMOC as provided in 40 CFR § 63.121
CVS-CD	CVS and control device
ROUTED	Emissions routed to a fuel gas system
PROCESS	Emissions routed to a process
BAL	Emission controlled using a vapor balancing system under 40 CFR § 63.119(g)

★ **Complete “AMOC ID No.” only if “Emission Control Type” is “AMOC.”**

**AMOC ID No.:**

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

★ **Complete Table 9b only if “Emission Control Type” in Table 9a is not “AMOC” or “BAL.”**

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**Table 9b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart G: National Emission Standards for Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry for Storage Vessels**

**Unit ID No.:**

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

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 63G-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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

★ **Complete “Seal Type” only if “Emission Control Type” in Table 9a is “EFR,” “EFR-IFR,” or “IFR.”**

**Seal Type:**

Indicate the type of seal used in conjunction with the floating roof. Select **one** of the following options. Enter the **code** on the form.

*For “Emission Control Type” of “EFR”*

<b>Code</b>	<b>Description</b>
2MET	Two seals, one located above the other, the primary seal being a metallic shoe seal
2LIQ	Two seals, one located above the other, the primary seal being a liquid-mounted seal

*For “Emission Control Type” of “EFR-IFR or IFR”*

<b>Code</b>	<b>Description</b>
IFR-LIQ	Liquid-mounted seal (as defined in 40 CFR § 63.111)
IFR-MET	Metallic shoe seal (as defined in 40 CFR § 63.111)
2SEALS	Two seals mounted one above the other so that each forms a continuous closure that completely covers the space between the wall of the storage vessel and the edge of the floating roof

▼ **Continue only if “Emission Control Type” in Table 9a is “CVS-CD,” “ROUTED” or “PROCESS.”**

**Closed Vent System:**

Select **one** of the following options that describe the applicability of the closed vent system. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
PRESS-	Closed vent system is operated and maintained under negative pressure
SUBPTH	Closed vent system is subject to § 63.172 of Subpart H
SUBPTG	Closed vent system is routing emissions to a process or fuel gas system or is subject to § 63.148 of Subpart G

★ **Complete “Hard Piping” only if “Closed Vent System” is “SUBPTG,” or if “Emission Control Type” in Table 9a is “ROUTED” or “PROCESS.”**

**Hard Piping:**

Enter “YES” if the closed vent system is constructed of hard piping. Otherwise, enter “NO.”

**Bypass Lines:**

Select **one** of the following options that describes presence and control of bypass lines in the closed vent system. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
NONE	Closed vent system has no bypass lines
FLOWIND	Closed vent system has bypass lines that are monitored by flow indicator
CARSEAL	Closed vent system has bypass lines that are sealed with a carseal or lock and key mechanism

▼ **Continue only if “Emission Control Type” in Table 9a is “CVS-CD.”**

**Control Device Type:**

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

<b>Code</b>	<b>Description</b>
FLARE	Flare
THERMAL	Thermal incinerator
BPH-44+	Boiler or process heater (BPH) with a design heat input capacity greater than or equal to 44 MW
BPH-VNT	BPH into which the vent stream is introduced with primary fuel
BPH-HAZ	BPH as specified in 40 CFR § 63.120(d)(8)(ii)(A)-(B), burning hazardous waste
HAZINC	Hazardous waste incinerator as specified in 40 CFR § 63.120(d)(8)(iii)
ENCL	Enclosed combustion device with a minimum residence time of 0.5 seconds and a minimum temperature of 760 degrees Celsius
CADS	Carbon adsorber
COND	Condenser
OTHER	Other control device

**Control Device ID No.:**

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

★ **Complete “Control Device Design” only if “Control Device Type” is not “FLARE.”**

**Control Device Design:**

Enter “YES” if the control device was installed on or before December 31, 1992, and was designed to reduce inlet emissions of total organic hazardous air pollutants (HAPs) by greater than or equal to 90% and less than 95%. Otherwise, enter “NO.”

★ **Complete “Design Evaluation Submitted” only if “Control Device Type” is “ENCL,” “CADS,” “COND,” “THERMAL,” or “OTHER.”**

**Design Evaluation Submitted:**

Enter “YES” if a design evaluation of the emission control system was submitted to demonstrate compliance with 40 CFR § 63.119(e). Otherwise, enter “NO.”

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**Table 10a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries**

★ **Complete this table only for units listed below which are located at a plant site that is a major source of HAP emissions; contain, or contact one or more of the hazardous air pollutants (HAPs) listed in Table 1 of 40 CFR Part 63, Subpart CC; and meet the definition of an affected source as defined by § 63.641:**

- **Storage vessels (as defined in 40 CFR Part 63, Subpart CC) associated with petroleum refining process units; or**
- **Storage vessels (as defined in 40 CFR Part 63, Subpart CC) associated with bulk gasoline terminals or pipeline breakout stations classified under Standard Industrial Classification code 2911 located within a contiguous area and under common control with a refinery.**

**Unit ID No.:**

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

**SOP Index No.:**

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

**Specified in 40 CFR § 63.640(g)(1)-(6):**

Enter “YES” if the storage vessel is part of a process specified in 40 CFR § 63.640(g)(1)-(6). Otherwise, enter “NO.”

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

**Subject to 40 CFR Part 63, Subparts F, G, H, OR I:**

Enter “YES” if the storage vessel is subject to 40 CFR Part 63, Subparts F, G, H, or I. Otherwise, enter “NO.”

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

**Group 1 Storage Vessel:**

Enter “YES” if the storage vessel is a Group 1 storage vessel (as defined in 40 CFR § 63.641). Otherwise, enter “NO.”

★ **Complete “Group 1 Applicability” only if “Group 1 Storage Vessel” is “YES.”**

**Group 1 Applicability:**

Select **one** of the following options that describe the standard the source is subject to. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
KB	The storage vessel is also subject to 40 CFR Part 60, Subpart Kb and is complying with that rule
61Y	The storage vessel is also subject to 40 CFR Part 61, Subpart Y and is complying with that rule
CC	The storage vessel is complying with 40 CFR Part 63, Subpart CC requirements in § 63.660

★ **Complete Table 10b if “Group 1 Applicability” is “KB” or “61Y.”**

★ **Complete Tables 10c and 10d if “Group 1 Applicability” is “CC.”**

★ **Complete “Group 2 Applicability” only if “Group 1 Storage Vessel” is “NO.”**



**Group 2 Applicability:**

Select **one** of the following options that describe the standard the source is subject to. Enter the **code** on the form.

Code	Description
K	The storage vessel is subject to the control requirements of 40 CFR Part 60, Subpart K
KA	The storage vessel is subject to the control requirements of 40 CFR Part 60, Subpart Ka
KB	The storage vessel is subject to the control requirements in 40 CFR Part 60, Subpart Kb
KBNON	The storage vessel is existing and is subject to non-control requirements from 40 CFR Part 60, Subpart Kb
61Y	The storage vessel is subject to the control requirements of 40 CFR Part 61, Subpart Y
61YNON	The storage vessel is existing and is subject to non-control requirements from 40 CFR Part 61, Subpart Y
CCPRO	The storage vessel is required to comply with 40 CFR Part 63, Subpart CC and is part of a process unit
CCTERM	The storage vessel is required to comply with 40 CFR Part 63, Subpart CC and is at a bulk fuel terminal or pipeline breakout station

- ★ **Complete Table 1: 40 CFR Part 60, Subpart K only if “Group 2 Applicability” is “K.”**
- ★ **Complete Table 3: 40 CFR Part 60, Subpart Kb only if “Group 2 Applicability” is “KBNON.”**
- ★ **Complete Table 6: 40 CFR Part 61, Subpart Y only if “Group 2 Applicability” is “61YNON.”**
- ★ **Complete the rest of Table 10a only if “Group 2 Applicability” is “KA.”**
- ★ **Complete Table 10b only if “Group 2 Applicability” is “KB” or “61Y.”**
- ▼ **Do not continue if “Group 2 Applicability” is “CCPRO” or “CCTERM.”**

**Storage Vessel Description:**

Select **one** of the following emission control options as it pertains to 40 CFR Part 60, Subpart Ka. Enter the **code** on the form.

Code	Description
EFR-MT2	Pontoon-type or double-deck-type external floating roof (EFR) with mechanical shoe primary seal
EFR-LQ2	Pontoon-type or double-deck-type EFR with liquid-mounted primary seal
EFR-VP	Pontoon-type or double-deck-type EFR with vapor-mounted primary seal
OTHER	Other type of storage vessel

- ▼ **Continue only if “Storage Vessel Description” is “EFR-MT2,” “EFR-LQ2,” or “EFR-VP.”**
- ★ **Complete Table 2: 40 CFR Part 60, Subpart Ka only if “Storage Vessel Description” is “OTHER.”**

**Reid Vapor Pressure:**

Select **one** of the following options for the Reid vapor pressure (RVP) for crude oil. Enter the **code** on the form. Use multiple lines, if necessary.

Code	Description
OTHER	Storage vessel stores material other than crude oil.
CR2-	RVP is less than 2.0 psia
CR2+	RVP is greater than or equal to 2.0 psia
CRPP	Physical properties of the crude oil precluded determination of true vapor pressure (TVP) by the recommended method

- ★ **Complete “Estimated TVP” only if “Reid Vapor Pressure” is “CR2-” or “CRPP.”**

**Estimated TVP:**

Indicate the estimated true vapor pressure (TVP) ranges corresponding to the materials the storage vessel has authority to store. Use multiple lines, if necessary. Storage of material in each range generally constitutes one operating condition. The site must have preconstruction authorization for all stored materials. Select **one** of the following options. Enter the **code** on the form.

Code	Description
1-	Estimated TVP is less than or equal to 1.0 psia
1+	Estimated TVP is greater than 1.0 psia

**Table 10b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries**

★ **Complete Table 10b only if “Group 1 Applicability” or “Group 2 Applicability” is “KB” or “61Y.”**

**Unit ID No.:**

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

**SOP Index No.:**

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

★ **If “Group 1 Applicability” or “Group 2 Applicability” is “61Y,” skip to “Tank Description.”**

★ **If “Group 1 Applicability” or “Group 2 Applicability” is “KB,” begin with “Product Stored.”**

**Product Stored:**

Select **one** of the following options for each product stored, as it pertains to 40 CFR Part 60, Subpart Kb. Enter the **code** on the form. Use multiple lines, if necessary, to list multiple products stored in a storage vessel. Please refer to 40 CFR § 60.111b for the definitions of “petroleum liquids,” “petroleum,” “volatile organic liquid (VOL),” “waste,” and “condensate.”

Code	Description
PETROL	Refined petroleum products
CRUD	Crude oil
WASTE	Waste mixture of indeterminate or variable composition
VOL	Other volatile organic liquid

**Storage Capacity:**

Select **one** of the following options for the nominal storage capacity of the storage vessel. Enter the **code** on the form.

Code	Description
20K-40K	Capacity is greater than or equal to 19,800 gallons but less than 39,900 gallons (capacity is greater than or equal to 75,708 liters but less than or equal to 151,416 liters)
40K+	Capacity are greater than or equal to 39,900 gallons (151,416 liters)

**Maximum TVP:**

Indicate all maximum true vapor pressure (TVP) ranges corresponding to the materials the storage vessel has authority to store. Use multiple lines, if necessary. Storage of material in each range generally constitutes one operating condition. The site must have preconstruction authorization for all stored materials. Select **one** of the following options. Enter the **code** on the form.

*For storage vessels where "Storage Capacity" is "20K-40K:"*

Code	Description
4.0-	TVP is less than 4.0 psia
4.0-11.1	TVP is greater than or equal to 4.0 psia but less than 11.1 psia
11.1+	TVP is greater than or equal to 11.1 psia

*For storage vessels where "Storage Capacity" is "40K+:"*

Code	Description
0.75-	TVP is less than 0.75 psia
0.75-11.1	TVP is greater than or equal to 0.75 psia but less than 11.1 psia
11.1+	TVP is greater than or equal to 11.1 psia

★ **Complete Table 3: 40 CFR Part 60, Subpart Kb if one of the following conditions applies:**

1. "Storage Capacity" is "20K-40K" and "Maximum TVP" is "4.0-"; or
2. "Storage Capacity" is "40K+" and "Maximum TVP" is "0.75-."

**Storage Vessel Description:**

Select **one** of the following emission control options as it pertains to 40 CFR Part 60, Subpart Kb. Enter the **code** on the form.

Code	Description
IFR-LQ	Fixed roof with an internal floating roof (IFR) using a liquid-mounted seal
IFR-SL	Fixed roof with an IFR using two seals mounted one above the other to form a continuous closure
IFR-MT	Fixed roof with an IFR using a mechanical shoe seal
EFR-MT3	Pontoon-type or double-deck-type external floating roof (EFR) with mechanical shoe primary seal
EFR-LQ3	Pontoon-type or double-deck-type EFR with a liquid-mounted primary seal
CVS-FL:	Closed vent system (CVS) with a flare used as the control device (fixed roof)
CVS-CD:	Closed vent system (CVS) and control device other than a flare (fixed roof)

★ **Complete Table 3: 40 CFR Part 60, Subpart Kb if one of the following conditions applies:**

1. "Storage Vessel Description" is "CVS-CD;" or
2. "Group 1 Storage Vessel" is "NO" and "Storage Vessel Description" is "CVS-FL."

★ **Complete "Reid Vapor Pressure" only if "Product Stored" is "CRUD"**

**Reid Vapor Pressure:**

Select **one** of the following options for the Reid vapor pressure (RVP) for each product stored. Enter the **code** on the form. Use multiple lines, if necessary.

Code	Description
CR2-	RVP is less than 2.0 psia
CR2+	RVP is greater than or equal to 2.0 psia
CRPP	Physical properties of the crude oil precluded determination of TVP by the recommended method

▼ **Do not continue if "Group 1 Applicability" or "Group 2 Applicability" is "KB."**

**Tank Description:**

Select **one** of the following options for the storage vessel description. Enter the **code** on the form.

Code	Description
ESVIFR	Existing storage vessel for which construction of an internal floating roof (IFR) equipped with a continuous seal commenced on or before July 28, 1998
IFR-LQ	Fixed roof with an IFR using a foam or liquid filled seal in contact with a liquid
IFR2	Fixed roof with an IFR using two seals mounted one above the other, where the lower seal can be vapor mounted, but both continuous
IFRSH	Fixed roof with an IFR using a metallic shoe seal
EFRSH	Pontoon-type or double-deck-type external floating roof (EFR) with metallic shoe primary seal
EFRLQ	Pontoon-type or double-deck-type EFR with liquid-mounted primary seal
CVS	Closed vent system

★ **Complete Table 6: 40 CFR Part 61, Subpart Y if “Group 1 Storage Vessel” is “NO” and “Tank Description” is “CVS.”**

▼ **Continue only if “Group 1 Storage Vessel” is “YES” and “Tank Description” is “CVS.”**

**Control Device Type:**

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

Code	Description
FLARE	Flare
OTH	Other control device that is not a flare

**Control Device ID No.:**

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

★ **Complete Table 6: 40 CFR Part 61, Subpart Y if “Group 1 Storage Vessel” is “YES,” “Tank Description” is “CVS,” and “Control Device Type” is “OTH.”**

**Table 10c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries**

★ **Complete Tables 10c and 10d only if “Group 1 Storage Vessel” in Table 10a is “YES”**

**Unit ID No.:**

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

**SOP Index No.:**

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

**True Vapor Pressure:**

Select **one** of the following options to describe the maximum true vapor pressure (TVP) of the total organic hazardous air pollutants (HAPs) in the liquid stored in the storage vessel. Enter the **code** on the form.

Code	Description
11.11-	Maximum TVP of the total organic HAPs in the liquid is less than 11.11 psi (76.6 kPa)
11.11+	Maximum TVP of the total organic HAPs in the liquid are greater than or equal to 11.11 psi (76.6 kPa)

- ★ Complete the rest of Table 10c only if “True Vapor Pressure” is “11.11-.” Complete Table 10d if “True Vapor Pressure” is “11.11+.”

**Emission Standard:**

Select **one** of the following options that describe the compliance option for the storage vessel. Enter the **code** on the form.

Code	Description
63SS	Storage vessel is complying with 40 CFR Part 63, Subpart SS
63WW	Storage vessel is complying with 40 CFR Part 63, Subpart WW

- ★ Complete the rest of Table 10c only if “Emission Standard” is “63WW.” Complete Table 10d if “Emission Standard” is “63SS.”

**WW Tank Control:**

Select **one** of the following options that describe the control used for the tank. Enter the **code** on the form.

Code	Description
IFR	An IFR is operated and maintained per 40 CFR § 63.1062(a)(1)
EFR	An EFR is operated and maintained per 40 CFR § 63.1062(a)(2)
EQUIV	An equivalent to the requirements in paragraph § 63.1062(a)(1) or (a)(2) is used, as provided in § 63.1062(a)(3)

- ▼ Continue only if “WW Tank Control” is “IFR” or “EFR.”

**Unslotted Guidepole:**

Enter “YES” if the tank uses an unslotted guidepole. Otherwise, enter “NO.”

**Slotted Guidepole:**

Select **one** of the following options that describe the type of slotted guidepole used. Enter the **code** on the form.

Code	Description
FLEX	Slotted guidepole has a flexible enclosure device and either a gasketed or welded cap, per 40 CFR § 63.660(b)(1)
FLOAT	Slotted guidepole has a pole wiper and pole float per 40 CFR § 63.1063(a)(2)(viii)(A)
SLEEVE	Slotted guidepole has a pole wiper and pole sleeve per 40 CFR § 63.1063(a)(2)(viii)(B)
NONE	Storage vessel does not have a slotted guidepole.

**Slotted Ladder:**

Select **one** of the following options that describe the type of ladder used. Enter the **code** on the form.

Code	Description
SLOT-L	Storage vessel uses a ladder with at least one slotted leg.
NONE	Storage vessel does not have a ladder with at least one slotted leg

**Seal Configuration:**

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

**IFR:**

Code	Description
IFR-LQ	Liquid-mounted seal
IFR-MT	Mechanical shoe seal
IFR-SL	Two seals mounted one above the other
IFR-VP	Vapor-mounted seal

**EFR:**

Code	Description
EFR-LQ3	Liquid-mounted primary seal and a secondary seal
EFR-MT3	Mechanical shoe primary seal and a secondary seal
EFR-OTH	Liquid-mounted seal or mechanical shoe seal, or a vapor-mounted seal and secondary seal

★ Complete “Inspection Requirement” only if “Seal Configuration” is “IFR-SL.”

**Inspection Requirement:**

Enter “YES” if complying the inspection requirement in §63.1063(c)(1)(ii). Otherwise, enter “NO.”

**Table 10d: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries**

★ Complete Table 10d only if “True Vapor Pressure” in Table 10c is “11.11+” or “Emission Standard” in Table 10c is “63SS.”

**Unit ID No.:**

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

**SOP Index No.:**

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

**Control Device Type:**

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

Code	Description
PROCESS	Emissions routed to a process
FLARE	Flare
CATA	Catalytic incinerator
INCIN	Incinerator other than catalytic incinerator
BPH44+	Boiler or process heater with a design heat input capacity equal to or greater than 44 megawatts (MW) or in which all vent streams are introduced with the primary fuel or are used and the primary fuel
BPH44-	Boiler or process heater with a design heat input capacity of less than 44 MW and the vent stream is not introduced as or with the primary fuel
ABS:	Absorber
CADS	Carbon adsorber
COND	Condenser
OTHCMB	Combustion device other than a flare, incinerator, boiler, or process heater
OTHNONC	Non-combustion device other than an absorber, carbon adsorber, or condenser

**Control Device ID No.:**

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

▼ Do not continue if “Control Device Type” is “PROCESS.”

- ★ Complete “Meets 63.985(b)(2)” only if “Control Device Type” is “CATA,” “INCIN,” “BPH44+,” or “BPH44-.”

**Meets 63.985(b)(2):**

Enter “YES” if the control device meets criteria in § 63.985(b)(2). Otherwise, enter “NO.”

- ★ Complete “Prior Eval” only if “Control Device Type” is “FLARE.”

**Prior Eval:**

Enter “YES” if the data from a prior evaluation or assessment is used. Otherwise, enter “NO.”

- ★ Complete “Assessment Waiver” only if “Control Device Type” is “FLARE” and “Prior Eval” is “NO.”

**Assessment Waiver:**

Enter “YES” if the Administrator has granted a waiver of compliance assessment. Otherwise, enter “NO.”

- ★ Complete “Assessment Waiver ID” only if “Assessment Waiver” is “YES.”

**Assessment Waiver ID:**

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

- ★ Complete Prior Test only if one of the following conditions applies:

1. “Control Device Type” is “BPH44-,” “ABS,” “CADS,” “COND,” “OTHCMB,” or “OTHNONC;” or
2. “Control Device Type” is “CATA” or “INCIN” and “Meets 63.985(b)(2)” is “NO.”

**Prior Test:**

Enter “YES” if a prior design evaluation or performance test has been previously conducted. Otherwise, enter “NO.”

**Negative Pressure:**

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

- ▼ Continue only if “Negative Pressure” is “NO.”

**Bypass Lines:**

Select **one** of the following options that describes presence and control of bypass lines in the closed vent system. Enter the **code** on the form.

Code	Description
NONE	Closed vent system has no bypass lines
FLOWIND	Closed vent system has bypass lines that are monitored by flow indicator
CARSEAL	Closed vent system has bypass lines that are sealed with a carseal or lock and key mechanism
PLUG	Closed vent system has bypass lines that use a cap, blind flange, plug, or second valve meeting requirements in § 60.482-6

**Table 11a: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart L: National Emission Standards for Benzene from Coke By-Product Recovery Plants**

- ★ Complete Table 11a and b only for:

1. Tar storage tanks, flushing liquor circulation tanks, and wash-oil circulation tanks at furnace coke by-product recovery plants and foundry coke by-product recovery plants; or
2. Benzene storage tanks, BTX storage tanks, light-oil storage tanks, and excess ammonia-liquor storage tanks at furnace coke by-product recovery plants.

**Unit ID No.:**

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

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 10 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Initial Startup Date:**

Select **one** of the following options to describe the initial startup of the affected source. Enter the **code** on the form.

Code	Description
89-	Before September 14, 1989
89+	On or after September 14, 1989

**Alternative Means of Emission Limitation:**

Enter “YES” if the TCEQ Executive Director (or EPA Administrator) has approved an alternative means of emission limitation (AMEL) in accordance with 40 CFR § 61.136(d)(1). Otherwise, enter “NO.”

**AMEL ID No.:**

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

★ **Complete “Furnace or Foundry” only if “Alternative Means of Emission Limitation” is “NO.”**

**Furnace or Foundry:**

Select **one** of the following options to describe the coke by-product recovery plant. Enter the **code** on the form.

Code	Description
FURN	Furnace coke by-product recovery plant
FOUND	Foundry coke by-product recovery plant

**Table 11b: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart L: National Emission Standards for Benzene from Coke By-Product Recovery Plants**

**Unit ID No.:**

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

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 10 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Title 40 CFR § 61.132(a)(2)(I) Devices:**

Enter “Yes” if a pressure relief device, vacuum relief device, access hatch, and a sampling port is installed on the tar decanter, light-oil condenser, or tar-intercepting sump. Otherwise, enter “NO.”

**Open to Atmosphere:**

Enter “Yes” if the source is a tar decanter. Otherwise, enter “NO.”



- ★ **Complete “Alternative Control Device” only if “Alternative Means of Emission Limitation” in Table 11a is “YES.”**

**Alternative Control Device:**

Select **one** of the following options to describe the alternative control device used for each storage vessel. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
RECAD	Regenerative carbon adsorber
NRCAD	Non-regenerative carbon adsorber
CATA	Catalytic incinerator
INCIN	Vapor incinerator other than a catalytic incinerator

**Control Device ID No.:**

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

**Table 12a: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart FF: National Emission Standards for Benzene Waste Operations (Tanks)**

- ★ **Complete Tables 12a - 12c only if the total annual benzene quantity from facility waste is greater than or equal to 10 Mg/yr.**

*Note: For facilities complying with 40 CFR § 61.342(e), complete Tables 12a - 12b only for tanks that manage, treat or store facility waste with a flow-weighted annual average water content of less than 10% or are being controlled for air emissions per 40 CFR § 61.343.*

**Unit ID No.:**

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

**SOP Index No.:**

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

**Waste Treatment Tank:**

Enter “YES” if the tank manages, treats, or stores a waste stream subject to 40 CFR Part 61, Subpart FF. Otherwise, enter “NO.”

- ▼ **Continue only if “Waste Treatment Tank” is “YES.”**

**Alternative Standards for Tanks:**

Enter “YES” if the tank is complying with the alternative standards in 40 CFR § 61.351. Otherwise, enter “NO.”

★ **Complete “Kb Tank Type” only if “Alternative Standards for Tanks” is “YES.”**

**Kb Tank Type:**

Select **one** of the following 40 CFR Part 60, Subpart Kb options for the tank, as specified in 40 CFR § 61.351. Enter the **code** on the form.

Code	Description
FIFR	Using a fixed roof and internal floating roof, that meets the requirements of 40 CFR § 60.112b(a)(1)
EFR	Using an external floating roof that meets the requirements of 40 CFR 60.112b(a)(2)
AMEL	Using an alternate means of emission limitation (AMEL) as described in 40 CFR § 60.114b

**AMEL ID No.:**

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

★ **Complete “Seal Type” only if “Kb Tank Type” is “FIFR” or “EFR.”**

**Seal Type:**

Select **one** of the following options for the type of seal(s) used on the floating roof of the tank. Enter the **code** on the form.

*For tanks with fixed roofs and internal floating roofs:*

Code	Description
LIQUID	Foam or liquid-filled seal mounted in contact with the liquid (liquid-mounted seal)
2SEAL	Two seals mounted one above the other so that each forms a continuous closure that completely covers the space between the wall of the vessel and the edge of the internal floating roof
SHOE	Mechanical shoe seal

*For tanks with external floating roofs:*

Code	Description
MECHP	Mechanical shoe primary seal
LIQDP	Liquid-mounted primary seal

▼ **Continue only if “Alternative Standards for Tanks” is “NO.”**

**Alternate Means of Compliance:**

Enter “YES” if using an alternate means of compliance (AMOC) to meet the requirements of 40 CFR § 61.343 for tanks. Otherwise, enter “NO.”

**AMOC ID No.:**

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

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

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**Table12b: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart FF: National Emission Standards for Benzene Waste Operations (Tanks)**
**Unit ID No.:**

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

**SOP Index No.:**

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

[www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Tank Control Requirements:**

Select **one** of the following options that describe the control requirements use for the tank. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
343B2	The waste managed in the tank meets the conditions in 40 CFR § 61.343(b)(1) and the tank is complying with the requirements specified in 40 CFR § 61.343(b)(2)
T-ENCL	The tank is located in a total enclosure meeting the requirements of 40 CFR § 61.343(e) and has a closed vent system routing vapors to either a fuel gas system or control device
CVS-CD	The tank has a fixed roof and closed vent system routing vapors to either a fuel gas system or control device

**Fuel Gas System:**

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

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

★ **Complete “Closed Vent System and Control Device” only if “Tank Control Requirements” is “343B2” and “Fuel Gas System” is “NO.”**

**Closed Vent System and Control Device:**

Enter “YES” if a closed vent system (CVS) and control device is used. Otherwise, enter “NO.”

▼ **Do not continue if “Tank Control Requirements” is “343B2” and “Closed vent System and Control Device” is “NO.”**

**Cover and Closed Vent:**

Enter “YES” if the cover and CVS is operated such that the tank is maintained at a pressure less than atmospheric pressure and meets the conditions of 40 CFR § 61.343(a)(1)(i)(C)(1)-(3). Otherwise, enter “NO.”

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

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

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

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

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

**Table 12c: Title 40 Code of Federal Regulations Part 61 (40 CFR Part 61), Subpart FF: National Emission Standards for Benzene Waste Operations (Tanks)**

**Unit ID No.:**

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

**SOP Index No.:**

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

**Bypass Line:**

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

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

**Bypass Line Valve:**

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

**Control Device Type/Operation:**

Select **one** of the following options for 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 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°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 total organic compound 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°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 total organic compound 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° 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 total organic compound 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° C [see 40 CFR § 61.349(a)(2)(i)(C)]

**Vapor Recovery Systems:**

<b>Code</b>	<b>Description</b>
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 exhausts concentration
CARADS	Carbon adsorption system that does not regenerate the carbon bed directly in the control
OTH-VRS	Vapor recovery system other than condenser or carbon adsorption system

**Other Control Devices:**

<b>Code</b>	<b>Description</b>
FLARE	Flare
OTHER	Alternate control device approved under § 61.349(a)(2)(iv)

**Control Device ID No.:**

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

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

**Engineering Calculations:**

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

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

**Alternate Monitoring Parameters:**

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

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

**Carbon Replacement Interval:**

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

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**Table 13a: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart QQQ: Standards of Performance for VOC Emissions from Petroleum Refinery Wastewater Systems**
**Unit ID No.:**

Enter the identification number (ID No.) for the storage vessel, slop oil tank, or auxiliary tank (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

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

**Construction/Modification Date:**

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

<b>Code</b>	<b>Description</b>
87-	On or before May 4, 1987
87+	After May 4, 1987

▼ **Continue only if “Construction/Modification Date” is “87+”**

**Alternate Means of Emission Limitations:**

Enter “YES” if the EPA Administrator has approved an alternate means of emission limitation (AMEL). Otherwise, enter “NO.”

**AMEL ID No.:**

If an AMEL has been approved, then enter the corresponding AMEL unique identifier for each unit or process (maximum 10 characters), if the unique identifier is unavailable, then enter the date of the AMEL 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 Emission Limitation” is “NO.”**

**Alternative Standard:**

Enter “YES” if the storage vessel, slop oil tank, or auxiliary tank is equipped with a floating roof. Otherwise, enter “NO.”

★ **Complete “Subject to 40 CFR Part 60, Subpart K, Ka, or Kb” only if “Alternative Standards” is “NO.”**

**Subject to 40 CFR Part 60, Subparts K, Ka, or Kb:**

Enter “YES” if the storage vessel, slop oil tank, or auxiliary tank is subject to 40 CFR Part 60, Subpart K, Ka, or Kb. Otherwise, enter “NO.”

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**Table 13b: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart QQQ: Standards of Performance for VOC Emissions from Petroleum Refinery Wastewater Systems**

**Unit ID No.:**

Enter the identification number (ID No.) for the storage vessel, slop oil tank, or auxiliary tank (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

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

**Control Device Type:**

Select **one** of the following codes that apply to the control device utilized to comply with 40 CFR § 60.692-5. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
INCIN	Thermal incinerator
CATINC	Catalytic incinerator
CARB	Carbon adsorber
OTHREC	VOC recovery device other than a carbon adsorber
FLARE	Flare
NONE	No control device

**Control Device ID No.:**

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

**Alternative Monitoring:**

Enter “YES” if the alternative operational or process parameter is monitored. Otherwise, enter “NO.”

★ **Complete “Regenerate On-site” Only if “Control Device Type” is “CARB.”**

**Regenerate On-Site:**

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

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**Table 14a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart G: National Emission Standards for Organic Hazardous Air Pollutants from Synthetic Organic Chemical Manufacturing Industry Wastewater**

★ **Complete these Tables for tanks that receive, manage, or treat non-process wastewater streams or process wastewater streams subject to 40 CFR Part 63, Subpart G.**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the wastewater tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Process Wastewater:**

Enter “YES” if the tank receives, manages, or treats process wastewater streams (as defined in 40 CFR Part 63, Subpart F). Otherwise, enter “NO.”

- ★ If “Process Wastewater” is “YES,” go to Table 14c. Process wastewater tank attributes are captured on Tables 14c - 14e.
- ▼ If Process Wastewater” is “NO,” continue with Table 14a. Non-process wastewater tank attributes are captured on the remainder of Table 14a and on Table 14b.

**Meets 40 CFR § 63.149(d):**

Enter “YES” if the tank meets the criteria of 40 CFR § 63.149(d) or the criteria in 40 CFR § 63.149(e)(2). Otherwise, enter “NO.”

- ★ Do not complete the rest of Table 14a only if “Meets 40 CFR § 63.149(d)” is “NO.”

**Sparged:**

Enter “YES” if the tank is sparged or used for heating or treating by means of an exothermic reaction. Otherwise, enter “NO.”

- ★ Do not complete the rest of Table 14a only if “Sparged” is “NO.”

**Emission Routing:**

Select **one** of the following options that describes how emissions from the sparged tank are routed for control. Enter the **code** on the form.

Code	Description
CVS/CD	Emissions are routed through a closed vent system to a control device
PROCESS	Emissions are routed to a process
FGS	Emissions are routed to a fuel gas system

- ▼ Continue only if “Emission Routing” is “CVS/CD.”

**Installed Before 12/31/92:**

Enter “YES” if the control device was installed on or before December 31, 1992, and is designed to reduce inlet emissions of total organic hazardous air pollutant (HAP) by greater than or equal to 90% but less than 95%. Otherwise, enter “NO.”

**Table 14b: 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.) (maximum 10 characters) for the wastewater tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).



**Closed Vent System:**

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

<b>Code</b>	<b>Description</b>
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.

<b>Code</b>	<b>Description</b>
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

**Control Device Type:**

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

<b>Code</b>	<b>Description</b>
FLARE	Flare
THERMAL	Thermal incinerator
BPH-44+	Boiler or process heater (BPH) with a design heat input capacity greater than or equal to 44 MW
BPH-VNT	Boiler or process heater which the vent stream is introduced with primary fuel
BPH-HAZ	Boiler or process heater as specified in 40 CFR § 63.120(d)(8)(ii)(A)-(B), burning hazardous waste
HAZINC	Hazardous waste incinerator as specified in 40 CFR § 63.120(d)(8)(iii)
ENCL	Enclosed combustion device with a minimum residence time of 0.5 seconds and a minimum temperature of 760 degrees Celsius
CADS	Carbon adsorber
COND	Condenser
OTHER	Other control device

**Control Device ID No.:**

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

- ★ **Complete “Design Evaluation Submitted” only if “Control Device Type” is “ENCL,” “CADS,” “COND,” “THERMAL,” or “OTHER.”**

**Design Evaluation Submitted:**

Enter “YES” if a design evaluation of the emission control system was submitted to demonstrate compliance with 40 CFR § 63.119(e). Otherwise, enter “NO.”

**Table 14c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart G: National Emission Standards for Organic Hazardous Air Pollutants from Synthetic Organic Chemical Manufacturing Industry Wastewater**

- ★ **Complete Tables 14c through 14e only for tanks that receive, manage, or treat process wastewater streams subject to 40 CFR Part 63, Subpart G.**

**Unit ID No.:**

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

**SOP Index No.:**

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

**Wastewater Tank Usage:**

Enter “YES” if the wastewater tank is used for heating wastewater, treating by means of an exothermic reaction, or the contents of the tank are sparged. Otherwise, enter “NO.”

★ **Complete “Wastewater Tank Properties” only if “Wastewater Tank Usage” is “NO.”**

**Wastewater Tank Properties:**

Select **one** of the following options that describe the properties of the wastewater tank. Enter the **code** on the form.

Code	Description
75-	Volume of the wastewater tank is less than 75 m <sup>3</sup> and storing liquid with any vapor pressure
75-151	Volume of the wastewater tank is greater than 75 m <sup>3</sup> but less than 151 m <sup>3</sup> and vapor pressure of liquid stored is less than 13.1 kpa
151+	Volume of the wastewater tank greater than or equal to 151 m <sup>3</sup> and vapor pressure of liquid stored is less than 5.2 kpa
OTHER	Properties other than the ones described above

▼ **Continue only if “Wastewater Tank Properties” is “OTHER” or “Wastewater Tank Usage” is “YES.”**

**Designated Group 1:**

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

**Emission Control Type:**

Select **one** of the following options that describe the emission control type used. Enter the **code** on the form.

Code	Description
CVS/CD	Fixed roof tank vented through a CVS that routes the organic HAP vapors vented from the wastewater tank to a control device
IFR	Fixed-roof tank equipped with an internal floating roof that meets the requirements specified in 40 CFR § 63.119(b)
EFR	External floating roof that meets the requirements specified in 40 CFR § 63.119(c), 40 CFR § 63.120(b)(5), and 40 CFR § 63.120(b)(6)
EEL	Equivalent means of emission limitation (EEL) approved by the EPA Administrator

**EEL ID No.:**

If an equivalent means of emission (EEL) has been approved, then enter the corresponding EEL unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the EEL 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.

**New Source:**

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

▼ **Continue only if “Emission Control Type” is “CVS/CD.”**

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**Table 14d: 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 wastewater tank (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

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

**Negative Pressure:**

Enter “YES” if the fixed roof and closed vent systems are operated and maintained under negative pressure. Otherwise, enter “NO.”

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

**Closed Vent System:**

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

<b>Code</b>	<b>Description</b>
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.

<b>Code</b>	<b>Description</b>
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 Number.*

**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.

<b>Code</b>	<b>Description</b>
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 for the control device to which emissions are routed (maximum 10 characters). This number should be consistent with the control device identification number listed on Form OP-SUM. If there is no control device, then leave this column blank.

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

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

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

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

**Alternate Monitoring Parameters:**

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

**AMP ID No.:**

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

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

**Table 14e: 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.) (maximum 10 characters) for the wastewater tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

★ **Complete “Regenerate On-site:” only if “Control Device Type” in is “CADS.”**

**Regeneration:**

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

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

**Performance Test:**

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

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

**95% Reduction Efficiency:**

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

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

**Monitoring Options:**

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

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

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

*For non-regenerative carbon adsorbers*

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

*For scrubbers*

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

★ **Complete “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 describe 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 § 63.151(g)
152G	Alternative to continuous monitoring as allowed under § 63.152(g)
NOALT	Complying with the continuous monitoring requirements of § 63.143(e)(1) or § 63.143(e)(2) in Table 13

**Continuous Monitoring Alternative ID No.:**

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

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**Table 15a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries**

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

*Note: Tanks 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 12, for 40 CFR Part 61, Subpart FF. Tanks 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 14, for 40 CFR Part 63, Subpart G.*

*Tanks 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.*

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**Table 15b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries**

**This table has been removed from the form.**

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**Table 15c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CC: National Emission Standards for Hazardous Air Pollutants from Petroleum Refineries**

**This table has been removed from the form.**

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**Table 16a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart HH: National Emission Standards for Hazardous Air Pollutants from Oil and Natural Gas Production Facilities**

★ **Complete Tables 16a - 16b only for storage vessels:**

1. **Located at a major source of hazardous air pollutants (HAPs) (as defined in 40 CFR § 63.761) and**
2. **Have the potential for flash emissions (as defined in 40 CFR § 63.761), located at oil and natural gas production facilities which meet the criteria specified in 40 CFR § 63.760(a)(1) and either 40 CFR § 63.760(a)(2) or (a)(3), but not meeting an exemption specified in 40 CFR § 63.760(e).**

**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Alternate Means of Emission Limitation (AMEL):**

Enter “YES” if the EPA Administrator has approved an AMEL in accordance with 40 CFR § 63.777. Otherwise, enter “NO.”

**AMEL ID No.:**

If an AMEL has been approved, then enter the corresponding AMEL unique identifier for each unit (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the AMEL 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.

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

**Subject to Another Regulation:**

Select **one** of the following options if the storage vessel is subject to and controlled under requirements of 40 CFR Part 60 or 40 CFR Part 63. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
PART60	Subject to and controlled under 40 CFR Part 60, Subpart Kb
PART63	Subject to and controlled under 40 CFR Part 63, Subpart G or CC
OOOO	Subject to and controlled under 40 CFR Part, 60 Subpart OOOO
NONE	Not subject to requirements in 40 CFR Part, 60 Subparts Kb or OOOO or 40 CFR Part 63, Subparts G or CC

▼ **Continue only if “Subject to Another Regulation” is “NONE.”**

**Vessel Type:**

Select **one** of the following options to indicate the method used to comply with 40 CFR § 63.766. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
PSV	Pressure storage vessel designed to operate as a closed system
CCVS-CD	Storage vessel equipped with a cover that is connected, through a closed vent system, to a control device or a combination of control devices
CCVS-NG	Storage vessel equipped with a cover, through a closed-vent system, to a process natural gas line

▼ **Continue only if “Vessel Type” is “CCVS-CD or CCVS-NG.”**

**Bypass Device:**

Enter “YES” if the closed vent system contains one or more bypass devices that could be used to divert all or a portion of the gases, vapors, or fumes from entering the control device. Otherwise, enter “NO.”

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

**Flow Indicator:**

Enter “YES” if a flow indicator is installed at the inlet to the bypass device. Otherwise, enter “NO.”

**Unsafe to Inspect:**

Enter “YES” if any parts of the closed vent system or cover are designated as unsafe to inspect, as described in 40 CFR §63.773(c)(5)(i)-(ii). Otherwise, enter “NO.”

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**Table 16b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart HH: National Emission Standards for Hazardous Air Pollutants from Oil and Natural Gas Production Facilities**
**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Difficult to Inspect:**

Enter “YES” if any parts of the closed vent system or cover are designated as difficult to inspect, as described in 40 CFR § 63.773(c)(6)(i)-(ii). Otherwise, enter “NO.”

**Sealed Closed Vent System:**

Enter “YES” if the closed vent system contains joints, seams, or other connections that are permanently or semi-permanently sealed. Otherwise, enter “NO.”

▼ **Do not continue if “Vessel Type” is “CCVS-NG.”**

**Control Device Type:**

Select **one** of the following options for the type of control device. Enter the **code** on the form. If more than one control device is used to comply with 40 CFR § 63.766(b)(1), then list each control device on a different row of the form.

**Enclosed Combustion Devices:**

<b>Code</b>	<b>Description</b>
THERM	Thermal vapor incinerator
CATA	Catalytic vapor incinerator
BPH	Boiler or process heater

**Vapor Recovery Devices:**

<b>Code</b>	<b>Description</b>
COND	Condenser
RCADS	Regenerable carbon adsorption system
NCADS	Nonregenerable carbon adsorption system

**Other Control Devices:**

<b>Code</b>	<b>Description</b>
FLARE	Flare

**Control Device ID No.:**

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

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

★ **Complete “Control Device Operation” only if “Control Device Type” is “THERM,” “CATA,” or “BPH.”**



**Control Device Operation:**

Select **one** of the following options for the operation of the enclosed combustion device. Enter the **code** on the form.

Code	Description
TOC/HAP95	Reduces the mass content of either total organic compounds (TOC) or total hazardous air pollutants (HAP) in the gases vented to the control device by greater than or equal to 95 weight percent
TOC/HAP20	Reduces the concentration of either TOC or total HAP in the exhaust gases at the outlet to the control device to a level less than or equal to 20 ppmv on a dry basis corrected to 3% oxygen
MRTT	Operates at a minimum temperature of 7600 C, provided the control device has demonstrated, under 40 CFR §63.772(e), that combustion zone temperature is an indicator of destruction efficiency

**Performance Test/Design Analysis Exemption:**

Select **one** of the following options to indicate the specific control device performance test/design analysis exemption that is being used. Enter the **code** on the form.

*For Boilers and Process Heaters:*

Code	Description
44+	Design heat input capacity is greater than or equal to 44 megawatts (MW) [40 CFR § 63.772(e)(1)(ii)]
FUEL	Vent stream is introduced into the boiler or process heater with the primary fuel or is used as the primary fuel [40 CFR § 63.772(e)(1)(iii)]
-HAZ1	Burning hazardous waste, a final permit under 40 CFR part 270 has been issued and complying with the requirements of 40 CFR part 266, subpart H; or burning hazardous waste and compliance has been certified with the interim status requirements of 40 CFR Part 266, Subpart H [40 CFR § 63.772(e)(1)(iv)] (For SOP applications only)
SAME	A performance test, which uses the same methods specified in 40 CFR § 63.772, was conducted for another regulation promulgated by the EPA and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test reliably demonstrate compliance despite process changes [40 CFR § 63.772(e)(1)(vi)]
NONE	No performance test/design analysis exemption is being utilized

*For Thermal Vapor Incinerators, Condensers and Carbon Adsorption Systems:*

Code	Description
HAZ2	Control device is a hazardous waste incinerator for which the owner or operator has been issued a final permit under 40 CFR part 270 and is complying with the requirements of 40 CFR part 264, subpart O; or has certified compliance with the interim status requirements of 40 CFR part 265, subpart O [40 CFR § 63.772(e)(1)(v)] (For SOP applications only)
SAME	A performance test, which uses the same methods specified in 40 CFR § 63.772, was conducted for another regulation promulgated by the EPA and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test reliably demonstrate compliance despite process changes [40 CFR § 63.772(e)(1)(vi)]
NONE	No performance test/design analysis exemption is being utilized

*For Catalytic Vapor Incinerators:*

Code	Description
SAME	A performance test, which uses the same methods specified in 40 CFR § 63.772, was conducted for another regulation promulgated by the EPA and either no process changes have been made since the test, or the owner or operator can demonstrate that the results of the performance test reliably demonstrate compliance despite process changes [40 CFR § 63.772(e)(1)(vi)]
NONE	No performance test/design analysis exemption is being utilized

- ★ **Complete “Performance Test or Design Analysis” only if “Performance Test/Design Analysis Exemption” is “NONE” and “Control Device Type” is “THERM”, “CATA”, “BPH”, or “COND”.**

**Performance Test or Design Analysis:**

Select **one** of the following options to indicate the method used to demonstrate the control device achieves its appropriate performance requirements specified in 40 CFR §§ 63.771(d)(1), (e)(3), or (f)(1). Enter the **code** on the form.

*For Boilers, Process Heaters and Vapor Incinerators:*

Code	Description
PT	Performance test conducted as specified in in 40 CFR §63.772(e)(3)
PTM	Performance test conducted by manufacture as specified in 40 CFR §63.772(h)

*For Condensers:*

Code	Description
PT	Performance test conducted as specified in in 40 CFR §63.772(e)(3)
DA	Design analysis
MOD	Using the procedures documented in the GRI report entitled, “Atmospheric Rich/Lean Method for Determining Glycol Dehydrator Emissions” as inputs for the model GRI GLYCalc™, Version 3.0 or higher, to determine condenser performance

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**Table 17a: 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, Storage Vessels**

- ★ **Complete Tables 17a and 17b for the following units that are part of an elastomer product process unit (EPPU) subject to 40 CFR Part 63, Subpart U:**
- **Storage vessels that store a material other than styrene, acrylamide, epichlorohydrin, styrene-butadiene latex or high conversion latex products**
  - **Storage vessels located downstream of stripping operations that store a product other than a latex product.**
  - **Storage vessels located downstream of stripping operations that are part of an affected source subject to the back end residual organic HAP limitation in 40 CFR § 63.494 and not using stripping technology to demonstrate compliance.**
  - **Surge Control Vessels or Bottoms Receivers electing to comply with 40 CFR § 63.119(b) or (c)**

**Unit ID No.:**

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

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 63G-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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Vessel Type:**

Select **one** of the following options that describe the vessel. Enter the **code** on the form.

Code	Description
SCV/BR	Surge control vessel or bottoms receiver electing to comply with 40 CFR § 63.119(b) or (c)
STOR	Storage vessel or tank

- ★ **Complete “Group 1 Vessel” only if “Vessel Type” is “STOR.”**

**Group 1 Vessel:**

Enter "YES" if the unit is a Group I vessel as defined in 40 CFR § 63.482. Otherwise, enter "NO."

▼ **Continue only if "Group 1 Vessel" is "YES" or if "Vessel Type" is "SCV/BR."**

★ **Complete "Maximum TVP" only if "Group 1 Vessel" is "YES."**

**Maximum TVP:**

Indicate the maximum true vapor pressure (TVP) range corresponding to the material the storage vessel has authority to store. If the stored material has a TVP that can fall into both ranges, a second line must be utilized. Storage of material in each range generally constitutes one operating condition. The site must have preconstruction authorization for all stored materials. Select **one** of the following options. Enter the **code** on the form.

Code	Description
11.11-	Maximum TVP of the total organic hazardous air pollutants (HAP) in the liquid is less than 11.11 psi (76.6 kPa)
11.11+	Maximum TVP of the total organic HAP in the liquid is greater than or equal to 11.11 psi (76.6 kPa)

**Emission Control Type:**

Select **one** of the following emission control options. Enter the **code** on the form.

*For "Maximum TVP" of "11.11-"*

Code	Description
AMOC	Alternate Means of Control (AMOC) as provided in 40 CFR § 63.121
EFR	External floating roof (EFR)
EFR-IFR	EFR converted to an internal floating roof (IFR) (i.e. fixed roof installed above an external floating roof)
IFR	Fixed roof and an IFR
CVS-CD	Closed vent system (CVS) and control device (fixed roof)
ROUTED	Emissions routed to a fuel gas system.
PROCESS	Emissions routed to a process
BAL	Emissions controlled using a vapor balancing system under 40 CFR § 63.119(g)

*For "Maximum TVP" of "11.11+"*

Code	Description
AMOC	AMOC as provided in 40 CFR § 63.121
CVS-CD	CVS and control device
ROUTED	Emissions routed to a fuel gas system
PROCESS	Emissions routed to a process
BAL	Emissions controlled using a vapor balancing system under 40 CFR § 63.119(g)

*For "Vessel Type" of "SCV/BR"*

Code	Description
EFR	External floating roof (EFR)
IFR	Fixed roof and an IFR

★ **Complete "AMOC ID No." only if "Emission Control Type" is "AMOC."**

**AMOC ID No.:**

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

▼ **Continue only if "Emission Control Type" is not "AMOC."**

★ **Complete “Seal Type” only if “Emission Control Type” is “EFR,” “EFR-IFR,” or “IFR.”**

**Seal Type:**

Indicate the type of seal used in conjunction with the floating roof. Select **one** of the following options. Enter the **code** on the form.

For “Emission Control Type” of “EFR”

Code	Description
E-LIQ-95-	Liquid-mounted primary seal as of June 12, 1995
E-MET-95-	Metallic shoe primary seal as of June 12, 1995
E-VAP-95-	Vapor-mounted primary seal and a secondary seal (as defined in 40 CFR § 63.111) as of June 12, 1995
2MET	Two seals, one located above the other, the primary seal being a metallic shoe seal
2LIQ	Two seals, one located above the other, the primary seal being a liquid-mounted seal

For “Emission Control Type” of “EFR-IFR or IFR”

Code	Description
IFR-LIQ	Liquid-mounted seal (as defined in 40 CFR § 63.111)
IFR-MET	Metallic shoe seal (as defined in 40 CFR § 63.111)
I-VAP	Vapor-mounted seal (as defined in 40 CFR § 63.111) as of June 12, 1995
2SEALS	Two seals mounted one above the other so that each forms a continuous closure that completely covers the space between the wall of the storage vessel and the edge of the floating roof

▼ **Continue only if “Emission Control Type” in Table 17a is “CVS-CD,” “ROUTED” or “PROCESS.”**

**Table 17b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart U: National Emission Standards for Hazardous Air Pollutant Emissions: Group 1 Polymers and Resins, Storage Vessels**

**Unit ID No.:**

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

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 63G-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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**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 “Hard Piping” only if “Closed Vent System” is “SUBPTG,” or if “Emission Control Type” is “ROUTED” or “PROCESS.”**

**Hard Piping:**

Enter “YES” if the closed vent system is constructed of hard piping. Otherwise, enter “NO.”

**Bypass Lines:**

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

<b>Code</b>	<b>Description</b>
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

**Control Device Type:**

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

<b>Code</b>	<b>Description</b>
FLARE	Flare
THERMAL	Thermal incinerator
BPH-44+	Boiler or process heater (BPH) with a design heat input capacity greater than or equal to 44 MW
BPH-VNT	BPH into which the vent stream is introduced with primary fuel
BPH-HAZ	BPH as specified in 40 CFR § 63.120(d)(8)(ii)(A)-(B), burning hazardous waste
HAZINC	Hazardous waste incinerator as specified in 40 CFR § 63.120(d)(8)(iii)
ENCL	Enclosed combustion device with a minimum residence time of 0.5 seconds and a minimum temperature of 760 degrees Celsius
CADS	Carbon adsorber
COND	Condenser
OTHER	Other control device

**Control Device ID No.:**

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

★ **Complete “Control Device Design” only if “Control Device Type” is not “FLARE.”**

**Control Device Design:**

Enter “YES” if the control device was installed on or before June 12, 1995, and was designed to reduce inlet emissions of total organic hazardous air pollutants (HAPs) by greater than or equal to 90% and less than 95%. Otherwise, enter “NO.”

★ **Complete “Design Evaluation Submitted” only if “Control Device Type” is “ENCL,” “CADS,” “COND,” “THERMAL,” or “OTHER.”**

**Design Evaluation Submitted:**

Enter “YES” if a design evaluation of the emission control system was submitted to demonstrate compliance with 40 CFR § 63.119(e). Otherwise, enter “NO.”

**Table 18a: 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, Wastewater**

★ **Complete these Tables for tanks that receive, manage, or treat non-process wastewater streams or process wastewater streams subject to 40 CFR Part 63, Subpart U.**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the wastewater tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Process Wastewater:**

Enter “YES” if the tank receives, manages, or treats process wastewater streams (as defined in 40 CFR Part 63, Subpart F or from the routine washing or rinsing of batch equipment between batches). Otherwise, enter “NO.”

- ★ If “Process Wastewater” is “YES,” go to Table 18c. Process wastewater tank attributes are captured on Tables 18c - 18e.
- ▼ If “Process Wastewater” is “NO,” continue with Table 18a. Non-process wastewater tank attributes are captured on the remainder of Table 18a and on Table 18b.

**Meets 40 CFR § 63.149(d):**

Enter “YES” if the tank meets the criteria of 40 CFR § 63.149(d) or the criteria in 40 CFR § 63.149(e)(2). Otherwise, enter “NO.”

- ★ Do not complete the rest of Table 18a only if “Meets 40 CFR § 63.149(d)” is “NO”.

**Sparged:**

Enter “YES” if the tank is sparged or used for heating or treating by means of an exothermic reaction. Otherwise, enter “NO.”

- ★ Do not complete the rest of Table 18a only if “Sparged” is “NO.”

**Emission Routing:**

Select the option that describes how emissions from the sparged tank are routed for control. Enter the **code** on the form.

Code	Description
CVS/CD	Emissions are routed through a closed vent system to a control device
PROCESS	Emissions are routed to a process
FGS	Emissions are routed to a fuel gas system

- ▼ Continue only if “Emission Routing” is “CVS/CD.”

**Installed Before 6/12/95:**

Enter “YES” if the control device was installed on or before June 12, 1995, and is designed to reduce inlet emissions of total organic hazardous air pollutant (HAP) by greater than or equal to 90% but less than 95%. Otherwise, enter “NO.”

**Table 18b: 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, Wastewater**

**Unit ID No.:**

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

**SOP Index No.:**

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

**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

**Control Device Type:**

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

Code	Description
FLARE	Flare
THERMAL	Thermal incinerator
BPH-44+	Boiler or process heater (BPH) with a design heat input capacity greater than or equal to 44 MW
BPH-VNT	Boiler or process heater which the vent stream is introduced with primary fuel
BPH-HAZ	Boiler or process heater as specified in 40 CFR § 63.120(d)(8)(ii)(A)-(B), burning hazardous waste
HAZINC	Hazardous waste incinerator as specified in 40 CFR § 63.120(d)(8)(iii)
ENCL	Enclosed combustion device with a minimum residence time of 0.5 seconds and a minimum temperature of 760 degrees Celsius
CADS	Carbon adsorber
COND	Condenser
OTHER	Other control device

**Control Device ID No.:**

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

- ★ **Complete “Design Evaluation Submitted” only if “Control Device Type” is “ENCL,” “CADS,” “COND,” “THERMAL,” or “OTHER.”**

**Design Evaluation Submitted:**

Enter “YES” if a design evaluation of the emission control system was submitted to demonstrate compliance with 40 CFR § 63.119(e). Otherwise, enter “NO.”

**Table 18c: 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, Wastewater**

- ★ **Complete Tables 18c through 18e only for tanks 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.) for the wastewater tank (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).”

**SOP Index No.:**

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

**Wastewater Tank Usage:**

Enter “YES” if the wastewater tank is used for heating wastewater, treating by means of an exothermic reaction, or the contents of the tank are sparged. Otherwise, enter “NO.”

★ **Complete “Wastewater Tank Properties” only if “Wastewater Tank Usage” is “NO.”**

**Wastewater Tank Properties:**

Select **one** of the following options that describe the properties of the wastewater tank. Enter the **code** on the form.

Code	Description
75-	Volume of the wastewater tank is less than 75 m <sup>3</sup> and storing liquid with any vapor pressure
75-151	Volume of the wastewater tank is greater than 75 m <sup>3</sup> but less than 151 m <sup>3</sup> and vapor pressure of liquid stored is less than 13.1 kpa
151+	Volume of the wastewater tank greater than or equal to 151 m <sup>3</sup> and vapor pressure of liquid stored is less than 5.2 kpa
OTHER	Properties other than the ones described above

▼ **Continue only if “Wastewater Tank Properties” is “OTHER” or “Wastewater Tank Usage” is “YES.”**

**Emission Control Type:**

Select **one** of the following options that describes the emission control type used. Enter the **code** on the form.

Code	Description
CVS/CD	Fixed roof tank vented through a CVS that routes the organic HAP vapors vented from the wastewater tank to a control device
IFR	Fixed-roof tank equipped with an internal floating roof that meets the requirements specified in 40 CFR § 63.119(b)
EFR	External floating roof that meets the requirements specified in 40 CFR § 63.119(c), 40 CFR § 63.120(b)(5), and 40 CFR § 63.120(b)(6)
EEL	Equivalent means of emission limitation (EEL) approved by the EPA Administrator

**EEL ID No.:**

If an equivalent means of emission (EEL) has been approved, then enter the corresponding EEL unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the EEL 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 “Emission Control Type” is “CVS/CD.”**

**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.

<b>Code</b>	<b>Description</b>
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

**Table 18d: 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, Wastewater**

**Unit ID No.:**

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

**SOP Index No.:**

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

**Combination of Control Devices:**

Enter “YES” if the vent stream is treated using a combination of control devices. Otherwise, enter “NO.” If the response to “Combination of Control Devices” is “YES,” complete one additional row on the form for each additional control device. Each row must have a unique SOP Index No.

**Control Device Type:**

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

<b>Code</b>	<b>Description</b>
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 described above
OTHCOMB	Other enclosed combustion device not described above
CADS	Carbon adsorber
COND	Condenser
OTHREC	Other vapor 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 for the control device to which emissions are routed (maximum 10 characters). This number should be consistent with the control device identification number listed on Form OP-SUM. If there is no control device, then leave this column blank.

★ **Complete “Compliance with 40 CFR § 63.139(c)(1) only if “Control Device Type” is “VAPTH,” “VAPCAT,” or “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
CII	The enclosed combustion device being used meets the 95% reduction provisions specified in 40 CFR § 63.139(c)(1)(i)
CIII	The enclosed combustion device being used meets the 20 ppmv concentration provisions specified in 40 CFR § 63.139(c)(1)(ii)
CIIII	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)

**Alternate Monitoring Parameters:**

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

**AMP ID No.:**

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

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

**Table 18e: 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, Wastewater**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the wastewater tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

★ **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.”

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

**Performance Test:**

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

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

**95% Reduction Efficiency:**

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

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

**Monitoring Options:**

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

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

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

*For non-regenerative carbon adsorbers*

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

*For scrubbers*

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

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

**Alternate Monitoring System:**

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

**Alternate Monitoring ID No.:**

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

**Table 19a: 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, Storage Vessels**

- ★ **Complete Table 19 for the following units that are part of a thermoplastic product process unit (TPPU) subject to 40 CFR Part 63, Subpart JJJ:**

- **Storage vessels that store a material other than ethylene glycol**
- **Storage vessels at an existing source that store a material other than styrene**
- **Surge Control Vessels or Bottoms Receivers electing to comply with 40 CFR § 63.119(b) or (c)**

**Unit ID No.:**

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

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 63G-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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Vessel Type:**

Select **one** of the following options that describe the vessel. Enter the **code** on the form.

Code	Description
SCV/BR	Surge control vessel or bottoms receiver electing to comply with 40 CFR § 63.119(b) or (c)
STOR	Storage vessel or tank

★ Complete “Group 1 Vessel” only if “Vessel Type” is “STOR.”

**Group 1 Vessel:**

Enter “YES” if the unit is a Group I vessel as defined in 40 CFR § 63.1312. Otherwise, enter “NO.”

▼ Continue only if “Group 1 Vessel” is “NO.”

**Alternative Means of Control:**

Enter “YES” if the vessel uses an alternative means of control. Otherwise, enter “NO.”

★ Complete “AMOC identification number (Id NO).” only if “Alternative Means of Control” is “YES.”

**AMOC ID No.:**

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

▼ Continue only if “Alternative Means of Control” is “NO.”

**Table 19b: 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, Storage Vessels**

**Unit ID No.:**

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

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 63G-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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Construction/Modification Date:**

Select **one** of the following options that describe the construction or modification date for the source. Enter the **code** on the form.

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

**Thermoplastic Product:**

Select **one** of the following options that describe the product of the TPPU of which the storage vessel is a part. Enter the **code** on the form.

Code	Description
SANC	TPPU produces styrene acrylonitrile resin (SAN) using a continuous process
SANB	TPPU produces SAN using a batch process
ASA	TPPU produces acrylonitrile styrene acrylate resin (ASA)
AMSAN	TPPU produces alpha methyl styrene acrylonitrile resin (AMSAN)
A/A	TPPU produces both ASA and AMSAN
OTHER	TPPU produces a thermoplastic other than SAN, ASA, or AMSAN

- ★ **Complete “Storage Vessel Capacity” only if “Construction/Modification Date” is “1995+” and “Thermoplastic Product” is “SANC.”**

**Storage Vessel Capacity:**

Select **one** of the following options that describe the capacity of the storage vessel. Enter the **code** on the form.

Code	Description
2271+	Storage capacity is 2,271 m <sup>3</sup> or greater
151+	Storage capacity is at least 151 m <sup>3</sup> , but less than 2,271 m <sup>3</sup>
151-	Storage capacity is less than 151 m <sup>3</sup>

- ★ **Complete “Vapor Pressure” only if “Storage Vessel Capacity” is “2271+” or “151-.”**

**Vapor Pressure:**

Select **one** of the following options that describe the vapor pressure of the stored liquid. Enter the **code** on the form.

*For vessels with a storage capacity of 2,271 m<sup>3</sup> or greater*

Code	Description
0.5-	Vapor pressure of the stored liquid is less than 0.5 kPa (0.0725 psi)
0.5-0.7	Vapor pressure of the stored liquid is at least 0.5 kPa (0.0725 psi), but less than 0.7 kPa (0.101 psi)
0.7+	Vapor pressure of the stored liquid is at least 0.7 kPa (0.101 psi) but less than 76.6 kPa (11.11 psi)

*For vessels with a storage capacity less than 151 m<sup>3</sup>*

Code	Description
10-	Vapor pressure of the stored liquid is less than 10 kPa (1.45 psi)
10+	Vapor pressure of the stored liquid is 10 kPa (1.45 psi) or greater

- ★ **Complete “Maximum HAP TVP” if:**
1. **“Thermoplastic Product” is not “SANC;” or**
  2. **“Thermoplastic Product” is “SANC” and “Construction/Modification Date” is “1995-;” or**
  3. **“Thermoplastic Product” is “SANC,” “Construction/Modification Date” is “1995+,” and “Storage Vessel Capacity” is “151+;” or**
  4. **“Thermoplastic Product” is “SANC,” “Construction/Modification Date” is “1995+,” “Storage Vessel Capacity” is “2271+” and “Vapor Pressure” is not “0.5-0.7;” or**
  5. **“Thermoplastic Product” is “SANC,” “Construction/Modification Date” is “1995+,” “Storage Vessel Capacity” is “151-,” and “Vapor Pressure” is “10-.”**

**Maximum HAP TVP:**

Select **one** of the following options that describe the maximum true vapor pressure of the HAP in the stored liquid. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
11.11-	Maximum TVP of the total organic hazardous air pollutants (HAP) in the liquid is less than 11.11 psi (76.6 kPa)
11.11+	Maximum TVP of the total organic hazardous air pollutants (HAP) in the liquid is 11.11 psi (76.6 kPa) or greater

**Emission Control Type:**

Select **one** of the following emission control options. Enter the **code** on the form.

*For the following vessels:*

- Vessels at a new source producing SAN using a continuous process
- “Storage Vessel Capacity” of “2271+” and “Vapor Pressure” of “0.5-0.7”
- “Storage Vessel Capacity” of “151-” and “Vapor Pressure” of “10+”
- All other storage vessels with “Maximum HAP TVP” of “11.11+”

<b>Code</b>	<b>Description</b>
CVS-CD	CVS and control device
ROUTED	Emissions routed to a fuel gas system
PROCESS	Emissions routed to a process
BAL	Emissions controlled using a vapor balancing system under 40 CFR § 63.119(g)

*For “Maximum HAP TVP” of “11.11-”*

<b>Code</b>	<b>Description</b>
EFR	External floating roof (EFR)
EFR-IFR	EFR converted to an internal floating roof (IFR) (i.e. fixed roof installed above an external floating roof)
IFR	Fixed roof and an IFR
CVS-CD	Closed vent system (CVS) and control device (fixed roof)
ROUTED	Emissions routed to a fuel gas system
PROCESS	Emissions routed to a process
BAL	Emissions controlled using a vapor balancing system under 40 CFR § 63.119(g)

*For “Vessel Type” of “SCV/BR”*

<b>Code</b>	<b>Description</b>
EFR	External floating roof (EFR)
IFR	Fixed roof and an IFR

★ **Complete “Seal Type” only if “Emission Control Type” is “EFR,” “EFR-IFR,” or “IFR.”**

**Seal Type:**

Indicate the type of seal used in conjunction with the floating roof. Select **one** of the following options. Enter the **code** on the form.

*For “Emission Control Type” of “EFR”*

<b>Code</b>	<b>Description</b>
E-LIQ-95-	Liquid-mounted primary seal as of March 29, 1995
E-MET-95-	Metallic shoe primary seal as of March 29, 1995
E-VAP-95-	Vapor-mounted primary seal and a secondary seal (as defined in 40 CFR § 63.111) as of March 29, 1995
2MET	Two seals, one located above the other, the primary seal being a metallic shoe seal
2LIQ	Two seals, one located above the other, the primary seal being a liquid-mounted seal

For “Emission Control Type” of “EFR-IFR or IFR”

Code	Description
IFR-LIQ	Liquid-mounted seal (as defined in 40 CFR § 63.111)
IFR-MET	Metallic shoe seal (as defined in 40 CFR § 63.111)
I-VAP	Vapor-mounted seal (as defined in 40 CFR § 63.111) as of March 29, 1995
2SEALS	Two seals mounted one above the other so that each forms a continuous closure that completely covers the space between the wall of the storage vessel and the edge of the floating roof

▼ Continue only if “Emission Control Type” in Table 19b is “CVS-CD,” “ROUTED” or “PROCESS.”

**Table 19c: 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, Storage Vessels**

**Unit ID No.:**

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

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 63G-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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**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 “Hard Piping” only if “Closed Vent System” is “SUBPTG,” or if “Emission Control Type” is “ROUTED” or “PROCESS.”

**Hard Piping:**

Enter “YES” if the closed vent system is constructed of hard piping. Otherwise, enter “NO.”

**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

**Control Device Type:**

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

<b>Code</b>	<b>Description</b>
FLARE	Flare
THERMAL	Thermal incinerator
BPH-44+	Boiler or process heater (BPH) with a design heat input capacity greater than or equal to 44 MW
BPH-VNT	BPH into which the vent stream is introduced with primary fuel
BPH-HAZ	BPH as specified in 40 CFR § 63.120(d)(8)(ii)(A)-(B), burning hazardous waste
HAZINC	Hazardous waste incinerator as specified in 40 CFR § 63.120(d)(8)(iii)
ENCL	Enclosed combustion device with a minimum residence time of 0.5 seconds and a minimum temperature of 760 degrees Celsius
CADS	Carbon adsorber
COND	Condenser
OTHER	Other control device

**Control Device ID No.:**

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

★ **Complete “Control Device Design” only if “Control Device Type” is not “FLARE.”**

**Control Device Design:**

Enter “YES” if the control device was installed on or before March 29, 1995, and was designed to reduce inlet emissions of total organic hazardous air pollutants (HAPs) by greater than or equal to 90% and less than 95%. Otherwise, enter “NO.”

★ **Complete “Design Evaluation Submitted” only if “Control Device Type” is “ENCL,” “CADS,” “COND,” “THERMAL,” or “OTHER.”**

**Design Evaluation Submitted:**

Enter “YES” if a design evaluation of the emission control system was submitted to demonstrate compliance with 40 CFR § 63.119(e). Otherwise, enter “NO.”

**Table 20a: 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, Wastewater**

★ **Complete this Table for tanks 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 non-process wastewater streams or process wastewater streams subject to 40 CFR Part 63, Subpart JJJ.**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the wastewater tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).



**Process Wastewater:**

Enter “YES” if the tank receives, manages, or treats process wastewater streams (as defined in 40 CFR Part 63, Subpart F). Otherwise, enter “NO.”

- ★ If “Process Wastewater” is “YES,” go to Table 20c. Process wastewater tank attributes are captured on Tables c - e.
- ▼ If “Process Wastewater” is “NO,” continue with Table 20a. Non-process wastewater tank attributes are captured on the remainder of Table 20a and on Table 20b.

**Meets 40 CFR § 63.149(d):**

Enter “YES” if the tank meets the criteria of 40 CFR § 63.149(d) or the criteria in 40 CFR § 63.149(e)(2). Otherwise, enter “NO.”

- ★ Do not complete the rest of Table 20a only if “Meets 40 CFR § 63.149(d)” is “NO”.

**Sparged:**

Enter “YES” if the tank is sparged or used for heating or treating by means of an exothermic reaction. Otherwise, enter “NO.”

- ★ Do not complete the rest of Table 20a only if “Sparged” is “NO.”

**Emission Routing:**

Select the option that describes how emissions from the sparged tank are routed for control. Enter the **code** on the form.

Code	Description
CVS/CD	Emissions are routed through a closed vent system to a control device
PROCESS	Emissions are routed to a process
FGS	Emissions are routed to a fuel gas system

- ▼ Continue only if “Emission Routing” is “CVS/CD.”

**Installed Before 3/29/95:**

Enter “YES” if the control device was installed on or before March 29, 1995, and is designed to reduce inlet emissions of total organic hazardous air pollutant (HAP) by greater than or equal to 90% but less than 95%. Otherwise, enter “NO.”

**Table 20b: 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, Wastewater**

**Unit ID No.:**

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

**SOP Index No.:**

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

**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

**Control Device Type:**

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

Code	Description
FLARE	Flare
THERMAL	Thermal incinerator
BPH-44+	Boiler or process heater (BPH) with a design heat input capacity greater than or equal to 44 MW
BPH-VNT	Boiler or process heater which the vent stream is introduced with primary fuel
BPH-HAZ	Boiler or process heater as specified in 40 CFR § 63.120(d)(8)(ii)(A)-(B), burning hazardous waste
HAZINC	Hazardous waste incinerator as specified in 40 CFR § 63.120(d)(8)(iii)
ENCL	Enclosed combustion device with a minimum residence time of 0.5 seconds and a minimum temperature of 760 degrees Celsius
CADS	Carbon adsorber
COND	Condenser
OTHER	Other control device

**Control Device ID No.:**

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

- ★ **Complete “Design Evaluation Submitted” only if “Control Device Type” is “ENCL,” “CADS,” “COND,” “THERMAL,” or “OTHER.”**

**Design Evaluation Submitted:**

Enter “YES” if a design evaluation of the emission control system was submitted to demonstrate compliance with 40 CFR § 63.119(e). Otherwise, enter “NO.”

**Table 20c: 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, Wastewater**

- ★ **Complete Tables 20c through 20e only for tanks 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.) for the wastewater tank (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).”

**SOP Index No.:**

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

**Wastewater Tank Usage:**

Enter "YES" if the wastewater tank is used for heating wastewater, treating by means of an exothermic reaction, or the contents of the tank are sparged. Otherwise, enter "NO."

★ **Complete "Wastewater Tank Properties" only if "Wastewater Tank Usage" is "NO."**

**Wastewater Tank Properties:**

Select **one** of the following options that describe the properties of the wastewater tank. Enter the **code** on the form.

Code	Description
75-	Volume of the wastewater tank is less than 75 m <sup>3</sup> and storing liquid with any vapor pressure
75-151	Volume of the wastewater tank is greater than 75 m <sup>3</sup> but less than 151 m <sup>3</sup> and vapor pressure of liquid stored is less than 13.1 kpa
151+	Volume of the wastewater tank greater than or equal to 151 m <sup>3</sup> and vapor pressure of liquid stored is less than 5.2 kpa
OTHER	Properties other than the ones described above

▼ **Continue only if "Wastewater Tank Properties" is "OTHER" or "Wastewater Tank Usage" is "YES."**

**Emission Control Type:**

Select **one** of the following options that describe the emission control type used. Enter the **code** on the form.

Code	Description
CVS/CD	Fixed roof tank vented through a CVS that routes the organic HAP vapors vented from the wastewater tank to a control device
IFR	Fixed-roof tank equipped with an internal floating roof that meets the requirements specified in 40 CFR § 63.119(b)
EFR	External floating roof that meets the requirements specified in 40 CFR § 63.119(c), 40 CFR § 63.120(b)(5), and 40 CFR § 63.120(b)(6)
EEL	Equivalent means of emission limitation (EEL) approved by the EPA Administrator

**EEL ID No.:**

If an equivalent means of emission (EEL) has been approved, then enter the corresponding EEL unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the EEL 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 "Emission Control Type" is "CVS/CD."**

**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

**Table 20d: 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, Wastewater**

**Unit ID No.:**

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

**SOP Index No.:**

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

**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 Number.

**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 absorber
COND	Condenser
OTHREC	Other vapor 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 for the control device to which emissions are routed (maximum 10 characters). This number should be consistent with the control device identification number listed on Form OP-SUM. If there is no control device, then leave this column blank.

- ★ Complete “Compliance with 40 CFR § 63.139(c)(1) only if “Control Device Type” is “VAPTH,” “VAPCAT,” or “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
CII	The enclosed combustion device being used meets the 95% reduction provisions specified in 40 CFR § 63.139(c)(1)(i)
CIII	The enclosed combustion device being used meets the 20 ppmv concentration provisions specified in 40 CFR § 63.139(c)(1)(ii)
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)

**Alternative Monitoring Parameters:**

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

**AMP ID No.:**

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

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

**Table 20e: 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, Wastewater**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the wastewater tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

- ★ 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.”

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

**Performance Test:**

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

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

**95 % Reduction Efficiency:**

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

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

**Monitoring Options:**

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

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

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

*For non-regenerative carbon adsorbers*

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

*For scrubbers*

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

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

**Alternate Monitoring System:**

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

**Alternate Monitoring ID No.:**

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

**Table 21a: 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, Storage Vessels**

- ★ **Complete this table only for storage tanks that meet criteria in 40 CFR § 63.2435(a)-(b) and § 63.2470(a) and that are not complying with the pollution prevention alternative standards §63.2495(a)(1) and (2) in lieu of the emission limitations and work practice standards contained in Table 4.**
- ★ **Complete this table for surge control vessels or bottoms receivers that meet the capacity and vapor pressure thresholds for a Group 1 Storage Tank as described in 40 CFR § 63.2450(r).**

**Unit ID No.:**

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

**SOP Index No.:**

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

**Emission Standard:**

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

<b>Code</b>	<b>Description</b>
ALT2505	Alternate emission limit as provided in 40 CFR § 63.2505(a)(1)
VBAL	Vapor balance alternative as provided in 40 CFR § 63.2470(e)
76+FLR	HAP vapor pressure is $\geq$ 76.6 kPa and a flare is being used for control per § 63.2470(a) – Table 4.1.a.ii
76-FLR	HAP vapor pressure is $<$ 76.6 kPa and a flare is being used for control per § 63.2470(a) – Table 4.1.b.iii
63WW	HAP vapor pressure is $<$ 76.6 kPa and the unit is complying with in 40 CFR Part 63, subpart WW per § 63.2470(a) – Table 4.1.b.i
76+FG	HAP vapor pressure is $\geq$ 76.6 kPa and emissions are routed to a fuel gas system or process per § 63.2470(a) – Table 4.1.a.iii
76-FG	HAP vapor pressure is $<$ 76.6 kPa and emissions are routed to a fuel gas system or process per § 63.2470(a) – Table 4.1.b.iv
76+CD95	HAP vapor pressure is $\geq$ 76.6 kPa and a non-flare CD is being used to meet 95% reduction per § 63.2470(a) – Table 4.1.a.i
76+CDPMV	HAP vapor pressure is $\geq$ 76.6 kPa and a non-flare CD is being used to meet a ppmv standard per § 63.2470(a) – Table 4.1.a.i
76-CD95	HAP vapor pressure is $<$ 76.6 kPa and a non-flare CD is being used to meet 95% reduction per § 63.2470(a) – Table 4.1.b.ii
76-CDPMV	HAP vapor pressure is $<$ 76.6 kPa and a non-flare CD is being used to meet a ppmv standard per § 63.2470(a) – Table 4.1.b.ii

- ▼ **Do not continue if “Emission Standard” is “76+FG,” or “76-FG.”**
- ★ **Go to Table 21e if “Emission Standard” is “76+CD95,” “76+CDPMV,” “76-CD95” or “76-CDPMV.”**
- ★ **Go to Table 21d if “Emission Standard” is “63WW.”**
- ★ **Go to Table 21c if “Emission Standard” is “76+FLR” or “76-FLR.”**
- ★ **Go to Table 21b if “Emission Standard” is “VBAL.”**
- ▼ **Continue with Table 21a only if “Emission Standard” is “ALT2505.”**

**Comb Device:**

Enter “YES” if a combustion control device is being used. Otherwise, enter “NO.”

- ★ **Complete “95% Scrubber” only if “Comb Device” is “YES.”**

**95 % Scrubber:**

Enter “YES” if combustion device is followed by a scrubber AND the 95% reduction efficiency requirement is met. Otherwise, enter “NO.”

**PERF Test:**

Enter “YES” if a performance test is conducted. Otherwise, enter “NO.”

**Negative Pressure:**

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

- ▼ **Continue only if “Negative Pressure” is “NO.”**

**Bypass Line:**

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

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

**Table 21b: 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, Storage Vessels**

▼ Continue with Table 21b only if “Emission Standard” is “VBAL.”

**Unit ID No.:**

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

**SOP Index No.:**

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

**Barge:**

Enter “YES” if the storage tank is filled from a barge. Otherwise, enter “NO.”

**Offsite:**

Enter “YES” if railcars or tank trucks are reloaded or cleaned at an offsite facility. Otherwise, enter “NO.”

★ Complete “Other Part 63” only if “Offsite” is “YES.”

**Other Part 63:**

Enter “YES” if complying with another part 63 as specified in 40 CFR § 63.2535(a)(2). Otherwise, enter “NO.”

**Table 21c: 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, Storage Vessels**

▼ Continue with Table 21c only if “Emission Standard” is “76+FLR” or “76-FLR.”

**Unit ID No.:**

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

**SOP Index No.:**

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



**Designated HAL:**

Enter “YES” if the emission stream is designated as halogenated. Otherwise, enter “NO.”

★ **Complete “Determined HAL” only if “Designated HAL” is “NO.”**

**Determined HAL:**

Enter “YES” if the emission stream is determined to be halogenated. Otherwise, enter “NO.”

**Prior Eval:**

Enter “YES” if the data from a prior evaluation or assessment is used. Otherwise, enter “NO.”

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

**Assessment Waiver:**

Enter “YES” if the Administrator has granted a waiver of compliance assessment. Otherwise, enter “NO.”

**Negative Pressure:**

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

▼ **Continue only if “Negative Pressure” is “NO.”**

**Bypass Line:**

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

<b>Code</b>	<b>Description</b>
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

**Table 21d: 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, Storage Vessels**

▼ **Continue with Table 21d only if “Emission Standard” is “63WW.”**

**Unit ID No.:**

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

**SOP Index No.:**

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

**WW Tank Control:**

Select **one** of the following options that describe the control used for the tank. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
IFR	An IFR is operated and maintained per 40 CFR § 63.1062(a)(1)
EFR	An EFR is operated and maintained per 40 CFR § 63.1062(a)(2)
EQUIV	An equivalent to the requirements in paragraph § 63.1062(a)(1) or (a)(2) is used, as provided in §63.1062(a)(3)

▼ **Continue only if “WW Tank Control” is “IFR” or “EFR.”**

**Unslotted Guidepole:**

Enter “YES” if the tank uses an unslotted guidepole. Otherwise, enter “NO.”

**Slotted Guidepole:**

Select one of the following options that describes the type of slotted guidepole used. Enter the code on the form.

Code	Description
FLOAT	Slotted guidepole has a pole wiper and pole float per §63.1063(a)(2)(viii)(A)
SLEEVE	Slotted guidepole has a pole wiper and pole sleeve per §63.1063(a)(2)(viii)(B)
NONE	Storage tank does not have a slotted guidepole

**Seal Configuration:**

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

**IFR:**

Code	Description
IFR-LQ	Liquid-mounted seal
IFR-MT	Mechanical shoe seal
IFR-SL	Two seals mounted one above the other
IFR-VP	Vapor-mounted seal

**EFR:**

Code	Description
EFR-LQ3	Liquid-mounted primary seal and a secondary seal
EFR-MT3	Mechanical shoe primary seal and a secondary seal
EFR-OTH	Liquid-mounted seal or mechanical shoe seal, or a vapor-mounted seal and secondary seal

★ **Complete “Inspection Requirement” only if “Seal Configuration” is “IFR-SL.”**

**Inspection Requirement:**

Enter “YES” if complying the inspection requirement in §63.1063(c)(1)(ii). Otherwise, enter “NO.”

**Table 21e: 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, Storage Vessels**

▼ **Continue with Tables 21e and 21f only if “Emission Standard” is “76+CD95,” “76+CDPMV,” “76-CD95” or “76 CDPMV.”**

**Unit ID No.:**

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

**SOP Index No.:**

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

**ALT 63SS MON Parameters:**

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

★ Complete “CEMS” only if “ALT 63SS MON PARAMETERS” is “NO.”

**CEMS:**

Enter “YES” if a CEMS is used. Otherwise, enter “NO.”

**SS Device Type:**

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

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

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

**Meets 63.988(b)(2):**

Enter “YES” if the control device meets criteria in § 63.985(b)(2). Otherwise, enter “NO.”

★ Complete “Water” only if “SS Device Type” is “ABS.”

**Water:**

Enter “YES” if the scrubbing liquid is water. Otherwise, enter “NO.”

**Designated HAL:**

Enter “YES” if the emission stream is designated as halogenated. Otherwise, enter “NO.”

**Table 21f: 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, Storage Vessels**

**Unit ID No.:**

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

**SOP Index No.:**

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

★ Complete “Determined HAL” only if “Designated HAL” is “NO.”

**Determined HAL:**

Enter “YES” if the emission stream is determined to be halogenated. Otherwise, enter “NO.”

**HAL Device Type:**

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

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

**Prior Test:**

Enter "YES" if the data from a prior performance test is used. Otherwise, enter "NO."

★ **Complete "Test Waiver" only if "Prior Test" is "NO."**

**Test Waiver:**

Enter "YES" if the Administrator has granted a waiver of the performance test. Otherwise, enter "NO."

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

**Formaldehyde:**

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

**Negative Pressure:**

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

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

**Bypass Line:**

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

<b>Code</b>	<b>Description</b>
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

**Table 22a: 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, Wastewater Tanks**

★ **Complete this table only for wastewater tanks that receive, manage, or treat non-process or process wastewater streams at MCPUs that meet criteria in 40 CFR § 63.2435(a)-(b) and § 63.2485 and that are not complying with the pollution prevention alternative standards §63.2495(a)(1) and (2) in lieu of the emission limitations and work practice standards contained in Table 7.**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the wastewater tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Process Wastewater:**

Enter “YES” if the tank receives, manages, or treats process wastewater streams as defined in 40 CFR Part 63, Subpart F and 40 CFR § 63.2485(b). Otherwise, enter “NO.”

- ★ If “Process Wastewater” is “YES,” go to Table 22c. Process wastewater tank attributes are captured on Tables c - e.
- ▼ If “Process Wastewater” is “NO,” continue with Table 22a. Non-process wastewater tank attributes are captured on the remainder of Table 22a and on Table 22b.

**Meets 40 CFR § 63.149(d):**

Enter “YES” if the tank meets the criteria of 40 CFR § 63.149(d) or the criteria in 40 CFR § 63.149(e)(2). Otherwise, enter “NO.”

- ▼ Continue only if “Meets 40 CFR § 63.149(d)” is “YES.”

**Sparged:**

Enter “YES” if the tank is sparged or used for heating or treating by means of an exothermic reaction. Otherwise, enter “NO.”

- ▼ Continue only if “Sparged” is “YES.”

**Emission Routing:**

Select the option that describes how emissions from the sparged tank are routed for control. Enter the **code** on the form.

Code	Description
CVS/CD	Emissions are routed through a closed vent system to a control device
PROCESS	Emissions are routed to a process
FGS	Emissions are routed to a fuel gas system

- ▼ Continue only if “Emission Routing” is “CVS/CD.”

**Installed Before 12/31/92:**

Enter “YES” if the control device was installed on or before December 31, 1992 and is designed to reduce inlet emissions of total organic hazardous air pollutant (HAP) by greater than or equal to 90% but less than 95%. Otherwise, enter “NO.”

**Table 22b: 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, Wastewater Tanks**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the wastewater tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**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

**Control Device Type:**

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

Code	Description
FLARE	Flare
THERMAL	Thermal incinerator
BPH-44+	Boiler or process heater (BPH) with a design heat input capacity greater than or equal to 44 MW
BPH-VNT	Boiler or process heater which the vent stream is introduced with primary fuel
BPH-HAZ	Boiler or process heater as specified in 40 CFR § 63.120(d)(8)(ii)(A)-(B), burning hazardous waste
HAZINC	Hazardous waste incinerator as specified in 40 CFR § 63.120(d)(8)(iii)
ENCL	Enclosed combustion device with a minimum residence time of 0.5 seconds and a minimum temperature of 760 degrees Celsius
CADS	Carbon adsorber
COND	Condenser
BPH-44-	Boiler or process heater with a design heat capacity less than 44MW and into which the mission stream is not introduced with the primary fuel
OTHER	Other control device

**Control Device ID No.:**

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

- ★ **Complete “Design Evaluation Submitted” only if “Control Device Type” is “ENCL,” “CADS,” “COND,” “THERMAL,” or “OTHER.”**

**Design Evaluation Submitted:**

Enter “YES” if a design evaluation of the emission control system was submitted to demonstrate compliance with 40 CFR § 63.119(e). Otherwise, enter “NO.”

**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 “THERMAL,” “ENCL,” “FLARE,” “BPH-44+,” “BPH-VNT,” “BPH-HAZ,” “HAZINC,” or “BPH-44-.”**

**Halogen Reduction:**

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

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

**Table 22c: 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, Wastewater Tanks**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the wastewater tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Wastewater Tank Usage:**

Enter “YES” if the wastewater tank is used for heating wastewater, treating by means of an exothermic reaction, or the contents of the tank are sparged. Otherwise, enter “NO.”

- ★ **Complete “Wastewater Tank Properties” only if “Wastewater Tank Usage” is “NO.”**

**Wastewater Tank Properties:**

Select **one** of the following options that describe the properties of the wastewater tank. Enter the **code** on the form.

Code	Description
75-	Volume of the wastewater tank is less than 75 m <sup>3</sup> and storing liquid with any vapor pressure
75-151	Volume of the wastewater tank is greater than 75 m <sup>3</sup> but less than 151 m <sup>3</sup> and vapor pressure of liquid stored is less than 13.1 kpa
151+	Volume of the wastewater tank greater than or equal to 151 m <sup>3</sup> and vapor pressure of liquid stored is less than 5.2 kpa
OTHER	Properties other than the ones described above

- ▼ **Continue only if “Wastewater Tank Properties” is “OTHER” or “Wastewater Tank Usage” is “YES.”**

**Emission Control Type:**

Select **one** of the following options that describe the emission control type used. Enter the **code** on the form.

Code	Description
CVS/CD	Fixed roof tank vented through a CVS that routes the organic HAP vapors vented from the wastewater tank to a control device
IFR	Fixed-roof tank equipped with an internal floating roof that meets the requirements specified in 40 CFR § 63.119(b)
EFR	External floating roof that meets the requirements specified in 40 CFR § 63.119(c), 40 CFR § 63.120(b)(5), and 40 CFR § 63.120(b)(6)
EEL	Equivalent means of emission limitation (EEL) approved by the EPA Administrator

**EEL ID No.:**

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

▼ **Continue only if “Emission Control Type” is “CVS/CD.”**

**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

**Table 22d: 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, Wastewater Tanks**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the wastewater tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).



**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.

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

**Control Device ID No.:**

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

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

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

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

<b>Code</b>	<b>Description</b>
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)

**Halogenated:**

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

<b>Code</b>	<b>Description</b>
DES	The stream is designated as halogenated
DET	The stream is determined as halogenated
NON	The stream is determined as non-halogenated

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

#### Halogen Reduction:

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

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

#### Alt 63G Mon Parameters:

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

#### AMP ID No.:

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

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

#### Table 22e: 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, Wastewater Tanks

#### Unit ID No.:

Enter the identification number (ID No.) (maximum 10 characters) for the wastewater tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

- ★ 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 “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 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 23a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CCCCCC: National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Dispensing Facilities**

- ★ Complete this table only if the Gasoline Dispensing Facility (GDF) is not located at an airport or is located at an area source of Hazardous Air Pollutants (HAPs) (Emissions are less than 10 TPY for any single HAP or less than 25 TPY for combined HAPs).

**Unit ID No.:**

Enter the identification number (ID No.) for each gasoline storage tank that is located at a GDF )) 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Monthly Throughput:**

Select **one** of the following options to describe the monthly throughput of gasoline at the GDF. Enter the **code** on the form.

Code	Description
10K-100K	The GDF has a monthly throughput of 10,000 gallons of gasoline or more but less than 100,000 gallons
100K+	The GDF has a monthly throughput of 100,000 gallons of gasoline or more

**Capacity:**

Select **one** of the following options to describe the capacity of each gasoline storage tank. Enter the **code** on the form.

Code	Description
250-	The gasoline storage tank has a capacity of less than 250 gallons
2000-	The gasoline storage tank has a capacity of greater than 250 gallons but less than 2000 gallons
2000+	The gasoline storage tank has a capacity of greater than 2000 gallons

▼ **Do not continue if “Monthly Throughput” is “10K-100K” and “Capacity” is “250-.”**

**Fill Pipe:**

Enter “YES” if it can be demonstrated that the liquid level in the gasoline storage tank is always above the entire opening of the fill pipe. Otherwise, enter “NO.”

★ **Complete “Installed” only if “Fill Pipe” is “NO.”**

**Installed:**

Select **one** of the following options to describe when the submerged fill pipe was installed on the gasoline storage tank. Enter the **code** on the form.

Code	Description
2006-	The submerged fill pipe was installed on the gasoline storage tank on or before 11/09/2006
2006+	The submerged fill pipe was installed on the gasoline storage tank after 11/09/2006

**Submerged Fill:**

Enter “YES” if prior to 01/10/2008 the gasoline storage tank was operating in compliance with an enforceable rule or permit that requires submerged fill as specified in §63.11117(b). Otherwise, enter “NO.”

▼ **Continue only if “Throughput” is “100+” and also complete form OP-UA4, Table 8.**

**Table 23b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart CCCCC: National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Dispensing Facilities**

**Unit ID No.:**

Enter the identification number (ID No.) for each gasoline storage tank that is located at a GDF (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

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

**Floating Roof:**

Enter "YES" if the gasoline storage tank is equipped with a floating roof, or the equivalent. Otherwise, enter "NO."

★ Complete "Constructed" only if "Floating Roof" is "NO."

**Constructed:**

Select one of the following options to describe when the gasoline storage tank was constructed. Enter the code on the form.

Code	Description
2008-	The gasoline storage tank was constructed on or before 01/10/2008
2008+	The gasoline storage tank was constructed after 01/10/2008

▼ Do not continue if any of the following conditions are met:

1. "Floating Roof" is "YES"; or
2. "Capacity" is "250-" and "Constructed" is "2008+"; or
3. "Capacity" is "250-" or "2000-" and "Constructed" is "2008-."

**GDF Compliance:**

Select one of the following options to describe how the GDF was in compliance prior to 01/10/2008. Enter the code on the form.

Code	Description
NONE	Prior to 01/10/2008, the GDF was not in compliance with an enforceable rule or permit that contains requirements in §60.11118(b)(2)(i)(A) or (B)
90	Prior to 01/10/2008, the GDF operated a vapor balance system that achieved emission reductions of at least 90% and was in compliance with an enforceable rule or permit
TABLE1	Prior to 01/10/2008, the GDF operated a vapor balance system that used management practices at least as stringent as those in Table 1 to this subpart and was in compliance with an enforceable rule or permit

▼ Continue only if "GDF Compliance" is "NONE."

**Vapor Balance:**

Enter "YES" if a vapor balance system other than that described in Table 1 is being used. Otherwise, enter "NO."

**Leak Rate:**

Enter "YES" if the vapor balance system demonstrates compliance with the leak rate and cracking pressure requirements by using the alternative test method listed in §63.11120(a)(1)(ii). Otherwise, enter "NO."

**Static Pressure:**

Enter "YES" if the vapor balance system demonstrates compliance with the static pressure performance requirement by using the alternative test method listed in §63.11120(a)(2)(ii). Otherwise, enter "NO."

**Table 24a: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart OOOOa: Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015**

**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]. General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). For additional information relating to SOP and GOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Construction/Modification Date:**

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

Code	Description
15-	On or before September 18, 2015
15+	After September 18, 2015

▼ **Continue only if “Construction/Modification Date ” is “15+.”**

**Subject to Another Regulation:**

Enter “YES” if the storage vessel is subject to and controlled in accordance with the requirements in 40 CFR part 60, subpart Kb, or 40 CFR part 63, subparts G, CC, HH or WW. Otherwise, enter “NO.”

▼ **Continue only if “Subject to Another Regulation” is “NO.”**

**PTE:**

Select **one** of the following options to describe the VOC potential to emit (PTE) for the storage vessel. Enter the **code** on the form.

Code	Description
6-	Potential for VOC emissions is less than 6 tons per year (tpy)
6+	Potential for VOC emissions is equal to or greater than 6 tpy

▼ **Continue only if “PTE” is “6+.”**

**Compliance Option:**

Select **one** of the following options to describe the compliance option for the storage vessel. Enter the **code** on the form.

Code	Description
RED95	Reduce VOC emissions by 95.0 percent
4TPY	Maintain the uncontrolled actual VOC emissions from the storage vessel at less than 4 tpy without considering control

▼ **Continue only if “Compliance Option” is “RED95.”**

**Control Option:**

Select **one** of the following options to describe the control option for the storage vessel. Enter the **code** on the form.

*For floating roofs*

Code	Description
IFR-LQ	Fixed roof with an internal floating roof (IFR) using a liquid-mounted seal
IFR-SL	Fixed roof with an IFR using two seals mounted one above the other to form a continuous closure
IFR-MT	Fixed roof with an IFR using a mechanical shoe seal
EFR-MT3	Pontoon-type or double-deck-type external floating roof (EFR) with mechanical shoe primary seal
EFR-LQ3	Pontoon-type or double-deck-type EFR with liquid-mounted primary seal

*For Processes*

Code	Description
PRO	Emissions from closed vent system routed to a process

*For Combustion Control Devices*

Code	Description
BPH44+	Boiler or process heater with a design heat input capacity of 44 MW or greater
BPHPF	Boiler or process heater where the vent stream is introduced with the primary fuel or used as the primary fuel
BPH44-	Boiler or process heater with a design heat input capacity of less than 44 MW
CVI	Catalytic vapor incinerator
TVI	Thermal vapor incinerator
FLARE	Flare

*For Vapor Recovery Devices*

Code	Description
REGEN	Regenerable carbon adsorption system
NONREGEN	Non-regenerable carbon adsorption system
COND	Condenser

**Control Device ID No.:**

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

**Table 24b: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart OOOOa: Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015**

**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]. General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). For additional information relating to SOP and GOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

★ **Complete “Product Stored” only if “Control Option” is “IFR-LQ”, “IFR-SL”, “IFR-MT”, “EFR-MT3”, or “EFR-LQ3.”**

**Product Stored:**

Select **one** of the following options for each product stored. Enter the **code** on the form. Use multiple lines, if necessary, to list multiple products stored in a storage vessel. Please refer to 40 CFR § 60.111b for the definitions of “Petroleum liquids,” “Petroleum,” “Volatile organic liquid (VOL),” “Waste,” and “Condensate.”

Code	Description
PTLQ-3	Petroleum liquid (other than petroleum or condensate)
PTCD-BF3	Petroleum (other than crude oil) or condensate stored, processed, and/or treated prior to custody transfer
PTCD-AF3	Petroleum (other than crude oil) or condensate stored, processed, and/or treated after custody transfer

CRUD-BF3	Crude oil stored, processed, and/or treated prior to custody transfer
CRUD-AF3	Crude oil stored, processed, and/or treated after custody transfer
VOL	Volatile organic liquid
WASTE	Waste mixture of indeterminate or variable composition

★ **Complete “Reid Vapor Pressure” only if “Product Stored” is “CRUD-AF3” or “CRUD-BF3.”**

**Reid Vapor Pressure:**

Select **one** of the following options for the Reid vapor pressure (RVP) for each product stored. Enter the **code** on the form. Use multiple lines, if necessary.

Code	Description
CR2-	RVP is less than 2.0 psia
CR2+	RVP is greater than or equal to 2.0 psia
CRPP	Physical properties of the crude oil precluded determination of TVP by the recommended method

▼ **Do not continue if “Control Option” is “IFR-LQ”, “IFR-SL”, “IFR-MT”, “EFR-MT3”, or “EFR-LQ3.”**

★ **Complete “Combustion Device Compliance Option” only if “Control Option” is “BPH44+”, “BPHPF”, “BPH44-”, “CVI”, “FLARE”, or “TVI.”**

**Combustion Device Compliance Option:**

Select **one** of the following options to describe the control option for combustion control devices. Enter the **code** on the form.

*For flares*

Code	Description
MANU	Combustion control device model tested by the manufacturer in accordance with §60.5413a(d)
NOMANU	Combustion control device model not tested by the manufacturer in accordance with §60.5413a(d)

*For boilers or process heater, catalytic vapor incinerators, or thermal incinerators*

Code	Description
MANU	Combustion control device model tested by the manufacturer in accordance with §60.5413a(d)
95+	Reduce mass content of methane and VOC is the gases vented to the device by 95 percent by weight or greater
275-	Reduce concentration of TOC in the exhaust gases at the outlet to the device to a level equal to or less than 275 parts per million by volume as propane on a wet basis corrected to 3 percent oxygen
760	Operate at a minimum temperature of 760 degrees Celsius

★ **Do not complete Performance Test if Control Option is “FLARE.”**

**Performance Test:**

Select **one** of the following options to describe the control device performance test requirements. Enter the **code** on the form.

*For control devices other than condensers and carbon adsorbers*

Code	Description
BPHHW	Boiler or process heater burning hazardous waste
HWI	Hazardous waste incinerator
PTW	Performance test waived in accordance with §60.8(b)
P95+	Combustion device complying with percent reduction
P275-	Combustion device complying with TOC outlet concentration
P760	Combustion device complying with minimum temperature of 760 degrees Celsius



*For condensers and carbon adsorbers*

Code	Description
DESIGN	Design analysis used in lieu of performance test
PT	Performance test conducted
PTW	Performance test waived in accordance with §60.8(b)

**Bypass Device:**

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

Code	Description
NONE	The closed vent system does not have a bypass device that could be used to divert all or a portion of the gases, vapors, or fumes from entering the control device or to a process
FLOW	Flow indicator installed at the inlet of the bypass device
SEC	Bypass device valves are secured in the closed position with a car-seal or lock-and-key configuration

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**Table 25a: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart OOOO: Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution for which Construction, Modification or Reconstruction Commenced After August 23, 2011, and on or before September 18, 2015**

**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]. General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP and GOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Construction/Modification Date:**

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

Code	Description
11-	Before 8/23/2011
11-15	After 8/23/2011 and on/before 9/18/2015
15+	After 9/18/2015

▼ **Continue only if “Construction/Modification Date” is “11-15.”**

**Compliance Subject to Another Subpart:**

Select **one** of the following options if the storage vessel is subject to another 40 CFR Part 60 or 40 CFR Part 63, Subparts. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
KB	Storage vessel is subject to 40 CFR Part 60, Subpart Kb
63G	Storage vessel is subject to 40 CFR Part 63, Subpart G
63CC	Storage vessel is subject to 40 CFR Part 63, Subpart CC
63HH	Storage vessel is subject to 40 CFR Part 63, Subpart HH
63WW	Storage vessel is subject to 40 CFR Part 63, Subpart WW
NONE	Storage vessel is not subject to any of the above regulations

▼ **Continue only if “Compliance Subject to Another Subpart” is “NONE.”**

**Potential to Emit:**

Select **one** of the following options that best describes the VOC emissions from a single storage tank. Enter the **code** on form.

<b>Code</b>	<b>Description</b>
6-	Potential to emit is less than 6 tpy of VOC
6+	Potential to emit is greater than or equal to 6 tpy of VOC

▼ **Continue only if “Potential to Emit” is “6+.”**

**Storage Capacity:**

Select **one** of the following options for the storage capacity of the storage tank. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
100K+	Capacity is greater than 100,000 gallons and used to recycle water that has been passed through two stage separation
100K-	Capacity is less than or equal to 100,000 gallons

▼ **Continue only if “Storage Capacity” is “100K-.”**

**Compliance Option:**

Select **one** of the following options to describe the compliance option for the storage vessel. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
RED95	Reduce VOC emissions by 95.0 percent
4TPY	<b>Maintain the uncontrolled actual VOC emissions from the storage vessel at less than 4 tpy without considering control</b>

**Group Type:**

Select **one** of the following options for the group type of the storage vessel. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
GRP1	<b>Group 1 storage tank</b>
GRP2	Group 2 storage tank

▼ **Continue only if “Compliance Option” is “RED95.”**

**Control Option:**

Select **one** of the following options to describe the control option for the storage vessel. Enter the **code** on the form.

*For floating roofs*

<b>Code</b>	<b>Description</b>
IFR-LQ	Fixed roof with an internal floating roof (IFR) using a liquid-mounted seal
IFR-SL	Fixed roof with an IFR using two seals mounted one above the other to form a continuous closure
IFR-MT	Fixed roof with an IFR using a mechanical shoe seal
EFR-MT3	Pontoon-type or double-deck-type external floating roof (EFR) with mechanical shoe primary seal
EFR-LQ3	Pontoon-type or double-deck-type EFR with liquid-mounted primary seal

*For Processes*

<b>Code</b>	<b>Description</b>
PRO	Emissions from closed vent system routed to a process

*Combustion Control Devices*

<b>Code</b>	<b>Description</b>
BPH44+	Boiler or process heater with a design heat input capacity of 44 MW or greater
BPHPF	Boiler or process heater where the vent stream is introduced with the primary fuel or used as the primary fuel
BPH44-	Boiler or process heater with a design heat input capacity of less than 44 MW
CVI	Catalytic vapor incinerator
TVI	Thermal vapor incinerator
FLARE	Flare

*For Vapor Recovery Devices*

<b>Code</b>	<b>Description</b>
REGEN	Regenerable carbon adsorption system
NONREGEN	Non-regenerable carbon adsorption system
COND	Condenser

**Control Device ID No.:**

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

**Table 25b: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart OOOO: Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution for which Construction, Modification or Reconstruction Commenced After August 23, 2011, and on or before September 18, 2015**

**Unit ID No.:**

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

**SOP/GOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). For additional information relating to SOP and GOP index numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

▼ If “Control Option” is “PRO” skip to “Bypass Device.”

★ Complete “Product Stored” only if “Control Option” is “IFR-LQ”, “IFR-SL”, “IFR-MT”, “EFR-MT3”, or “EFR-LQ3.”

**Product Stored:**

Select **one** of the following options for each product stored. Enter the **code** on the form. Use multiple lines, if necessary, to list multiple products stored in a storage vessel. Please refer to 40 CFR § 60.111b for the definitions of “Petroleum liquids,” “Petroleum,” “Volatile organic liquid (VOL),” “Waste,” and “Condensate.”

Code	Description
PTLQ-3	Petroleum liquid (other than petroleum or condensate)
PTCD-BF3	Petroleum (other than crude oil) or condensate stored, processed, and/or treated prior to custody transfer
PTCD-AF3	Petroleum (other than crude oil) or condensate stored, processed, and/or treated after custody transfer
CRUD-BF3	Crude oil stored, processed, and/or treated prior to custody transfer
CRUD-AF3	Crude oil stored, processed, and/or treated after custody transfer
VOL	Volatile organic liquid
WASTE	Waste mixture of indeterminate or variable composition

★ Complete “Reid Vapor Pressure” only if “Product Stored” is “CRUD-AF3” or “CRUD-BF3.”

**Reid Vapor Pressure:**

Select **one** of the following options for the Reid vapor pressure (RVP) for each product stored. Enter the **code** on the form. Use multiple lines, if necessary.

Code	Description
CR2-	RVP is less than 2.0 psia
CR2+	RVP is greater than or equal to 2.0 psia
CRPP	Physical properties of the crude oil precluded determination of TVP by the recommended method

▼ Do not continue if “Control Option” is “IFR-LQ”, “IFR-SL”, “IFR-MT”, “EFR-MT3”, or “EFR-LQ3.”

★ Complete “Combustion Device Compliance Option” only if “Control Option” is “BPH44+”, “BPHPF”, “BPH44-”, “CVI”, “FLARE”, or “TVI.”

**Combustion Device Compliance Option:**

Select **one** of the following options to describe the control option for combustion control devices. Enter the **code** on the form.

*For flares*

Code	Description
MANU	Combustion control device model tested by the manufacturer in accordance with §60.5413a(d)
NOMANU	Combustion control device model not tested by the manufacturer in accordance with §60.5413a(d)

*For boilers or process heater, catalytic vapor incinerators, or thermal incinerators*

Code	Description
MANU	Combustion control device model tested by the manufacturer in accordance with §60.5413a(d)
95+	Reduce mass content of methane and VOC in the gases vented to the device by 95 percent by weight or greater
275-	Reduce concentration of TOC in the exhaust gases at the outlet to the device to a level equal to or less than 275 parts per million by volume as propane on a wet basis corrected to 3 percent oxygen
760	Operate at a minimum temperature of 760 degrees Celsius

★ **Do not complete Performance Test if Control Option is “PRO,” “BPH44+”, “BPHPF” and “FLARE.”**

**Performance Test:**

Select **one** of the following options to describe the control device performance test requirements. Enter the **code** on the form.

*For control devices other than condensers and carbon adsorbers*

<b>Code</b>	<b>Description</b>
BPHHW	Boiler or process heater burning hazardous waste
HWI	Hazardous waste incinerator
PTW	Performance test waived in accordance with §60.8(b)
P95+	Combustion device complying with percent reduction
P275-	Combustion device complying with TOC outlet concentration
P760	Combustion device complying with minimum temperature of 760 degrees Celsius

*For condensers and carbon adsorbers*

<b>Code</b>	<b>Description</b>
DESIGN	Design analysis used in lieu of performance test
PT	Performance test conducted
PTW	Performance test waived in accordance with §60.8(b)

**Bypass Device:**

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

<b>Code</b>	<b>Description</b>
NONE	The closed vent system does not have a bypass device that could be used to divert all or a portion of the gases, vapors, or fumes from entering the control device or to a process
FLOW	Flow indicator installed at the inlet of the bypass device
SEC	Bypass device valves are secured in the closed position with a car-seal or lock-and-key configuration

**Table 26a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart GGGGG: National Emission Standards for Hazardous Air Pollutants: Site Remediation**

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

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the storage tank 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](http://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	Tank 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 the work practice standards in §63.7895 is used
TL1-FR	Tank using Tank Level 1 controls is equipped with a fixed roof and is complying with §63.902(b)(3)(i)
TL1-FRCD	Tank using Tank Level 1 controls is equipped with a fixed roof and is complying with §63.902(b)(3)(ii) (fixed roof connected to a closed vent system that is vented to a control device)
PRES	Pressurized tank using Tank Level 2 controls is operating per requirements in §63.685(h)
IFR	Tank using Tank Level 2 controls has a fixed roof with an internal floating roof (IFR) according to the requirements in §63.1063
EFR	Tank using Tank Level 2 controls has a fixed roof with an external floating roof (EFR) according to the requirements in §63.1063
ENCL	Tank using Tank Level 2 controls is located inside an enclosure that is vented through a closed vent system to a vapor incinerator, boiler or process heater
CVSCD	Tank using Tank Level 2 controls has a fixed roof that is vented through a closed vent system to a control device per §63.7895(d)(3)

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

**AMOC ID No.:**

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

▼ **Continue only if “Means of Compliance” is “IFR,” “EFR,” “ENCL,” or “CVSCD.”**

★ **Complete “Unslotted Guidepole,” “Slotted Guidepole” and “Seal Configuration” only if “Means of Compliance” is “IFR” or “EFR.”**

**Unslotted Guidepole:**

Enter “YES” if storage tank uses an unslotted guidepole. Otherwise, enter “NO.”

**Slotted Guidepole:**

Select one of the following options that describes the type of slotted guidepole used. Enter the code on the form.

Code	Description
FLOAT	Slotted guidepole has a pole wiper and pole float per §63.1063(a)(2)(viii)(A)
SLEEVE	Slotted guidepole has a pole wiper and pole sleeve per §63.1063(a)(2)(viii)(B)
NONE	Storage tank does not have a slotted guidepole

**Seal Configuration:**

Select one of the following options for the seal configuration. Enter the code on the form.

**IFR:**

Code	Description
IFR-LQ	IFR equipped with a liquid-mounted seal
IFR-MT	IFR equipped with a mechanical shoe seal
IFR-SL	IFR equipped with two seals mounted one above the other
IFR-SV	IFR equipped with a vapor-mounted seal

**EFR:**

Code	Description
EFR-LQS	EFR equipped with a liquid-mounted seal and a secondary seal
EFR-MTS	EFR equipped with a mechanical shoe seal and a secondary seal
EFR-SV	EFR equipped with a vapor-mounted seal and a secondary seal

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

**Table 26b: Title 40 Code of Federal Regulations Part 63 (CFR Part 63), Subpart GGGGG: National Emission Standards for Hazardous Air Pollutants: Site Remediation**

**Unit ID No.:**

Enter the identification number (ID No.) for the oil-water or organic-water separator (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

**SOP Index No.:**

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

Code	Description
ENVAPTH	A tank located inside an enclosure is vented through a CVS to a thermal vapor incinerator
ENVAPCAT	A tank located inside an enclosure is vented through a CVS to a catalytic vapor incinerator
ENBPH	A tank located inside an enclosure is vented through a CVS to a boiler or process heater
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.:**

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

**Alternative Work Practice Standards:**

Enter “YES” if an alternative to work practice standard for the closed vent system and control device has been approved by 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 (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the Alternative Standard approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate regulated entity number. Otherwise, leave this column blank.

- ★ **Complete “Design Evaluation” only if “Control Device” is “ENVAPTH,” “ENVAPCAT,” “ENBPH,” “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)

**Table 27a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B, Division 7: Oil and Natural Gas Service in Ozone Nonattainment Areas**

- ★ **Complete Tables 27a and 27b only for storage tanks located in, Brazoria, Chambers, Collin, Dallas, Denton, Ellis, Fort Bend, Galveston, Harris, Johnson, Kaufman, Liberty, Montgomery, Parker, Rockwall, Tarrant, Waller, or Wise County.**

**Unit ID No.:**

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

**SOP Index No.:**

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



**Control Requirement Exemptions:**

Select **one** of the following options to describe the applicability of the specified conditions in §§ 115.172(a)(3)(A)-(E). Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
6-	Potential for VOC emissions is less than 6 tons per year (tpy)
4-	Potential for uncontrolled VOC emissions is less than 4 tpy
PROV	Process vessel such as a surge control vessel, bottom receiver, or knockout vessel
PRESS	Pressure vessel designed to operate in excess of 204.9 kPa (29.7 psi) and has no emissions to the atmosphere
SKID	Skid-mounted or permanently attached to something that is mobile
112E	Storage tank has potential of VOC emissions less than 6 tpy or actual VOC emissions less than 4 tpy and was required to comply with a requirement in §115.112(e) on or before 12/31/2022
NONE	The storage tank does not meet any of the specified conditions in §§ 115.172(a)(3)(A)-(E)

▼ **Continue only if “Control Requirement Exemptions” is “NONE.”**

**Alternate Control Requirement (ACR):**

Enter “YES” if using an alternate method for demonstrating and documenting continuous compliance with applicable control requirements or exemption criteria and demonstrating substantially equivalent reduction efficiencies which have been approved by the TCEQ executive director. Otherwise, enter “NO.”

**ACR ID No.:**

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

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

▼ **Continue only if “Alternate Control Requirement” is “NO.”**

**Table 27b: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter B, Division 7: Oil and Natural Gas Service in Ozone Nonattainment Areas**

**Unit ID No.:**

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

**SOP Index No.:**

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

**Storage Tank Description:**

Select **one** of the following options to describe the control option for the storage vessel. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
IFR	Fixed roof with an internal floating roof (IFR)
CVS-CD	CVS and control device (fixed roof)
CLOSE	Closure device (fixed roof)
EFR	External floating roof (EFR)
EFR-ML	External floating roof (EFR) equipped with a mechanical shoe primary seal or liquid-mounted primary seal
SFP	Required to use a submerged fill pipe under Table 2 in §115.112(e)(1), total vapor pressure (TVP) greater than or equal to 11psia, and storage capacity greater than or equal to 40,000 gallons

▼ **Continue only if “Storage Tank Description” is “CVS-CD.”**

**Control Option:**

Select **one** of the following options to describe the control device for the storage vessel. Enter the **code** on the form.

<b>Code</b>	<b>Description</b>
BPH44+	Boiler or process heater with a design heat input capacity of 44 MW or greater
BPHPF	Boiler or process heater where the vent stream is introduced with the primary fuel or used as the primary fuel
BPH44-	Boiler or process heater with a design heat input capacity of less than 44 MW
DFI	Direct flame incinerator
CVI	Catalytic vapor incinerator
FLARE	Flare
REGEN	Regenerable carbon adsorption system
NONREGEN	Non-regenerable carbon adsorption system
COND	Condenser
VAPOR	Vapor Recovery Unit
OTHCCD	Other combustion control device
OTHNCCD	Other non-combustion control device

**Control Device ID No.:**

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

**Bypass Device:**

Enter “YES” if the closed vent system has a bypass device that could be used to divert all or a portion of the gases, vapors, or fumes from entering the control device or to a process. Otherwise, enter “NO.”

▼ **Do not continue if “Control Option” is “BPH44+” or “BPHPF.”**

**Unsafe to Monitor:**

Enter “YES” if the component has any parts designated as unsafe to monitor. Otherwise, enter “NO.”

**Difficult to Monitor:**

Enter “YES” if the component has any parts designated as difficult to monitor. Otherwise, enter “NO.”

**Table 28a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart BBBB: National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Distribution Bulk Terminals, Bulk Plants, and Pipeline Facilities**

★ **Complete these tables only for storage tanks located at area source bulk gasoline terminals, pipeline breakout stations, pipeline pumping stations, and bulk gasoline plants, as described in §§63.11081(a)(1) through (a)(4).**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the storage tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Source Type:**

Select the option that describes the type of source the storage tank is located at. Enter the code on the form.

Code	Description
BGT	The tank is located at a bulk gasoline terminal and not subject to the control requirements of 40 CFR Part 63, Subpart R or 40 CFR Part 63, Subpart CC
PBS	The tank is located at a pipeline breakout station and not subject to the control requirements of 40 CFR Part 63, Subpart R
PPS	The tank is located at a pipeline pumping station
BGP	The tank is located at a bulk gasoline plant

**Subject to MACT Subpart CCCCCC:**

Enter “YES” if the storage tank is used only for dispensing gasoline in a manner consistent with tanks located at a gasoline dispensing facility as defined in 40 CFR § 63.11132. Otherwise, enter “NO.”

▼ **Continue only if “Source Type” is “BGT,” “PBS,” or “BGP,” and “Subject to MACT Subpart CCCCCC” is “NO.”**

★ **Do not complete “Surge Control Tank” if “Source Type” is “BGP.”**

**Surge Control Tank:**

Enter “YES” if the tank is a surge control tank. Otherwise, enter “NO.”

▼ **Continue only if “Surge Control Tank” is “NO.”**

★ **Complete “Fill Pipe” only if “Source Type” is “BGP.”**

**Fill Pipe:**

Enter “YES” if it can be demonstrated that the liquid level in the gasoline storage tank is always above the entire opening of the fill pipe. Otherwise, enter “NO.”

★ **Complete “Installed” only if “Fill Pipe” is “NO.”**

**Installed:**

Select one of the following options to describe when the submerged fill pipe was installed on the gasoline storage tank. Enter the code on the form.

Code	Description
2006-	The submerged fill pipe was installed on the gasoline storage tank on or before 11/09/2006
2006+	The submerged fill pipe was installed on the gasoline storage tank after 11/09/2006.

▼ **Continue only if “Source Type” is “BGT” or “PBS.”**

**Table 28b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart BBBBBB: National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Distribution Bulk Terminals, Bulk Plants, and Pipeline Facilities**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the storage tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Storage Capacity:**

Select one of the following options for the storage capacity of the storage tank. Enter the code on the form.

Code	Description
75-	Capacity is less than 75 cubic meters
75-151	Capacity is greater than or equal to 75 cubic meters but less than 151 cubic meters
151+	Capacity is greater than or equal to 151 cubic meters

▼ **Continue only if “Storage Capacity” is “75-151” or “151+.”**

★ **Complete “Throughput” only if “Storage Capacity” is “75-151.”**

**Throughput:**

Select one of the following options that best describes the gasoline throughput of the storage tank. Enter the code on the form.

Code	Description
480-	Throughput less than or equal to 480 cubic meters
480+	Capacity is greater than 480 cubic meters

▼ **Continue only if “Storage Capacity” is:**

1. “75-151” and “Throughput” is “480+”; or
2. “151+.”

**Tank Description:**

Select one of the following emission control options as it pertains to 40 CFR Part 60, Subpart Kb or 40 CFR Part 63, Subpart WW. Enter the code on the form.

<b>Code</b>	<b>Description</b>
KB-AMEL	Alternate means of emissions limitation (AMEL) as provided in 40 CFR § 60.114b
KB-IFR-LQ	Internal floating roof equipped according to the requirements in 40 CFR § 60.112b(a)(1) and equipped with a foam or liquid-mounted seal
KB-IFR-M	Internal floating roof equipped according to the requirements in 40 CFR § 60.112b(a)(1) and equipped with a mechanical shoe seal
KB-EFR	External floating roof meeting the requirements in 40 CFR § 60.112b(a)(2)
KB-EFR-M	External floating roof meeting the requirements in 40 CFR § 60.112b(a)(2) and equipped with a mechanical shoe seal
CVSCD	Closed-vent system and control device is used as specified in 40 CFR § 60.112b(a)(3)
WW-AMEL	Alternate means of emissions limitation (AMEL) as provided in 40 CFR § 63.1064
WW-IFR	Internal floating roof equipped according to the requirements in 40 CFR Part 63, Subpart WW
WW-IFR-LQ	Internal floating roof equipped according to the requirements in 40 CFR Part 63, Subpart WW and equipped with a foam or liquid-mounted seal
WW-IFR-M	Internal floating roof equipped according to the requirements in 40 CFR Part 63, Subpart WW and equipped with a mechanical shoe seal
WW-EFR-LQ	External floating roof equipped according to the requirements in 40 CFR Part 63, Subpart WW and equipped with a liquid mounted seal and secondary seal
WW-EFR-M	External floating roof equipped according to the requirements in 40 CFR Part 63, Subpart WW and equipped with a mechanical shoe seal and a secondary seal
WW-EFR-O	External floating roof equipped according to the requirements in 40 CFR Part 63, Subpart WW and equipped with a liquid-mounted seal or mechanical shoe seal, or a vapor-mounted seal and secondary seal complying with §63.1063(a)(1)(ii)(C)

▼ **Do not continue if “Storage Tank Description” is “KB-AMEL,” “KB-IFR-LQ,” “KB-IFR-M,” or “WW-AMEL.”**

★ **Complete “Closure Device” only if “Tank Description” is “KB-EFR” or “KB-EFR-M.”**

**Closure Device:**

Enter “YES” if the external floating roof is equipped with a closure device consisting of two seals as specified in 40 CFR § 60.112b(a)(2)(i). Otherwise, enter “NO.”

★ **Complete “Guidepole” only if “Tank Description” is “WW-IFR,” “WW-IFR-LQ,” “WW-IFR-M,” “WW-EFR-LQ,” “WW-EFR-M,” or “WW-EFR-O.”**

**Guidepole:**

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

<b>Code</b>	<b>Description</b>
UNSLLOT	Only an unslotted guidepole is used per 40 CFR §63.1063(a)(2)(vii)
FLOAT	Only a slotted guidepole which has a pole wiper and pole float per 40 CFR §63.1063(a)(2)(viii)(A)
SLEAVE	Only a slotted guidepole which has a pole wiper and pole sleeve per 40 CFR §63.1063(a)(2)(viii)(B)
GUIDE1	Both unslotted guidepoles per 40 CFR §63.1063(a)(2)(vii) and slotted guidepoles which have a pole wiper and pole float per 40 CFR §63.1063(a)(2)(viii)(A) are used
GUIDE2	Both unslotted guidepoles per 40 CFR §63.1063(a)(2)(vii) and slotted guidepoles which have a pole wiper and pole sleeve per 40 CFR §63.1063(a)(2)(viii)(B) are used
NONE	Storage vessel does not have a guidepole

▼ **Continue only if “Storage Tank Description” is “CVSCD.”**

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**Table 28c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart BBBB: National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Distribution Bulk Terminals, Bulk Plants, and Pipeline Facilities**

**Unit ID No.:**

Enter the identification number (ID No.) (maximum 10 characters) for the storage tank 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](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Performance Test:**

Select one of the following options to indicate the method used to demonstrate the vapor processing and collection system achieves its appropriate performance requirements as specified in 40 CFR §§ 63.11092(a) and 63.11092(e)(3). Enter the code on the form.

Code	Description
FLARE	The storage tank is equipped with a flare meeting the performance test requirements of 40 CFR § 63.11092(a)(4)
PMT95	The storage tank is in compliance with a State, local, or tribal rule or permit that requires the tank achieve a 95-percent reduction in inlet total organic compounds (TOC) levels as described in 40 CFR §§ 63.11092(a)(2) and 63.11092(e)(3)
T03-08	A performance test was conducted between January 10, 2003, and January 10, 2008, with data the Administrator deems acceptable, as described in 40 CFR § 63.11092(a)(3)
NSPS-XX	A performance test will be conducted on the vapor processing and collection system using procedures in 40 CFR Part 60, Subpart XX as described in 40 CFR § 63.11092(a)(1)(i)
MACT-A	A performance test will be conducted on the vapor processing and collection system using alternative test methods in 40 CFR Part 63, Subpart A as described in 40 CFR § 63.11092(a)(1)(ii)

★ **Complete “Alternative Operating Parameter” only if “Performance Test” is “FLARE.”**

**Alternative Operating Parameter:**

Enter “YES” if an operating parameter other than those specified in 40 CFR § 63.11092(b) has been requested and approved to be monitored. Otherwise, enter “NO.”

★ **Complete “Operating Parameter Value” only if “Performance Test” is “PMT95” or “T03-08.”**

**Operating Parameter Value:**

Select one of the following options to describe the monitored operating parameter value. Enter the code on the form.

Code	Description
ADMIN	Operating parameter has been approved by the Administrator and is specified in the facility’s currently enforceable operating permit. Operating parameter value will be calculated according to the requirements specified in 40 CFR § 63.11092(b)
ENGR	Operating parameter value is based on engineering assessment and the manufacturer’s recommendation

▼ **Continue only if “Performance Test” is “NSPS-XX” or “MACT-A.”**

★ **Complete “Vapor Processing System Type” only if “Performance Test” is “NSPS-XX.”**

**Vapor Processing System Type:**

Select one of the following options for vapor processing system type. Enter the code on the form.

Code	Description
CCVPS	Continuous combustion vapor processing system
CNVPS	Continuous non-combustion vapor processing system
ICVPS	Intermittent combustion vapor processing system
INVPS	Intermittent non-combustion vapor processing system

**Operating Parameter Monitoring:**

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

Code	Description
ALT	An alternative operating parameter is monitored as described in 40 CFR § 63.11092(b)(1)(iv)
COND	A refrigeration condenser system is used
CAS-CEMS	A carbon adsorption system equipped with a CEMS is used
CAS-ALT	A carbon adsorption system is used and monitored as described in 40 CFR § 63.11092(b)(1)(i)(B)
OX-CPMS	A thermal oxidation system other than a flare equipped with a CPMS capable of measuring temperature is used
OX-ALT	A thermal oxidation system other than a flare is used and monitored as described in 40 CFR § 63.11092(b)(1)(iii)(B)