Texas Commission on Environmental Quality

Air Curtain Incinerator General Operating Permit (GOP) Number 518

Application for an Authorization to Operate

Owners or operators of a site required to obtain a federal operating permit (FOP), in accordance with Title 30 Texas Administrative Code Chapter 122 (30 TAC Chapter 122), must complete and submit an FOP application to the Texas Commission on Environmental Quality (TCEQ), Office of Air, Air Permits Division (APD), and a copy must be submitted to the appropriate TCEQ regional office. A copy must also be submitted to the United States Environmental Protection Agency (EPA) and to certain local program areas. See the table *Submitting the Application,* on page 2 of these instructions, for additional information.

# General:

This TCEQ form has been created for and should be used by any owner or operator of an air curtain incinerator that burns 100 percent wood waste, 100 percent clean lumber, or a mixture of 100 percent wood waste and clean lumber who qualifies and needs to apply for the Air Curtain Incinerator General Operating Permit (GOP) Number 518. This application for an authorization to operate must be completed for each air curtain incinerator. Print or type all information. Air curtain incinerators that do not qualify for this GOP must be authorized using a site operating permit (SOP).

This form can be used to apply for the GOP, update a pending application for an authorization to operate under the GOP, revise an issued authorization to operate under the GOP, or renew an authorization to operate under the GOP.

Submitting a timely and complete application, as defined in 30 TAC §§ 122.133 and 122.134, is critical and allows the applicant to receive the benefit of an application shield, as defined in 30 TAC § 122.138. The application shield serves as authorization to operate the facility until final action is taken on the application. **Failure to supply any additional information requested by the TCEQ that is necessary to process the permit application may result in loss of the application shield.**

The TCEQ requires that a Core Data Form be submitted on all incoming registrations unless a Regulated Entity and Customer Reference Number have been issued by the TCEQ and no core data information has changed. For more information regarding the Core Data Form, call (512) 239-5175 or go to the TCEQ website at: [www.tceq.texas.gov/permitting/central\_registry/guidance.html](http://www.tceq.texas.gov/permitting/central_registry/guidance.html).

**Submitting the Application**

| **Who** | **Where** | **What** |
| --- | --- | --- |
| TCEQ, Air Permits Division, Air Permits Initial Review Team | **Regular, Certified, or Priority Mail:**  Mail Code 161, P.O. Box 13087,  Austin, Texas 78711-3087  **OR**  **Hand Delivery or Overnight Mail:**  Mail Code 161, 12100 Park 35 Circle,  Building C, Third Floor, Reception  Austin, Texas 78753 | Original application form |
| Appropriate TCEQ Regional Office | Appropriate TCEQ Regional Office addresses can be obtained at: [www.tceq.texas.gov/agency/directory/region](https://www.tceq.texas.gov/agency/directory/region) or call (512) 239-1250. | One copy of the application form |
| Appropriate Local Air Pollution Control Program Having Jurisdiction Over the Site | Appropriate Local Air Pollution Control Program address can be obtained at: [www.tceq.texas.gov/permitting/air/local\_programs.html](https://www.tceq.texas.gov/permitting/air/local_programs.html) or call (512) 239-1250. | One copy of the application form |
| EPA Region 6 | [R6AirPermitsTX@epa.gov](mailto:R6AirPermitsTX@epa.gov) | Electronic copy of the application form |

# For submissions to EPA:

EPA Region 6 office has requested that all applications, including any updates, submitted to EPA be provided in electronic format via email or as a readable media via CD, DVD, or flash drive by mail. Microsoft Word for text, Excel for spreadsheets, and a searchable Adobe Acrobat (pdf) file are the preferred formats. Do not submit any compressed or zip files, files with an “.exe” extension or files that contain any confidential information. Do not submit any individual files larger than 10 megabytes via email, and the total size of all attachments cannot exceed 25 megabytes per email. With the exception of any document that has confidential information, no hard copies of the information contained in the application should be submitted to EPA.

Any application, including any updates, submitted via email should be submitted to EPA at [R6AirPermitsTX@epa.gov](mailto:R6AirPermitsTX@epa.gov). Identify the associated permit number when submitting information.

All confidential information and readable media, CD, DVD, or flash drive, should be mailed to:

Environmental Protection Agency, Region 6

Air Permits Section (ARPE)

Renaissance Tower

1201 Elm Street, Suite 500

Dallas, Texas 75270

Please contact Ms. Aimee Wilson ([Wilson.aimee@epa.gov](mailto:Wilson.aimee@epa.gov)) at (214) 665-7596 if you have any questions pertaining to electronic submittals to the EPA.

# Compliance Status

To indicate the compliance status of the site or application area with the applicable regulations, submit form [OP-ACPS](http://www.tceq.texas.gov/assets/public/permitting/air/Forms/Title_V/Administrative/10100.docx). This form is only required for Initial and Renewal applications.

# Certifying the Application

To certify the application, submit Form [OP-CRO1](http://www.tceq.texas.gov/assets/public/permitting/air/Forms/Title_V/Administrative/10009.docx).

To change the Responsible Official (RO) that will sign the OP-CRO1, submit [Form OP-CRO2](http://www.tceq.texas.gov/assets/public/permitting/air/Forms/Title_V/Administrative/10010.docx).

To delegate signature authority to a Duly Authorized Representative (DAR), submit [Form OP-DEL](http://www.tceq.texas.gov/assets/public/permitting/air/Forms/Title_V/Administrative/10011.docx).

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# Administrative Information Instructions:

## Company Identifying Information

1. **Company Name:**

Enter the name of the company for which the application is being submitted (maximum 50 characters). The company name should be the name used to incorporate, for which a franchise tax identification number has been issued. If a franchise tax identification number has not been issued, then enter the most identifying name for the company. The company name on this form and the Core Data Form must match.

1. **Customer Reference No.:**

Enter the customer reference number (CNXXXXXXXXX) (11 characters). This number is assigned by the TCEQ as part of the Central Registry process. If a customer reference number has not yet been assigned, leave this space blank.

1. **Submittal Date:**

Enter the date the application is being submitted by the applicant to the TCEQ (MM/DD/YYYY).

## Unit Information

1. **Unit Name/No.:**

Enter the air curtain incinerator name (this information should match facility ID Nos. submitted for the corresponding PBR 106.496 for the same unit).

1. **Unit Description:**

Enter a text name or description for the unit.

* ***Complete “Engine Name/No.” and “Engine Description” if the engine is a separate piece of equipment.***

1. **Engine Name/No.:**

Enter the engine name.

1. **Engine Description:**

Enter a text name or description for the unit

1. **New Source Review (NSR) Authorizations (Permits by Rule (PBR) previously called Standard Exemption):**

For each PBR claimed or registered (ACIs authorized by § 106.496, engines authorized by § 106.511, or § 106.512, and Maintenance, Startup and Shutdown (MSS) authorized by § 106.263), and each standard exemption claimed or registered previously under 30 TAC Chapter 116, enter the number and effective date in the appropriate format shown below.

**Format PBR/standard exemption and the effective, or amended date (as applicable)**

106.XXX/MM/DD/YYYY Authorized on or after March 14, 1997

XXX/MM/DD/YYYY Authorized prior to March 14, 1997

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

MM/DD/YYYY = Effective date of the Standard Exemption or PBR in effect at the time claimed or granted. Information on Chapter 116 version dates is available at [www.tceq.texas.gov/permitting/air/permitbyrule/historical\_rules/oldselist/se\_index.html](http://www.tceq.texas.gov/permitting/air/permitbyrule/historical_rules/oldselist/se_index.html).

Information on Chapter 106 version dates is available at

[www.tceq.texas.gov/permitting/air/permitbyrule/historical\_rules/old106list/index106.html](http://www.tceq.texas.gov/permitting/air/permitbyrule/historical_rules/old106list/index106.html)

1. **Primary Account No:**

Enter the primary TCEQ account number (XX-XXXX-X) for the site if assigned. If an account number was not issued, leave this space blank.

1. **Regulated Entity No.:**

Enter the regulated entity reference number (RNXXXXXXXXX) (11 characters) for the air curtain incinerator. This number is assigned by the TCEQ as part of the Central Registry process. If a regulated entity reference number has not yet been assigned, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc., in this space.

1. **Physical Address or Physical Location:**

Enter the address of the air curtain incinerator location at the time of application. It is understood that this location may be subject to change. Please be sure that proper permit by rule notification procedures are followed. Include city, county, and ZIP code (address or location: maximum 50 characters; city: maximum 25 characters). If no address exists, provide a description of the physical location of the air curtain incinerator (maximum 250 characters). (Example:  Hwy 50, 1 mile west of County Road 12.)

## Application and Certification Submittal Type

1. **Project type:**

Indicate the type of submittal by marking the appropriate box.

**Initial GOP Application:**

Initial application submittal for an authorization to operate under the Air Curtain Incinerator GOP.

**Revision to Initial GOP Application:**

Revisions to initial application for Air Curtain Incinerator GOP in which the authorization to operate has not been issued, but a permit number is now assigned.

**Revision to Issued GOP Authorization to Operate:**

Authorization to operate under the Air Curtain Incinerator GOP has been issued and this submittal is a revision to the authorization to operate.

**Renewal of Issued GOP Authorization to Operate:**

Authorization to operate under the Air Curtain Incinerator GOP has been issued and this submittal is meant to renew the authorization, which must be renewed 5 years from date of initial issuance or the most recent renewal of the authorization.

1. **Permit Number:**

Enter the permit number assigned to the authorization to operate under the GOP (leave blank if this is an initial GOP).

## Notice of Enforcement

1. The facility has received a Notice of Enforcement (NOE) issued by the commission, or delegated representative.

Indicate “YES” or “NO.”

*Note: If the answer to the question is “YES,” then also answer questions IV.B. and IV.C. If the answer to question IV.A. is “No,” go to V.*

**B.** Date of NOE. MM/DD/YYYY

**C.** Was PBR 106.496 re-registered after receipt of the NOE?

Indicate “YES” or “NO.”

Note: If the answer to the question IV.A. is “YES,” and question IV.C. is “NO,” then this form will not be processed until the applicant has re-registered PBR 106.496, as required in §106.496(h)(2)(B).

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## Delinquent Fees and Penalties

This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the “Delinquent Fee and Penalty Protocol.” For more information regarding Delinquent Fees and Penalties, go to the TCEQ website: [www.tceq.texas.gov/agency/financial/fees/delin](https://www.tceq.texas.gov/agency/financial/fees/delin).

## Off-Site Permit Request (Optional)

Complete this section only if choosing to hold the GOP and associated information at a location other than the physical location designated in the “Physical Address or Physical Location” section of this form.

**A**. **Office/Facility Name:**

Enter the name of the office or facility where the permit is to be held (maximum 50 characters).

**B. Physical Address:**

Enter the physical address of the office or facility, including city, state, and ZIP code (delivery address: maximum 50 characters; city: maximum 25 characters). The physical address cannot be a post office box.

**C. Physical Location:**

If no physical address exists, provide a description of the physical location of the office or facility where the permit is to be held (maximum 50 characters). (Example: Highway 100, 2 miles west of County Road 12.)

**D. Contact Name:**

Place an “X” next to the appropriate conventional title (Mr./Mrs./Ms./Dr.). Enter the name of a contact person at the office or facility where the permit is to be held (maximum 50 characters).

**E. Telephone No.:**

Enter the telephone number with area code of the contact person.

**F. Additional Telephone No.:**

Enter an additional telephone number with area code of the contact person.

**G. Email Address:**

Enter the electronic mail address for the contact person (maximum 30 characters).

## Responsible Official (RO) Identifying Information

The RO must be listed in this section even if the duties will be delegated to a Duly Authorized Representative (DAR). The DAR information should be provided on the Form OP-DEL (Delegation of Responsible Official). Additional information on Responsible Official and Certification can be found on the TCEQ website at [www.tceq.texas.gov/permitting/air/titlev/ro\_and\_certs.html](http://www.tceq.texas.gov/permitting/air/titlev/ro_and_certs.html).

Note: For change of RO and RO information, Form OP-CRO2 (Change of Responsible Official) must be submitted to the TCEQ.

1. **RO Name:**

Place an “X” next to the appropriate conventional title (Mr./Mrs./Ms./Dr.). Enter the name of the RO pursuant to 30 TAC § 122.132(e) and 30 TAC § 122.165 (Last Name, First Name, and MI) (maximum 25 characters).

1. **RO Title:**

Enter the job title of the RO (maximum 60 characters).

1. **Employer Name:**

Enter the name of the company, firm, etc. that employs the RO (maximum 50 characters). The company or firm name should be the name used to incorporate, for which a franchise tax identification number has been issued. If a franchise tax identification number has not been issued, then enter the most identifying name for the company or firm.

1. **Mailing Address:**

Enter the RO mailing address, including city, state, and ZIP code (mailing address: maximum 50 characters; city: maximum 25 characters). If the mailing address is not within the United States, enter the territory, country, and foreign postal code, rather than the state and ZIP code.

1. **Telephone No.:**

Enter the RO telephone number with area code.

1. **Additional Telephone No.:**

Enter an additional telephone number with area code (optional).

1. **Email Address:**  Enter the RO electronic mail address (maximum 30 characters).

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## Technical Contact Identifying Information *(If different from the Responsible Official)*

The technical contact may be a person who completed the GOP application or is available for questions concerning the application who is not the Responsible Official or Duly Authorized Representative.

1. **Technical Contact Name:**

Place an “X” next to the appropriate conventional title (Mr./Mrs./Ms./Dr.). Enter the name of the technical contact, if different from the RO (Last Name, First Name, and MI.)

If the technical contact is the same as the RO, enter “SAME” in this space and proceed to Section IX. leaving questions VIII.B-G blank.

1. **Technical Contact Title:**

Enter the job title of the technical contact (maximum 60 characters).

1. **Employer Name:**

Enter the name of the company, firm, etc. that employs the technical contact (maximum 50 characters). The company or firm name should be the name used to incorporate, for which a franchise tax identification number has been issued. If a franchise tax identification number has not been issued, then enter the most identifying name for the company or firm.

1. **Mailing Address:**

Enter the technical contact’s mailing address, including city, state, and ZIP code (mailing address: maximum 50 characters; city: maximum 25 characters). If the mailing address is not within the United States, enter the territory, country, and foreign postal code, rather than the state and ZIP code.

1. **Telephone No.:**

Enter the technical contact’s telephone number with area code.

1. **Additional Telephone No.:**

Enter an additional telephone number with area code (optional).

1. **Email Address:**

Enter the electronic mail address for the technical contact (maximum 30 characters).

**Sitewide Applicability Instructions:**

## Applicability

*Note: Construction, as defined in 40 CFR § 60.2 and § 60.15, refers to the date the air curtain incinerator was manufactured, not the date of startup.* Modification is a *physical change in the method of operating it that increases the amount of any air pollutant emitted for which the Federal Clean Air Act, § 129 or § 111 has established standards.* Reconstruction *means the cumulative cost of the changes over the life of the unit exceeds 50 percent of the original cost of building and installing the unit updated to current costs*

1. **The air curtain incinerator only** combusts wood waste, clean lumber, or a mixture of these materials.

Indicate “YES” or “NO.”

Note: If the answer to question IX. A. is “NO,” the air curtain incinerator does not qualify for GOP 518.

## Title 30 TAC Chapter 111 - Control of Air Pollution from Visible Emissions and Particulate Matter

1. **This source is subject to 30 TAC § 111.111(a)(8)(A).**

Indicate “YES” or “NO.”

Note: Every air curtain incinerator is subject to the requirements in 30 TAC § 111.111(a)(8)(A).

## Title 30 TAC Chapter 113, Subchapter D - Designated Facilities and Pollutants

1. Division 4 – Emissions Guidelines and Compliance Times for Commercial and Industrial Solid Waste Incineration Units That Commenced Construction On or Before November 30, 1999
2. The air curtain incinerator is a distinct operating unit of any commercial or industrial facility**.**

Indicate “YES” or “NO.”

* **If the answer to Question XI. A. 1. is “NO,” go to Question XI. B. 1.**

1. **The air curtain incinerator commenced construction on or before November 30, 1999.**

Indicate “YES” or “NO.”

* **If the answer to question XI. A. 1. and XI. A. 2. are both “YES,” the ACI is subject to 30 TAC 113 Subchapter D, Division 4, and go to question XIII.**
* **If the answer to question XI. A. 1. is “YES” and XI. A. 2. is “NO,” go to question XII. A. 1.**

1. Division 5 – Emission Guidelines and Compliance Times for Other Solid Waste Incineration Units That Commenced Construction On or Before December 9, 2004
2. The air curtain incinerator commenced construction on or before December 9, 2004.

Indicate “YES” or “NO.”

* **If the answer to question XI B. 1. is “YES,” the ACI is subject to 30 TAC 113, Subchapter D, Division 5, and go to question XIII.**
* **If the answer to question XI. B. 1. is “NO,” go to question XII. B. 1. The ACI is subject to 40 CFR Part 60, Subpart EEEE.**

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## Title 40 Code of Federal Regulations Part 60 - New Source Performance Standards

1. Subpart CCCC - Standards of Performance for Commercial and Industrial Solid Waste Incineration Units for Which Construction Commenced After November 30, 1999 or for Which Modification or Reconstruction Commenced on or After June 1, 2001.
2. The air curtain incinerator is a distinct operating unit of any commercial or industrial facility.

Indicate “YES” or “NO.”

* **If the answer to Question XII. A. 1. is “NO,” go to Question XII. B. 1. The ACI is subject to 40 CFR Part 60, Subpart EEEE.**

1. The air curtain incinerator was constructed after November 30, 1999 or modified or reconstructed on or after June 1, 2001.

Indicate “YES” or “NO.”

* **If the answer to question XII. A. 1. and XII. A. 2. are both “YES,” the ACI is subject to 40 CFR 60, Subpart CCCC, and go to question XIII.**

1. Subpart EEEE – Standards of Performance for Other Solid Waste Incineration Units for Which Construction Commenced After December 9, 2004 or for Which Modification or Construction Commenced on or After June 16, 2006.
2. The air curtain incinerator was constructed after December 9, 2004 or modified or reconstructed on or after June 16, 2006.

Indicate “YES” or “NO.”

1. The air curtain incinerator burns less than 35 tons per day.

Indicate “YES” or “NO.”

*Note: If the answer to question XII. B. 2. is “NO,” the ACI is located at an institutional facility.*

# Engine Applicability Instructions:

## Engine Applicability

1. The stationary engine is an internal combustion engine and a stationary source. 30 TAC § 122.10(29) and 40 CFR § 89.2, for Nonroad Engines, define stationary source engines as “engines which will remain at a location for more than 12 consecutive months.”

Indicate “YES” or “NO.”

* Do not continue if the answer to Question XIII. A. is “NO.”
* **Complete the following questions as instructed if the answer to Question XIII. A. is “YES.”**

## Title 30 TAC Chapter 117, Subchapter D - Combustion Control at Minor Sources in Ozone Nonattainment Areas – Stationary Engines

1. The stationary engine is located at a site in the Houston/Galveston/Brazoria or Dallas/Fort Worth Eight‑Hour areas.

Indicate “YES” or “NO.”

* **If the answer to Question XIV. A. is “NO,” go to Section XV.**

1. The stationary engine is located in the Houston/Galveston/Brazoria area and qualifies for an exemption under 30 TAC § 117.2003(a).

Indicate “YES” or “NO.”

1. The stationary engine is located in the Dallas/Fort Worth Eight-Hour area and qualifies for an exemption under 30 TAC § 117.2103.

Indicate “YES” or “NO.”

1. The stationary engine is subject to emission specifications in 30 TAC § 117.2010 or 30 TAC § 117.2110

Indicate “YES” or “NO.”

*Note: If the answer to question XIV.D. is “YES,” the engine is subject to 30 TAC 117, Subchapter D.*

***How to use GOP 518 Tables (related to 40 CFR Part 60 and 40 CFR Part 63 requirements) for Engines:*** *Select the appropriate characteristics/attributes which define the specific engine; then select the GOP index number which corresponds to the attributes selected. The GOP index number selected corresponds to the engine operational requirements under each rule (see the four columns on the right labeled, “Regulatory Requirements,” “Monitoring and Testing,” “Recordkeeping,” and “Reporting.” Additional permit table information is in the APD guidance document “How to Read a General Operating Permit” located at* [*www.tceq.texas.gov/assets/public/permitting/air/Title\_V/General/howto\_gops.pdf*](http://www.tceq.texas.gov/assets/public/permitting/air/Title_V/General/howto_gops.pdf)*.*

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## Title 40 Code of Federal Regulations Part 60 - New Source Performance Standards

1. Subpart IIII - Standards of Performance for Stationary Compression Ignition Internal Combustion Engines.

* **If the engine is a Spark Ignition engine, go to Question XV. B. 1.**

1. **GOP Index No.:** Indicate the appropriate GOP index number from the applicable GOP table (SSS‑FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number.
2. **Applicability Date:** Select one of the following options to indicate the construction, reconstruction, or modification date of the stationary compression ignition (CI) internal combustion engine (ICE). Enter the code on the form.

**Code Description**

2005+ Stationary CI ICE commenced construction, reconstruction, or modification after July 11, 2005.

2005- Stationary CI ICE commenced construction, reconstruction, or modification on or before July 11, 2005.

* **If the answer to Question XV. A. 2. is “2005-,” the engine is not applicable to 40 CFR 60 Subpart IIII; go to Section XVI.**

1. **Manufacture Date:** Select one of the following options to indicate when the CI ICE was manufactured. Enter the code on the form.

**Code Description**

0406- Date of manufacture was on or prior to 04/01/2006.

0406+ Date of manufacture is after 04/01/2006.

*Note: If “Manufacture Date” is "0406+,” the engine is subject to 40 CFR60, Subpart IIII.*

* **If the answer to Question XV. A. 3. is “0406-,” the engine is not applicable to 40 CFR 60 Subpart IIII; go to Section XVI.**

1. **Commencing:** Is this engine, new, modified, or reconstructed? Indicate whether the SI ICE is commencing new construction or commencing modification or reconstruction. Enter the code on the form.

**Code Description**

CON SI ICE that is commencing new construction.

RECON SI ICE that is commencing modification or reconstruction.

1. **Model Year:** Select one of the following options to indicate what model year the CI ICE was manufactured in. Enter the code on the form.

**Code Description**

2007- CI ICE was manufactured prior to model year 2007.

2007 CI ICE was manufactured in model year 2007.

2008 CI ICE was manufactured in model year 2008.

2009 CI ICE was manufactured in model year 2009.

2010 CI ICE was manufactured in model year 2010.

2011 CI ICE was manufactured in model year 2011.

2012 CI ICE was manufactured in model year 2012.

2013 CI ICE was manufactured in model year 2013.

2014 CI ICE was manufactured in model year 2014.

2015 CI ICE was manufactured in model year 2015.

2016 CI ICE was manufactured in model year 2016.

2017+ CI ICE was manufactured in model year 2017 or later.

B.Subpart **JJJJ - Standards of Performance for Stationary Spark Ignition Internal Combustion Engines**

1. **GOP Index No.:** Indicate the appropriate GOP index number from the applicable GOP table (SSS‑FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number.
2. **Applicability Date:** Select one of the following options that best describes the construction, reconstruction, or modification date of the stationary spark ignition (SI) internal combustion engine (ICE). Enter the code on the form.

**Code Description**

YES SI ICE that commenced construction, reconstruction, or modification **after** June 12, 2006.

NO SI ICE that commenced construction, reconstruction, or modification **prior to** June 12, 2006.

*Note: If “Applicability Date” is “YES,” the engine is subject to 40 CFR 60 Subpart JJJJ.*

* If the answer to Question XV. B. 2. is “NO,” the engine is not applicable to 40 CFR 60 Subpart JJJJ; go to Section XVI.

1. **Manufacture Date:** Select one of the following options to indicate the date of manufacture of the SI ICE. Enter the code on the form.

**Code Description**

N0708- Date of manufacture is prior to July 1, 2008

N0708+ Date of manufacture is on or after July 1, 2008

* If the answer to Question XV. B. 3. is “N0708-,” the engine is not applicable to 40 CFR 60 Subpart JJJJ; go to Section XVI.

1. **Horsepower:** Select one of the following options to indicate the maximum engine power in horsepower (HP). Enter the code on the form.

**Code Description**

25- Maximum engine power less than or equal to 25 HP

25-100 Maximum engine power greater than 25 HP and less than 100 HP

100-240 Maximum engine power greater than or equal to 100 HP and less than 240 HP

*Note: Stationary reciprocating internal combustion (SRIC) engines authorized under this GOP are limited to less than 240 horsepower (hp).*

1. **Fuel:** Select one of the following options to indicate what fuel the SI ICE is using. Enter the code on the form.

**Code Description**

GASO SI ICE that uses gasoline

NATGAS SI ICE that uses natural gas

RBLPG SI ICE that is a rich-burn engine that uses liquefied petroleum gas (LPG)

LBLPG SI ICE that is a lean-burn engine that uses liquefied petroleum gas (LPG)

LAND SI ICE that is a landfill/digester gas engine

1. **Commencing:** Is this engine, new, modified, or reconstructed? Indicate whether the SI ICE is commencing new construction or commencing modification or reconstruction. Enter the code on the form.

**Code Description**

CON SI ICE that is commencing new construction

RECON SI ICE that is commencing modification or reconstruction

* If the answer to Question XV. B. 6. is “CON,” go to Section XVI.

1. **Certified Modification:** Select one of the following options that describes if the purchased or modified/reconstructed SI ICE is certified.

**Code Description**

YES The SI ICE is certified.

NO The SI ICE is not certified.

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## Title 40 Code of Federal Regulations Part 63 - National Emission Standards for Hazardous Air Pollutants for Source Categories

A. Subpart ZZZZ - National Emission Standard for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines

1. **GOP Index No.:** Indicate the appropriate GOP index number from the applicable GOP table (SSS‑FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number.
2. **HAP Source:** Select one of the following options to describe the HAP source classification.

**Code Description**

MAJOR Any stationary source or group of stationary sources of hazardous air pollutants meeting the definition of a major source as described in 40 CFR § 63.2

AREA Any stationary of source of hazardous air pollutants that is not a major source as defined in 40 CFR § 63.2

AREA-M Source is located at an area source of HAPs and is required to comply with major source requirements due to EPA’s once in always in policy

*Note: If “HAP Source” is “MAJOR,” “AREA” or “AREA-M,” the engine is subject to 40 CFR 63, Subpart ZZZZ.*

1. **Brake HP:** Select one of the following options to indicate the brake horsepower (HP). Enter the code on the form.

**Code Description**

100- Stationary RICE with a brake HP less than 100 HP.

100-240 Stationary RICE with a brake HP greater than or equal to 100 and less than 240 HP.

1. **Construction/Reconstruction 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.

**Code Description**

02- Commenced construction or reconstruction before December 19, 2002.

02-06 Commenced construction or reconstruction on or after December 19, 2002, but before June 12, 2006.

06+ Commenced construction or reconstruction on or after June 12, 2006.

1. **Service Type:** Select one of the following options that describe the type of service the stationary RICE is used for. Enter the code on the form.

**Code Description**

FUEL Combusts landfill or digester gas equivalent to 10 percent or more of the gross heat input on an annual basis.

LIM Limited Use.

BLSTRT Black Start Use (use only for existing RICE).

NORMAL Normal Use.

1. **Stationary Rice Type:** Select one of the following options that describe the type of stationary RICE that you own or operate. Enter the code on the form.

**Code Description**

2SLB 2 stroke spark ignited lean burn engine.

4SLB 4 stroke spark ignited lean burn engine.

4SRB 4 stroke spark ignited rich burn engine.

CI Compression ignition engine.

* If the answer to Question XV. A. 3. is “100-,” do not continue.

1. **Emission Limitation:** Select one of the following options for compliance with the emission limitations. Enter the code on the form.

**Code Description**

LIMCO Limiting the concentration of carbon monoxide in the stationary RICE exhaust.

CONC Limiting formaldehyde concentration from the stationary RICE exhaust.

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Administrative Information (Page 1)

| **I.** **Company Identifying Information** | | | | |
| --- | --- | --- | --- | --- |
| **A.** Company Name: | | | | |
| **B.** Customer Reference No.: CN | | | | |
| **C.** Submittal Date: | | | | |
| **II. Unit Information** | | | | |
| **A.** Unit Name/No.: | | | | |
| **B.** Unit Description: | | | | |
| **C.** Engine Name/No.: | | | | |
| **D.** Engine Description: | | | | |
| **E.** PBR Authorization or Standard Exemptions: | | | | |
|  |  | |  | |
| **F.** Primary Account No.: | | | | |
| **G.** Regulated Entity No.: RN | | | | |
| **H.** Physical Address or Physical Location: | | | | |
|  | | | | |
| City: | County: | | ZIP Code: | |
| **III. Application and Certification Submittal Type** | | | | |
| **A.** Project Type(Place an “X” in the appropriate box.): | | | | |
| Initial GOP Application | | Revision to Initial GOP Application | | |
| Revision to Issued GOP Authorization to Operate | | Renewal of Issued GOP Authorization to Operate | | |
| **B.** Permit Number: | | | | |
| **IV. Notice of Enforcement** | | | | |
| **A.** The facility has received a Notice of Enforcement (NOE) issued by the commission, or delegated representative | | | | YES  NO |
| *If the answer to question IV.A. is “YES,” then also answer questions IV.B. and IV.C. If the answer to question IV.A. is “NO,” go to V.* | | | | |
| **B.** Date of Notice of Enforcement (NOE): | | | | |
| **C.** Was PBR 106.496 re-registered after receipt of the NOE? | | | | YES  NO |
| If the answer to the question IV.A. is “YES,” and question IV.C. is “NO,” then this form will not be processed until the applicant has re-registered PBR 106.496, as required in §106.496(h)(2)(B). | | | | |

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| **V. Delinquent Fees and Penalties** | | |
| --- | --- | --- |
| This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of Attorney General on behalf of the TCEQ are paid in accordance with the “Delinquent Fee and Penalty Protocol.” | | |
| **VI. Off-Site Permit Request *(Optional - Only for applicants requesting the right to hold the permit at an off-site location.)*** | | |
| **A.** Office/Facility Name: | | |
| **B.** Physical Address: | | |
| City: | County: | ZIP Code: |
| **C.** Physical Location: | | |
| **D.** Contact Name: (Mr.  Mrs.  Ms.  Dr. ) | | |
| **E.** Telephone No.: | | |
| **F.** Additional Telephone No.: | | |
| **G.** Email Address: | | |
| **VII. Responsible Official (RO) Identifying Information** | | |
| **A.** RO Name: (Mr.  Mrs.  Ms.  Dr. ) | | |
| **B.** RO Title: | | |
| **C.** Employer Name: | | |
| **D.** Mailing Address: | | |
| City: | County: | ZIP Code: |
| **E.** Telephone No.: | | |
| **F.** Additional Telephone No.: | | |
| **G.** Email Address: | | |

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| **VIII. Technical Contact Identifying Information *(If different from the Responsible Official)*** | | | |
| --- | --- | --- | --- |
| **A.** Technical Name: (Mr.  Mrs.  Ms.  Dr. ) | | | |
| **B.** Technical Contact Title: | | | |
| **C.** Employer Name: | | | |
| **D.** Mailing Address: | | | |
| City: | County: | ZIP Code: | |
| **E.** Telephone No.: | | | |
| **F.** Additional Telephone No.: | | | |
| **G.** Email Address: | | | |
| **IX. Applicability** | | | |
| **A.** The air curtain incinerator only combusts wood waste, clean lumber, or a mixture of these materials. | | | YES  NO |
| *If the answer to question IX A. is “NO,”* the air curtain incinerator does not qualify for a GOP. | | | |
| **X. Title 30 TAC Chapter 111 - Control of Air Pollution from Visible Emissions and Particulate Matter** | | | |
| **A.** The source is subject to 30 TAC § 111.111(a)(8)(A). | | | YES  NO |
| **XI. Title 30 TAC Chapter 113, Subchapter D - Designated Facilities and Pollutants** | | | |
| **A. Division 4 – Emissions Guidelines and Compliance Times for Commercial and Industrial Solid Waste Incineration Units That Commenced Construction On or Before November 30, 1999** | | | |
| 1.The air curtain incinerator is a distinct operating unit of any commercial or industrial facility. | | | YES  NO |
| *If the answer to Question XI. A. 1. is “NO,” go to Question XI. B. 1.* | | | |
| 2. The air curtain incinerator commenced construction on or before November 30, 1999. | | | YES  NO |
| *If the answer to Question XI. A. 1. and XI.A.2. are both “YES,” the ACI is subject to 30 TAC 113, Subchapter D, Division 4, and go to Question XIII.* | | | |
| *If the answer to question XI. A. 1. Is “YES” and XI. A. 2. Is “NO,” go to question XII. A. 1.* | | | |
| **B. Division 5 – Emission Guidelines and Compliance Times for Other Solid Waste Incineration Units That Commenced Construction On or Before December 9, 2004** | | | |
| 1. The air curtain incinerator commenced construction on or before December 9, 2004. | | | YES  NO |
| *If the answer to Question XI. B. 1. is “YES,” the ACI is subject to 30 TAC 113, Subchapter D, Division 5, and go to Question XIII.* | | | |
| *If the answer to question XI. B. 1. Is “NO,” go to question XII. B. The ACI is subject to 40 CFR Part 60, Subpart EEEE.* | | | |

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**Administrative Information (Page 4)**

| **XII. Title 40 Code of Federal Regulations Part 60 - New Source Performance Standards** | |
| --- | --- |
| **A. Subpart CCCC - Standards of Performance for Commercial and Industrial Solid Waste Incineration Units for Which Construction Commenced After November 30, 1999 or for Which Modification or Reconstruction Commenced on or After June 1, 2001** | |
| 1. The air curtain incinerator is a distinct operating unit of any commercial or industrial facility. | YES  NO |
| *If the answer to question XII. A. 1. is “NO,” go to question XII. B. 1. The ACI is subject to 40 CFR Part 60, Subpart EEEE****.*** | |
| 2. The air curtain incinerator was constructed after November 30, 1999 or modified or reconstructed on or after June 1, 2001. | YES  NO |
| *If the answer to Question XII A. 1. and XII.A.2. are both “YES,” the ACI is subject to 40 CFR Part 60, Subpart CCCC, and go to Question XIII.* | |
| **B. Subpart EEEE – Standards of Performance for Other Solid Waste Incineration Units for Which Construction Commenced After December 9, 2004 or for Which Modification or Construction Commenced on or After June 16, 2006.** | |
| 1. The air curtain incinerator was constructed after December 9, 2004 or modified or reconstructed on or after June 16, 2006. | YES  NO |
| 2. The air curtain incinerator burns less than 35 tons per day. | YES  NO |
| *If the answer to question XII. B. 2. is “NO,” the ACI is located at an institutional facility.* | |
| **XIII. Engine Applicability** | |
| **A.** The engine is an internal combustion engine and a stationary source. 30 TAC § 122.10(29) and 40 CFR § 89.2, for Nonroad Engines, define stationary sources engines as “engines which will remain at a location for more than 12 consecutive months.” | YES  NO |
| ***Do not continue*** *if the answer to Question XIII. A. is “NO.”* | |
| **XIV. Title 30 TAC Chapter 117, Subchapter D - Combustion Control at Minor Sources in Ozone Nonattainment Areas – Stationary Engines** | |
| **A.** The stationary engine is located at a site in the Houston/Galveston/Brazoria or Dallas/Fort Worth Eight-Hour areas. | YES  NO |
| *If the answer to Question XIV A. is “NO,” go to Section XV.* | |
| **B.** The stationary engine is located in the Houston/Galveston/Brazoria area and qualifies for an exemption under 30 TAC § 117.2003(a). | YES  NO |
| **C.** The stationary engine is located in the Dallas/Fort Worth Eight-Hour area and qualifies for an exemption under 30 TAC § 117.2103. | YES  NO |
| **D.** The stationary engine is subject to emission specifications in 30 TAC § 117.2010 or 30 TAC § 117.2110. | YES  NO |

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| **XV. Title 40 Code of Federal Regulations Part 60 – New Source Performance Standards** |
| --- |
| **A. Subpart IIII - Standards of Performance for Stationary Compression Ignition Internal Combustion Engines** |
| *If engine is a spark ignition engine, go to Question XV. B. 1.* |
| 1. GOP Index No.: |
| 2. Applicability Date: |
| *If “Applicability Date” is “2005-,” go to Section XV.* |
| 3. Manufacture Date: |
| *If “Manufacture Date” is ”0409-,” go to Section XV.* |
| 4. Commencing: |
| 5. Model Year: |
| **B. Subpart JJJJ – Standards of Performance for Stationary Spark Ignition Internal Combustion Engines** |
| 1. GOP Index No.: |
| 2. Applicability Date: |
| *If “Applicability Date” is “NO,” go to Section XVI.* |
| 3. Manufacture Date: |
| *If “Manufacture Date” is “N0708-,” go to Section XVI.* |
| 4. Horsepower: |
| 5. Fuel: |
| 6. Commencing: |
| *If “Commencing” is “CON,” go to Section XVI.* |
| 7. Certified Modification: |

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| **XVI. Title 40 Code of Federal Regulations Part 63 - National Emission Standards for Hazardous Air Pollutants for Source Categories** |
| --- |
| **A. Subpart ZZZZ - National Emission Standard for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines** |
| 1. GOP Index No.: |
| Indicate the appropriate GOP index number from the applicable GOP table (SSS-FF-XXX). |
| 2. HAP Source: |
| 3. Brake HP: |
| 4. Construction/Reconstruction Date: |
| 5. Service Type: |
| 6. Stationary Rice Type: |
| *If “Brake HP” is “100-,” do not continue.* |
| 1. Emission Limitation: |