**Exemption § 106.416 Checklist**

TCEQ Logo

**(Previously Standard Exemption 95)**

**Uranium In-Situ Solution Recovery Facilities**

The following checklist has been developed so the Texas Commission on Environmental Quality (TCEQ) can confirm you meet exemption requirements. The questions are derived from § 106.4, previously § 116.211(a), and the exemption list. Please read all questions and check YES or NO (equivalent to True or False), or give specific information as applicable to your facility. If you do not meet all conditions of a specific exemption, you will not be allowed to operate the facility under exemption and you must apply for a construction permit as required under § 116.110(a) prior to construction.

For additional assistance with your application, including resources to help calculate your emissions, please visit the Small Business and Local Government Assistance (SBLGA) webpage at the following link: [www.TexasEnviroHelp.org](http://www.TexasEnviroHelp.org)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please Complete The Following:** | | | | |
| This facility produces yellowcake | | | YES | NO |
| The facility (including all equipment and stockpiles) is located at least 1/4 mile from any recreational area, school, residence, or any structure not occupied or used solely by the owner of the facility or the owner of the property upon which the facility is located | | | YES | NO |
| Calculations for the facility’s emissions are attached | | | YES | NO |
| The facility has emissions other than particulate matter and ammonia. | | | YES | NO |
| Ammonia (NH3) emissions will exceed 2 lb/hr | | | YES | NO |
| Particulate matter (PM) emissions resulting from the drying of yellowcake exceed 0.1 lb/hr | | | YES | NO |
| The facility will have no visible particulate emissions from any part of the process | | | YES | NO |
| Construction has begun at the facility site | | | YES | NO |
| Form PI-7 is completed and attached | | | YES | NO |
| Name: | | | | |
| Company: | | | | |
| Title: | | | | |
| Facility Name: | | | | |
| Location | | | | |
| Phone No.: | Fax No.: | | | |
| E-mail Address: | Account ID No.: | | | |
| Signature of Company Officer: | | Date: | | |