



# Texas Commission on Environmental Quality

## Form OP-UA1 - Instructions Miscellaneous and Generic Unit Attributes

### General:

This form is used to provide a description and data pertaining to miscellaneous units with potentially applicable requirements associated with a particular account number and application, but are not addressed by any other OP-UA series form. Miscellaneous units include, but are not limited to, emission units, processes, emission points, or facilities. For example, units that may be documented using this form include combustion units which may be subject to Title 30 Texas Administrative Code Chapter 117 (30 TAC Chapter 117), but are not addressed by any other OP-UA series form.

This form is also used to provide a generic description and data pertaining to units, processes, emission points or facilities with potentially applicable requirements, but with a Requirement Reference Table (RRT) not developed. The Texas Commission on Environmental Quality (TCEQ) has elected not to develop an RRT for specific potentially applicable requirements due to the amount of resources associated with the development and the limited number of sites in the state subject to the requirement. Standards and associated monitoring, recordkeeping, reporting, and testing requirements for the units, processes, emission points, or facilities will be codified by the applicant and the review engineer using the generic attributes described on this form.

This form may also be used when a combination of the two previously described situations are presented. General operating permit (GOP) applicants, however, will only use this form to provide information for units, processes, emission points, or facilities that are not addressed by other OP-UA series forms.

The TCEQ primary account number (XX-XXXX-X) and the application area name from Form OP-1 (Site Information Summary) must appear in the header of each page for 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), the date of the revision submittal, and the account number.

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 (EPA) Administrator before the federal operating permit application is submitted.

---

---

### Specific:

UNIT ID NO.: Enter the identification number (ID No.) for any miscellaneous units with potentially applicable requirements (maximum 10 characters), but not addressed by any other OP-UA series form and/or an RRT has not been developed. The identification number should also be 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 refer to the TCEQ guidance document entitled “Federal Operating Permit Application Guidance Document.”

UNIT TYPE: Select one of the following options for the type of miscellaneous unit. Enter the code on the form.

<u>Code</u>	<u>Description</u>
EU	Emission Unit
CD	Control Device
PRO	Process
EP	Emission Point

DATE CONSTRUCTED/PLACED IN SERVICE: For combustion units located in a county subject to 30 TAC Chapter 117, select one of the following options for the date the unit was placed in service. Enter the code on the form.

<u>Code</u>	<u>Description</u>
92-	On or before November 15, 1992
92-93	After November 15, 1992 and on or before June 9, 1993; or the compliance date approved under 30 TAC § 117.540
93-FCD	After June 9, 1993 and before the compliance date approved under 30 TAC § 117.540
FCD+	On or after the compliance date approved under 30 TAC § 117.540

For noncombustion units located in a county subject to 30 TAC Chapter 117 and miscellaneous units not located in a county subject to 30 TAC Chapter 117, determine the latest date the unit was constructed, modified, or reconstructed. Enter the date on the form (MM/DD/YYYY).

★ **Complete “Functionally Identical Replacement” only if “Date Placed in Service” is “93-FCD” and the combustion unit is located in a county subject to 30 TAC Chapter 117, Subchapter B.**

FUNCTIONALLY IDENTICAL REPLACEMENT: Select one of the following options to identify if the unit is a functionally identical replacement for a unit or group of units in service on or before November 15, 1992. Enter the code on the form.

<u>Code</u>	<u>Description</u>
YES	Unit is a functionally identical replacement
NO	Unit is <u>not</u> a functionally identical replacement

★ **Complete “Maximum Rated Capacity” only if the combustion unit is located in a county subject to 30 TAC Chapter 117, Subchapter B and:**

1. “Date Placed in Service” is “92-”; **or**
2. “Date Placed in Service” is “93-FCD” and “Functionally Identical Replacement” is “YES.”

MAXIMUM RATED CAPACITY: Select one of the following maximum rated capacity (MRC) ranges as defined in 30 TAC Chapter 117. Enter the code on the form.

<u>Code</u>	<u>Description</u>
5-	MRC is less than or equal to 5 MMBtu/hr
5+	MRC is greater than 5 MMBtu/hr

TECHNICAL INFORMATION AND UNIT DESCRIPTION: Include any and all pertinent data that would be necessary in determining applicability for any potentially applicable requirements. Examples of this include sizing, operating, and/or capacity parameters. If the unit contains a combustion source, describe the type of source and fuel composition (i.e., sulfur content, nitrogen content, etc.). Use multiple lines if necessary.

