



Texas Commission on Environmental Quality
Air Curtain Incinerator General Operating Permit (GOP) Number 518
Application for an Authorization to Operate

General

This Texas Commission on Environmental Quality (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.

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 GOP authorization to operate, or renew a GOP authorization to operate. Submitting a timely and complete application is critical and allows the applicant to receive the benefit of an application shield, as defined in Title 30 Texas Administrative Code (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

Other Agency Forms

The TCEQ also requires that a Core Data Form be submitted on all incoming actions unless all of the following are met: the Regulated Entity Number (RN) and Customer Reference Numbers (CN) have been issued by the TCEQ and no core data information has changed. The Central Registry is a common record area of the TCEQ which maintains information about TCEQ customers and regulated activities, such as company names, addresses, and telephone numbers. Core data is information maintained by Central Registry about TCEQ customers and regulated activities; such as: company name, 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 site is moved to the Central Registry, two new identification numbers are assigned: the CN and the RN. The Core Data Form is required if site records are not yet part of the Central Registry or if core data for a site has changed. For example, if this is the initial permit authorization for the unit, then the Core Data Form must be completed and submitted with the application or registration forms. If amending, modifying, or otherwise updating an existing record for a site, the Core Data Form is not required, unless any core data information has changed. Additional information regarding Central Registry may be obtained on the TCEQ Web site at: www.tceq.texas.gov/permitting/central_registry/index.html.

Submitting the Application

<i>Who</i>	<i>Where</i>	<i>What</i>
Air Permits Division, TCEQ Air Permits Initial Review Team	Regular, Certified, Priority Mail: Mail Code 161, P.O. Box 13087, Austin, Texas 78711-3087 or Hand Delivery, Overnight Mail: Mail Code 161, 12100 Park 35 Circle, Building C, Third Floor, Reception Austin, Texas 78753	Original application form and, if applicable, the Core Data Form
Appropriate TCEQ Regional Office	Appropriate TCEQ Regional Office addresses can be obtained at: www.tceq.texas.gov/comm_exec/forms_pubs/pubs/gi/gi-002.html or call (512) 239-1250.	One copy of the application form and, if applicable, the Core Data 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.state.tx.us/cgi-bin/permitting/air/tps-ost/localprograms/localprograms.pl or call (512) 239-1250.	One copy of the application form and, if applicable, the Core Data Form

Instructions**I. COMPANY IDENTIFYING INFORMATION**

- A. Company Name:** Enter the name of the company for which the application is being submitted (maximum 100 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 should match.
- B. Primary Account No.:** Enter the primary TCEQ account number (XX-XXXX-X) for the site if assigned. (Many facilities will not have this number, in which, case leave this space blank.)
- C. Customer Reference No.:** Enter the customer reference number (CNXXXXXXXX) (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.
- D. Regulated Entity No.:** Enter the regulated entity reference number (RNXXXXXXXX) (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.

II. UNIT INFORMATION

- A. Unit Name/No.:** Enter the air curtain incinerator name and the serial number, if available.
- B. 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.*)

III. APPLICATION AND CERTIFICATION SUBMITTAL TYPE

Indicate the type of submittal by marking the appropriate box.

Initial GOP Application: Initial submittal of application for 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 the 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 the submittal is meant to renew the authorization, which must be renewed every 5 years from date of initial issuance of the authorization.

IV. NEW SOURCE REVIEW (NSR) AUTHORIZATION

Prior to March 14, 1997, a Standard Exemption List was incorporated by reference into 30 TAC Chapter 116 and each standard exemption had an assigned number (e.g., 97). Standard Exemptions moved into 30 TAC Chapter 106, as Exemptions from Permitting, on March 14, 1997. On August 11, 2000, 30 TAC Chapter 106 was retitled as Permits by Rule (PBR). All historical Standard Exemptions and Exemptions from Permitting are now referred to as PBRs. Information regarding PBRs may be found on the TCEQ APD Web site at: www.tceq.texas.gov/permitting/air/nav/air_pbr.html.

REGISTRATION NO.: Enter the registration number assigned when the permit by rule or standard exemption for this equipment was approved. This number can be found in the authorization letter. Only permit by rule § 106.496 or standard exemption 97 can be used for this GOP.

DATE ISSUED: Enter the date the permit by rule or standard exemption for this equipment was approved. This date can be found in the authorization letter.

V. OFF-SITE PERMIT REQUEST

Complete this section only if choosing to hold the GOP and associated information at a location other than the site the air curtain incinerator is located.

- A. **Office/Facility Name:** Enter the name of the office or facility where the permit is to be held (maximum 50 characters).
- B. **Delivery Address:** Enter the delivery address of the office or facility, including city, state, and ZIP Code (delivery address maximum 50 characters; city - maximum 25 characters). If the delivery address is not within the United States, enter the territory, country, and foreign postal code, rather than the state and ZIP Code. The delivery address cannot be a Post Office Box.
- C. **Physical Location:** If no delivery address exists, provide a description of the physical location of the office or facility where the permit is to be held (maximum 50 characters).
(Examples: *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.
Additional Telephone No.: Enter an additional telephone number with area code of the contact person.

VI. TECHNICAL CONTACT IDENTIFYING INFORMATION (If different from the Responsible Official or Duly Authorized Representative information)

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.

- A. **Technical Contact Name:** Place an "X" next to the appropriate conventional title (Mr. /Mrs. /Ms. /Dr.). Enter the name of the technical contact (Last Name, First Name, and MI) (maximum 50 characters).
- B. **Technical Contact Title:** Enter the job title of the technical contact.
- C. **Employer Name:** Enter the name of the company, firm, etc. that employs the technical contact (maximum 50 characters).
- D. **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.
- E. **Telephone No.:** Enter the technical contact's telephone number with area code.
Fax No.: Enter the technical contact's fax number with area code.
E-mail Address: Enter the electronic mail address for the technical contact (maximum 30 characters).
Additional Telephone No.: Enter an additional telephone number with area code (*optional*).

VII. APPLICABILITY

(Note: For questions VII.A - VII.D, **construction date** refers to the date the air curtain incinerator was manufactured, **not** the date of startup. **Modification or reconstruction** means the unit has changed and meets one of the following: the cumulative cost of the changes over the life of the unit exceeds 50% of the original cost of building and installing the unit updated to current costs; or 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.)

- A. **Only wood waste, clean lumber, or a mixture of these materials is burned.**

Indicate "YES" or "NO."

Note: If the response to Question VII.A. is "NO," the air curtain incinerator is not eligible for the GOP.

- B. **Title 30 Texas Administrative Code Chapter 111 - Control of Air Pollution From Visible Emissions and Particulate Matter**

- 1. The application is for one air curtain incinerator.

Indicate "YES" or "NO."

Note: Only one air curtain incinerator can be processed for each GOP application. Every air curtain incinerator is subject to 30 Texas Administrative Code Chapter 111.

C. Title 40 Code of Federal Regulations (40 CFR) Part 60, Subpart CCCC - Standards of Performance for Commercial and Industrial Solid Waste Incineration Units for which Construction is Commenced after November 30, 1999 or for which Modification or Reconstruction is Commenced on or after June 1, 2001, Title 40 CFR Part 62, Subpart III - Federal Plan Requirements for Commercial and Industrial Solid Waste Incineration Units that Commenced Construction on or before November 30, 1999

Note: Air curtain incinerators authorized under this GOP will be subject to the rules identified in Question C OR Question D, but not both.

1. The air curtain incinerator is a distinct operating unit of a commercial or industrial facility.
Indicate "YES" or "NO."

Note: If the response to Question VII.C.1 is "NO," the air curtain incinerator is not subject to 40 CFR Part 60, Subpart CCCC or 40 CFR Part 62, Subpart III. Go to section VII.D.

2. The air curtain incinerator was constructed after November 30, 1999 or modified or reconstructed on or after June 1, 2001.
Indicate "YES" or "NO."

Note: If the response to Question VII.C.2 is "YES," the air curtain incinerator is subject to the New Source Performance Standards (40 CFR Part 60, Subpart CCCC). If the response to Question VII.C.2 is "NO," the air curtain incinerator is instead subject to the emission guidelines (40 CFR Part 62, Subpart III).

D. Title 40 (40 CFR) Part 60 Subpart EEEE – Standards of Performance for Other Solid Waste Incineration Units for Which Construction is Commenced After December 9, 2004, or for Which Modification or Reconstruction is Commenced on or After June 16, 2006

1. The air curtain incinerator burns less than 35 tons per day.
2. The air curtain incinerator is located at an institutional facility (a facility that is owned or operated by an organization having a governmental, educational, civic, or religious purpose such as a school, hospital, prison, military installation, church, or other similar establishment).
3. The air curtain incinerator burns only materials generated at that institutional facility.
4. The air curtain incinerator burns waste collected from the general public and from residential, commercial (such as commercial land clearing), institutional, and industrial sources.
5. The air curtain incinerator was constructed after December 9, 2004 or modified or reconstructed on or after June 16, 2006.

Note: If the response to Question VII.D.5 is "YES," the air curtain incinerator is subject to the New Source Performance Standards (40 CFR Part 60, Subpart EEEE). If the response to Question VII.D.5 is "NO," the air curtain incinerator is subject to the emission guidelines. More information about emission guidelines may be found in 40 CFR Part 60, Subpart FFFF, Emission Guidelines, and Compliance Times for Other Solid Waste Incineration Units That Commenced Construction On or Before December 9, 2004.

VIII. RESPONSIBLE OFFICIAL (RO) IDENTIFYING INFORMATION

In accordance with 30 Texas Administrative Code § 122.132(e) and § 122.165, a Responsible Official (RO), or appropriate designee, shall certify all documents submitted to the TCEQ in support of a GOP, or that are required by 30 TAC Chapter 122 or by a GOP.

- A. **RO Name:** Place an “X” next to the appropriate conventional title (Mr. /Mrs. /Ms. /Dr.). Enter the name of the RO (Last Name, First Name, and MI) (maximum 50 characters).
- B. **RO Title:** Enter the job title of the RO.
- C. **Employer Name:** Enter the name of the company, firm, etc. that employs the RO (maximum 50 characters).
- D. **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.
- E. **Telephone No.:** Enter the RO telephone number with area code.
Fax No.: Enter the RO fax number with area code.
E-mail Address: Enter the electronic mail address for the RO (maximum 30 characters).
Additional Telephone No.: Enter an additional telephone number with area code (*optional*).
- F. **Effective Date:** The signature date will be used to validate the signature authority of the RO and must be on or after the effective date of the RO certifying to the change. An RO cannot certify information unless the RO has signature authority. The effective date of the RO will be based on the date of submittal of initial applications.

IX. DULY AUTHORIZED REPRESENTATIVE (DAR) IDENTIFYING INFORMATION (if applicable)

An RO representing a corporation or military base may choose to delegate signature authority to a Duly Authorized Representative (DAR). Such delegation may be made to an individual that has responsibility for the overall operation of one or more manufacturing, production, or operating facilities applying for, or subject to, a federal operating permit.

- A. **DAR Name:** Place an “X” next to the appropriate conventional title (Mr. /Mrs. /Ms. /Dr.). Enter the name of the DAR (Last Name, First Name, and MI) (maximum 50 characters).
- B. **DAR Title:** Enter the job title of the DAR.
- C. **Employer Name:** Enter the name of the company, firm, etc. that employs the DAR (maximum 25 characters).
- D. **Mailing Address:** Enter the DAR 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.
Telephone No.: Enter the DAR telephone number with area code.
Fax No.: Enter the DAR fax number with area code.
E-mail Address: Enter the electronic mail address for the DAR (maximum 30 characters).
Additional Telephone No.: Enter an additional telephone number with area code (*optional*).

F. **Effective Date:** The signature date will be used to validate the signature authority of the DAR and must be on or after the effective date of the DAR certifying to the change. A DAR cannot certify information unless the DAR has signature authority. Completion of this section allows the DAR to certify information submitted after the effective date.

X. **CERTIFICATION OF TRUTH**

Certifier Name: Print or type the name of the RO or DAR (maximum 25 characters).

Signature: A signature of the RO or DAR is required. No electronic submittals can be accepted.

Signature Date: Enter the date this form was signed by the RO or DAR (*MM-DD-YYYY*). The certifier must have signature authority on this date in order for certification to be valid. For initial applications, the signature date should be the same as the effective date.



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I. COMPANY IDENTIFYING INFORMATION		
A. Company Name:		
B. Primary Account No.:		
C. Customer Reference No.: CN		
D. Regulated Entity No.: RN		
II. UNIT INFORMATION		
A. Unit Name/No.:		
B. Physical Address or Physical Location:		
City:	County:	ZIP Code:
III. APPLICATION AND CERTIFICATION SUBMITTAL TYPE <i>(Place an "X" in the appropriate box.)</i>		
General Operating Permit (GOP) and List Permit Number(s)		
<input type="checkbox"/> Initial GOP Application		
<input type="checkbox"/> Revision to Initial GOP Application		
<input type="checkbox"/> Revision to Issued GOP Authorization to Operate		
<input type="checkbox"/> Renewal of Issued GOP Authorization to Operate		
IV. NEW SOURCE REVIEW (NSR) AUTHORIZATION		
Permit by Rule (30 TAC Chapter 106) or Standard Exemption <i>(only authorizations allowed for GOP Number 518)</i>		
Registration No.:	Date Issued:	



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V. OFF-SITE PERMIT REQUEST <i>(Optional for applicants requesting the right to hold the permit at an off-site location.) continued</i>		
A. Office/Facility Name:		
B. Delivery Address:		
City:	County:	ZIP Code:
C. Physical Location:		
D. Contact Name: (Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>)		
E. Telephone No.:	Additional Telephone No.:	
V. TECHNICAL CONTACT IDENTIFYING INFORMATION <i>(If different from RO or DAR information.)</i>		
A. Technical Contact Name: (Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>)		
B. Technical Contact Title:		
C. Employer Name:		
D. Mailing Address:		
City:	State:	ZIP Code:
E. Telephone No.:	Fax No.:	
E-mail Address:	Additional Telephone No.:	
VII. APPLICABILITY <i>(Place an "X" in the appropriate boxes.)</i>		
A. <u>Only wood waste, clean lumber, or a mixture of these materials is burned.</u> <i>If the response to Question A is "NO," the air curtain incinerator is not eligible for the GOP</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Title 30 Texas Administrative Code Chapter 111 - Control of Air Pollution From Visible Emissions and Particulate Matter		
1. The application is for one air curtain incinerator.		<input type="checkbox"/> YES <input type="checkbox"/> NO



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VII. APPLICABILITY (Place an "X" in the appropriate boxes.)	
<p>C. Title 40 Code of Federal Regulations (40 CFR) Part 60, Subpart CCCC - Standards of Performance for Commercial and Industrial Solid Waste Incineration Units for Which Construction is Commenced After November 30, 1999 or for Which Modification or Reconstruction is Commenced on or After June 1, 2001.</p> <p>Title 40 CFR Part 62, Subpart III - Federal Plan Requirements for Commercial and Industrial Solid Waste Incineration Units that Commenced Construction On or Before November 30, 1999</p> <p><i>Note: Air curtain incinerators authorized under this GOP will be subject to the rules identified in Question C OR Question D, but not both.</i></p>	
<p>1. The air curtain incinerator is a distinct operating unit of a commercial or industrial facility.</p> <p><i>If the response to Question VII.C.1 is "NO," the air curtain incinerator is not subject to 40 CFR Part 60, Subpart CCCC or 40 CFR Part 62, Subpart III. Go to section VII.D.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>2. The air curtain incinerator was constructed after November 30, 1999 or modified or reconstructed on or after June 1, 2001.</p> <p><i>If the response to Question VII.C.2 is "YES," the air curtain incinerator is subject to the New Source Performance Standards (40 CFR Part 60, Subpart CCCC). If the response to Question VII.C.2 is "NO," the air curtain incinerator is instead subject to the emission guidelines (40 CFR Part 62, Subpart III).</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>D. Title 40 CFR Part 60, Subpart EEEE - Standards of Performance for Other Solid Waste Incineration Units for Which Construction is Commenced After December 9, 2004, or for Which Modification or Reconstruction is Commenced on or After June 16, 2006.</p>	
<p>1. The air curtain incinerator burns less than 35 tons per day?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>2. The air curtain incinerator is located at an institutional facility (a facility that is owned or operated by an organization having a governmental, educational, civic, or religious purpose such as a school, hospital, prison, military installation, church, or other similar establishment).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>3. The air curtain incinerator burns only materials generated at that institutional facility.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>4. The air curtain incinerator burns waste collected from the general public and from residential, commercial (such as commercial land clearing), institutional, and industrial sources.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>5. The air curtain incinerator was constructed after December 9, 2004 or modified or reconstructed on or after June 16, 2006.</p> <p><i>If the response to Question VII.D.5 is "YES," the air curtain incinerator is subject to the New Source Performance Standards (40 CFR Part 60, Subpart EEEE). If the response to Question VII.D.5 is "NO," the air curtain incinerator is subject to the emission guidelines.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO



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VIII. RESPONSIBLE OFFICIAL (RO) IDENTIFYING INFORMATION		
A. RO Name: (Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>)		
B. RO Title:		
C. Employer Name:		
D. Mailing Address:		
City:	State:	ZIP Code:
E. Telephone No.:	Fax No.:	
E-mail Address:	Additional Telephone No.:	
F. Effective Date:		
IX. DULY AUTHORIZED REPRESENTATIVE (DAR) IDENTIFYING INFORMATION <i>(if applicable)</i>		
A. DAR Name: (Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>)		
B. DAR Title:		
C. Employer Name:		
D. Mailing Address:		
City:	State:	ZIP Code:
E. Telephone No.:	Fax No.:	
E-mail Address:	Additional Telephone No.:	
F. Effective Date:		
X. CERTIFICATION OF TRUTH		
<p>I, _____, <i>(Certifier Name printed or typed)</i></p> <p>certify that I am the _____ for this application and that, based on information and <i>(RO or DAR)</i> belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete. Based, at a minimum, on the compliance method specified in the associated applicable requirements and any other credible evidence or information, all emission units addressed in this application are in compliance with all their respective applicable requirements as identified in this application. As the responsible official it is my intent that all emission units shall continue to be in compliance with all applicable requirements, and all emission units shall be in compliance by the compliance dates with any applicable requirements that become effective during the permit term.</p> <p>Responsible Official Signature: _____ Signature Date: _____</p> <p><i>(Complete only when a DAR is delegated)</i></p> <p>Duly Authorized Representative Signature: _____ Signature Date: _____</p>		