

**Texas Commission on Environmental Quality**  
**ACI GOP 518 Application for an Authorization to Operate**  
**Administrative Information (Page 1)**

<b>I. Company Identifying Information</b>		
A.	Company Name:	Hidalgo County
B.	Customer Reference No.:	CN 600753990
C.	Submittal Date:	04/01/2021
<b>II. Unit Information</b>		
A.	Unit Name/No.:	Trench Burner S27FBN07316
B.	Unit Description:	Air Curtain Incinerator
C.	Engine Name/No.:	
D.	Engine Description:	
E.	PBR Authorization or Standard Exemptions:	
	106.496	
F.	Primary Account No.:	
G.	Regulated Entity No.:	RN 106369697
H.	Physical Address or Physical Location: 6055 E. Davis Rd.	
	City: Edinburg County: Hidalgo ZIP Code: 78539	
<b>III. Application and Certification Submittal Type</b>		
A.	Project Type (Place an "X" in the appropriate box.):	
<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 checked="" type="checkbox"/> Renewal of Issued GOP Authorization to Operate
B.	Permit Number: O3527	
<b>IV. Notice of Enforcement</b>		
A.	The facility has received a Notice of Enforcement (NOE) issued by the commission, or delegated representative	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>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.</i>		
B.	Date of Notice of Enforcement (NOE):	
C.	Was PBR 106.496 re-registered after receipt of the NOE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>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).</i>		

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<b>V. Delinquent Fees and Penalties</b>		
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."		
<b>VI. Off-Site Permit Request (Optional - Only for applicants requesting the right to hold the permit at an off-site location.)</b>		
A. Office/Facility Name: Hidalgo County Precinct # 4 Office		
B. Physical Address: 1051 N. Doolittle Rd.		
City: Edinburg	County: Hidalgo	ZIP Code: 78541
C. Physical Location:		
D. Contact Name: (Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input checked="" type="checkbox"/> ) Jennifer Culbertson		
E. Telephone No.: 956-383-3112		
F. Additional Telephone No.: 956-566-5251		
G. Email Address: jennifer.mendoza@co.hidalgo.us.tx		
<b>VII. Responsible Official (RO) Identifying Information</b>		
A. RO Name: (Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> ) Ellie Torres		
B. RO Title: Precinct # 4 Commissioner		
C. Employer Name: Hidalgo County		
D. Mailing Address: 1051 N. Doolittle Rd.		
City: Edinburg	County: Hidalgo	ZIP Code: 78541
E. Telephone No.: 956-383-3112		
F. Additional Telephone No.:		
G. Email Address: ellie.torres@co.hidalgo.us.tx		

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<b>VIII. Technical Contact Identifying Information (If different from the Responsible Official)</b>		
A. Technical Name: (Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Martin Ramirez		
B. Technical Contact Title: Hidalgo County Environmental Health Manager		
C. Employer Name: Hidalgo County Health and Human Services Department		
D. Mailing Address: 1304 S. 25th Ave.		
City: Edinburg	County: Hidalgo	ZIP Code: 78542
E. Telephone No.: 956-383-0111		
F. Additional Telephone No.:		
G. Email Address: martin.ramirez@hchd.org		
<b>IX. Applicability</b>		
A. The air curtain incinerator only combusts wood waste, clean lumber, or a mixture of these materials.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>If the answer to question IX A. is "NO," the air curtain incinerator does not qualify for a GOP.</i>		
<b>X. Title 30 TAC Chapter 111 - Control of Air Pollution from Visible Emissions and Particulate Matter</b>		
A. The source is subject to 30 TAC § 111.111(a)(8)(A).		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>XI. Title 30 TAC Chapter 113, Subchapter D - Designated Facilities and Pollutants</b>		
<b>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</b>		
1. The air curtain incinerator is a distinct operating unit of any commercial or industrial facility.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If the answer to Question XI. A. 1. is "NO," go to Question XI. B. 1.</i>		
2. The air curtain incinerator commenced construction on or before November 30, 1999.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>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.</i>		
<i>If the answer to question XI. A. 1. Is "YES" and XI. A. 2. Is "NO," go to question XII. A. 1.</i>		
<b>B. Division 5 – Emission Guidelines and Compliance Times for Other Solid Waste Incineration Units That Commenced Construction On or Before December 9, 2004</b>		
1. The air curtain incinerator commenced construction on or before December 9, 2004.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>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.</i>		
<i>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.</i>		

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<b>XII. Title 40 Code of Federal Regulations Part 60 - New Source Performance Standards</b>	
<b>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</b>	
1. The air curtain incinerator is a distinct operating unit of any commercial or industrial facility.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>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.</i>	
2. The air curtain incinerator was constructed after November 30, 1999 or modified or reconstructed on or after June 1, 2001.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>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.</i>	
<b>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.</b>	
1. The air curtain incinerator was constructed after December 9, 2004 or modified or reconstructed on or after June 16, 2006.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. The air curtain incinerator burns less than 35 tons per day.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>If the answer to question XII. B. 2. is "NO," the ACI is located at an institutional facility.</i>	
<b>XIII. Engine Applicability</b>	
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."	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>Do not continue if the answer to Question XIII. A. is "NO."</i>	
<b>XIV. Title 30 TAC Chapter 117, Subchapter D - Combustion Control at Minor Sources in Ozone Nonattainment Areas - Stationary Engines</b>	
A. The stationary engine is located at a site in the Houston/Galveston/Brazoria or Dallas/Fort Worth Eight-Hour areas.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If the answer to Question XIV A. is "NO," go to Section XV.</i>	
B. The stationary engine is located in the Houston/Galveston/Brazoria area and qualifies for an exemption under 30 TAC § 117.2003(a).	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. The stationary engine is subject to emission specifications in 30 TAC § 117.2010 or 30 TAC § 117.2110.	<input type="checkbox"/> YES <input type="checkbox"/> NO

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<b>XV. Title 40 Code of Federal Regulations Part 60 – New Source Performance Standards</b>
<b>A. Subpart III - Standards of Performance for Stationary Compression Ignition Internal Combustion Engines</b> <i>If engine is a spark ignition engine, go to Question XV. B. 1.</i>
1. GOP Index No.: 518-01-017
2. Applicability Date: 2005+
<i>If "Applicability Date" is "2005-," go to Section XV.</i>
3. Manufacture Date: 0406+
<i>If "Manufacture Date" is "0409-," go to Section XV.</i>
4. Commencing: RECON
5. Model Year: 2007
<b>B. Subpart JJJJ – Standards of Performance for Stationary Spark Ignition Internal Combustion Engines</b>
1. GOP Index No.:
2. Applicability Date:
<i>If "Applicability Date" is "NO," go to Section XVI.</i>
3. Manufacture Date:
<i>If "Manufacture Date" is "N0708-," go to Section XVI.</i>
4. Horsepower:
5. Fuel:
6. Commencing:
<i>If "Commencing" is "CON," go to Section XVI.</i>
7. Certified Modification:

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<b>XVI. Title 40 Code of Federal Regulations Part 63 - National Emission Standards for Hazardous Air Pollutants for Source Categories</b>
<b>A. Subpart ZZZZ - National Emission Standard for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines</b>
1. GOP Index No.: 518-01-017 Indicate the appropriate GOP index number from the applicable GOP table (SSS-FF-XXX).
2. HAP Source: AREA
3. Brake HP: 100-
4. Construction/Reconstruction Date: 06+
5. Service Type: NORMAL
6. Stationary Rice Type: CI
<i>If "Brake HP" is "100-," do not continue.</i>
7. Emission Limitation:

**Save Form**

**Reset Form**

**Form OP-CRO1  
Certification by Responsible Official  
Federal Operating Permit Program**

All initial permit application, revision, renewal, and reopening submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

<b>I. Identifying Information</b>					
RN: RN106369697		CN: CN600753990		Account No.:	
Permit No.: 3527			Project No.:		
Area Name: Hidalgo County Precinct # 4			Company Name: Hidalgo County		
<b>II. Certification Type</b> <i>(Please mark the appropriate box)</i>					
<input checked="" type="checkbox"/> Responsible Official			<input type="checkbox"/> Duly Authorized Representative		
<b>III. Submittal Type</b> <i>(Please mark the appropriate box) (Only one response can be accepted per form)</i>					
<input type="checkbox"/> SOP/TOP Initial Permit Application		<input type="checkbox"/> Update to Permit Application			
<input type="checkbox"/> GOP Initial Permit Application		<input checked="" type="checkbox"/> Permit Revision, Renewal, or Reopening			
<input type="checkbox"/> Other: _____					
<b>IV. Certification of Truth</b>					
<b>This certification does not extend to information which is designated by the TCEQ as information for reference only.</b>					
I, <u>Ellie Torres</u> certify that I am the <u>RO</u>					
<i>(Certifier Name printed or typed)</i>			<i>(RO or DAR)</i>		
and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete:					
<i>Note: Enter Either a Time Period OR Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).</i>					
Time Period: From _____ to _____					
		<i>Start Date</i>			<i>End Date</i>
Specific Dates: <u>3/17/2021</u>					
<i>Date 1</i>	<i>Date 2</i>	<i>Date 3</i>	<i>Date 4</i>	<i>Date 5</i>	<i>Date 6</i>
Signature: _____ Signature Date: _____					
Title: <u>Hidalgo County Commissioner - Precinct # 4</u>					

**Form OP-CRO2**  
**Change of Responsible Official Information**  
**Federal Operating Permit Program**

The Texas Commission on Environmental Quality (TCEQ) shall be notified of a new appointment or administrative information change (e.g., address, phone number, title) for a Responsible Official (RO), Designated Representative (DR), or Alternate Designated Representative (ADR) in the next submittal. **Send this completed form to the TCEQ Central Office to the attention of the Air Permits Division.** This form satisfies the requirements for notification (a revised Certificate of Representation must also be submitted to the U.S. Environmental Protection Agency for changes in the DR and ADR). *After the initial submittal, if there is a change of Duly Authorized Representative (DAR) appointment or administrative information changes for the DAR, include a revised Form OP-DEL (Delegation of Responsible Official) with the next submittal to the TCEQ.*

<b>I. Identifying Information</b>			
Account No.:	RN: RN106369697	CN: CN600753990	
Permit No.: 3527	Area Name: Hidalgo County Precinct # 4		
Company Name:		Hidalgo County	
<b>II. Change Type</b>			
Action Type:	<input checked="" type="checkbox"/> New Appointment	<input type="checkbox"/> Administrative Information Change	
Contact Type ( <i>only one response can be accepted per form</i> ):			
<input checked="" type="checkbox"/> Responsible Official	<input type="checkbox"/> Designated Representative	<input type="checkbox"/> Alternate Designated Representative	
<b>III. Responsible Official/Designated Representative/Alternate Designated Representative Information</b>			
Conventional Title: ( <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)			
Name: Ellie Torres			
Title: Hidalgo County Commissioner Precinct # 4		Appointment Effective Date: 1/1/2019	
Telephone No.: 956-383-3112		Fax No.:	
Company Name: Hidalgo County Precinct # 4			
Mailing Address: 1051 N. Doolittle Rd.			
City: Edinburg		State: TX	ZIP Code: 78541
E-mail Address: ellie.torres@co.hidalgo.tx.us			
<b>IV. Certification of Truth, Accuracy, and Completeness</b>			
<b>This certification does not extend to information, which is designated by the TCEQ as information for reference only.</b>			
I, <u>Ellie Torres</u> , certify that, based on information			
<i>(Name printed or typed)</i>			
and belief formed after Reasonable inquiry, the statements and information stated above are true, accurate, and complete.			
Signature: _____		Signature Date: _____	