Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

1. (a) Is this facility a permitted TSD, interim Status TSD or Large Quantity Generators (LQG)? ___YES ___NO
   (b) Type? _____ If permitted, date of permit _____

2. (a) Is this facility subject to the CC Rule? ___YES ___NO
   (b) If the answer is no, what is the reason? (Ref. 40 CFR 265.1080(b) (264.1080(b) exceptions or (265.1083(c) (264.1082(c)) exemptions, or the general exclusions in 265.1(g) (264.1(g)), as applicable.)

40 CFR 1080(b) exceptions		40 CFR 265.1083(c) exemptions:		40 CFR 265.1 general excl/exempt:	
	Unit did not receive HW after 12/6/96		Waste stream less than 500 ppmw average VO(c)(1). If so, was waste determination done per 265.1084?		Hazardous waste recycling unit exemption
	Using containers of less than 26 gallons capacity		Organic content of waste already reduced by treatment. ((c)(2)(ii))		Satellite accumulation area
	Unit undergoing closure		Tank is used for biological treatment ((c)(2)(iv)(A) or (B))		Totally enclosed treatment facility exemption
	Units used in an on-site RCRA or CERCLA clean-up		All waste placed in unit meets 268.40 (LDR) limits ((c)(4)(i))		Elementary neutralization unit (corrosive)
	Mixed Radioactive and hazardous waste		All waste placed in unit has been treated to limits as specified in 268.42((c)(4)(ii))		Waste water treatment in tanks exemption
	Units with CAA, NESHAPS or NSPS controls		Tank is used for bulk feed to incinerator and requirements of 265.1083(5)(i)-(iii) are met		Emergency or spill management exemption
	Tanks with process vents (Subject to Subpart AA)		Mass removal rate ((c)(2)(iii))		
			Miscellaneous treatment ((c)(2)(v))		
			Organic reduction efficiency ((c)(2)(vi))		
			Combustion Processes ((c)(2)(vii) or (viii))		

If answer to question 2 is NO, do not complete the remainder of checklist.

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

(1) Is the average volatile organic concentration of each waste management unit more than 500 ppmw determined on an average annual basis at point of waste origination? ___YES ___NO___NA
If yes, list the number of the units and the concentration in the space below.

_____

_____

If no, is the determination in the facility operating record? ___YES___NO___NA

.(2) How was waste determination done? ____Knowledge _____Sampling (Ref 40 CFR 265.1084 (264.1083)

(a) If Knowledge was used, is there any documentation on file? ___YES___NO___NA
(b) Is it adequate? ___YES___NO___NA
(c) If facility used sampling, was the sampling done by an EPA approved method? ___YES___NO___NA
Which Method? _____
(d) Does the facility have a written sampling plan? ___YES___NO___NA
(e) Is it adequate? ___YES___NO___NA
(f) Has the waste stream changed since the initial waste determination was done which would cause the character of the waste to change or to exceed the threshold levels for applicability of Subpart CC? ___YES___NO___NA
(g) If so, was a new waste determination done? ___YES___NO___NA

(3) Did the facility install controls on the units that are subject to the Subpart CC rule by December 6, 1996? (40 CFR 265.1082(a)(1)) ___YES___NO___NA

If yes, proceed to question (5). If no, then answer the next question.

(4) (a) Did the facility have an implementation schedule in its on-site operating record? (40 CFR 265.1082)___YES___NO___NA
(b) Was it in the operating record by December 6, 1996? ___YES___NO___NA
(c) Did the implementation schedule contain the following information:
(1) Installation could not be completed by 12/6/96 ___YES___NO___NA
(2) Show dates by which design and construction will be initiated & completed, and include supporting information, e.g., contract awards, purchase orders and performance tests. ___YES___NO___NA
(3) Install equipment as soon as possible, but no later than 12/8/97 ___YES___NO___NA
(d) Is facility meeting implementation schedule? ___YES___NO___NA
(e) If no, is there documentation in the operating record that any schedule change cannot reasonably be avoided? ___YES___NO___NA
(f) Has the RA extended the compliance schedule beyond 12/8/97, or was such a request submitted? ___YES___NO___NA

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

TANKS

(1) (a) Does the facility have any waste stabilization tanks on site? ___YES___NO___NA
(b) Are controls installed? ___YES___NO___NA
(c) When will controls be installed? _____

Note: Waste stabilization tanks had until 12/8/98 to install controls.

Tank must meet 3 conditions for level 1 control:
(1) Waste maximum organic vapor pressure less than cutoff for tank design capacity
(2) No heating to or above temperatures at which vapor pressure is determined
(3) No waste stabilization in tank

Vapor pressure is determined by knowledge or by measurement.
Comments: _____

(2) Is HW having an average VO concentration of more than 500 ppmw placed in a tank with level 1 control? (40 CFR 265.1085(b)(1)) ___YES___NO___NA
(3) Is HW having an average VO concentration of 500 ppm or more being placed in a tank with level 2 controls? ___YES___NO___NA

(a) OPTION 1. Fixed roof with internal floating roof (IFR)
(i) Is the IFR designed so that it floats on the liquid surface? (Exception- when roof is supported by leg supports) ___YES___NO___NA
(ii) Is there a continuous seal between the wall of the tank and the floating edge that meets either of the following requirements:
___(A) A liquid-mounted seal, a metallic seal
___(B) Two continuous seals mounted one over the other.
If choice is B, then the lower seal may be vapor mounted between the wall of the tank and the floating roof edge.
(iii) Specifications ___YES___NO___NA
(iv) Are all the openings in the IFR closed at all times? ___YES___NO___NA
(v) Are the automatic bleeder vents closed when the roof is floating, except when roof is being floated off or is landed on its leg supports? ___YES___NO___NA
(vi) Prior to filling the each tank, are the cover, access hatch, gauge float well, and lid openings bolted or fastened closed i.e. no visible gaps? ___YES___NO___NA
(vii) Are rim spaces open only when floating roof is not floating or when pressure beneath the rim exceeds the manufacture recommended setting?
(viii) Is filling or emptying continuous when IFR is sitting on leg supports? ___YES___NO___NA
(ix) Was the safety device in a closed position during normal operations? ___YES___NO___NA
(x) Was the safety device activated recently? ___YES___NO___NA
Why? _____
(xi) Were any of the defects applicable to the IFR:
____(A) The internal floating roof is not floating on the surface of the liquid
____(B) liquid has accumulated on top of IFR
____(C) any portion of the roof seals have detached from the roof rim
____(D) holes, tears, or other openings are visible in seal fabric
____(E) gaskets no longer close off waste surfaces from the atmosphere; or
____(F) the slotted membrane has more than 10 % open area

If the answer to any of the above is yes, was leak repair done? ___YES___NO___NA
(xii) Was a defect detected during the facility's last inspection? ___YES___NO___NA
(xiii) If yes, what was done? _____
(xiv) Did the facility notify the Regional Administrator of its annual inspection in writing at least 30 days before the inspection? ___YES___NO___NA
(xv) Did the facility empty or degas the IFR? ___YES___NO___NA
If yes, was the Regional Administrator informed? ___YES___NO___NA
(xvi) Was there an unplanned inspection? ___YES___NO___NA
If yes was the Regional Administrator informed? ___YES___NO___NA

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

CONTAINERS

Light liquid service: For a hazardous waste to be in light liquid service, the vapor pressure of one or more of the organic constituents in the material must greater than 0.3 Kilopascals at 20 degrees C and the total concentration of pure organic constituents having a vapor pressure greater than 0.3 Kilopascals at 20 degrees Centigrade is equal to or than 20 percent by weight.

LEVEL ONE:

Containers must be > 0.1 cubic meters (26.4 gal) and < or = to 119 gallons . If the organic waste is not in light liquid service, it can be above 119 gallons.

- Meet DOT standards
- Use a cover and closure device on the container and ensure that there are no visible gaps into the interior of the container. OR
- Use vapor suppressing barrier on or above the hazardous waste in the container.

LEVEL TWO:

- Containers are larger than 0.46 cubic meters (122 gal) and are in light liquid service.
- The container must meet DOT specifications.
- Operates with no detectable emissions from the container under Method 21.
- Demonstrated to be vapor tight within the last twelve months using Method 27.

LEVEL THREE

Container can be used for waste stabilization.

- Vent vapors from containers and remove or destroy them in a control device.
- Put container in a Procedure T enclosure and, vent vapors, and destroy them in a control device.

(1) What level of control is the facility using to comply with the Subpart CC container standards?

_____ Level One _____Level Two _____ Level Three

(2) Is the facility in compliance? ___YES___NO___NA

List the option that the facility is complying with. _____

* NOTE: Most facilities will be in compliance if they store their waste in DOT approved 55 gallon drums.

(3) Is HW having an average Volatile Organic Concentration of more than 500 ppmw placed in containers with capacity above 0.1 cubic meter? ___YES___NO___NA

(4) Are the containers equipped with a cover which operates with no detectable organic emissions when all container openings (e.g., lids, bungs, container openings, etc.,) are secured in a closed, sealed position? ___YES___NO___NA

(5) Were all containers checked for leaks by Method 27 before HW was first placed into them? ___YES___NO___NA

(6) Is HW having an average Volatile Organic Concentration of more than 500 ppmw placed in containers with capacity above 0.46 cubic meter? ___YES___NO___ NA

(7) Is that container equipped with a cover and complies with all the applicable DOT on packaging HW for transport under 49 CFR part 178? ___YES___NO___NA

Note: A container that is managed in accordance with the requirements of 49 CFR part 178 for the purpose of complying with this subpart is not subject to any exceptions to the 49 CFR part 178 except as noted in paragraph (b).

(8) Concentration of more than 100 ppmw placed in a container that is attached to or forms a part of any truck, trailer, or railcar? ___YES___NO___NA

(9) Has it been demonstrated within the last 12 months that the container referenced in (7) is organic vapor tight when all container closings are in a closed, sealed position (e.g., the container hatches or lids are gasketed and latched)? ___YES___NO___NA

Note: For the purpose of meeting the requirements of this paragraph, a container is organic vapor tight if the container sustains a pressure change of not more than 750 pascals within 5 minutes after it has been pressurized to a minimum of 4500 pascals. This condition has to be demonstrated using method 27 of 40 CFR part 60.

(10) Is the owner of the facility treating HW in a container by either a waste stabilization process, any process that requires heating, or any process that produces an exothermic reaction? ___YES___NO___NA

(11) If the answer to the question above is yes, is the container located in an enclosure that is vented to a closed vent system to a control device when it is open? ___YES___NO___NA

(12) Is the enclosure a structure that has been designed and operated with requirements (b)(2)(A)&(B)? ___YES___NO___NA

(13) Is the closed vent system designed and operated in accordance with the requirements of § 264.1087 of this subpart? ___YES___NO___NA

(14) When transferring waste into a container having a capacity greater than 0.46 cubic meters, the following requirements are to be met: (mark items missing)

_____ (a) the waste is transferred by pumping using a conveyance system that uses a tube (e.g., a hose, pipe)?

_____ (b) Is the container cover in place and all other openings maintained in a closed sealed position except for the openings through which the tube enters the container?

_____ (c) Is the tube continuously submerged below the surface of the waste at all times waste is flowing through the tube?

_____ (d) Is the lower bottom edge of the tube outlet located at a distance no greater than the two inside diameters of the tube or 15.25 cm, whichever is greater from the bottom of the container at all times waste is flowing through the tube?

_____ (e) Is the tube connected to a permanent port mounted on the bottom of the container so that the lower edge of the port opening inside the container is located at a distance equal to or less than 15.25 from the container bottom?

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

SURFACE IMPOUNDMENTS.

(1) Did the facility install emissions control (e.g., air-supported structure or a rigid cover) that is connected through a closed vent system to a control device on its surface impoundments? ___YES___NO___NA

(2) Did the facility install a floating membrane cover over its surface impoundment? ___YES___NO___NA

NOTE: A facility is allowed to install a floating membrane cover without additional controls when the HW is not mixed, stirred, agitated, circulated within the impoundment, not heated and not treated by using a waste stabilization process.

PROCESS VENTS APPLICATIONS

GENERAL

(1) Is this facility following interim status regulations or was the facility permit renewed or issued after December 6, 1996.
Interim Status Regs _____ Permitted after 12/6/96_____

(2) When will the present permit expire? _____

(3) For Interim Status facilities, have the rules been incorporated in the Part B application submission?___YES___NO___NA

HAZARDOUS WASTE MANAGEMENT UNITS

(1) Are any hazardous waste management units using the following processes: distillation, fractionation, thin-film evaporation, solvent extraction, air stripping or steam stripping? ___YES___NO___NA

If yes, identify the process or processes _____

(2) Identify the units, waste streams and vents by numbers.

permitted unit #	recycle unit #	waste stream #	vent #
_____	_____	_____	_____
_____	_____	_____	_____

(3) Are any of the units RCRA exempt units? ___YES___NO___NA

WASTE STREAMS

Identify the waste streams, containing 10 ppmw or more on a time weighted annual average basis.

_____
_____

(a) What was the basis of the determination? _____Knowledge _____ Sampling
If sampling, what method was used? _____ 9060 _____ 8240
(b) What was the date of the initial determination? _____
(c) What was the date of other analyses? _____

Note: Analyses should be done on an annual basis or when there is a change to the waste stream.

(d) Is there documentation of the determination? ___YES___NO___NA
(e) Is the annual average concentration calculated correctly? ___YES___NO___NA
(f) Were there 4 grab samples in the analyses? ___YES___NO___NA
(g) Which of the process vents were considered? _____

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

PERFORMANCE STANDARDS

(1) (a) Is the total hourly emission rate of the affected process vents greater than 3 lb/hr? ___YES___NO___NA

(b) How was the determination made? _____ Knowledge __Measurement
If it was by measurement, what method was used? _____Method 2 _____Method 18

(c) If Method 2 or 18 was used, was a test plan prepared? ___YES___NO___NA

(d) If a test plan was prepared, is it on record? ___YES___NO___NA

(e) Has the owner/operator signed a statement that test conditions portray worst case actual operating conditions? ___YES___NO___NA

(f) What were the dates of the tests or calculations? ___YES___NO___NA

(g) Were these tests or calculations done ____initially ____ annually ___ at change of waste stream

(h) Are the calculations correct? ___YES___NO___NA

Data needed are flow rate, organic concentration, average mole rate

(i) Is the facility's yearly emission rate greater than 3.1 tons/yr? ___YES___NO___NA

(j) Are the calculations correct? ___YES___NO___NA

Data needed are hourly rate and number of operating hours.

(2) (a) Is emission reduction required? ___YES___NO___NA

(b) Which method is the facility using to comply?

_____(i) Install control devices to reduce emissions below 3 lb/hr and 3.1 ton/yr .

_____(ii) Implement process changes or hours to meet 3 lb/hr and 3.1 ton/yr.

_____(iii) Install control devices to reduce emissions by 95%.

(c) For each process vent affected, identify closed vent, and control device number

Vent #	Control Device#	Unit #
_____	_____	_____
_____	_____	_____

RECORDKEEPING

(1) Was the reduction based on tests or calculations? _____Tests ___Calculations

(2) If control devices are not in place, is there an implementation schedule in the operating record? ___YES___NO___NA

(3) Are there any other documentation such as orders to purchase equipment, letters giving reasons for delay, etc.? ___YES___NO___NA

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

CONDENSER

OPERATING PARAMETERS

List the operating parameters and the limits set for each in the permit or for interim status facilities, the limits the facility gave based on their engineering calculations 264/265.1035(b)(4) (iii)(E) or performance tests 264/265.1035(b)(2)(ii).

Operating Parameter	Limit	Have they met these limits
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are all design documentation, monitoring, operating, and inspection information in the facility's operating records? ___YES___NO___NA

STANDARD

Is the condenser operating at 95 Wt % efficiency? ___YES___NO___NA
Is it reducing the emission limits to below 3 lb/hr and 3.1 tons/yr? ___YES___NO___NA

MONITORING

The facility has to comply with A and either B or C

(A)	(i)	Does the flow indicator record hourly ?	___YES___NO___NA
	(ii)	At what point is the flow indicator installed? _____	
	(iii)	Is the flow indicator inspected at least once per day?	___YES___NO___NA
(B)	(i)	Is there a monitoring device equipped with a continuous recorder to measure the concentration of the organic compounds in the exhaust vent stream of the condenser?	___YES___NO___NA
	(ii)	Is this device inspected daily?	___YES___NO___NA
(C)	(i)	Does the facility have a temperature monitoring device that is equipped with a continuous recorder?	___YES___NO___NA
	(ii)	Is the device monitoring temperature at (a) the exhaust vent stream from the condenser and (b) in the coolant fluid exiting the condenser?	___YES___NO___NA
	(iii)	Is the accuracy of the device +/- 1% of the temperature being monitored or +/- 0.5 degrees Centigrade (whichever is greater)?	___YES___NO___NA
	(iv)	Is this device inspected daily?	___YES___NO___NA

REPAIR

Are repairs being performed immediately upon daily inspection? ___YES___NO___NA

EXCEEDANCES

(1)	(a)	If the facility is monitoring the organics in the exhaust, was there a reading greater than 20 % above design outlet?	___YES___NO___NA
		If yes, for what period of time? _____	
(2)	(b)(1)	If the facility is monitoring temperature, was the exhaust temperature ever above design average exhaust temperature by more than 6 degrees?	___YES___NO___NA
		If yes, for what period of time? _____	
	(b)(2)	Was the temperature of the coolant(out) ever above the design average temperature by more than 6 degrees?	___YES___NO___NA
		If yes, for what period of time? _____	
	(c)	If there were exceedances, what were the possible causes? _____	
	(d)	What measures were taken to correct the exceedance(s)? _____	

Facility Name: _____
EPA ID #: _____

CLOSED VENT SYSTEM ASSOCIATED WITH THIS CONTROL DEVICE

STANDARD

Were there any detectable emissions or visual emissions? ___YES___NO___NA

MONITORING

On how many occasions did the facility monitor this system? _____
What were the dates? _____

REPAIRS

1. Did the facility have any leaks on the closed vent system associated with this control device? ___YES___NO___NA
   If yes, was the 1st attempt at repairing the vent done within 5 days? ___YES___NO___NA
2. Were repairs to vent finished within 15 days from discovering the leak? ___YES___NO___NA
   If no, state the reasons.

_____
_____
_____

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

THERMAL VAPOR INCINERATOR

OPERATING PARAMETERS

List the operating parameters and the limits set for each in the permit or for interim status facilities, the limits the facility gave based on their engineering calculations 264/265.1035(b)(4) (iii)(E) or performance tests 264/265.1035(b)(2)(ii).

Operating Parameter	Limit	Have they met these limits
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are all design documentation, monitoring, operating, and inspection information in the facility's operating record? ___YES___NO___NA

STANDARD

(1) Is the thermal vapor incinerator operating at 95 Wt % efficiency or greater? ___YES___NO___NA
(2) Is the total organic compound (TOC)=20 ppmv based on sum of compounds, dry basis, corrected to 3% Oxygen? ___YES___NO___NA
(3) Is there a Residence Time of 0.5 sec at 760 degrees Centigrade? ___YES___NO___NA

MONITORING

The facility has to comply with A and B

(A) (i) Does the flow indicator record hourly? ___YES___NO___NA
(ii) At what point is the flow indicator installed? _____
(iii) Is the flow indicator inspected at least once per day? ___YES___NO___NA
(B) (i) Does the facility have a temperature monitoring device that is equipped with a continuous recorder? ___YES___NO___NA
(ii) Is the device monitoring temperature located in the combustion chamber downstream of combustion zone? ___YES___NO___NA
(iii) Is the accuracy of the device +/- 1% of the temperature being monitored or +/- 0.5 degrees Centigrade (whichever is greater)? ___YES___NO___NA
(iv) Is this device inspected daily? ___YES___NO___NA

REPAIR

Are repairs being performed immediately upon daily inspection? ___YES___NO___NA

EXCEEDANCES

(a)(1) For thermal incinerator designed to operate at a minimum residence time of 0.5 sec at 760 degrees C.
Was the temperature ever below 760 degrees C? ___YES___NO___NA
For how long? _____
(a)(2) For thermal incinerators designed to operate with an organic emission reduction efficiency of 95 weight percent or greater.
Was the combustion zone temperature more than 28 degrees below the design average combustion temperature? ___YES___NO___NA
(b) If there were exceedances, what were the possible causes? _____
_____
(c) What measures were taken to correct the exceedance(s)? _____
_____

Facility Name: _____
EPA ID #: _____

CLOSED VENT SYSTEM ASSOCIATED WITH THIS CONTROL DEVICE

STANDARD

Were there any detectable emissions or visual emissions? ___YES___NO___NA

MONITORING

On how many occasions did the facility monitor this system? _____
What were the dates? _____

REPAIRS

1. Did the facility have any leaks on the closed vent system associated with this control device? ___YES___NO___NA
   If yes, was the 1st attempt at repairing the vent done within 5 days? ___YES___NO___NA
2. Were repairs to the vent finished within 15 days from discovering the leak? ___YES___NO___NA
   If no, state the reasons.

_____
_____
_____

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

CATALYTIC VAPOR INCINERATOR

OPERATING PARAMETERS

List the operating parameters and the limits set for each in the permit or for interim status facilities, the limits the facility gave based on their engineering calculations 264/265.1035(b)(4) (iii)(E) or performance tests 264/265.1035(b)(2)(ii).

Operating Parameter	Limit	Have they met these limits
_____	_____	_____
_____	_____	_____

Are all design documentation, monitoring, operating, and inspection information in the facility's operating record? ___YES___NO___NA

STANDARD

(a)	▸Is the thermal vapor incinerator operating at 95 Wt % efficiency	___YES___NO___NA
(b)	▸[TOC]=20 ppmw based on summation of compounds on a dry basis, 3% Oxygen	___YES___NO___NA
(c)	▸RTm of 0.5 sec at 760 degrees Centigrade	___YES___NO___NA

MONITORING

The facility has to comply with A and B

(A)	(i)	Does the flow indicator record hourly?	___YES___NO___NA
	(ii)	At what point is the flow indicator installed?	___YES___NO___NA
	(iii)	Is the flow indicator inspected at least once per day?	___YES___NO___NA
(B)	(i)	Does the facility have a temperature monitoring device that is equipped with a continuous recorder?	___YES___NO___NA
	(ii)	Is the temperature monitor sensor placed in the vent stream at the nearest feasible point: _____ the catalyst bed inlet _____ The catalyst bed outlet	
	(iii)	Is the accuracy of the device +/- 1% of the temperature being monitored or +/- 0.5 degrees Centigrade (whichever is greater)?	___YES___NO___NA
	(iv)	Is this device inspected daily?	___YES___NO___NA

REPAIR

Are repairs being performed immediately upon daily inspection? ___YES___NO___NA

EXCEEDANCES

(a) Is the inlet temperature of the vent stream at the catalyst bed inlet > 28 degrees Centigrade below the design average temperature of the inlet vent stream? ___YES___NO___NA
If yes, for what period of time? _____

(b) Is the temperature difference across the catalyst bed less than 80 % of the design average temperature difference? ___YES___NO___NA

(c) If there were exceedances, what were the possible causes? _____

(d) What measures were taken to correct the exceedance(s)? _____

Facility Name: _____
EPA ID #: _____

CLOSED VENT SYSTEM ASSOCIATED WITH THIS CONTROL DEVICE

STANDARD

Were there any detectable emissions or visual emissions? ___YES___NO___NA

MONITORING

On how many occasions did the facility monitor this system? _____
What were the dates? _____

REPAIRS

1. Did your facility have any leaks on the closed vent system associated with this control device? ___YES___NO___NA
   If yes, was the 1st attempt at repairing the vent done within 5 days? ___YES___NO___NA
2. Were repairs to vent finished within 15 days from discovering the leak? ___YES___NO___NA
   If no, state the reasons for non-compliance.

_____
_____
_____

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

BOILER/PROCESS HEATER

OPERATING PARAMETERS

List the operating parameters and the limits set for each in the permit or for interim status facilities, the limits the facility gave based on their engineering calculations 264/265.1035(b)(4) (iii)(E) or performance tests 264/265.1035(b)(2)(ii).

Operating Parameter	Limit	Have they met these limits
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are all design documentation, monitoring, operating and inspection information in the facility's operating record? ___YES___NO___NA

STANDARD

(a) Is the process heater operating at 95 Wt % efficiency? ___YES___NO___NA
(b) Are the [TOC]=20 ppmw or greater based on summation of compound on a dry basis, 3% Oxygen ___YES___NO___NA
(c) RTm of 0.5 sec at 760 degrees Centigrade

MONITORING

The facility has to comply with A and B or C

(A) (i) Does the flow indicator record hourly? ___YES___NO___NA
(ii) At what point is the flow indicator installed? _____
(iii) Is the flow indicator inspected at least once per day? ___YES___NO___NA

FOR BOILERS WITH HEAT INPUT CAPACITY < 44 MW

(B) (i) Does the facility have a temperature monitoring device that is equipped with a continuous recorder? ___YES___NO___NA
(ii) Is the device monitoring temperature, located in the furnace downstream of the combustion zone? ___YES___NO___NA
(iii) Is the accuracy of the device +/- 1% of the temperature being monitored or +/- 0.5 degrees Centigrade (whichever is greater)? ___YES___NO___NA
(iv) Is this device inspected daily? ___YES___NO___NA

FOR BOILERS WITH HEAT INPUT CAPACITY > 44 MW

(C) (i) Does the facility have a temperature monitoring device that is equipped with a continuous recorder? ___YES___NO___NA
(ii) Is a parameter indicating good combustion practices being monitored? ___YES___NO___NA
(iii) Is this device inspected daily? ___YES___NO___NA

REPAIR

Are repairs being performed immediately upon daily inspection? ___YES___NO___NA

EXCEEDANCES

(a) Is the Flame Zone Temperature > 28 degrees Centigrade below design average Flame Zone T? ___YES___NO___NA
If yes, for what period of time? _____
(b) Is there a change in position as to where the vent stream is introduced as specified in the design data? ___YES___NO___NA
(c) If there were exceedances, what were the possible causes? _____
(d) What measures were taken to correct the exceedance(s)? _____

Facility Name: _____
EPA ID #: _____

CLOSED VENT SYSTEM ASSOCIATED WITH THIS CONTROL DEVICE

STANDARD

Were there any detectable emissions or visual emissions? ___YES___NO___NA

MONITORING

On how many occasions did the facility monitor this system? _____
What were the dates? _____

REPAIRS

1. Did your facility have any leaks on the closed vent system associated with this control device? ___YES___NO___NA
   If yes, was the 1st attempt at repairing the vent done within 5 days? ___YES___NO___NA
2. Were repairs to vent finished within 15 days from discovering the leak? ___YES___NO___NA
   If no, state the reasons for non-compliance.

_____
_____

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

FLARES

OPERATING PARAMETERS

List the operating parameters and the limits set for each in the permit or for interim status facilities, the limits the facility gave based on their engineering calculations 264/265.1035(b)(4) (iii)(E) or performance tests 264/265.1035(b)(2)(ii).

Operating Parameter	Limit	Have they met these limits
_____	_____	_____
_____	_____	_____
_____	_____	_____

STANDARD

- There should be no visible emissions > 5 minutes/any 2 consecutive hours
- A flame should be present at all times

If steam-assisted:

Ve < 60 ft/s and Ht > 300 BTU or
60 ft/s < Ve < 400 ft/s and Ht > 1000 BTU
Ve < V max < 400 ft/s and Ht > 300 BTU

If air assisted:

Ve < Vmax and Ht = > 300 BTU
Ve < 60 ft/s and Ht => 300 BTU

If non-assisted:

Ve < 60ft/s and Ht => 200 BTU
60 ft/s< Ve < 400 ft/s and Ht 1000 BTU
Ve < Vmax < 400 ft/s and Ht > 200 BTU

MONITORING

The facility has to confirm compliance with A and B

(A)	(i)	Does the flow indicator record hourly?	___YES___NO___NA
	(ii)	At what point is the flow indicator installed? _____	
	(iii)	Is the flow indicator inspected at least once per day?	___YES___NO___NA
(B)	(i)	Is there a heat sensing device for continuous ignition of pilot flame?	___YES___NO___NA
	(ii)	Is this device inspected daily?	___YES___NO___NA
	(iii)	Does this device have a continuous recorder?	___YES___NO___NA

REPAIR

Are repairs being performed immediately upon daily inspection? ___YES___NO___NA

EXCEEDANCES

(a) Has there been a period when the pilot flame was not ignited? ___YES___NO___NA
(b) If there were exceedances, what were the possible causes? _____
_____
(c) What measures were taken to correct the exceedance(s)? _____
_____

Facility Name: _____
EPA ID #: _____

CLOSED VENT SYSTEM ASSOCIATED WITH THIS CONTROL DEVICE

STANDARD

Were there any detectable emissions or visual emissions? ___YES___NO___NA

MONITORING

On how many occasions did the facility monitor this system? _____
What were the dates? _____

REPAIRS

1. Did the facility have any leaks on the closed vent system associated with this control device? ___YES___NO___NA
   If yes, was the 1st attempt at repairing the vent within 5 days? ___YES___NO___NA
2. Were repairs to vent finished within 15 days from discovering the leak? ___YES___NO___NA
   If no, state the reasons.

_____
_____
_____

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

CARBON ADSORBER-REGENERATIVE

OPERATING PARAMETERS

List the operating parameters and the limits set for each in the permit or for interim status facilities, the limits the facility gave based on their engineering calculations 264/265.1035(b)(4) (iii)(E) or performance tests 264/265.1035(b)(2)(ii).

Operating Parameter	Limit	Have they met these limits
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are all design documentation, monitoring, operating, and inspection information in the facility operating record? ___YES___NO___NA

STANDARD

(a) Is the control device operating at 95 Wt % efficiency? ___YES___NO___NA
(b) Is the control device operating to control emissions to below 3 lb/hr and 3.1 tons/yr? ___YES___NO___NA

MONITORING

The facility has to comply with A and either B or C and D

(A) (i) Does the flow indicator record hourly? ___YES___NO___NA
(ii) At what point is the flow indicator installed? _____
(iii) Is the flow indicator inspected at least once per day? ___YES___NO___NA
(B) (i) Is there a monitoring device equipped with a continuous recorder to measure the concentration of the organic compounds in the exhaust vent stream from the carbon bed? ___YES___NO___NA
(ii) Is this device inspected daily? ___YES___NO___NA
(C) (i) Is there a device to measure a parameter that indicates regeneration, on a regular, predetermined cycle? ___YES___NO___NA
(ii) Does this device have a continuous recorder? ___YES___NO___NA
(iii) Is this device inspected daily? ___YES___NO___NA
(D) (i) Is the carbon being replaced at regular, predetermined time interval that is less than the carbon service life? ___YES___NO___NA

REPAIR

Are repairs being performed immediately upon daily inspection? ___YES___NO___NA

EXCEEDANCES

(a) If the facility is monitoring the organics in the exhaust, was there a reading greater than 20 % above design outlet? ___YES___NO___NA
If yes, for what period of time? _____
(b) Was there any time period when the vent continued to flow through the control device beyond the predetermined carbon regeneration time? ___YES___NO___NA
If yes, list the period(s) _____
(c) If there were exceedances, what were the possible causes? _____
_____
(d) What measures were taken to correct the exceedance(s)? _____
_____
_____

Facility Name: _____
EPA ID #: _____

CLOSED VENT SYSTEM ASSOCIATED WITH THIS CONTROL DEVICE

STANDARD

Were there any detectable emissions or visual emissions? ___YES___NO___NA

MONITORING

On how many occasions did the facility monitor this system? _____
What were the dates? _____

REPAIRS

1. Did your facility have any leaks on the closed vent system associated with this control device? ___YES___NO___NA
   If yes, was the 1st attempt at repairing the vent done within 5 days? ___YES___NO___NA
2. Were repairs to vent finished within 15 days from discovering the leak? ___YES___NO___NA
   If no, state the reasons.

_____
_____
_____

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

CARBON ADSORBER- NON-REGENERATIVE

OPERATING PARAMETERS

List the operating parameters and the limits set for each in the permit or for interim status facilities, the limits the facility gave based on their engineering calculations 264/265.1035(b)(4) (iii)(E) or performance tests 264/265.1035(b)(2)(ii).

Operating Parameter	Limit	Have they met these limits
_____	_____	_____
_____	_____	_____

Are all design documentation, monitoring, operating, and inspection information in the facility operating record? ___YES___NO___NA

STANDARD

(a) ‣ 95 Wt % efficiency or
(b) ‣ emission limits of 3 lb/hr and 3.1 tons/yr

MONITORING

The facility has to confirm with A and either B or C

(A) (i) Does the flow indicator record hourly? ___YES___NO___NA
(ii) At what point is the flow indicator installed? _____
(iii) Is the flow indicator inspected at least once per day? ___YES___NO___NA
(B) (i) Is there a monitoring device equipped with a continuous recorder to measure the concentration of the organic compounds in the exhaust vent stream from the carbon bed? ___YES___NO___NA
(ii) Is this device inspected daily? ___YES___NO___NA
(C) (i) Is the carbon being replaced at regular, predetermined time interval that is less than the carbon service life? ___YES___NO___NA

REPAIR

Are repairs being performed immediately upon daily inspection? ___YES___NO___NA

EXCEEDANCES

(a) If facility is monitoring for organics in the exhaust, state date and time when it was monitored for breakthru and the reading? _____
(b) If carbon was replaced with fresh carbon, state the date when this was done? _____
(c) If there were exceedances, what were the possible causes? _____
(d) What measures were taken to correct the exceedance(s)? _____

CLOSED VENT SYSTEM ASSOCIATED WITH THIS CONTROL DEVICE

STANDARD

Were there any detectable emissions or visual emissions?

MONITORING

On how many occasions did the facility monitor this system?
What were the dates? _____

REPAIRS

1. Did the facility have any leaks on the closed vent system associated with this control device? ___YES___NO___NA
   If yes, was the 1st attempt at repairing the vent done within 5 days? ___YES___NO___NA
2. Were repairs to vent finished within 15 days from discovering the leak? ___YES___NO___NA
   If no, state the reasons.

_____
_____
_____

Facility Name: _____
EPA ID #: _____

RCRA SUBPART CC CHECKLIST FOR
AIR EMISSIONS AT TSDs AND LARGE QUANTITY GENERATORS

EQUIPMENT LEAK APPLICATIONS

1. APPLICABILITY

(a) Is this facility an interim status facility or a permitted facility? ___YES___NO___NA
(b) When will the permit expire? _____
(c) Have the rules been incorporated in the Part B application submission? ___YES___NO___NA
(d) Are any of the units exempt? ___YES___NO___NA
If yes, list units. _____

2. WASTE STREAMS

(a) Are there waste streams that contain at least 10 % organics by weight? ___YES___NO___NA
(b) What was the method of your determination? ___ Knowledge ___ Sampling?
(c) If knowledge was used, is it documented? ___YES___NO___NA
(d) If sampling was used, did the facility use one of the following methods:
ASTM methods:___ D2267-88 ___ E169-87 ___ E168-88 ___ E260-85 ___ Method 9060 ____ 8240
(e) What was the date of the initial determination? _____
(f) What were the dates of any other analyses? _____

Note: Analyses should be done annually or when there is a change to the waste stream.

3. (a) For each waste stream that does qualify, is the:
____ fluid type in gas/vapor service ____ light-liquid service ____heavy liquid service
(b) What was the method of determining the fluid type?
___Vapor pressure of constituents from standard texts
___ASTM D-2879-86

FACILITY OPERATING RECORD

4. Does the facility have a list of the equipment and identification numbers that is affected by this rule? ___YES___NO___NA
5. Is there a list of the identification numbers of NDE pumps, valves, and compressors with the signature of the owner/operator? ___YES___NO___NA
6. Is there a list of PRD in gas/vapor service? ___YES___NO___NA
7. What are the test dates for NDE? _____
What was the background reading? _____
What was the maximum instrument reading? _____
8. Is there a list of ID numbers for the equipment in vacuum service? ___YES___NO___NA
9. Is there a list of ID numbers of those valves which are "unsafe to monitor" or "difficult to monitor" with an explanation for each and plan for monitoring or schedule? ___YES___NO___NA
10. Is there a list of ID numbers using the skip period alternative monitoring schedule, with a schedule for monitoring and % leak determined? ___YES___NO___NA
11. For dual mechanical seal or compressor with barrier fluid systems with sensors, is the criteria and explanation of criteria for determining sensor failure. ___YES___NO___NA
12. Is there an analysis of the of design capacity, influent/effluent for each unit subject to these requirements, and an up-to-date analysis either by testing or knowledge if the equipment is covered or not? ___YES___NO___NA