

**Texas Commission on Environmental Quality**  
**Form OP-UA18 - Instructions**  
**Surface Coating Operations Attributes**

**General:**

This form is used to provide a description and data pertaining to all surface coating operations with potentially applicable requirements associated with a particular regulated entity number and application. Each table number, along with the possibility of a corresponding letter (i.e., Table 1a, Table 1b), corresponds to a certain state or federal rule. If the rule on the table is not potentially applicable to a surface coating operations, then it should be left blank and need not be submitted with the application. The following surface coating operations are considered off-permit sources and do not need to be listed.

In counties not affected by Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), surface coating operations at sites that are not major sources of hazardous air pollutants (HAP):

- Aerospace industries
- Boat manufacturing
- Plywood/particle board manufacturing
- Aerospace coatings
- Architectural coatings
- Automobile refinishing,
- Miscellaneous metal parts and products
- Paper and other webs,
- Printing, coating, and dyeing of fabrics,
- Reinforced plastic composites manufacturing
- Shipbuilding and ship repair
- Wood building products
- Wood furniture

If the codes entered by the applicant show negative applicability to the rule or sections of the rule represented on the table, then the applicant need not complete the remainder of the table(s) that corresponds to the rule. Further instruction as to which questions should be answered and which questions should not be answered are located in the “Specific” section of the instruction text. The following is included in this form:

**Table 1:** Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart EE: Standards of Performance for Surface Coatings of Metal Furniture

**Table 2:** Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart MM: Standards of Performance for Automobile and Light Duty Truck Surface Coating

**Table 3:** Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart TT: Standards of Performance for Metal Coil Surface Coating

**Table 4:** Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart WW: Standards of Performance for Beverage Can Surface Coating Industry

**Table 5:** Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart SS: Standards of Performance for Industrial Surface Coating: Large Appliance

**Table 6:** Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart TTT: Standards of Performance for Industrial Surface Coating: Surface Coating of Plastic Parts for Business Machines

<b>Table 7:</b>	<b>Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60) Subpart RR: Standards of Performance for Pressure Sensitive Tape and Label Surface Coating Operations</b>
<b>Tables 8a - 8d:</b>	<b>Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115) Subchapter E, Division 2: Surface Coating Processes</b>
<b>Tables 9a - 9e:</b>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63) Subpart GG: National Emission Standards for Aerospace Manufacturing and Rework Facilities</b>
<b>Tables 10a - 10c:</b>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63) Subpart JJ: National Emission Standards for Wood Furniture Manufacturing Operations</b>
<b>Tables 11a – 11e:</b>	<b>Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63) Subpart PPPP: National Emission Standards for Hazardous Air Pollutants for Surface Coating of Plastic Parts and Products</b>
<b>Tables 12a – 12c:</b>	<b>Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115) Subchapter E, Division 5: Control Requirements for Surface Coating Processes</b>
<b>Table 13:</b>	<b>Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115) Subchapter E, Division 7: Miscellaneous Industrial Adhesives</b>

The application area name from Form OP-1 entitled, “Site Information Summary” must appear in the header of each page for the 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), and the date of the revision submittal.

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 Administrator before the federal operating permit application is submitted.

The Texas Commission on Environmental Quality (TCEQ) requires that a Core Data Form be submitted on all incoming registrations unless all of the following are met: the Regulated Entity and Customer Reference Numbers have been issued by the TCEQ and no core data information has changed. The Central Registry, a common record area of the TCEQ, maintains information about TCEQ customers and regulated activities, such as company names, addresses, and telephone numbers. This information is commonly referred to 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 facility is moved to the Central Registry, two new identification numbers are assigned: the Customer Reference (CN) number and the Regulated Entity (RN) number. The Core Data Form is required if facility records are not yet part of the Central Registry or if core data for a facility has changed. If this is the initial registration, permit, or license for a facility site, then the Core Data Form must be completed and submitted with application or registration forms. If amending, modifying, or otherwise updating an existing record for a facility site, the Core Data Form is not required, unless any core data information has changed. To review additional information regarding the Central Registry, go to the TCEQ website at [www.tceq.texas.gov/permitting/central\\_registry/index.html](http://www.tceq.texas.gov/permitting/central_registry/index.html).

**Specific:**

**Table 1: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart EE: Standards of Performance for Surface Coatings of Metal Furniture**

**Process ID No.:**

Enter the identification number (ID No.) for the metal furniture surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Construction/Modification Date:**

Select one of the following options based on the date of commencement of the most recent construction, modification, or reconstruction. Enter the code on the form.

Code	Description
80-	On or before November 28, 1980
80+	After November 28, 1980

▼ **Continue only if “Construction/Modification Date” is “80+.”**

**Volume of Coating Used Per Year:**

Select one of the following options which best represents the volume of coating the facility uses per year. Enter the code on the form.

Code	Description
1015-	Less than 3,842 L (1,015 gal) of coating/year.
1015+	Greater than or equal to 3,842 L (1,015 gal) of coating/year

▼ **Continue only if “Volume of Coating Used per Year” is “1015+.”**

**VOC Control Device:**

Select one of the following options for the type of volatile organic compound (VOC) control device used by the affected facility. Enter the code on the form. Use multiple lines if more than one code applies.

*Note: If the surface coating operation uses more than one control device, assign different SOP index numbers to capture all information on separate lines. Each SOP index number will represent a set of attributes associated with the different control devices and each set of applicable requirements should be listed separately on Form OP-REQ3.*

Code	Description
RECOV	Control device is used that recovers VOCs
DEST	Control device is used that destroys VOCs by a method other than thermal incineration
INCIN	Control device is used that destroys VOCs with a thermal incinerator
NONE	No control device is used by the affected facility

**Control Device ID No.:**

Enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters). This should be consistent with the identification number listed on Form OP-SUM. Otherwise, leave this column blank.

**Test Method:**

Enter “YES” if representative stack testing has been approved by the EPA Administrator. Otherwise, enter “NO.”

**Table 2: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart MM: Standards of Performance for Automobile and Light Duty Truck Surface Coating**

**Process ID No.:**

Enter the identification number (ID No.) for the automobile and light duty truck surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Coating Operations:**

Select one of the following options to describe the surface coating operations carried out at the facility. Enter the code on the form. If more than one code applies, begin a new row for each operation.

Code	Description
PRIM	Prime coat operations are carried out
GUID	Guide coat operations are carried out
TOP	Top coat operations are carried out
OTHER	Other coating operations are carried out

▼ **Continue only if “Coating Operations” is “PRIM,” “GUID,” or “TOP.”**

**Construction/Modification Date:**

Select one of the following options based on the date of commencement of the most recent construction, modification, or reconstruction. Enter the code on the form.

Code	Description
79-	On or before October 5, 1979
79+	After October 5, 1979

▼ **Continue only if “Construction/Modification Date” is “79+.”**

**Plastic Parts Coating:**

Enter “YES” if the designated facility carries out the coating of plastic body components, coating of all-plastic automobiles, or light-duty truck bodies on separate coating lines. Otherwise, enter “NO.”

*Note: If the plastic parts are attached to a metal body before the body is coated, then “NO” is the correct response.*

▼ **Continue only if “Plastic Parts Coating” is “NO.”**

★ **Complete “Prime Coat Application” and “Turnover Ratio” only if “Coating Operations” is “PRIM.”**

**Prime Coat Application:**

Enter “YES” if the plant uses electrostatic deposition (EDP) for applying prime coat operations. Otherwise, enter “NO.”

**Turnover Ratio:**

Select one of the following options based on the turnover ratio (R<sub>t</sub>). Enter the code on the form.

Code	Description
RT16+	R <sub>t</sub> greater than or equal to 0.16
RT4/16	0.04 less than or equal to R <sub>t</sub> less than 0.16
RT4-	R <sub>t</sub> less than 0.04

★ Do not complete “Method of Compliance” and “Control Device ID No.” if “Coating Operations” is “PRIM” and “Prime Coat Application” is “YES” and “Turnover Ratio” is “RT4-.”

**Method of Compliance:**

Select one of the following options for the method of compliance. Enter the code on the form. Use multiple lines if more than one code applies.

*Note: If the surface coating operation uses more than one control device, assign different SOP index numbers to capture all information on separate lines. Each SOP index number will represent a set of attributes associated with the different control devices and each set of applicable requirements should be listed separately on Form OP-REQ3.*

Code	Description
RECOV	A capture system and a control device is used that recovers VOCs
DEST	A capture system and a control device is used that destroys VOCs by a method other than incineration
INCIN	A capture system and a control device is used that destroys VOCs with a thermal incinerator
CATINC	A capture system and a control device is used that destroys VOCs with a catalytic incinerator
NONE	No capture system and control device is used

**Control Device Id No.:**

Enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters). This should be consistent with the identification number listed on Form OP-SUM. Otherwise, leave this column blank.

★ Complete “More Than One Application Method” only if “Method of Compliance” is “RECOV.”

**More than One Application Method:**

Enter “YES” if more than one application method is used on an individual surface coating operation. Otherwise, enter “NO.”

**Table 3: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart TT: Standards of Performance for Metal Coil Surface Coating**

**Process ID No.:**

Enter the identification number (ID No.) for the metal coil surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Construction/Modification Date:**

Select one of the following options based on the date of commencement of the most recent construction, modification, or reconstruction. Enter the code on the form.

Code	Description
81-	On or before January 5, 1981
81+	After January 5, 1981

▼ Continue only if “Construction/Modification Date” is “81+.”

**Coating VOC-Content:**

Select one of the following options which best describes the VOC-content of the coating used. Enter the code on the form.

Code	Description
LOW	A low VOC-content coat is used
HIGH	A high VOC-content coat is used

**Control Device:**

Select one of the following options that best describes the control device type used. Enter the code on the form. Use multiple lines if more than one code applies.

*Note: If the surface coating operation uses more than one control device, assign different SOP index numbers to capture all information on separate lines. Each SOP index number will represent a set of attributes associated with the different control devices and each set of applicable requirements should be listed separately on Form OP-REQ3.*

Code	Description
DEST	VOC destruction is used other than incineration
INCIN	VOC control by thermal or catalytic incineration
RECOV	VOC recovery is used
NONE	No control device is used by the affected facility

**Control Device ID No.:**

If applicable, enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters). This should be consistent with the number listed on Form OP-SUM. Otherwise, leave this column blank.

★ **Complete “Control Device Operation” only if “Control Device” is “DEST,” “INCIN,” or “NONE.”**

**Control Device Operation:**

Select one of the following options that best describes the control device operation. Enter the code on the form.

Code	Description
INTER	Control device is operated intermittently
CNTKG	Control device is operated continuously to meet 0.14 kg VOC/l
CNT90RED	Control device is operated continuously to meet 90 percent reduction efficiency

**Table 4: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart WW: Standards of Performance for Beverage Can Surface Coating Industry**

**Process ID No.:**

Enter the identification number (ID No.) for the metal furniture surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Construction/Modification Date:**

Select one of the following options based on the date of commencement of the most recent construction, modification, or reconstruction. Enter the code on the form.

Code	Description
80-	On or before November 26, 1980
80+	After November 26, 1980

▼ Continue only if “Construction/Modification Date” is “80+.”

**Facility Operations:**

Select one of the following options to describe the operations carried out at the facility. Enter the code on the form. If more than one code applies, begin a new row for each operation.

Code	Description
EXTB	Exterior base coat operations are carried out, except clear base coat
CLEAR	Exterior clear base coat operations are carried out
OVRN	Over varnish operations are carried out
TPCS	Two-piece can inside spray coating operations are carried out
OTHER	Other coating operations are carried out

**Capture System/Control Device:**

Select one of the following options which best describes the facility’s capture system and control device. Enter the code on the form. Use multiple lines if more than one code applies.

*Note: If the surface coating operation uses more than one control device, assign different SOP index numbers to capture all information on separate lines. Each SOP index number will represent a set of attributes associated with the different control devices and each set of applicable requirements should be listed separately on Form OP-REQ3.*

Code	Description
DEST	Capture system and control device destroys VOC in a way other than incineration
THERMINC	Capture system and control device destroys VOC by using a thermal incinerator
CATINC	Capture system and control device destroys VOC by using a catalytic incinerator
RECOV	Capture system and control device recovers VOCs
NONE	No capture system and control device is used by the affected facility

**Control Device ID No.:**

If applicable, enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters). This should be consistent with the number listed on Form OP-SUM. Otherwise, leave this column blank.

**Table 5: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart SS: Standards of Performance for Industrial Surface Coating: Large Appliance**

**Process ID No.:**

Enter the identification number (ID No.) for the large appliance surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Construction/Modification Date:**

Select one of the following options based on the date of commencement of the most recent construction, modification, or reconstruction. Enter the code on the form.

Code	Description
80-	On or before December 24, 1980
80+	After December 24, 1980

▼ Continue only if “Construction/Modification Date” is “80+.”

**Method of Compliance:**

Select one of the following options to describe the type of control device used in the facility. Enter the code on the form. Use multiple lines if more than one code applies.

*Note: If the surface coating operation uses more than one control device, assign different SOP index numbers to capture all information on separate lines. Each SOP index number will represent a set of attributes associated with the different control devices and each set of applicable requirements should be listed separately on Form OP-REQ3.*

Code	Description
RECOV	VOC recovery
THERM	VOC destruction with a thermal incinerator
CATAL	VOC destruction with a catalytic incinerator
453B	Compliance is determined under 40 CFR § 60.453(b)(1)(iv)
NONE	No control device is used by the affected facility

**Control Device ID No.:**

If applicable, enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters). This should be consistent with the number listed on Form OP-SUM. Otherwise, leave this column blank.

**Table 6: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart TTT: Standards of Performance for Industrial Surface Coating: Surface Coating of Plastic Parts for Business Machines**

**Process ID No.:**

Enter the identification number (ID No.) for the business machines surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Construction/Modification Date:**

Select one of the following options based on the date of the commencement of the most recent construction, modification, or reconstruction. Enter the code on the form.

Code	Description
86-	On or before January 8, 1986
86+	After January 8, 1986

▼ **Continue only if “Construction/Modification Date” is “86+.”**

**Coating Operation Type:**

Select one of the following options to describe the operations carried out at the facility. Enter the code on the form. If more than one code applies, begin a new row for each operation.

Code	Description
PRIM	Prime coats are applied
TEXT	Texture coats are applied
COLR	Color coats are applied
TCUP	Touch-up coats are applied
OTHER	Other coating applied

**Alternate Method of VOC Determination:**

Enter “YES” if an alternate method to determine VOC-content of each coating is used. Otherwise, enter “NO.”



**Add-on Controls:**

Enter “YES” if add-on controls are used. Otherwise, enter “NO.”

**Table 7: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart RR: Standards of Performance for Pressure Sensitive Tape and Label Surface Coating Operations**

**Process ID No.:**

Enter the identification number (ID No.) for the pressure sensitive tape and label surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Construction/Modification Date:**

Select one of the following options based on the date of commencement of the most recent construction, modification, or reconstruction. Enter the code on the form.

Code	Description
80-	On or before December 30, 1980
80+	After December 30, 1980

▼ Continue only if “Construction/Modification Date” is “80+.”

**VOC Input:**

Select one of the following options based on the input of VOCs per twelve-month period input to the coating process. Enter the code on the form.

Code	Description
45-	Less than or equal to 45 Mg of VOC input to the coating process per twelve-month period
45+	More than 45 Mg of VOC input to the coating process per twelve-month period

▼ Continue only if “VOC Input” is “45+.”

**Compliance Demonstration:**

Select one of the following options for the way the facility is demonstrating compliance. Enter the code on the form.

Code	Description
WAVG	Weighted average for a one-month calendar period
RED90	A 90 percent overall VOC emission reduction as calculated over a calendar month
OTHER	Another method of compliance is used

**Facility Solvent Control:**

Select one of the following options which best describes how the solvent emissions are controlled. Enter the code on the form. Use multiple lines if more than one code applies.

*Note: If the surface coating operation uses more than one control device, assign different SOP index numbers to capture all information on separate lines. Each SOP index number will represent a set of attributes associated with the different control devices and each set of applicable requirements should be listed separately on Form OP-REQ3.*

Code	Description
RECOV	Facility is controlled by a solvent recovery system
DEST	Facility is controlled by a solvent destruction system
OTHER	Either no control device or a different type of control device is used by the affected facility

▼ Continue only if “Facility Solvent Control” is “RECOV” or “DEST.”

**Common Emission Control:**

Enter “YES” if the control device is a common emission control device. Otherwise, enter “NO.”

**Incinerator Type:**

Select one of the following options to describe the type of incinerator used in solvent destruction. Enter the code in the form.

Code	Description
THERM	VOC destruction with a thermal incinerator
CATALVOC	Destruction with a catalytic incinerator
NONE	No incinerator is used

**Emissions Capture:**

Enter “YES” if a hood or enclosure is used to capture emissions. Otherwise, enter “NO.”

**Control Device ID No.:**

Enter the identification number (ID No.) for the control device to which emissions are routed. This should be consistent with the number listed on Form OP-SUM. Otherwise, leave this column blank (maximum 10 characters).

**Representative Stacks:**

Enter “YES” if approved testing for representative stacks (rep. stack) is utilized. Otherwise, enter “NO.”

**Table 8a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)  
Subchapter E, Division 2: Surface Coating Processes**

★ Complete Table 8 for surface coating processes other than those performed by using only aerosol coating as defined in §115.420.

**Process ID No.:**

Enter the identification number (ID No.) for the surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Alternative Compliance Method (ACM):**

Enter “YES” if an alternate method for demonstrating and documenting continuous compliance with applicable control requirements or exemption criteria has been approved by the TCEQ Executive Director under 30 TAC § 115.423(a)(2) or 115.143(b)(2). Otherwise, enter “NO.”

**ACM ID No.:**

If an alternate compliance method has been approved, then enter the corresponding ACM unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the ACM approval letter in the table column. The unique identifier and/or the date of the approval letter are contained in the compliance file under the appropriate account number. Otherwise, leave this column blank.

*Note: Enter the identifier or date of the approval letter if using some other alternative, such as an alternate reasonably available control technology, alternate means of control, or emission reduction credit. For these cases, the type of alternate used will need to be explained in a cover letter or some other attachment to the permit application.*

▼ Continue only if “Alternative Compliance Method (ACM)” is “NO.”

**Facility Operations:**

Select one of the following options to describe the surface coating operation located at the site. Enter the code on the form. If more than one code applies, use a separate row for each surface coating operation type.

For surface coating operations located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Gregg, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Nueces, Orange, Parker, Rockwall, Tarrant, Victoria or Waller County:

Code	Description
GNV550	Surface coating operation meeting §115.427(7)
MARI	Fully assembled marine vessel coating
OFFS	Fully assembled fixed offshore structures coating
MISM	Other miscellaneous metal parts and products coating
SIDE	Manufactured exterior siding coating
TILE	Tile board coating
PART	Particle board used for furniture coating
WOODTHN	Wood panes of hardwood plywood and thin particleboard
WOODNAT	Natural finish hardwood plywood panels
WOODII	Hardwood paneling with class II finish
LAPP	Large appliance coating
METF	Metal furniture coating
COIL	Metal coil coating
PAPR	Paper coating line with the potential to emit less than 25 tpy
PAPRG25	Paper coating line with the potential to emit equal to or greater than 25 tpy
FABC	Fabric coating
VINL	Vinyl coating
CANS	Can coating
AUTO	Newly manufactured automobiles or light-duty trucks coating
BODY	Vehicle refinishing (body shops)
BODIN	Coating vehicles at in-house refinishing operations or by private individuals
WPP	Surface coating of wood parts and products
FURN	Surface coating at a wood furniture manufacturing facility
MIRR	Mirror backing surface coating
AEROEX	Aerospace vehicles or components dealing with research and development, quality control, laboratory testing, and electronic parts and assemblies.
AERO	Aerospace vehicles or components not dealing with research and development, quality control, laboratory testing, and electronic parts and assemblies.

- ▼ Do not continue if “Facility Operations” is “SIDE,” “TILE,” “PART,” “BODIN,” or “AEROEX” for surface coating operations located in any county.
- ▼ Do not continue if “Facility Operations” is “GNV550” for surface coating operations located in Gregg, Nueces or Victoria County.
- ▼ Do not continue if “Facility Operations” is “BODY” or “WPP” for surface coating operations located in Hardin, Jefferson, or Orange County.
- ▼ Do not continue if “Facility Operations” is “LAPP,” “METF,” “PAPRG25,” or “AUTO” for surface coating operations located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, Fort Bend, Galveston, Harris, Johnson, Kaufman, Liberty, Montgomery, Parker, Rockwall, Tarrant, Waller or Wise County.
- ★ Complete “Maintenance Shop” only if the surface coating operation is located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, Fort Bend, Galveston, Harris, Johnson, Kaufman, Liberty, Montgomery, Parker, Rockwall, Tarrant, Waller or Wise County and “Facility Operations” is “MISM.”

**Maintenance Shop:**

Select one of the following options that describe the surface coating operation. Enter the code on the form.

Code	Description
2012+	Recoating used miscellaneous metal parts and products at an on-site maintenance shop that began operations on or after January 1, 2012.
2012-	Recoating used miscellaneous metal parts and products at an on-site maintenance shop that began operations before January 1, 2012.
NONE	Coating operation is not conducted at an on-site maintenance shop, or coating operation is not recoating of used miscellaneous metal parts and products.

▼ **Do not continue if “Maintenance Shop” is “NONE” or “2012+.”**

★ **Do not complete “VOC Emission Rate” if “Facility Operations” is “BODY,” “WOODTHN,” “WOODNAT,” or “WOODII.”**

**VOC Emission Rate:**

Select one of the following options that best describes the combined VOC output from surface coating operations on a property. Enter the code in the form.

For surface coating operations located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Gregg, Hardin, Harris, Jefferson, Nueces, Johnson, Kaufman, Liberty, Montgomery, Orange, Parker, Rockwall, Tarrant, Victoria or Waller County:

Code	Description
3/15	All surface coating operations on a property, when uncontrolled, emit a combined weight of less than 3 lb/hr and less than 15 lb/24-hr period
100/24	All surface coating operations on a property, when uncontrolled, emit a combined weight of less than 100 lb/24-hr period of VOC and approval per 30 TAC § 115.427(a)(3)(B) has been received
150/12	Total coating and solvent usage for all surface coating operations on a property is less than or equal to 150 gal/12-month period
M25-	Mirror backing coating operations located on a property which, when uncontrolled, emit a combined weight of less than 25 tons/year
S50-	Shipbuilding and ship repair operation in Hardin, Jefferson, or Orange County which, when uncontrolled, emits a combined weight of VOC from ship and offshore oil or gas drilling platform surface coating operations less than 50 tons per year
S25-	Shipbuilding and ship repair operation in Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, or Waller County, which when uncontrolled, emits a combined weight of VOC from ship and offshore oil or gas drilling platform surface coating operations less than 25 tons per year
W25-	Wood furniture manufacturing facility which, when uncontrolled, emits a combined weight of VOC from wood furniture manufacturing operations less than 25 tons per year
OTHER	Other uncontrolled emission rates

▼ **Continue only if “VOC Emission Rate” is “W25-” or “OTHER” or if “Facility Operations” is “BODY.”**

**Vapor Recovery:**

Select one of the following options that best represent the vapor recovery system utilized in the surface coating operations. Enter the code on the form.

Code	Description
CREC	Control device designed to collect and recover VOC
TENC	A permanent total enclosure is utilized that directs all VOCs to a control device
OTHER	Other vapor recovery systems
NONE	No vapor recovery system is used to control emissions

**Control Device ID No.:**

Enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters). This should be consistent with the number listed on Form OP-SUM. Otherwise, leave this column blank.

**Table 8b: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)  
Subchapter E, Division 2: Surface Coating Processes**

- ★ Complete Table 8b only if “Facility Operations” from Table 8a is “MISM,” “BODY,” “WPP,” or “MIRR” and “Vapor Recovery” is “NONE” for surface coating operations located in Brazoria, Chambers, Collin, Dallas, Denton, Ellis, El Paso, Fort Bend, Galveston, Hardin, Harris, Jefferson, Johnson, Kaufman, Liberty, Montgomery, Orange, Parker, Rockwall, Tarrant, or Waller County.
- ★ Complete Table 8b only if “Facility Operations” from table 8a is “MISM” and “Vapor Recovery” is “NONE” for surface coating operations located in Gregg, Nueces, or Victoria County.

**Process ID No.:**

Enter the identification number (ID No.) for the surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

- ★ Complete “Alternate Requirements (AR),” “AR ID No.,” and “Miscellaneous Coating Type” only if “Facility Operations” from Table 8a is “MISM.”

**Alternate Requirements (AR):**

Enter “YES” if an alternate requirement to 30 TAC § 115.421(a)(9) or 115.421(b)(8) has been approved by the TCEQ Executive Director. Otherwise, enter “NO.”

**AR ID No.:**

If alternate requirements have been approved, then enter the corresponding alternate requirement unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the AR approval letter in the table column. The unique identifier and/or the date of the approval letter are contained in the compliance file under the appropriate account number. Otherwise, leave this column blank.

- ▼ Do not continue if “Alternate Requirements (AR)” is “YES.”

**Miscellaneous Coating Type:**

Select one of the following options that best applies to the type of coating utilized. Enter the code on the form.

Code	Description
INTP	Clear coat or an interior protective coating for pails and drums
BAKE	A coating that is low-bake, or utilizes air or forced air driers
EXTR	Extreme performance coating, including chemical milling maskants
OTHER	Any other coating type

*Note: If more than one emission limitation in 30 TAC § 115.421(a)(9)(A) applies to a specific coating, then the least stringent emission limitation applies per 30 TAC § 115.421(a)(9)(B). Indicate the “Miscellaneous Coating Type” code for the coating type with the least stringent emission limitation.*

- ▼ Do not continue if “Facility Operations” from Table 8a is “MISM.”
- ★ Complete “Vehicle Refinishing Coating Type” only if “Facility Operations” from Table 8a is “BODY.”

**Vehicle Refinishing Coating Type:**

Select one of the following options that best applies to the type of coating applied at the vehicle refinishing shop. Enter the code on the form.

Code	Description
PRIM	Primer or primer surfacer
PREC	Precoat
PRTR	Pretreatment
SING	Single-stage topcoat
CCBC	Clearcoat/basecoat
3STA	Three stage system
SPEC	Specialty coating
SEAL	Sealer
WIPE	Wipe-down solution

★ **Complete “Mirror Backing” only if “Facility Operations” from Table 8a is “MIRR.”**

**Mirror Backing:**

Select one of the following options to describe the mirror backing coating operation. Enter the code on the form.

Code	Description
CURT	Mirror backs are coated by a curtain coating system
ROLL	Mirror backs are coated by a roll coating process

★ **Complete “Wood Coating Type” only if “Facility Operations” from Table 8a is “WPP.”**

**Wood Coating Type:**

Select one of the following options that best represents the wood coating type used in the wood coating process. Enter the code on the form.

Code	Description
CTOP	Clear topcoat
WASH	Washcoat
REPC	Final repair coat
GLAZ	Semitransparent wiping or glazing stain
SPRA	Semitransparent spray stain or toner
GRND	Enamel or opaque ground coat
SEAL	Clear sealer
CLSH	Clear shellac
OPSH	Opaque shellac
VARN	Varnish
OTHER	Any other wood coating

**Table 8c: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)  
Subchapter E, Division 2: Surface Coating Processes**

★ **Complete Table 8c only if “Facility Operations” from Table 8a is “FURN.”**

**Process ID No.:**

Enter the identification number (ID No.) for the surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Combination:**

Enter “YES” if using a combination of the methods presented in 30 TAC §§ 115.421(a)(14)(A)(i) - (v) to limit VOC emissions. Otherwise, enter “NO.”

**Topcoats:**

Enter “YES” if using topcoats for finishing operations as specified in 30 TAC § 115.421(a)(14)(A)(i). Otherwise, enter “NO.”

**Finishing System:**

Enter “YES” if using a finishing system of sealers and topcoats, as specified in 30 TAC § 115.421(a)(14)(A)(ii). Otherwise, enter “NO.”

**Acid-Cured Sealers and Topcoats:**

Enter “YES” if using acid-cured alkyd amino vinyl sealers and acid-cured alkyd amino conversion varnish topcoats. Otherwise, enter “NO.”

**Acid-Cured Topcoats:**

Enter “YES” if using a sealer other than an acid-cured alkyd amino vinyl sealer and acid-cured alkyd amino conversion varnish topcoats. Otherwise, enter “NO.”

**Acid-Cured Sealers:**

Enter “YES” if using acid-cured alkyd amino vinyl sealers and a topcoat other than an acid-cured alkyd amino conversion varnish topcoat. Otherwise, enter “NO.”

**Averaging:**

Enter “YES” if using an averaging approach and demonstrating that actual daily emissions from the wood furniture manufacturing facility are less than or equal to the lower of the actual versus allowable emissions. Otherwise, enter “NO.”

**Strippable Booth Coatings:**

Enter “YES” if strippable booth coatings are used in cleaning operations. Otherwise, enter “NO.”

**Table 8d: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)  
Subchapter E, Division 2: Surface Coating Processes**

★ Complete Table 8d only if “Facility Operations” is “AERO.”

**Process ID No.:**

Enter the ID No. for the surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Aerospace Coating Type:**

Select one of the following options that best represents the aerospace coating type applied to aerospace vehicles or components. Enter the code on the form.

Code	Description
PRIME	Primer
TOP	Topcoat
TYPEI	Type I chemical milling maskants
TYPEII	Type II chemical milling maskants

SPEC Specialty coatings

★ Complete “Comply with § 63.750” only if “Aerospace Coating Type” is “PRIME,” “TOP,” “TYPEI,” or “TYPEII.”

**Comply with 40 CFR § 63.750:**

Enter “YES” if the facility is complying with the test method requirements of Title 40 Code of Federal Regulations § 63.750. Otherwise, enter “NO.”

**Flush:**

Enter “YES” if parts, assemblies, or components are flush cleaned with solvent. Otherwise, enter “NO.”

**Cleaning Solvents:**

Enter “YES” if hand wipe solvents are used. Otherwise, enter “NO.”

▼ Continue only if “Cleaning Solvents” is “YES.”

**Aqueous:**

Enter “YES” if aqueous or semi-aqueous cleaning solvents are used. Otherwise, enter “NO.”

**Solvent Vapor Pressure:**

Enter “YES” if the cleaning solvent vapor pressure is less than or equal to 45 mmHg at 20 degrees C. Otherwise, enter “NO.”

**Table 9a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart GG: National Emission Standards for Aerospace Manufacturing and Rework Facilities**

★ Complete only for operations at facilities that are engaged, either in part or in whole, in the manufacture or rework of commercial, civil, or military aerospace vehicles or components and that are major sources.

**Process ID No.:**

Enter the identification number (ID No.) for the primer, topcoat, or chemical milling maskant application operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the process (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB XXXX]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Contains Operations Identified in 40 CFR § 63.741(c):**

Enter “YES” if the facility contains operations identified in 40 CFR § 63.741(c). Otherwise, enter “NO.”

▼ Continue only if “Contains Operations Identified in 40 CFR § 63.741(c)” is “YES.”

**40 CFR § 63.741(f) Exemption:**

Enter “YES” if the only activities in the process or facility at the site are identified in 40 CFR § 63.741(f). Otherwise, enter “NO.”

▼ Continue only if “40 CFR § 63.741(f) Exemption” is “NO.”

**Application Type:**

Select one of the following options that best describes the manufacture or rework process of commercial, civil, or military aerospace vehicles or components. Enter the code on the form.

Code	Description
PRIM	Primer application operation
TOP	Topcoat operation
CHEM	Chemical milling maskant operation



**No Longer Operational:**

Enter “YES” if the vehicle or component to be coated is no longer operational, intended for public display, and not easily capable of being moved. Otherwise, enter “NO.”

▼ **Continue only if “No Longer Operational” is “NO.”**

**HAP and VOC less than Content Limits:**

Enter “YES” if the manufacturer’s supplied data for any of the waterborne coatings demonstrates that organic hazardous air pollutant (HAP) and volatile organic compound (VOC) contents are less than or equal to the organic HAP and VOC content limits for its coating type. Otherwise, enter “NO.”

**Table 9b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart GG: National Emission Standards for Aerospace Manufacturing and Rework Facilities**

**Process ID No.:**

Enter the identification number (ID No.) for the primer, topcoat, or chemical milling maskant application operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the process (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB XXXX]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Emission Control:**

Select one of the following options that describe the emission control. Enter the code on the form.

Code	Description
FIX	Fixed bed carbon adsorption system
CADS	Carbon adsorption system other than a fixed bed adsorption system
CAT	Catalytic incinerator
INCIN	Incinerator other than a catalytic incinerator
OTHER	Control device other than an incinerator or carbon adsorption system
NONE	No control device is used to reduce organic HAP emissions

**Control Device ID No.:**

Enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters). This should be consistent with the identification number listed on Form OP-SUM. Otherwise, leave this column blank.

**Alternative Monitoring Methods:**

Enter “YES” if the request to use alternative monitoring method(s) (AMM) has been approved by the EPA Administrator. Otherwise, enter “NO.”

**AMM ID No.:**

If an AMM has been approved, then enter the corresponding AMM unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the AMM approval letter. The unique identifier and/or the date of the approval letter are contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

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**Table 9c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart GG: National Emission Standards for Aerospace Manufacturing and Rework Facilities**

★ **Complete Table 9c only if “Emission Control” from Table 9b is “NONE.”**

**Process ID No.:**

Enter the identification number (ID No.) for the primer, topcoat, or chemical milling maskant application operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the process (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB XXXX]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

★ **Complete “Low HAP Content” only if “Application Type” from Table 9b is “PRIM.”**

**Low HAP Content:**

Enter “YES” if the coating is a “low HAP content” primer. Otherwise, enter “NO.”

**HAP Averaging:**

Enter “YES” if averaging is used to determine the monthly volume-weighted average mass of organic HAP emitted per volume of coating (less water) as applied. Otherwise, enter “NO.”

**VOC Averaging:**

Enter “YES” if averaging is used to determine the monthly volume-weighted average mass of VOC emitted per volume of coating (less water and exempt solvents) as applied. Otherwise, enter “NO.”

▼ **Do not continue if “Application Type” from Table 9a is “CHEM” and “Emission Control” from Table 9a is “NONE.”**

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**Table 9d: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart GG: National Emission Standards for Aerospace Manufacturing and Rework Facilities**

**Process ID No.:**

Enter the identification number (ID No.) for the primer, topcoat, or chemical milling maskant application operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the process (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB XXXX]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

★ **Complete “Inorganic HAP” only if “Application Type” from Table 9a is “PRIM” or “TOP.”**

**Inorganic HAP:**

Enter “YES” if any of the coatings contain inorganic HAP. Otherwise, enter “NO.”

★ **Complete the remainder of Table 9d only if “Inorganic HAP” is “YES.”**

**Construction Date:**

Select one of the following options based on the date of commencement of the most recent construction, modification, or reconstruction. Enter the code on the form.

Code	Description
94-	On or before June 6, 1994
94-96	After June 6, 1994 and on or before October 29, 1996
96+	After October 29, 1996

★ Complete “Comply with 40 CFR § 63.745(g)(2)(iii)” only if “Construction Date” is “94-96.”

**Comply with 40 CFR § 63.745(g)(2)(iii):**

Enter “YES” if the facility is electing to comply with 40 CFR § 63.745(g)(2)(iii) in lieu of complying with § 63.745(g)(2)(ii). Otherwise, enter “NO.”

★ Complete “Chromium/Cadmium” only if “Comply with 40 CFR § 63.745(g)(2)(iii)” is “YES.”

**Chromium/Cadmium:**

Enter “YES” if the primer or topcoat contains chromium or cadmium. Otherwise, enter “NO.”

**Inorganic HAP Control:**

Select one of the following options that describe the control device used. Enter the code on the form.

Code	Description
DRY	Dry particulate filter system
HEPA	HEPA or three stage filter system specified in 40 CFR § 63.745(g)(2)(iii)(B)
WATER	Waterwash system
OTHER	Other (includes equivalent specified in 40 CFR § 63.745(g)(2)(iii)(B))

**Control Device ID No.:**

Enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters). This should be consistent with the identification number listed on Form OP-SUM. Otherwise, leave this column blank.

**Table 9e: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart GG: National Emission Standards for Aerospace Manufacturing and Rework Facilities**

★ Complete Table 9e only if “Emission Control” from Table 9b is “FIX” or “CADS”

**Process ID No.:**

Enter the identification number (ID No.) for the primer, topcoat, or chemical milling maskant application operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP Index No.:**

Site operating permit (SOP) applicants should indicate the SOP index number for the process (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB XXXX]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Compliance Techniques:**

Enter “YES” if compliance techniques other than those specified in 40 CFR Part 63, Subpart GG are used. Otherwise, enter “NO.”

▼ Continue only if “Compliance Techniques” is “NO.”

**Enclosure:**

Enter “YES” if a total enclosure around the affected HAP emission points is used per 40 CFR § 63.750(g)(4). Otherwise, enter “NO.”

★ Complete “Vented” only if “Enclosure” is “NO.”

**Vented:**

Enter “YES” if the solvent HAP emissions are vented through a room, enclosure, or hood to a control device. Otherwise, enter “NO.”

**Nonregenerative:**

Enter “YES” if the carbon adsorber is nonregenerative. Otherwise, enter “NO.”

★ Complete “Design Evaluation” only if “Vented” is “NO” and “Nonregenerative is “YES.”

**Design Evaluation:**

Enter “YES” if design evaluation is conducted to demonstrate initial compliance. Otherwise, enter “NO.”

★ Complete “Site-Specific Operating Parameter” only if “Design Evaluation” is “YES.”

**Site-Specific Operating Parameter:**

Select one of the following options to describe the site-specific operating parameter. Enter the code on the form.

Code	Description
TIME	Carbon replacement time interval as the site-specific operating parameter
OTHER	Site-specific operating parameter other than the carbon replacement time interval

★ Complete “Complying With 40 CFR §63.751(b)(6)(iii)(D)” only if “Site Specific Operating Parameter” is “TIME.”

**Complying with 40 CFR §63.751(b)(6)(iii)(D):**

Enter “YES” if the owner is complying with 40 CFR § 63.751(b)(6)(iii)(D). Otherwise, enter “NO.”

★ Complete “Dedicated Solvent Recovery Device” only if “Vented” is “NO” and “Nonregenerative” is “NO.”

**Dedicated Solvent Recovery Device:**

Enter “YES” if the carbon adsorber utilizes a dedicated solvent recovery device. Otherwise, enter “NO.”

★ Complete “Material Balance Option” only if “Dedicated Solvent Recovery Device” is “YES.”

**Material Balance Option:**

Enter “YES” if a liquid-liquid HAP or VOC material balance over a rolling 7 to 30-day period is performed for the dedicated solvent recovery device. Otherwise, enter “NO.”

**Individual Exhaust:**

Enter “YES” if there is an individual exhaust stack for each carbon adsorber vessel. Otherwise, enter “NO.”

**Table 10a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart JJ: National Emission Standards for Wood Furniture Manufacturing Operations**

**Process ID No.:**

Enter the identification number (ID No.) for the wood furniture manufacturing facility unit or process (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Major Source:**

Enter “YES” if the facility is a wood furniture or wood furniture component manufacturing facility that is located at a plant that is a major source as defined in 40 CFR § 63.2. Otherwise, enter “NO.”

▼ Continue only if “Major Source” is “YES.”

**Research/Laboratory Facility:**

Enter “YES” if the source is a research or laboratory facility. Otherwise, enter “NO.”

▼ Continue only if “Research/Laboratory Facility” is “NO.”

**Additional Applicability:**

Select one of the following codes to indicate whether the facility meets the applicability criteria of another 40 CFR Part 63 Subpart. Enter the code on the form.

Code	Description
MMMM	Metal parts and products surface coating facility that meets the applicability criteria specified in §63.800(d)(1)
PPPP	Plastic parts and products coating facility that meets the applicability criteria specified in §63.800(d)(2)
QQQQ	Surface coating facility for wood building products that meets the applicability criteria specified in §63.800(d)(3)
RRRR	Surface coating facility for metal furniture that meets the applicability criteria specified §63.800(d)(4)
NONE	None of the above

▼ Continue only if “Additional Applicability” is “NONE.”

**Quantity of Materials Used:**

Select one of the following options to describe the quantity of materials used at the facility. Enter the code on the form.

Code	Description
250-	Facility uses less than or equal to 250 gallons per month of coating, gluing, cleaning, and wash-off materials from all source categories at the site
3000-	Facility uses less than or equal to 3,000 gallons per rolling 12-month period of coating, gluing, cleaning, and wash-off materials from all source categories at the site. <i>(This choice implies that “250-” does not describe the quantity of materials used.)</i>
3000+	Facility uses greater than 3,000 gallons per rolling 12-month period of coating, gluing, cleaning, and wash off materials from all source categories at the site

★ Complete “Percent HAP Emissions” only if “Quantity of Materials Used” is “3000-” or “250-.”

**Percent HAP Emissions:**

Select one of the following options to describe the percentage of annual hazardous air pollutant (HAP) emissions from finishing materials, adhesives, cleaning solvents, and washing solvents at the site. Enter the code on the form.

Code	Description
90-	HAP emissions less than 90 percent
90+	HAP emissions greater than or equal to 90 percent

▼ Do not continue if “Percent HAP Emissions” is “90+.”

**HAP Tonnage:**

Enter “YES” if the facility uses materials containing less than or equal to five tons of any one HAP, or less than or equal to 12.5 tons of any combination of HAPs per rolling 12-month period. Otherwise, enter “NO.”

★ Complete “Plant-Wide Emissions” only if “HAP Tonnage” is “YES.”

**Plant-Wide Emissions:**

Select one of the following options to describe the percentage of plant-wide emissions associated with the manufacture of wood furniture or wood furniture components. Enter the code on the form.

Code	Description
90-	Less than 90 percent plant wide emissions

90+ Greater than or equal to 90 percent plant wide emissions

▼ Do not continue if “Plant-Wide Emissions” is “90+.”

**Table 10b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart JJ: National Emission Standards for Wood Furniture Manufacturing Operations**

**Process ID No.:**

Enter the identification number (ID No.) for the wood furniture manufacturing facility unit or process (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Source Classification:**

Select one of the following options that best describes the source. Enter the code on the form.

Code	Description
NEW	New affected source constructed after December 6, 1994
EXT	Existing affected source constructed on or before December 6, 1994

**Formaldehyde Content:**

Enter “YES” if the facility uses low formaldehyde coatings and contact adhesives in the wood furniture manufacturing operations. Otherwise enter “NO.”

★ Complete “Formaldehyde Control System” only if “Formaldehyde Content” is “NO.”

**Formaldehyde Control System:**

Enter “YES” if the facility uses a control system to limit formaldehyde emissions. Otherwise enter “NO.”

**Facility Operations:**

Select one of the following options to describe the type of operations performed at the affected facility. Enter the code on the form. Facilities conducting multiple operations must complete a different row on the form for each operation.

Code	Description
FINISH	Finishing operations
GLUE	Gluing operations using contact adhesives
SPRAY	Facility using strippable spray booth coatings

▼ Do not continue if “Facility Operations” is “SPRAY.”

★ If “Facility Operations” is “GLUE,” do not complete the remainder of Table 10b. Go to Table 10c and provide information as required depending on “Source Classification:”

- If “Source Classification” is “EXT,” go to Table 10c and provide information beginning with “Foam Adhesives.”
- If “Source Classification” is “NEW,” go to Table 10c and provide information beginning with “Contact Adhesive Technique.”

★ Complete the rest of Table 10b only if “Facility Operations” is “FINISH.”

**Combination Compliance Technique:**

Enter “YES” if the facility complies with 40 CFR § 63.802(a)(1) (for existing affected sources) or 63.802(b)(1) (for new affected sources) by using any combination of an averaging approach, compliant finishing materials, and a control system. Otherwise, enter “NO.”

**Compliance by Calculating Average VHAP:**

Enter “YES” if the facility complies with 40 CFR § 63.802(a)(1) (for existing affected sources) or 63.802(b)(1) (for new affected sources) by calculating the average volatile HAP (VHAP) content for all finishing materials. Otherwise, enter “NO.”

**Compliant Finishing Materials:**

Enter “YES” if the facility complies with 40 CFR § 63.802(a)(1) (for existing affected sources) or 63.802(b)(1) (for new affected sources) by using compliant finishing materials. Otherwise, enter “NO.”

★ **Complete “Continuous Coaters” only if “Compliant Finishing Materials” is “YES.”**

**Continuous Coaters:**

Enter “YES” if the facility applies coatings using continuous coaters. Otherwise, enter “NO.”

▼ **Do not continue if “Compliant Finishing Materials” is “YES.”**

**Table 10c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart JJ: National Emission Standards for Wood Furniture Manufacturing Operations**

**Process ID No.:**

Enter the identification number (ID No.) for the wood furniture manufacturing facility unit or process (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Control System:**

Enter “YES” if the facility complies with 40 CFR § 63.802(a)(1) (for existing affected sources) or 40 CFR § 63.802(b)(1) (for new affected sources) by using a control system. Otherwise, enter “NO.”

★ **Complete “Foam Adhesives” only if “Source Classification” is “EXT” and “Facility Operations” is “GLUE.”**

**Foam Adhesives:**

Enter “YES” if the foam adhesives are used in products meeting the flammability requirements specified in § 63.802(a)(2)(i). Otherwise, enter “NO.”

▼ **Do not continue if “Foam Adhesives” is “YES.”**

★ **Complete “Contact Adhesive Technique” only if “Facility Operations” is “GLUE.”**

**Contact Adhesive Technique:**

Enter “YES” if the facility uses a compliant contact adhesive technique to comply with 40 CFR § 63.802(a)(2)(ii) (for existing affected sources) or 40 CFR § 63.802(b)(2) (for new affected sources). Otherwise, enter “NO.”

▼ **Do not continue if “Contact Adhesives Technique” is “YES.”**

★ **Complete “Permanent Enclosure” only if “Control System” is “YES” or if “Contact Adhesive Technique” is “NO.”**

**Permanent Enclosure:**

Enter “YES” if the facility demonstrates compliance in accordance with 40 CFR § 63.804(f)(4) or § 63.804(f)(6) by installing a permanent enclosure around the affected emission points. Otherwise, enter “NO.”

★ **Complete “Control Device” and “Control Device ID No.” only if “Control System” is “YES” or if “Contact Adhesive Technique” is “NO.”**

**Control Device:**

Select one of the following options to describe the control device that is used. Enter the code on the form.

Code	Description
THERM	Thermal incinerator
FLUID	Catalytic incinerator equipped with a fluidized catalyst bed
FIXED	Catalytic incinerator equipped with a fixed catalyst bed
CAS	Carbon adsorber
OTHER	Control device not listed in rule
NONE	None

**Control Device ID NO.:**

If applicable, enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters). This number should be consistent with the control device identification number listed on Form OP SUM. If there is no control device, then leave this column blank.

**Table 11a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart PPPP: National Emission Standards for Hazardous Air Pollutants for Surface Coating of Plastic Parts and Products**

★ **Complete only for plastic parts and products surface coating facility as described in §63.4481(a) that is a major source, part of a major source, or is located at a major source of HAP emissions as described in §63.4481(b).**

**Process ID No.:**

Enter the identification number (ID No.) for the wood furniture manufacturing facility unit or process (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Quantity of Materials Used:**

Select one of the following options to describe the quantity of coating materials used per year in the surface coating of plastic parts and products. Enter the code on the form.

Code	Description
100-	Facility uses less than or equal to 100 gallons
100+	Facility uses greater than 100 gallons

▼ **Continue only if “Quantity of Materials Used” is “100+.”**

**Facility Operations:**

Select one of the following options to describe the type of operations performed at the affected facility. Enter the code on the form.

Code	Description
LAB	Surface coating operations occur at research or laboratory facilities
MAINT	Surface coating is part of janitorial, building, and maintenance operations
HOBBY	Surface coating operations occur at noncommercial hobby shops
USAF	Coating is performed on-site at installations owned or operated by the Armed Forces of the United States, or military munitions manufactured by and for the Armed Forces of the U.S.
NASA	Coating is performed on-site at installations owned or operated by NASA



EXT	Surface coating operation extrudes plastic onto plastic parts or products to form a coating
MAGNET	Surface coating of magnet wire
PRINT	Screen printing
OTHER	Other

▼ **Continue only if “Facility Operations” is “OTHER.”**

**Overlap:**

Select one of the following options to describe the overlap with other regulations (i.e., the facility meets the applicability criteria of the emission limits specified in any of the listed regulations). Enter the code on the form.

Code	Description
WWWW	Title 40 CFR Part 63, Subpart WWWW
JJ	Title 40 CFR Part 63, Subpart JJ
NNNN	Title 40 CFR Part 63, Subpart NNNN
RRRR	Title 40 CFR Part 63, Subpart RRRR
QQQQ	Title 40 CFR Part 63, Subpart QQQQ
GG	Title 40 CFR Part 63, Subpart GG
GGA	Appendix A to Title 40 CFR Part 63, Subpart GG
II	Title 40 CFR Part 63, Subpart II
JJJJ	Title 40 CFR Part 63, Subpart JJJJ
VVVV	Title 40 CFR Part 63, Subpart VVVV
3082B	§ 63.3082(b) of Title 40 CFR Part 63, Subpart IIII
IIII	Meeting § 63.3081(b) and § 63.3082(c) of Title 40 CFR Part 63, Subpart IIII and choosing to comply with Subpart IIII
NONE	None of the above overlaps

▼ **Continue only if “Overlap” is “NONE.”**

**Multiple Limits:**

Enter “YES” if the facility meets the applicability criteria of more than one of the emission limits specified in § 63.4490(a) or (b). Otherwise, enter “NO.”

★ **Complete “Comply Separately” only if “Multiple Limits” is “YES.”**

**Comply Separately:**

Enter “YES” if you are electing to comply with each emission limit separately. Otherwise, enter “NO.”

**New Source:**

Enter “YES” if the facility is a new or reconstructed affected source. Otherwise, enter “NO.”

**Table 11b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart PPPP: National Emission Standards for Hazardous Air Pollutants for Surface Coating of  
Plastic Parts and Products**

**Process ID No.:**

Enter the identification number (ID No.) for the wood furniture manufacturing facility unit or process (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Source Type:**

Enter one of the following options to describe the type of affected source. Enter the code on the form.

For sources with a “Multiple Limits” designation of “NO” or a “Comply Separately” designation of “YES:”

Code	Description
GEN	General use coating
LAMP	Automotive lamp coating
TPO	Thermoplastic olefin coating
VEHICLE	Assembled on-road vehicle coating

For sources with a “Multiple Limits” designation of “YES” and “Comply Separately” Designation of “NO:”

Code	Description
90GEN	General use coating accounts for at least 90 percent of surface coating activity
90TPO	Thermoplastic olefin coating accounts for at least 90 percent of surface coating activity
FSEL	Calculate and comply with a facility-specific emission limit

**Compliance Option:**

Enter one of the following options to describe the compliance option being used. Enter the code on the form.

Code	Description
COMP	Compliant material option
ERATE	Emission rate without add-on controls option
ERATEC	Emission rate with add-on controls option

**HAP Mass Fraction Option:**

Enter one of the following options to describe the method of determining the mass fraction of organic HAP for each coating, thinner and/or other additive, and cleaning material. Enter the code on the form.

Code	Description
311	Method 311 (appendix A to 40 CFR Part 63)
24HAP	Method 24 (appendix A to 40 CFR Part 60)
ALTHAP	Approved alternative method
INFOHAP	Information for the supplier or manufacturer of the material
SOLV	Solvent blends

**ALTHAP ID No.:**

If an alternate method for determining mass fraction of organic HAP has been approved, then enter the corresponding ALTHAP identification number (ID No.) for each unit or process (maximum 10 characters). If the ALTHAP identification number is unavailable, then enter the date of the approval letter. The identification number and/or the date of the approval letter are contained in the compliance file under the appropriate regulated entity number. Otherwise, leave this column blank.

**Coating Solid Mass Fraction Option:**

Enter one of the following options to describe the method of determining the mass fraction of coating solids for each coating, thinner and/or other additive, and cleaning material. Enter the code on the form.

Code	Description
24COAT	Method 24 (appendix A to 40 CFR Part 60)
ALTCOAT	Approved alternative method
INFOCOAT	Information for the supplier or manufacturer of the material

**ALTCOAT ID No.:**

If an alternate method for determining mass fraction of coating solids has been approved, then enter the corresponding ALTCOAT identification number (ID No.) for each unit or process (maximum 10 characters). If the ALTCOAT identification number is unavailable, then enter the date of the approval letter. The identification number and/or the date

of the approval letter are contained in the compliance file under the appropriate regulated entity number. Otherwise, leave this column blank.

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**Table 11c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart PPPP: National Emission Standards for Hazardous Air Pollutants for Surface Coating of  
Plastic Parts and Products**

**Process ID No.:**

Enter the identification number (ID No.) for the wood furniture manufacturing facility unit or process (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

★ **Complete “HAP Mass Waste Materials” only if “Compliance Option” is “ERATE.”**

**HAP Mass Waste Materials:**

Enter “YES” if you are electing to account for the mass of organic HAP contained in waste materials sent or designated for shipment to a hazardous waste treatment, storage, and disposal facility (TSDF). Otherwise, enter “NO.”

**Reporting Schedule:**

Enter “YES” if the Administrator has approved a different schedule for the submission of reports under 63.10(a). Otherwise, enter “NO.”

**ALTRPRT ID NO.:**

If an alternate reporting schedule has been approved, then enter the corresponding identification number (ID No.) for each unit or process (maximum 10 characters). If the ALTRPRT identification number is unavailable, then enter the date of the approval letter. The identification number and/or the date of the approval letter are contained in the compliance file under the appropriate regulated entity number. Otherwise, leave this column blank.

**Alternative SSM Reporting:**

Enter “YES” if you have made alternative arrangements with the Administrator as specified in 63.10(d)(5)(ii) for submitting startup, shutdown, or malfunction reports. Otherwise, enter “NO.”

**ALTSSM ID No.:** If an alternative arrangements for submitting startup, shutdown, or malfunction reports has been approved, then enter the corresponding identification number (ID No.) for each unit or process (maximum 10 characters). If the ALTSSM identification number is unavailable, then enter the date of the approval letter. The identification number and/or the date of the approval letter are contained in the compliance file under the appropriate regulated entity number. Otherwise, leave this column blank

▼ **Continue only if “Compliance Option” is “ERATEC.”**

**Liquid-Liquid Material Balances:**

Select “YES” if you are operating a solvent recovery system were liquid-liquid material balances have been conducted. Otherwise, enter “NO.”

★ **Complete “Performance Test” only if “Liquid-Liquid Material Balances” is “NO.”**

**Performance Test:**

Select one of the following options to describe performance test requirements. Enter the code on the form.

Code	Description
TEST	You are required to conduct an initial performance test to determine capture efficiency or destruction efficiency of a capture system or control device
PRIOR	Using results of prior performance test meeting § 63.4560(c)(1)-(3)
WAIVER	You have obtained a waiver of the performance test § 63.7(h)

**PERFTEST/WAIVER ID No.:**

If approval to use prior performance test results has been obtained or if a waiver has been obtained, then enter the corresponding PERFTEST/WAIVER identification number (ID No.) for each unit or process (maximum 10 characters) for the prior test or waiver approval. If the PERFTEST identification number is unavailable, then enter the date of the approval letter. The identification number and/or the date of the approval letter are contained in the compliance file under the appropriate regulated entity number. Otherwise, leave this column blank.

**Table 11d: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart PPPP: National Emission Standards for Hazardous Air Pollutants for Surface Coating of Plastic Parts and Products**

**Process ID No.:**

Enter the identification number (ID No.) for the wood furniture manufacturing facility unit or process (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Alternative Work Practice Standards:**

Enter “YES” if you have been granted permission by the Administrator to use alternative work practice standards. Otherwise, enter “NO.”

**Altworkstds ID No.:**

If approval to use alternative work practice standards has been granted, then enter the corresponding ALTWORKSTDS identification number (ID No.) for each unit or process (maximum 10 characters). If the ALTWORKSTDS identification number is unavailable, then enter the date of the approval letter. The identification number and/or the date of the approval letter are contained in the compliance file under the appropriate regulated entity number. Otherwise, leave this column blank.

★ **Complete “Alternative Monitoring and Operating Limits” only if “Liquid-Liquid Material Balances” is “NO.”**

**Alternative Monitoring and Operating Limits:**

Enter “YES” if you have received approval for alternative monitoring and operating limits. Otherwise, enter “NO.”

**Alt MON OP Limits ID No.:**

If approval to use alternative monitoring and operating limits has been granted, then enter the corresponding ALT MON OP LIMITS identification number (ID No.) for each unit or process (maximum 10 characters). If the ALT MON OP LIMITS Identification number is unavailable, then enter the date of the approval letter. The identification number and/or the date of the approval letter are contained in the compliance file under the appropriate regulated entity number. Otherwise, leave this column blank.

- ★ Complete “Control Option” only if “Liquid-Liquid Material Balances” is “NO” and “Alternative Monitoring and Operating Limits” is “NO.”

**Control Device:**

Enter one of the following options to describe the control device being used. Enter the code on the form.

Code	Description
THERMOX	Thermal oxidizer
CATOX	Catalytic oxidizer
ADSORB	Regenerative carbon adsorber
COND	Condenser
CONC	Concentrators, including zeolite wheels and rotary carbon adsorbers
OTHER	Other

**Control Device ID No.:**

Enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters). This should be consistent with the identification number listed on Form OP-SUM. Otherwise, leave this column blank.

**Table 11e: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart PPPP: National Emission Standards for Hazardous Air Pollutants for Surface Coating of Plastic Parts and Products**

**Process ID No.:**

Enter the identification number (ID No.) for the wood furniture manufacturing facility unit or process (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

- ★ Complete “Carbon Concentration” only if “Control Option” is “THERMOX” or “CATOX.”

**Carbon Concentration:**

Enter “YES” if the total gaseous organic concentration as carbon is expected to be more than 50 parts per million (ppm) at the control device outlet. Otherwise, enter “NO.”

- ★ Complete “Capture System” only if “Liquid-Liquid Material Balances” is “NO” and “Alternative Monitoring and Operating Limits” is “NO.”

**Capture System:**

Enter one of the following options to describe the capture system being used. Enter the code on the form.

Code	Description
PTE	Emission capture system that is a permanent total enclosure according to § 63.4565(a)
NONPTE	Emission capture system that is not a permanent total enclosure according to § 63.4565(a)

- ★ Complete “Bypass Line” only if “Liquid-Liquid Material Balances” is “NO” and “Alternative Monitoring and Operating Limits” is “NO.”

**Bypass Line:**

Enter “YES” if the emission capture system is contains a bypass line. Otherwise, enter “NO.”

- ★ Complete “100 percent Capture Efficiency” only if “Liquid-Liquid Material Balances” is “NO” and “Alternative Monitoring and Operating Limits” is “NO.”

**100 Percent Capture Efficiency:**

Enter “YES” if you are assuming 100 percent capture efficiency. Otherwise, enter “NO.”

★ **Complete “Protocol” only if “100 percent Capture Efficiency” is “NO.”**

**Protocol:**

Enter one of the following options to describe the efficiency protocol used. Enter the code on the form.

Code	Description
LG	Measuring emission capture system efficiency using the liquid-to-uncaptured-gas protocol § 63.4565(c)
GG	Measuring emission capture system efficiency using gas-to-gas protocol § 63.4565(d)
ALT	Alternate capture efficiency protocol per § 63.4565(e)

**Alt Protocol ID No.:**

If approval to use alternative capture efficiency protocol has been granted, then enter the corresponding ALT PROTOCOL ID identification number (ID No.) for each unit or process (maximum 10 characters). If the ALT PROTOCOL ID Identification number is unavailable, then enter the date of the approval letter. The identification number and/or the date of the approval letter are contained in the compliance file under the appropriate regulated entity number. Otherwise, leave this column blank.

**Table 12a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)**

**Subchapter E, Division 5: Control Requirements for Surface Coating Processes**

★ **Complete only for surface coating processes located in the Dallas/Fort Worth or Houston/Galveston area.**

**Process ID No.:**

Enter the identification number (ID No.) for the surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Exemption:**

Select one of the following exemption options. Enter the code on the form.

Code	Description
AEROSOL	The surface coating process is performed using only aerosol coating as defined in §115.450.
TEST	The coating is only applied to test panels and coupons as part of an R&D, quality control or performance test at a paint research or manufacturing facility.
NONE	No exemption is being met.

▼ **Continue only if “Exemption” is “NONE.”**

**Alternative Control:**

Select one of the following options to indicate if an alternative method of control approved under §115.454 is being used. Enter the code on the form.

Code	Description
ALTCRA	An alternative control requirement has been approved by the Executive Director in accordance with §115.454(a).
ALTCRB	An alternative control requirement approved by the Executive Director in accordance with §115.454(b).

NONE No alternative control is being used.

▼ **Do not continue if “Alternative Control” is “ALTCRA.”**

**Alternative Control ID No.:**

If approval to use alternative control has been granted, then enter the corresponding identification number (ID No.) for each unit or process (maximum 10 characters). If the identification number is unavailable, then enter the date of the approval letter. The identification number and/or the date of the approval letter are contained in the compliance file under the appropriate regulated entity number. Otherwise, leave this column blank.

**Low Usage:**

Select one of the following options to indicate if a low volume/mass amount of VOC coating for the surface coating operation is used. Enter the code on the form.

Code	Description
3LB	All surface coating operations on the property when uncontrolled emit a combined weight of VOC of less than 3 pounds per hour and less than 15 pounds in any consecutive 24-hour period.
100LBS	All surface coating operations on the property when uncontrolled emit a combined weight of VOC of less than 100 pounds in any consecutive 24-hour period and approved as part of the criteria of §115.451(a)(2).
150GAL	The total coating and solvent usage does not exceed 150 gallons in any consecutive 12-month period for all surface coating operations on the property.
OTHER	Surface coating operations do not meet any of the above exemptions.

▼ **Continue only if “Low Usage” is “150GAL” or “OTHER.”**

★ **Complete “Alt Record” only if “Low Usage” is “150GAL.”**

**Alternative Record:**

Select one of the following options if “LOW USAGE” is “150GAL” and an alternative recordkeeping requirement allowed under §115.458(b)(3) is or is not used. Enter the code on the form.

Code	Description
ALT	The facility is complying with the alternative recordkeeping requirements by maintaining records of total gallons of coating and solvent used each month and total gallons of coating and solvent used in the previous 12 months.
NOALT	The facility is complying with the recordkeeping requirements under §115.458(b)(2).

▼ **Do not continue if “Low Usage” is “150GAL.”**

**Process Type:**

Select one of the following options to indicate the type of surface coating process used. Enter the code on the form.

Code	Description
LAPPL	Large appliance surface coating
MTLFURN	Metal furniture surface coating
PAPER	Paper, film, and foil surface coating with the PTE from all coatings greater than 25 tons/year of VOC when uncontrolled
TRANS	In the Dallas/Fort Worth area, automotive and light-duty truck assembly surface coating process
PLCRAFT	Pleasure craft surface coating process and touch-up/repair coating greater than 50 gallons/year
PCMMPP	Powder coating applied to miscellaneous metal or plastic parts
MVMMPP	Motor vehicle materials applied to miscellaneous metal and plastic parts
MMP	Miscellaneous metal parts surface coating process
MPP	Miscellaneous plastic parts surface coating process
AUTOPP	Surface coatings for automotive/transportation plastic parts
MISC	Surface coatings or surface coating processes specified in §115.451(j)(1)-(8)
BMPP	Surface coating for business machine plastic parts

PLCRAFTTU Pleasure craft surface coating process using touch-up and repair coating supplied in containers of 1.0 quart or less and total usage of less than 50 gallons per year.

- ▼ Do not continue if “Process Type” is “PCMMPP,” “MVMMPP,” “MISC,” or “PLCRAFTTU”; or, if “Alternative Control” is “ALTCRB.”

**Table 12b: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)  
Subchapter E, Division 5: Control Requirements for Surface Coating Processes**

**Process ID No.:**

Enter the identification number (ID No.) for the surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

- ★ Complete “Specified Process” only if “Process Type” is “MPP.”

**Specified Process:**

Enter “YES” if the surface coating processes or surface coatings specified in § 115.451(i)(1)-(8) are used. Otherwise, enter “NO.”

- ▼ Do not continue if “Specified Process” is “YES.”

**90 Percent Vapor Control:**

Enter “YES” if the process is using a vapor control system capable of achieving a 90 percent control efficiency. Otherwise, enter “NO.”

- ★ Complete “Vapor Control” only if “90 percent Vapor Control” is “NO.”

**Vapor Control:**

Enter “YES” if a vapor control device is used to meet the VOC emission limits. Otherwise, enter “NO.”

- ★ Complete “Capture Efficiency” only if “90 percent Vapor Control” is “YES” or if “Vapor Control” is “YES.”

**Capture Efficiency:**

Select one of the following options to indicate the collection system used. Enter the code on the form.

Code	Description
ENCL	The sources has a permanent enclosure.
RECOVERY	The vapor control system meets the requirements of §115.455(a)(4)(A)(ii).
ALT	The facility has an approved protocol for calculating capture efficiency.
NONE	All other collection systems.

- ▼ Do not continue if “90 percent Vapor Control” is “YES.”
- ★ Complete “Vehicle Assembly” only if “Process Type” is “TRANS.”



**Vehicle Assembly:**

Select one of the following options if the surface coating “PROCESS TYPE” is “TRANS” to indicate the type of vehicle assembly coating process and/or material is or is not being used. Enter the code on the form.

Code	Description
ALT	The facility is complying with the alternative requirement of 4.8 lb VOC/gal for final repair coatings.
PROCESS	The facility uses one or more of the processes listed in §115.453(a)(3) Table 1.
CONTAINER	The facility is using one or more of the automobile/light-duty truck assembly surface coatings listed in §115.453(a)(3) Table 2 in containers less than or equal to 16 ounces or 1.0 pounds.
MATERIAL	The facility is using one or more of the automotive/light-duty truck assembly surface coatings listed in §115.453(a)(3) Table 2.

★ Complete “Electrodeposition” only if “Vehicle Assembly” is “PROCESS.”

**Electrodeposition:**

Enter “YES” if an electrodeposition primer operation is being used. Otherwise, enter “NO.”

▼ Do not continue if “Process Type” is “TRANS.”

**Table 12c: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)  
Subchapter E, Division 5: Control Requirements for Surface Coating Processes**

**Process ID No.:**

Enter the identification number (ID No.) for the surface coating operation (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Coating Used:**

Select one of the following options to describe the VOC content of the coating used at the facility. Enter the code on the form.

Code	Description
LB/GAL	The VOC content of the coating used is stated in terms of lb VOC/gallon of coating.
LB/GALS LD	The VOC content of the coating is stated in terms of lb VOC/gallon of solids.
LB/LBCOAT	The VOC content of the coating used is stated in terms of lb VOC/lb of coating.
LB/LBS LD	The VOC content of the coating used is stated in terms of lb VOC/lb of solids.

★ Complete “Extreme High-Gloss” only if “Process Type” is “PLCRAFT.”

**Extreme High-Gloss:**

Enter “YES” if the coating facility is a pleasure craft surface coating process where an extreme high-gloss coating is being used. Otherwise, enter “NO.”

★ Complete “Plastic Parts Low Usage” only if “Process Type” is “MPP.”

**Plastic Parts Low Usage:**

Select one of the following options to indicate total coating usage for miscellaneous plastic parts coating process. Enter the code on the form.

Code	Description
5GAL-	The total coating usage for all miscellaneous plastic parts airbrush coatings and surface coating processes is less than 5 gallons per year.
5GAL+	The total coating usage for all miscellaneous plastic parts airbrush coatings and surface coating processes is 5 gallons per year or more.

★ Complete “Drying Method” only if “Process Type” is “LAPPL,” “MTLFURN,” or “MMP.”

**Drying Method:**

Select one of the following options to describe the applied coating drying method. Enter the code on the form.

Code	Description
BAKED	Applied coating is baked dry.
AIR	Applied coating is air dried.

★ Complete “Application System” if “Process Type” is “MMP.”

**Application System:**

Select one of the following options to indicate if a surface coating process is exempt from the application system requirements. Enter the code on the form.

Code	Description
EXEMPT	The surface coating or surface coating process used is specified in §115.451(f)(1)-(7).
OTHER	The surface coating or surface coating process is not specified in §155.451(f)(1)-(7).

**Table 13: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)  
Subchapter E, Division 7, Miscellaneous Industrial Adhesives**

★ Complete this table only for solvent cleaning operation located in the Dallas-Fort Worth and Houston-Galveston-Brazoria areas.

**Process ID No.:**

Enter the identification number (ID No.) for the adhesive application process (maximum 10 characters) as listed on Form OP-SUM, (Individual Unit Summary).

**SOP 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]). For additional information relating to SOP index numbers, please go to the TCEQ website at [www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title\\_V/additional\\_fop\\_guidance.pdf](http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf).

**Exemption:**

Select one of the following exemption options. Enter the code in the form.

Code	Description
3TPY	The adhesive application process is located on a property with total actual VOC emissions of less than 3.0 tons per calendar year from all uncontrolled adhesives, adhesive primers, and solvents.
115REG	The adhesive application process is subject to another division of Chapter 115 and VOC emissions are controlled in accordance with that division.
471PRO	The adhesive application process is one which is specified in § 115.471(d)(1)-(17).
NONE	No exemption is being met.

▼ Continue only if “Exemption” is “NONE.”

**Alternate Control Requirement:**

Select one of the following options to indicate if an alternate method of demonstrating and documenting compliance, allowed under 30 TAC § 115.474, is or is not used. Enter the code on the form.

Code	Description
ALTCR	Alternate method for demonstration and documenting continuous compliance with applicable control requirements or exemption criteria and demonstrating substantially equivalent reduction efficiencies approved by the TCEQ Executive Director
NONE	Alternate control not used

**ACR ID No.:**

If an alternate compliance method has been approved, then enter the corresponding ACR unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the ACR approval letter in the table column. The unique identifier and/or the date of the approval letter are contained in the compliance file under the appropriate account number. Otherwise, leave this column blank.

▼ Continue only if “Alternate Control Requirement” is “NONE.”

**Application Process:**

Select one of the following options that describes the application process located at the site. Enter the code on the form. If more than one code applies, use a separate row for each adhesive application process type.

For general adhesives

Code	Description
RPC	Reinforced plastic composite
VINYL	Flexible vinyl
METAL	Metal
POR	Porous material (except wood)
RUBBER	Rubber
WOOD	Wood
OTHSUB	Other substrate

For specialty adhesives

TILE	Ceramic tile installation
CON	Contact adhesive
COVE	Cove base installation
IN	Floor covering installation (indoor)
OUT	Floor covering installation (outdoor)
BOND	Floor covering installation (perimeter bonded sheet vinyl)
METUR	Metal to urethane/rubber molding or casting
MOTOR	Motor vehicle adhesive
MOTOW	Motor vehicle weatherstrip adhesive
MULTI	Multipurpose construction
ABS	Plastic solvent welding acrylonitrile butadiene styrene (ABS)
PSW	Plastic solvent welding (except ABS)
SHEET	Sheet rubber lining installation
SINGLE	Single-ply roof membrane installation repair (except ethylene propylene diene monomer)
GLAZE	Structural glazing
MLAM	Thin metal laminating
TIRE	Tire repair
GLUE	Waterproof resorcinol glue

For adhesive primers

MOTOG	Motor vehicle glass-bonding primer
PLAS	Plastic solvent welding adhesive primer
ROOF	Single-ply roof membrane adhesive primer
OTHER	Other adhesive primer

**VOC Content Limit:**

Select one of the following options to describe how the VOC content limits are met for the adhesive application process. Enter the code on the form.

Code	Description
LOW	Applying low-VOC adhesives or adhesive primers
VAPOR	Applying adhesives or adhesive primers in combination with the operation of a vapor control system
85CON	Operating a vapor control system capable of achieving overall control efficiency of 85 percent of the emissions from adhesives and adhesive primers

**Emission Control:**

Select one of the following options that describes the vapor control system. Enter the code on the form.

Code	Description
INCIN	Equipped with a direct-flame incinerator or catalyst bed
CADS	Carbon adsorption system
SOLV	Solvent recovery system other than a carbon adsorption system
OTHER	Control device other than an incinerator or carbon adsorption system



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**Table 2: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
Subpart MM: Standards of Performance for Automobile and Light-Duty Truck Surface Coating**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Process ID No.	SOP Index No.	Coating Operations	Construction/Modification Date	Plastic Parts Coating	Prime Coat Application	Turnover Ratio	Method of Compliance	Control Device ID No.	More Than One Application Method

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**Table 3: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
 Subpart TT: Standards of Performance for Metal Coil Surface Coating**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Process ID No.	SOP Index No.	Construction/Modification Date	Coating VOC-Content	Control Device	Control Device ID No.	Control Device Operation







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**Table 6: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
 Subpart TTT: Standards of Performance for Industrial Surface Coating:  
 Surface Coating of Plastic Parts for Business Machines**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Process ID No.	SOP Index No.	Construction/Modification Date	Coating Operation Type	Alternate Method of VOC Determination	Add-On Controls

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**Table 7: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)  
 Subpart RR: Standard of Performance for Pressure Sensitive Tape and Label Surface Coating Operations**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Process ID No.	SOP Index No.	Construction / Modification Date	VOC Input	Compliance Demonstration	Facility Solvent Control	Common Emission Control	Incinerator Type	Emissions Capture	Control Device ID No.	Rep Stacks

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**Table 8a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)  
 Subchapter E, Division 2: Surface Coating Processes**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Process ID No.	SOP Index No.	Alternative Compliance Method (ACM)	ACM ID No.	Facility Operations	Maintenance Shop	VOC Emission Rate	Vapor Recovery	Control Device ID No.

















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**Table 9e: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart GG: National Emission Standards for Aerospace Manufacturing and Rework Facilities**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Process ID No.	SOP Index No.	Compliance Techniques	Enclosure	Vented	Non-regenerative	Design Evaluation	Site-Specific Operating Parameter	Complying with 40 CFR § 63.751(b)(6)(iii)(D)	Dedicated Solvent Recovery Device	Material Balance Option	Individual Exhaust



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**Table 10b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
 Subpart JJ: National Emission Standards for Wood Furniture Manufacturing Operations**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Process ID No.	SOP Index No.	Source Classification	Formaldehyde Content	Formaldehyde Control	Facility Operations	Combination Compliance Technique	Compliance by Calculating Average VHAP	Compliant Finishing Materials	Continuous Coaters









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**Table 11c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
 Subpart PPPP: National Emission Standards for Hazardous Air Pollutants for  
 Surface Coating of Plastic Parts and Products**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Process ID No.	SOP Index No.	HAP Mass Waste Materials	Reporting Schedule	ALTRPRT ID No.	Alternative SSM Reporting	ALTSSM ID No.	Liquid-Liquid Material Balances	Performance Test	Perftest/Waiver ID No.

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**Table 11d: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)  
Subpart PPPP: National Emission Standards for Hazardous Air Pollutants for  
Surface Coating of Plastic Parts and Products**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Process ID No.	SOP Index No.	Alternative Work Practice Standards	Alt Workstds ID No.	Alternative Monitoring Operating Limits	ALT MON OP Limits ID No.	Control Device	Control Device ID No.



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**Table 12a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)  
 Subchapter E, Division 5: Control Requirements for Surface Coating Processes**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Process ID No.	SOP Index No.	Exemption	Alternative Control	Alt Control ID	Low Usage	Alt Record	Process Type

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**Table 12b: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)  
Subchapter E, Division 5: Control Requirements for Surface Coating Processes**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Process ID No.	SOP Index No.	Specified Process	90% Vapor Control	Vapor Control	Capture Efficiency	Vehicle Assembly	Electro Deposition

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**Table 12c: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)  
 Subchapter E, Division 5: Control Requirements for Surface Coating Processes**

<b>Date:</b>	<b>Permit No.:</b>	<b>Regulated Entity No.:</b>
<b>Area Name:</b>		<b>Customer Reference No.:</b>

Process ID No.	SOP Index No.	Coating Used	Extreme High-Gloss	Plastic Parts Low Usage	Drying Method	Application System

