



Texas Commission on Environmental Quality

Form OP-UA22 Printing Attributes

General:

This form is used to provide a description and data pertaining to all printing processes with potentially applicable requirements associated with a 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 printing process then it should be left blank and need not be submitted with the application. 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 FFF: Standards of Performance for Flexible Vinyl and Urethane Coating and Printing
Table 2a - 2c:	Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63) Subpart KK: National Emission Standard for Hazardous Air Pollutants for the Printing and Publishing Industry
Table 3:	Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115) Subchapter E: Graphic Arts (Printing) by Rotogravure and Flexographic Processes
Table 4:	Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115) Subpart E: Offset Lithographic Printing
Table 5a - 5b:	Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60) Subpart QQ: Standards of Performance for the Graphic Arts Industry: Publication Rotogravure Printing

The application area name from Form OP-1 “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 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 Web site at www.tceq.texas.gov/permitting/central_registry.

Specific:

**Table 1: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
Subpart FFF: Standards of Performance for Flexible Vinyl and Urethane Coating and Printing**

Process ID No.: Enter the identification number (ID No.) for the printing 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 refer to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Rotogravure Printing Line: Enter "YES" if the facility uses a rotogravure printing line to print or coat flexible vinyl or urethane products. Otherwise, enter "NO."

▼ **Continue only if "Rotogravure Printing Line" is "YES."**

Construction/Modification Date: Select one of the following options that best describes the date of commencement of the most recent construction, reconstruction, or modification. Enter the code on the form.

Code	Description
83-	On or before January 18, 1983
83+	After January 18, 1983

▼ **Continue only if "Construction/Modification Date" is "83+."**

Weighted Average of Ink VOC Content: Select one of the following options for the weighted average of ink volatile organic compounds (VOC) content. Enter the code on the form.

Code	Description
1-	Weighted average VOC content is less than 1.0 kg VOC per kg ink solids used
1+	Weighted average VOC content is greater than or equal to 1.0 kg VOC per kg ink solids used

★ **Complete "Control Types" and "Control Device ID No." only if "Weighted Average of Ink VOC Content" is "1+."**

Control Types: Select one of the following control types for the affected facility. Enter the code on the form.

Code	Description
SOLREC	Solvent recovery
THERM	Thermal incineration
CATINC	Catalytic incineration

Control Device ID No.: 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.

★ **Complete "Inventory System Used" only if "Weighted Average of Ink VOC Content" is "1-."**

Inventory System Used: Enter "YES" if an inventory system is used to determine the weighted average of VOC content. Otherwise, enter "NO."

**Table 2a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart KK: National Emission Standard for Hazardous Air Pollutants for the Printing and Publishing Industry**

Process ID No.: Enter the identification number (ID No.) for the printing processes (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 refer to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Equipment Type: Select one of the following facility types. Enter the code on the form.

Code	Description
PRINT	Publication rotogravure, product and packaging rotogravure, or wide-web flexographic printing presses operated at a new or existing facility that is a major source of hazardous air pollutants (HAPs) and are not research or laboratory equipment
RESEAR	Research or laboratory equipment or non-wide-web flexographic printing presses
NWWF	Non wide-web flexographic printing presses

★ **Complete "Other Equipment" only if "Equipment Type" is "RESEAR"**

Other Equipment: Enter "YES" if equipment other than research or laboratory equipment is being used at the facility. Otherwise, enter "NO".

▼ **Continue only if "Equipment Type" is "PRINT," or if "Equipment Type" is "RESEAR" and "Other Equipment" is "YES."**

Construction/Modification Date: Select one of the following options that best describes the date of commencement of the most recent construction, reconstruction, or modification. Enter the code on the form.

Code	Description
96-	Before May 30, 1996
96+	On or after May 30, 1996

Individual HAP Usage: Select one of the following options for the usage of each HAP at the facility, including materials used for source categories or purposes other than printing and publishing, but excluding material listed in 40 CFR § 63.820(a)(4). Enter the code on the form.

Code	Description
10-	The facility uses is less than 9.1 megagrams (10 tons) of each HAP per each rolling 12 month period
10+	The facility uses is greater than or equal to 9.1 megagrams (10 tons) of each HAP per each rolling 12-month period

★ **Complete "Collective HAP Usage" only if "Individual HAP Usage" is "10-."**

Collective HAP Usage: Select one of the following options for the usage of any combination of HAPs at the facility, including materials used for source categories or purposes other than printing and publishing, but excluding material listed in 40 CFR § 63.820(a)(4). Enter the code on the form.

Code	Description
25-	The facility uses is less than 22.7 megagrams (25 tons) of any combination of HAP per each rolling 12-month period
25+	The facility uses is greater than or equal to 22.7 megagrams (25 tons) of any combination of HAP per each rolling 12-month period

▼ **Continue only if "Individual HAP Usage" is "10+" or "Collective HAP Usage" is "25+."**

Press Type: Select one of the following types of equipment at the facility. Enter the code on the form.

For publication rotogravure presses:

Code	Description
PUBLIC	The facility has publication rotogravure presses and all affiliated equipment, including proof presses, cylinder and parts cleaners, ink and solvent mixing and storage equipment, and solvent recovery equipment

For packaging rotogravure/wide-web hexographic presses:

Code	Description
PACK	The facility has product and packaging rotogravure or wide-web flexographic printing presses plus any other equipment which the owner or operator chooses to include in accordance with 40 CFR § 63.821(a)(3), excluding proof presses and excluding presses used primarily for coating, laminating, or other operations which the owner or operator chooses to exclude and meet the criteria of 40 CFR §§ 63.821(a)(2)(ii)(A) and (a)(2)(ii)(B)
PACKPR	A proof press used in a facility that has product and packaging rotogravure or wide-web flexographic printing presses plus any other equipment which the owner or operator chooses to include in accordance with 40 CFR § 63.821(a)(3)
PACKCT	A press used primarily for coating, laminating, or other operations which the owner or operator chooses to exclude and meet the criteria of 40 CFR §§ 63.821(a)(2)(ii)(A) and (a)(2)(ii)(B) at a facility which has product and packaging rotogravure or wide-web flexographic printing presses plus any other equipment which the owner or operator chooses to include in accordance with 40 CFR § 63.821(a)(3)

★ **Complete “Applied Material Amount” only if “Press Type” is “PACK” or “PACKPR.”**

Applied Material Amount: Select one of the following options for the amount of applied material per month, for every month, of inks, coatings, varnishes, adhesives, primers, solvents, thinners, reducers, and other materials after the compliance date specified in 40 CFR § 63.826. Enter the code on the form.

Code	Description
500-	The amount of applied material per month is less than or equal to 500 kg (1,100 lbs.)
500+	The amount of applied material per month is greater than 500 kg (1,100 lbs.)

★ **Complete “Organic HAP Amount” only if “Applied Material Amount” is “500+.”**

Organic HAP Amount: Select one of the following options for the amount of organic HAP after the compliance date specified in 40 CFR § 63.826. Enter the code on the form.

Code	Description
400-	The amount of organic HAP is less than or equal to 400 kg (880 lbs.) per month, for every month
400+	The amount of organic HAP is greater than 400 kg (880 lbs.) per month, for every month

**Table 2b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart KK: National Emission Standard for Hazardous Air Pollutants for the Printing and Publishing Industry**

★ **Complete Table 2b only if:**

- “Press Type” is “PUBLIC” or
- “Press Type” is “PACK” and “Organic HAP Amount” is “400+” or
- “Press Type” is “PACKPR” and “Organic HAP Amount” is “400+.”

Process ID No.: Enter the identification number (ID No.) for the printing processes (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 refer to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Control of Emissions: Select one of the following options to describe the method of controlling emissions. Enter the code on the form.

Code	Description
SOLREC	Solvent recovery device
CATOX	Catalytic oxidizer
OTHOX	Oxidizer other than a catalytic oxidizer
NONE	Emissions are not controlled (this is an option only if "Press Type" is "PUBLIC")

Control Device ID No.: If applicable, enter the identification number (ID No.) for the solvent recovery system or oxidizer (maximum 10 characters). This number should be consistent with the control device identification number listed on Form OP-SUM. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

Temperature Monitoring Equipment: Enter "YES" if temperature monitoring equipment is being utilized. Otherwise, enter "NO."

Control Device Operation Date: Select one of the following dates of operation of the control device. Enter the code on the form.

Code	Description
96-	Control device was in operation prior to May 30, 1996
96+	Control device was in operation on or after May 30, 1996

Complying With § 63.7(e)(2)(iv) or (h): Enter "YES" if the owner or operator has met the requirements of either 40 CFR §§ 63.7(e)(2)(iv) or (h). Otherwise, enter "NO."

Alternative Test Methods: Enter "YES" if an alternative to procedures specified in 40 CFR § 63.827(e) are being used under 40 CFR § 63.827(f). Otherwise, enter "NO."

★ **Complete "Permanent Enclosure" only if "Alternate Test Method" is "NO."**

Permanent Enclosure: Enter "YES" if a permanent total enclosure is being used. Otherwise, enter "NO."

★ **Complete "Public Compliance Demonstration" only if "Press Type" is "PUBLIC" and "Control of Emissions" is "SOLREC," "CATOX," or "OTHOX."**

Public Compliance Demonstration: Select one of the following procedures of showing that the HAP emissions limitation is achieved which demonstrates compliance. Enter the code on the form.

For "Control of Emissions" designation of "SOLREC:"

Code	Description
LIQBAL	Perform a liquid-liquid material balance for each month
CEM	Use continuous emission monitors, conduct an initial performance test of capture efficiency, and continuously monitor a site specific operating parameter to assure capture efficiency

For "Control of Emissions" designation of "CATOX" or "OTHOX:"

Code	Description
TEST	Demonstrate initial compliance through performance tests and continuing compliance through continuous monitoring
OXCEM	Use continuous emission monitors, conduct an initial performance test of capture efficiency, and continuously monitor a site specific operating parameter to assure capture efficiency

**Table 2c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart KK: National Emission Standard for Hazardous Air Pollutants for the Printing and Publishing Industry**

★ **Complete Table 2c only if "Press Type" is "PACK" or "PACKPR."**

Process ID No.: Enter the identification number (ID No.) for the printing processes (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 refer to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Compliance Demonstration: Select one of the following procedures in 40 CFR §§ 63.825(b)(1) through (b)(10) by which compliance of the product and packaging rotogravure or wide-web flexographic printing affected source is demonstrated. Enter the code on the form.

Code	Description
BONE	Demonstrate that each ink, coating, varnish, adhesive, primer, solvent, diluent, reducer, thinner, and other material applied during the month contains no more than 0.04 weight fraction organic HAP on an as-purchased basis
BTWO	Demonstrate that each ink, coating, varnish, adhesive, primer, and other solids-containing material applied during the month contains no more than 0.04 weight fraction organic HAP on a monthly average as-applied basis
BTHREEIA	Demonstrate that each ink, coating, varnish, adhesive, primer, and other solids-containing material contains no more than 0.04 weight-fraction organic HAP on a monthly average as-applied basis
BTHREEIB	Demonstrate that each ink, coating, varnish, adhesive, primer, and other solids-containing material contains no more than 0.20 kg of organic HAP per kg of solids applied on a monthly average as-applied basis
BFOUR	Demonstrate that the monthly average as-applied organic HAP content, HL, of all materials applied is less than 0.04 kg HAP per kg of material applied
BFIVE	Demonstrate that the monthly average as-applied organic HAP content on the basis of solids applied, Hs, is less than 0.20 kg HAP per kg solids applied
BSIX	Demonstrate that the total monthly organic HAP applied, H is less than the calculated equivalent allowable organic HAP, Ha
BSEVEN	Operate a capture system and control device and demonstrate an overall organic HAP control efficiency of at least 95% for each month
BEIGHT	Operate a capture system and control device and limit the organic HAP emission rate to no more than 0.20 kg organic HAP emitted per kg solids applied as determined on a monthly average as-applied basis
BNINE	Operate a capture system and control device and limit the organic HAP emission rate to no more than 0.04 kg organic HAP emitted per kg material applied as determined on a monthly average as-applied basis
BTEN	Operate a capture system and control device and limit the monthly organic HAP emissions to less than the allowable emissions as calculated in accordance with 40 CFR § 63.825(e)

Number of Control Devices and Capture Systems: Select one of the following numbers to describe the number of control devices and capture systems that are used to comply with 40 CFR §§ 63.825(b)(7) through (b)(10). Enter the code on the form.

Code	Description
ONE	Only one capture system and one control device is being used
MORE	More than one capture system or more than one control device is being used

★ **Complete “Control of Work Stations” only if “Number of Control Devices and Capture Systems” is “MORE.”**

Control of Work Stations: Select one of the following terms to describe the control of the work stations. Enter the code on the form.

Code	Description
ALWAYS	Only always-controlled work stations
NEVER	Operating one or more never-controlled
INTER	Operating one or more intermittently controlled work stations

★ **Complete “Choosing to Comply With § 63.825(f) or (h)” only if “Compliance Demonstration” is “BSEVEN.”**

Choosing to Comply With §§ 63.825(f) OR (h): Select one of the following options to describe if the owner or operator is choosing to comply with 40 CFR §§ 63.825(f) or (h). Enter the code on the form.

Code	Description
F	Choosing to comply with 40 CFR § 63.825(f)
H	Choosing to comply with 40 CFR § 63.825(h) (this is an option only if “Control of Work Stations” is “ALWAYS”)
NEITHER	Neither of the above options are chosen

Pack Compliance Demonstration: Select one of the following procedures for demonstrating compliance as described in 40 CFR §§ 63.825(c), (d), (f), and (h). Enter the code on the form.

For:

1. “Compliance Demonstration” designation of “BSEVEN” with; “Number of Control Devices and Capture Systems” designation of “ONE”; or “Choosing to Comply with 40 CFR §§ 63.825(f) or (h)” designation of “NEITHER:”
2. “Compliance Demonstration” designation of “BEIGHT,” “BNINE,” or “BTEN” with; “Control of Work Stations” designation of “ALWAYS” and “Number of Control Devices and Capture Systems” designation of “ONE:”

Code	Description
C1	Perform a liquid-liquid material balance for each and every month (for “Control of Emissions” designation of “SOLREC” only)
C2	Use continuous emission monitors, conduct an initial performance test of capture efficiency, and continuously monitor a site specific operating parameter to assure capture efficiency (for “Control of Emissions” designation of “SOLREC” only)
D1	Demonstrate initial compliance through performance tests of capture efficiency and control device efficiency and continuing compliance through continuous monitoring of capture system and control device operating parameters as described in 40 CFR § 63.825(d)(1) (for “Control of Emissions” designation of “CATOX” or “OTHOX” only)
D2	Use continuous emission monitors, conduct an initial performance test of capture efficiency, and continuously monitor a site specific operating parameter to assure capture efficiency (for “Control of Emissions” designation of “CATOX” or “OTHOX” only)

3. “Compliance Demonstration” designation of “BSEVEN” with “Control of Work Stations” designation of “ALWAYS” and “Choosing to Comply with 40 CFR §§ 63.825(f) or (h)” designation of “H:”

Code	Description
H1	The volatile matter collection and recovery efficiency greater than or equal to 95% (for “Control of Emissions” designation of “SOLREC” only)
H2	The overall organic HAP control efficiency for each press or group of presses served by that control device and a common capture system greater than or equal to 95% and the average capture system operating parameter value for each capture system serving that control device greater than or less than (as appropriate) the operating parameter value established for that capture system for each three hour period
H3	The overall organic HAP control efficiency for each press or group of presses served by that control device and a common capture system greater than or equal to 95%, the oxidizer is operated such that the average operating parameter value greater than the operating parameter value established for each three hour period, and the average capture system operating parameter value for each capture system serving that control device greater than or less than (as appropriate) the operating parameter value established for that capture system for each three hour period (for “Control of Emissions” designation of “CATOX” or “OTHOX” only)

For:

1. “Compliance Demonstration” designation of “BSEVEN” with “Choosing to Comply with 40 CFR §§ 63.825(f) or (h)” designation of “F:”
2. For any “Compliance Demonstration” designation, with the exception of “BSEVEN” designation with “Control of Work Stations” designation of “NEVER” or “INTER”; or “Number of Control Devices and Capture Systems” designation of “MORE:”

Code	Description
F1	Comply by means of a liquid-liquid mass balance (for “Control of Emissions” designation of “SOLREC” only)
F2	Comply by means of an initial test of capture efficiency, continuous emission monitoring of the control device, and continuous monitoring of a capture system operating parameter (for “Control of Emissions” designation of “SOLREC” only)
F3	Demonstrate compliance through performance tests of capture efficiency and control device efficiency and continuous compliance through continuous monitoring of capture system and control device operating parameters (for “Control of Emissions” designation of “CATOX” or “OTHOX” only)
F4	Demonstrate compliance through an initial capture efficiency test, continuous emission monitoring of the control device and continuous monitoring of a capture system operating parameter (for “Control of Emissions” designation of “CATOX” or “OTHOX” only)

Table 3: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)

Subpart E: Graphic Arts (Printing) by Rotogravure and Flexographic Processes

★ **Complete Table 3 if the facility is located in the Beaumont/Port Arthur, Dallas/Fort Worth, El Paso, Houston/Galveston areas; or in Gregg, Nueces, or Victoria County.**

Process ID No.: Enter the identification number (ID No.) for the printing 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 refer to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Alternate Control Requirement (ACR): Enter “YES” if the TCEQ Executive Director, in accordance with 30 TAC § 115.910, has approved an alternate method of demonstrating and documenting continuous compliance with the alternate control requirement (ACR) or exemption criteria. Otherwise, enter “NO.”

ACR ID No.: If an ACR has been approved, enter the corresponding ACR unique identifier for each 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 regulated entity number. Otherwise, leave this column blank.

Process Type: Select one of the following process types. Enter the code on the form.

Code	Description
PUBLIC	The operation is a publication rotogravure process
PACK	The operation is a packaging rotogravure process
FLEXO	The operation is a flexographic process
FLEXI13-	The operation is a flexible package process located in D-FW or HGB are before 03/01/2013
FLEXI13+	The operation is a flexible package process located in D-FW or HGB are after 03/01/2013
NONE	The operation is neither a rotogravure nor a flexographic printing process

▼ **Continue if “Process Type” is “PUBLIC,” “PACK,” “FLEXO,” “FLEXI13- or “FLEXI13+.”**

Potential Uncontrolled VOC Emissions: Select one of the following options to describe the potential uncontrolled VOC emissions from a property containing rotogravure and flexographic facilities. Enter the code on the form.

For facilities in the Beaumont/Port Arthur, Dallas/Fort Worth or El Paso area:

Code	Description
50-	Potential uncontrolled VOC emissions is less than 50 tpy
50+	Potential uncontrolled VOC emissions are greater than or equal to 50 tpy

For facilities in the Houston/Galveston area:

Code	Description
25-	Potential uncontrolled VOC emissions is less than 25 tpy
25+	Potential uncontrolled VOC emissions are greater than or equal to 25 tpy

For Flexible processes in the Dallas/Fort Worth, or Houston/Galveston/Brazoria area:

3.0-	Potential uncontrolled VOC emission is less than 3.0 tpy
3.0+	Potential uncontrolled VOC emissions are greater than or equal to 3.0 tpy
25-	Potential uncontrolled VOC emission is less than 25 tpy
25+	Potential uncontrolled VOC emissions are greater than or equal to 25 tpy

For facilities in Gregg, Nueces, or Victoria County:

Code	Description
100-	Potential uncontrolled VOC emissions is less than 100 tpy
100+	Potential uncontrolled VOC emissions are greater than or equal to 100 tpy

▼ **Continue only if “Potential Uncontrolled VOC Emissions” is “50+,” “25+,” “3.0+,” or “100+.”**

Control Method: Select one of the following methods used to control or limit emissions. Enter the code on the form.

Code	Description
VAPCON90	A vapor control system is used for VOC control with an effective capture system by at least 90% by weight
0.80lb	The process uses limits of the VOC emissions from the coatings to 0.80 pound of VOC per pound of solids applied
0.16lb	The process uses limits of the VOC emissions from the coatings to 0.16 pound of VOC per pound of coating applied
VAPC0.80	Using a combination of coatings and a vapor control system to limit VOC emissions from coatings to 0.80 pound per pound of VOC applied
VAPC0.16	Using a combination of coatings and a vapor control system to limit VOC emissions from coatings to 0.16 pound per pound of VOC applied
VAPCON80	A vapor control system that achieves an overall control efficiency of at least 80% by weight
LOSOLV	The process uses low solvent ink with a volatile fraction, containing 25% by volume or less of VOC solvent and 75% by volume or more of water and exempt solvent to limit VOC emissions
HISLID	The process uses high solids solvent-borne ink containing 60% by volume or more of nonvolatile material (minus water and exempt solvent) to limit VOC emissions

Control Device: Select one of the following options for the control device used to comply with the VOC limit. Enter the code on the form.

Code	Description
CAPCAR	A capture and carbon adsorption system is used for VOC control
CAPINC	A capture system and an incinerator is used for VOC control

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.

▼ **Continue only if the “Control Method” is “VAPCON90” or is “VAPC80.”**

Permanent Total Enclosure: Enter “YES” if a permanent total enclosure, which meets the specifications of 40 CFR Part 52.741, Subpart O, Appendix B, Procedure T, and which directs all VOC to a control device, is used. Otherwise, enter “NO.”

Table 4: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)

Subchapter E: Offset Lithographic Printing

★ **Complete Table 4 for offset lithographic printing processes/lines located in the Dallas/Fort Worth, El Paso, and Houston/Galveston/Brazoria areas, as defined in 30 TAC § 115.10.**

Process ID No.: Enter the identification number (ID No.) for the printing 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 refer to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

★ **Complete "Combined VOC Emissions Exemption" only for sources located in Houston/Galveston/Brazoria or Dallas/Fort Worth areas.**

Combined VOC Emissions Exemption: Enter "YES" if the facility has combined VOC emissions of less than 3 tons per year. Otherwise, enter "NO."

▼ **Continue if "Combined VOC Emissions Exemption" is "NO," or if the source is located in the El Paso area.**

Alternate Control Requirement (ACR): Enter "YES" if the TCEQ Executive Director, in accordance with 30 TAC § 115.910, has approved an alternate method of demonstrating and documenting continuous compliance with the applicable control requirements (ACR) or exemption criteria. Otherwise, enter "NO."

ACR ID No.: If an ACR has been approved, enter the corresponding ACR unique identifier for each 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 regulated entity number. Otherwise, leave this column blank.

▼ **Continue only if "Alternate Control Requirement" is "NO."**

Alcohol Use: Enter "YES" if the offset lithographic printing press uses alcohol in the fountain solution. Otherwise, enter "NO."

Press Type: Select one of the following types of presses used. Enter the code on the form.

Code	Description
HEAT	A heatset web offset lithographic printing press
NEWS	A nonheatset web offset lithographic printing press which prints newspaper
NONNEWS	A nonheatset web offset lithographic printing press which does not print newspaper
SHEET	A sheetfed offset lithographic printing press

Refrigeration Equipment: Enter "YES" if refrigeration equipment is used on the fountain solution. Otherwise, enter "NO."

Control Device: Select one of the following options for the control device used to comply with 30 TAC § 115.442(2). Enter the code on the form.

Code	Description
INC	A direct-flame incinerator or catalyst bed is used
CARB	A carbon adsorption system
OTHER	A solvent recovery system other than a carbon adsorption system is used.
NOSRS	No solvent recovery system.

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.

Automatic Cleaning Equipment: Enter "YES" if automatic cleaning equipment is used with the press. Otherwise, enter "NO."

★ **Complete "Towel Handling Program" only for sources located in Houston/ Galveston/ Brazoria areas or Dallas/Fort Worth areas.**

Towel Handling Program: Enter "YES" if the facility has a towel handling program in place, as described in 30 TAC § 115.442(b)(1) or (c)(1). Otherwise enter "NO."

Table 5a: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)

Subpart QQ: Standards of Performance for the Graphic Arts Industry: Publication Rotogravure Printing

Process ID No.: Enter the identification number (ID No.) for the printing 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 refer to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Construction/Modification Date: Select one of the following options that best describes the date of commencement of the most recent construction, reconstruction, or modification. Enter the code on the form.

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

Press Type: Select one of the following press types. Enter the code on the form.

Code	Description
PUBLIC	Publication rotogravure printing press which is not a proof press
PROOF	Proof press
OTHER	Press is not a publication rotogravure printing press

▼ **Continue only if "Press Type" is "PUBLIC" and "Construction/Modification Date" is "80+."**

Auto Temp Compensator: Enter "YES" if an automatic temperature compensator is used with any liquid metering device. Otherwise, enter "NO."

Shared Ink Storage: Enter "YES" if two or more facilities share the same raw ink storage or handling system. Otherwise, enter "NO."

Affected Facility Ink Systems: Select one of the following ink systems for the affected facilities. Enter the code on the form.

Code	Description
WATER	Affected facilities use only waterborne ink systems
SOLV	Affected facilities use only solvent-borne ink systems
BOTH	Affected facilities use some waterborne ink systems and some solvent-borne ink systems

Existing Facility Ink Systems: Select one of the following ink systems for the existing facilities. Enter the code on the form.

Code	Description
WATER	Existing facilities use only waterborne ink systems
SOLV	Existing facilities use only solvent-borne ink systems
BOTH	Existing facilities use some waterborne ink systems and some solvent-borne ink systems

Plant-Wide Compliance: Enter "YES" if all facilities, existing and affected, within the same plant boundary are choosing to show compliance on a plant-wide basis. Otherwise, enter "NO."

Table 5b: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)

Subpart QQ: Standards of Performance for the Graphic Arts Industry: Publication Rotogravure Printing

★ **Complete only if "Plant-wide Compliance" is "NO."**

Process ID No.: Enter the identification number (ID No.) for the printing 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 refer to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Shared Solvent Recovery System: Select one of the following options to describe solvent recovery systems. Enter the code on the form.

Code	Description
AFFECT	All (two or more) affected facilities use the same solvent recovery systems
BOTH	Two or more affected and existing facilities use the same solvent recovery systems
NO	Solvent recovery systems are not shared

Control Device ID No.: If applicable, enter the identification number (ID No.) for the solvent recovery system (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 (solvent recovery system), then leave this column blank.

★ **Complete "Non-resettable Totalizing Meter" only if "Shared Solvent Recovery System" is "NONE."**

Non-Resettable Totalizing Meter: Enter "YES" if bulk storage of each color of raw ink is measured by a non-resettable totalizing meter device(s). Otherwise, enter "NO."

All Facilities Affected: Enter "YES" if all facilities are affected. Otherwise, enter "NO."

★ **Complete "Separate Emission Test" only if "All Facilities Affected" is "NO."**

Separate Emission Test: Enter "YES" if compliance is determined by conducting a separate emission test on existing and affected processes. Otherwise, enter "NO."

**Texas Commission on Environmental Quality
 Printing Attributes
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 Federal Operating Permit Program**

**Table 2a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
 Subpart KK: National Emission Standards for the Printing and Publishing Industry**

Date:	Permit No.:	Regulated Entity No.:
Area Name:		Customer Reference No.:

Process ID No.	SOP Index No.	Equipment Type	Other Equipment	Construction/Modification Date	Individual HAP Usage	Collective HAP Usage	Press Type	Applied Material Amount	Organic HAP Amount

**Texas Commission on Environmental Quality
 Printing Attributes
 Form OP-UA22 (Page 7)
 Federal Operating Permit Program**

**Table 5a: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)
 Subpart QQ: Standards of Performance for the Graphic Arts Industry: Publication Rotogravure Printing**

Date:	Permit No.:	Regulated Entity No.:
Area Name:		Customer Reference No.:

Process ID No.	SOP Index No.	Construction/ Modification/ Date	Press Type	Auto Temp Compensator	Shared Ink Storage	Affected Facility Ink Systems	Existing Facility Ink Systems	Plant-wide Compliance

