

Form OP-UA57 - Instructions
Cleaning/Depainting Operation Attributes
Texas Commission on Environmental Quality

General:

This form is used to provide a description and data pertaining to cleaning or depainting 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 cleaning or depainting operation, 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:

Tables 1a - 1f: **Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart GG: National Emission Standards for Aerospace Manufacturing and Rework Facilities**

Table 2: **Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter E: Industrial Cleaning Solvents**

The Texas Commission on Environmental Quality (TCEQ) regulated entity number and 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), the date of the revision submittal, and the regulated entity number.

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 (EPA) Administrator **before** the federal operating permit (FOP) application is submitted.

Specific:

Table 1a: 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 hand-wipe cleaning, spray gun cleaning, flush cleaning, or repainting 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

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 activities in the process or facility are identified in 40 CFR § 63.741(f). Otherwise, enter “NO.”

Affected Source:

Select one of the following options that best describes the affected source to which the provisions of this subpart apply. Enter the code on the form.

| Code | Description |
|-------|-----------------------------------|
| HAND | All hand-wipe cleaning operations |
| GUN | Spray gun cleaning operation |
| FLUSH | A flush cleaning operation |
| DEPA | Repainting operation |

★ Complete “Alternative Monitoring Method” only if “Affected Source” is “HAND,” “GUN,” or “DEPA.”

Alternative Monitoring Method:

Enter “YES” if the request to 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. 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 is contained in the Compliance File under the appropriate regulated entity number. Otherwise, leave this column blank.

★ Complete the rest of Table 1a only if “Affected Source” is “HAND,” “GUN,” or “FLUSH.”

De Minimis:

Enter “YES” if all cleaning solvents used in the cleaning operation contain hazardous air pollutant (HAP) and volatile organic compound (VOC) below the *de minimis* levels specified in 40 CFR §63.741(f). Otherwise, enter “NO.”

- ★ Complete “Cleaning of Spray Gun” only if “Affected Source” is “HAND” and “De Minimis” is “NO.”

Cleaning of Spray Gun:

Enter “YES” if the activity performed is the cleaning of spray gun equipment in accordance with 40 CFR § 63.744(c)(3). Otherwise, enter “NO.”

- ★ Complete “Exempt Operation” only if “Cleaning of Spray Gun” is “NO.”

Exempt Operation:

Enter “YES” if the cleaning operation is one of the exempt operations listed in 40 CFR § 63.744(e)(1) (12). Otherwise, enter “NO.”

Table 1b: 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 1b only if “Affected Source” is “GUN” or “FLUSH.”

Process ID No.:

Enter the identification number (ID No.) for the hand-wipe cleaning, spray gun cleaning, flush cleaning, or depainting 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

- ▼ Continue only if “De Minimis” is “NO.”

- ★ Complete “Robotic Systems” only if “Affected Source” is “GUN.”

Robotic System:

Enter “YES” if the spray gun nozzle tips are being cleaned from an automatic spray system and is not a robotic system that can be programmed to spray into a closed container as described in 40 CFR § 63.744(c)(5). Otherwise, enter “NO.”

- ★ Complete “Enclosed System,” “Non-Atomized Cleaning,” “Disassembled Spray Gun Cleaning,” and “Atomized Cleaning” only if “Robotic Systems” is “NO.”

Enclosed System:

Enter “YES” if the spray guns are cleaned within an enclosed system. Otherwise, enter “NO.”

Non-Atomized Cleaning:

Enter “YES” if the spray guns are cleaned by non-atomized cleaning. Otherwise, enter “NO.”

Disassembled Spray Gun Cleaning:

Enter “YES” if the spray guns are cleaned by disassembled cleaning. Otherwise, enter “NO.”

Atomized Cleaning:

Enter “YES” if the spray guns are cleaned by atomized cleaning. Otherwise, enter “NO.”

Semi-Aqueous or Table 1:

Enter “YES” if all cleaning solvents used are semi-aqueous or listed in Table 1. Otherwise, enter “NO.”

- ▼ Continue only if “Affected Source” is “DEPA.”

Table 1c: 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 depainting 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Six (6) or Fewer Vehicles per Year:

Enter “YES” if the facility depaints six (6) or fewer completed aerospace vehicles in a calendar year. Otherwise, enter “NO.”

▼ Continue only if “Six (6) or Fewer Vehicles per Year” is “NO.”

Wings/Stabilizers:

Enter “YES” if the parts or units being depainted, excluding wings and stabilizers, are normally removed from the aerospace vehicle for depainting. Otherwise, enter “NO.”

▼ Continue only if “Wings/Stabilizers” is “NO.”

No Longer Operational:

Enter “YES” if the vehicle or component 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.”

Depainting Operation:

Select one of the following options that describes the depainting operation. Enter the code on the form.

| Code | Description |
|------|--|
| RAD | The operation is the depainting of radomes |
| REM | The operation is the depainting of parts, subassemblies, and assemblies normally removed from the primary aircraft structure before depainting |
| OTH | Other depainting operations |

▼ Continue only if “Depainting Operation” is “OTH.”

Table 1d: 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 depainting 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

HAP Control:

Enter "YES" if organic hazardous air pollutants (HAPs) are controlled using a control system. Otherwise, enter "NO."

★ Complete "Non-Chemical" only if "HAP Control" is "NO."

Non-Chemical:

Enter "YES" if non-chemical based equipment is used. Otherwise, enter "NO."

★ Complete "40 CFR § 63.746(b)(3)" only if "Non-Chemical" is "NO."

40 CFR § 63.746(b)(3):

Enter "YES" if the owners or operators of a depainting operation use, on an annual average basis, organic HAP containing chemical strippers above those prescribed in 40 CFR § 63.746(b)(3). Otherwise, enter "NO."

★ Complete "Effective Date" only if "HAP Control" is "YES."

Effective Date:

Enter "YES" if the control system(s) was installed before the effective date as described in 40 CFR § 63.746(c). Otherwise, enter "NO."

★ Complete "Airborne Inorganic HAP" only if "HAP Control" is "NO" and "Non-Chemical" is "YES."

Airborne Inorganic HAP:

Enter "YES" if airborne inorganic HAP is generated from dry media blasting equipment. Otherwise, enter "NO."

★ Complete "Source" only if "Airborne Inorganic HAP" is "YES."

Source:

Enter "YES" if the source is an existing source. Otherwise, enter "NO."

Construction Date:

Select one of the following options that describes 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 "Inorganic HAP Control" only if "Source" is "YES."

Inorganic HAP Control:

Select one of the following options that describes the control system for the depainting operation. Enter the code on the form.

| Code | Description |
|------|--|
| DRY | Dry particulate filter system |
| WAT | Waterwash system |
| BAG | Baghouse that complies with 40 CFR § 63.746(b)(4)(ii)(A) |
| NONE | No control device |

Control Device ID No.:

If applicable, enter the identification number 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. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

Table 1e: 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 depainting 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Chromium/Cadmium:

Enter “YES” if the coatings being removed contain chromium or cadmium. Otherwise, enter “NO.”

Control Device:

Select one of the following options for the type of control device. Enter the code on the form.

| Code | Description |
|-------|--|
| FIX | Fixed bed carbon adsorption system |
| CADS | Carbon adsorption system other than a fixed bed carbon 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 |

Control Device ID No.:

If applicable, enter the identification number 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. Use multiple lines if more than one control device is used. If there is no control device, then leave this column blank.

▼ Continue only if “Control Device” is “FIX” or “CADS.”

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.”

Table 1f: 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 depainting 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 see the Completing FOP Applications – Additional Guidance on the TCEQ website at http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Vented:

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

Enclosure:

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

Individual Exhaust:

Enter “YES” if there is an individual exhaust stack for each carbon adsorber vessel. Otherwise, enter “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.”

Nonregenerative:

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

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

Design Evaluation:

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

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 |

Table 2: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115), Subchapter E: Industrial Cleaning Solvents

★ Complete this table only for solvent cleaning operations located in Bexar County, the Dallas-Fort Worth area, or the Houston-Galveston-Brazoria area.

Process ID No.:

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

SOP/GOP 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]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to SOP Index Numbers, please see the Completing FOP Applications – Additional Guidance on the TCEQ website at http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html.

Exemption:

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

| Code | Description |
|---------|---|
| 115REQ | In accordance with §115.461(c), the solvent cleaning operation is subject to another division of Chapter 115 and VOC emissions are controlled in accordance with that division. |
| 461DPRO | The operation, process, or equipment one which is specified in 115.461(d)(1)-(17) |
| 3TPY | The solvent cleaning operation is located on a property with total actual VOC emissions of less than 3.0 tons per calendar year from all uncontrolled cleaning solvents |
| 115PRO | In accordance with §115.461(b), the process or operation that the solvent cleaning operation is associated with is subject to another division of Chapter 115. |
| AEROSOL | Cleaning solvents are supplied in aerosol cans and the property where the solvent cleaning operation takes place has a total use of less than 160 fluid ounces per day. |
| 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 30TAC § 115.464, 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 control requirement (ACR) has been approved, 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 regulated entity number. Otherwise, leave this column blank.

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

Compliance Demonstration:

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

| Code | Description |
|-------------|--|
| VOC | Limiting VOC content of the cleaning solution to 0.42 lb VOC/gal of solution, as applied |
| VAP | Limiting the composite partial vapor pressure of the cleaning solution to 8.0 millimeters of mercury at 20 degrees Celsius (68 degrees Fahrenheit) |
| OVERALL | Achieving an overall control efficiency of 85% by mass using a vapor control system |

Minor Modification:

Enter "YES" if modifications to the methods in §115.465(a)(1)-(3) have been approved by the TCEQ Executive Director. Otherwise, enter "NO."

Minor Modification ID No.:

If minor modifications to the methods in §115.465(a)(1)-(3) have been approved, then enter the corresponding unique identifier for each unit or process (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the approval letter. 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 "Compliance Demonstration" is "OVERALL."**

Vapor Recovery:

Select one of the following options that best represent the vapor recovery system utilized in the solvent cleaning operation. Enter the code on the form.

| Code | Description |
|-------------|---|
| VREC | A vapor control system 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 system |

Emission Control:

Select one of the following options that describe 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 |
| SRES | Solvent recovery system other than a carbon adsorption system |
| OTHER | Vapor control system other than an incinerator, carbon adsorption system, or solvent recovery system. |

Cleaning/Depainting Operation Attributes
Form OP-UA57 (Page 6)
Federal Operating Permit Program
Table 1f: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart GG: National Emission Standards for Aerospace Manufacturing and Rework Facilities
Texas Commission on Environmental Quality

| Date | Permit No. | Regulated Entity No. |
|------|------------|----------------------|
| | | |

| Process ID No. | SOP Index No. | Vented | Enclosure | Individual Exhaust | Dedicated Solvent Recovery Device | Material Balance Option | Nonregenerative | Design Evaluation | Site-Specific Operating Parameter |
|----------------|---------------|--------|-----------|--------------------|-----------------------------------|-------------------------|-----------------|-------------------|-----------------------------------|
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**Cleaning/Depainting Operation Attributes
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Federal Operating Permit Program

Table 2: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)

**Subchapter E: Industrial Cleaning Solvents
Texas Commission on Environmental Quality**

| Date | Permit No. | Regulated Entity No. |
|------|------------|----------------------|
| | | |

| Process ID No. | SOP/GOP Index No. | Exemption | Alternate Control Requirement | ACR ID No. | Compliance Demonstration | Minor Modification | Minor Modification ID No. | Vapor Recovery | Emission Control |
|----------------|-------------------|-----------|-------------------------------|------------|--------------------------|--------------------|---------------------------|----------------|------------------|
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