

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

The unit attributes (OP-UA) forms are used to provide a description and data pertaining to all emission units, emission points, processes and control devices with potentially applicable requirements associated with a particular regulated entity (RN) number and application. The information will be provided in an excel format. Each OP-UA form will include sheets for General Information, a Table of Contents, OP-SUM, OP-REQ2, and the unit attribute tables. The individual unit summary (OP-SUM) information and the negative applicable/superseded requirement determinations (OP-REQ2) will be provided on each individual OP-UA form for the applicable units identified in the unit attribute tables.

General Information Sheet

The General Information sheet holds the permit information. The following permit application information is requested for the site:

Date:

Enter the date the application is being submitted by the applicant to TCEQ (MM/DD/YYYY). Any subsequent submittals must show the date of revision.

Customer Reference No. (CN):

Enter the customer reference number (CNXXXXXXXXXX). This number is issued by TCEQ as part of the central registry process. If a customer reference number has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc., in this space.

Regulated Entity No. (RN):

Enter the regulated entity reference number for the site (RNXXXXXXXXXX). This number is issued by TCEQ as part of the central registry process. If a regulated entity reference number has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc., in this space.

Permit No.:

Enter the permit number assigned by TCEQ. Leave the permit number blank if a permit number has not been assigned.

Permit Area Name:

Enter the name of the application area (maximum 50 characters). This should be the same name provided on Form OP-1 (Site Information Summary).

Permit Type:

Choose the type of permit for which this application is being submitted from the dropdown menu (SOP, GOP, TOP). Information on the different permit types can be found on TCEQ's website at:
www.tceq.texas.gov/permitting/air/titlev/permit_types.html.

Project Type:

Choose the project type for which this application is being submitted from the dropdown menu (Initial, Revision, Renewal).

Submission Type:

Choose the submission type for which this form is being submitted from the dropdown menu (New Application, Existing Application Update).

Project Number:

Enter the project number assigned by TCEQ. Leave the project number blank if a project number has not been assigned.

Title V Form Release Date, Form Number, APD ID Number, and Version Revised Date are present and cannot be altered.

Table of Contents Sheet

The Table of Contents lists all the sheets in the UA Form. If information is submitted on the OP-SUM, OP-REQ2 or the Unit Attribute tables, the "Data Submitted" column will display a "Yes". If no information is submitted, the "Data Submitted" column will remain blank. The Table of Contents information is auto populated. Applicants will not need to submit any information in the Table of Contents.

Instructions for OP-SUM Sheet

General:

All units with one or more potentially applicable requirements addressed in this form must be identified on the OP-SUM sheet. The term "unit" in these instructions has the meaning of "emission unit" as defined in 30 TAC Chapter 122.

The purpose of this sheet is to list individual units addressed in the Federal Operating Permit (FOP) application and to provide identifying information and preconstruction authorizations. This form is also used to designate members of groups.

The corresponding preconstruction authorization for each unit must also be listed on this form. For units which were authorized to construct or modify under Permits by Rule (PBR), list all applicable PBR information, including registration numbers. If a unit is authorized under more than one preconstruction authorization, then list all applicable preconstruction authorizations, including any Prevention of Significant Deterioration (PSD) and/or nonattainment permit(s).

Groups:

- A "group" is a collection of units or devices that have identical applicability (or non-applicability) determinations and may, or may not, have a physical relationship.
- Group members may have different 30 TAC Chapter 116 or 30 TAC Chapter 106 preconstruction authorizations.
- Groups may be used on UA forms only if all unit attributes are identical.
- All groups must be mutually exclusive. Units cannot be listed in more than one group on a given UA form.
- Grouping is optional.
- Groups are assigned an ID No. by the applicant, which must begin with the prefix "GRP" followed by a maximum of eleven characters (GRPXXXXXX).

Specific:

Table 1

Unit Action Indicator (Unit AI):

Complete this section only for a permit revision or renewal. Select "A" from the dropdown menu if the emission unit indicated is an addition to the existing permit. Select "D" from the dropdown menu if the existing emission unit indicated is being deleted from the permit. If an emission unit is not being added/deleted from the permit, leave blank.

Revision No.:

Complete this section only for a permit revision or renewal. Enter the revision number identified on Form OP-2, Table 2. This number will link the specified change to the appropriate permit revision. If no changes are made to an existing unit in the permit, leave blank.

Unit ID No.:

Each unit must be assigned an identification number. (Maximum 14 characters)

- For emission units with potentially applicable requirements, enter Facility ID Nos. (FINs) as listed in the TCEQ State of Texas Air Reporting System (STARS).

- If FIN currently does not exist in STARS, then a new ID No. that is consistent with the existing numbering system must be provided by the applicant. Unit ID Nos. cannot begin with “GRP” (the character sequence reserved for Group ID Nos.).

Group ID No.:

If applicable, enter the unique identification number for the group which includes this unit (GRPXXXXXXX) (“GRP” followed by a maximum of 11 characters). If the unit is not a member of a group, leave this column blank. (See general instructions, above, for information regarding requirements for grouping units in FOP applications.)

Unit Name/Description:

Each unit must be given a name or description that distinguishes it from other units as much as practicable. The Unit Name/Description should clearly indicate the type of unit. If possible, please avoid using generic descriptions, such as “Tank” or “Boiler,” for multiple units. (Maximum 50 characters)

- Enter a text name or description for the unit from STARS whenever possible.
- If no STARS name currently exists, a new name that is consistent with the existing naming convention must be provided by the applicant.

Example: The following example is intended as guidance on completion of columns on OP-SUM. It should be assumed that all criteria for inclusion in the application are met. Criteria for grouping are also assumed to be satisfied.

| Unit ID No. | Group ID No. | Unit Name/Description |
|-------------|--------------|-----------------------|
| B-1 | GRP-BOILER | Boiler 1 |
| B-2 | GRP-BOILER | Boiler 2 |
| T-3 | | Tank 3 |
| T-4 | | Tank 4 |

CAM (For reference only):

Indicate if the unit is subject to 40 CFR Part 64 by selecting “Y” from the dropdown menu in the “CAM” column next to the unit. Please refer to 40 CFR Part 64 to determine applicability. Certification by the Responsible Official (RO) pursuant to 30 TAC § 122.165 does not extend to the information which is designated on forms as “For reference only.”

Preconstruction Authorizations (PCA):

At least one PCA must be indicated for each unit; however, a unit may have multiple authorizations. All preconstruction authorizations listed on this form must also be identified on Form OP-REQ1.

When a unit has multiple authorizations, each PCA must be listed in a separate row.

The following examples are intended as guidance on completion of columns for the preconstruction authorizations. The examples are followed by specific instructions for each column.

Example 1: Adding multiple PCA Categories for a unit

| Unit AI | Revision No. | Unit ID No. | Group ID No. | Unit Name/Description | CAM | PCA AI | Preconstruction Authorization (PCA) Category | Authorization/Registration Number | Permit By Rule (PBR) Number | PBR Effective Date |
|---------|--------------|-------------|--------------|-----------------------|-----|--------|--|-----------------------------------|-----------------------------|--------------------|
| A | | Flare1 | | Diamine Flare | Y | A | NSR Permit | 1234 | | |
| A | | Flare1 | | Diamine Flare | Y | A | PSD | PSDTX1234 | | |
| A | | Flare1 | | Diamine Flare | Y | A | PBR | 23456, 34567 | 106.261 | 11/01/2003 |
| A | | Flare1 | | Diamine Flare | Y | A | PBR | 23456, 34567 | 106.262 | 11/01/2003 |

Example 2: Adding and deleting a PCA for a unit

| Unit AI | Revision No. | Unit ID No. | Group ID No. | Unit Name/Description | CAM | PCA AI | Preconstruction Authorization (PCA) Category | Authorization/Registration Number | Permit By Rule (PBR) Number | PBR Effective Date |
|---------|--------------|-------------|--------------|-----------------------|-----|--------|--|-----------------------------------|-----------------------------|--------------------|
| | | T-3 | GRPTANKS | Tank 3 | | A | Standard Permit | 12345 | | |
| | | T-3 | GRPTANKS | Tank 3 | | D | PBR | | 106.432 | 09/04/2000 |

Preconstruction Authorization Action Indicator (PCA AI):

Select “A” from the dropdown menu if a preconstruction authorization is being added for the emission unit. Select “D” from the dropdown menu if a preconstruction authorization is being deleted from the emission unit. If a preconstruction authorization is not being added/deleted from the emission unit, leave blank.

Preconstruction Authorization (PCA) Category:

Select from the dropdown menu the category of the PCA being added or deleted.

- PBR - Permit by Rule claimed or registered under 30 TAC Chapter 106
- Standard Permit - 30 TAC Chapter 116 and non-rule Air Quality Standard Permits
- NSR Permit - 30 TAC Chapter 116 preconstruction authorizations
- PSD - Prevention of Significant Deterioration Permits
- Nonattainment - Nonattainment Permits
- GHG – Greenhouse Gas Permits
- 112(G) [HAP] - Hazardous Air Pollutant Permits
- MSW or IHW - Municipal Solid Waste or Industrial Hazardous Waste Permits
- Exemption – De Minimis Facilities or Sources authorized by 30 TAC Chapter 116, § 116.119

Authorization/Registration Number:

List all TCEQ permit numbers for 30 TAC Chapter 116 preconstruction authorizations, Title I preconstruction authorizations (PSD and nonattainment permits) and 30 TAC Chapter 106 (PBR) registration numbers, under which the unit is operating.

- **30 TAC Chapter 116 Permits:** Enter the TCEQ permit number, for example, 12345. This includes special permits and standard permit registrations.
- **Prevention of Significant Deterioration (PSD) Permit:** Enter the PSD permit number (PSDTXXXX), for example, PSDTX123. If the PSD permit has been modified, include the “M” suffix (PSDTXXXXMXX), for example, PSDTX123M5. *Title I authorizations should only be listed for units addressed by the PSD or nonattainment permits.*
- **Nonattainment Permit:** Enter each nonattainment permit number (NXXX), for example, N123. If the nonattainment permit has been modified, include the “M” suffix (NXXXMXX), for example, N123M5. *Title I authorizations should only be listed for units addressed by the PSD or nonattainment permits.*
- **Permit by Rule (previously Standard Exemption):** Enter the PBR Registration No. for each PBR registered under 30 TAC Chapter 106 and each standard exemption previously registered under 30 TAC Chapter 116.
- **Exemption:** Enter 116.119 for a de minimis facility or source, which has other potentially applicable or applicable requirements (these are authorized by 30 TAC Chapter 116, § 116.119). De minimis facilities or sources should not be included if there are no other potentially applicable or applicable requirements.

Permit by Rule (PBR) Number:

For each PBR claimed or registered under 30 TAC Chapter 106, and each standard exemption claimed or registered previously under 30 TAC Chapter 116, enter the number in the appropriate format shown below.

Note: All units authorized by PBR must also be identified on Form OP-PBRSUP.

| Format | PBR/standard exemption claimed or registered date |
|---------|---|
| 106.XXX | Authorized on or after March 14, 1997 (except 106.181 is on or after December 27, 1996) |
| XXX | Authorized prior to March 14, 1997 |

XXX = 30 TAC Chapter 116 standard exemption number or 30 TAC Chapter 106 PBR number.

PBR Effective Date:

For each PBR claimed or registered under 30 TAC Chapter 106 and each standard exemption claimed or registered, enter the effective date of the rule. MM/DD/YYYY = Effective date of the Standard Exemption or PBR in effect at the time claimed or granted. Information on version dates is available at:

Information on Chapter 116 version dates is available at:

www.tceq.texas.gov/permitting/air/permitbyrule/historical_rules/oldselist/se_index.html.

Information on Chapter 106 version dates is available at:

www.tceq.texas.gov/permitting/air/permitbyrule/historical_rules/old106list/index106.html.

Please note that prior to March 14, 1997, a standard exemption list was incorporated by reference into 30 TAC Chapter 116 and each standard exemption had an assigned number, e.g., 112. Each standard exemption now resides in a section of 30 TAC Chapter 106 (e.g., 30 TAC § 106.148) and now is referred to as a PBR.

(Standard exemptions were readopted under the PBR designation on March 14, 1997.) Information regarding PBRs may be found on the TCEQ website at www.tceq.texas.gov/permitting/air/permitbyrule/air-pbr.

The applicant has the option of claiming a newer and more stringent version of the standard exemption or PBR if the original applicable version of the standard exemption or PBR cannot easily be determined. As an example of a standard exemption authorized before March 14, 1997, Standard Exemption No. 6 had an effective date of August 30, 1988. It was then amended with a new effective date of July 20, 1992. The standard exemption identifier for a compressor engine constructed in 1993 and registered under Standard Exemption No. 6 would be represented as:

| Permit By Rule (PBR) Number | PBR Effective Date |
|-----------------------------|--------------------|
| 6 | 07/20/1992 |

As an example of a PBR authorized on or after March 14, 1997, Standard Exemption No. 6 had an effective date of June 7, 1996. It was then amended and moved to 30 TAC § 106.512 with an effective date of March 14, 1997. The PBR identifier for a compressor engine constructed in 1998 and registered under 30 TAC § 106.512 would be represented as:

| Permit By Rule (PBR) Number | PBR Effective Date |
|-----------------------------|--------------------|
| 106.512 | 03/14/1997 |

Instructions for OP-REQ2 Sheet

General:

The purpose of this sheet is to document negative applicability from potentially applicable requirements or to document duplicative, redundant, and or contradicting requirements that have been superseded by a more stringent or equivalent requirement for units when a permit shield is requested. Negative applicability or superseded requirement determinations when a permit shield is NOT requested may be documented on this sheet OR the appropriate unit attribute table.

A negative applicability determination is any regulatory citation that provides the basis whereby every operating condition of an emission unit is not subject to a regulation. For example, Title 40 Code of Federal Regulation § 60.110b(a) [40 CFR § 60.110b(a)] could be the regulatory basis for a negative applicability determination for a VOC storage tank of less than 75 cubic meters; therefore, the storage tank is completely exempt from 40 CFR Part 60, Subpart Kb.

Note: Numerous regulatory citations appear to authorize exemptions to qualifying units from those regulations. However, closer examination typically reveals that there are still some requirements which must still be met (such as monitoring and/or recordkeeping).

For certain emission units subject to certain 40 CFR Part 63 standards, other federal regulations may apply. In many instances one of the overlapping regulations may specify which rule supersedes the other. The regulation may state that the owner or operator only has to comply with a specific subpart after the compliance date or it may state that compliance with the subpart is deemed to be in or constitute compliance with other subparts. Although superseded rules do not qualify as negative applicability determinations, it has been determined that these instances can be documented on the OP-REQ2, if the applicant elects to comply only with the superseding requirement. For example, a Group 1 or Group 2 storage tank, subject to 40 CFR Part 63, Subpart G, may not be required to comply with 40 CFR Part 60, Subpart Kb due to rule overlap of 40 CFR Part 63, Subpart G. In this case, the permit applicant may request a permit shield from 40 CFR Part 60, Subpart Kb. In this case, the applicant must submit the superseding requirement citation, § 63.110(b), and a textual description of the superseding determination, if they elect to comply with only the superseding requirement.

When an emission unit has one or more potential applicable requirements, the applicant must list all the requirements for which negative applicability or superseded requirement determinations can be made. Once the negative applicability or superseded requirement determinations have been made, indicate the citation and reason for the non-applicability or superseded requirement in the appropriate columns. Indicate the determinations for all potentially applicable requirements for each emission unit before listing the next unit.

Negative applicability or superseded requirement determinations for potentially applicable requirements, confirmed by TCEQ, may be approved as a permit shield (see instructions outlined in Area Wide Applicability Determinations, Form OP-REQ1, to request a permit shield). If a permit shield is requested, the determinations are always required on the OP-REQ2 sheet. For additional information relating to permit shields, refer to the TCEQ guidance document entitled "Site Operating Permit (SOP) Permit Shield Guidance found on TCEQ's website at: www.tceq.texas.gov/permitting/air/guidance/titlev/tv_site_guidance.html.

Specific:

Fill out the OP-REQ2 sheet to provide a negative applicability determination for units included on this OP-UA form. If the unit is not submitted on an OP-UA form, submit the negative applicability determination on the standalone OP-REQ2 form.

Unit Action Indicator (AI):

Select "A" from the dropdown menu if the negative applicability or superseded requirement is an addition to the permit. Select "D" from the dropdown menu if the negative applicability or superseded requirement is being deleted from the permit. For revisions to existing negative applicability or superseded requirements in the permit, use the "D" indicator for the existing permit shield and the "A" indicator for the revised permit shield.

Revision No.:

Complete this section only for a permit revision or renewal. Enter the revision number identified on Form OP-2, Table 2 (only for revision items within the application). This number will link the specific negative applicable requirement determination to the appropriate revision.

Unit ID No.:

Select the identification number (ID No.) (maximum 14 characters) of the unit as listed on the OP-SUM sheet.

Potentially Applicable Regulatory Name:

Select the name of the potentially applicable requirement from the dropdown menu for which negative applicability or superseded requirement is being demonstrated. If the potentially applicable regulatory name is not found in the dropdown menu, enter it manually (maximum 50 characters).

Note: Permit shields cannot be granted for permit authorizations of any kind (i.e. - PSD, NSR permit, Acid Rain, etc.).

Negative Applicability or Superseded Requirement Citation:

Enter the citation of the paragraph of the rule that was used to determine negative applicability or superseded requirements. Provide the citation detail to the level of the paragraph allowing the exemption, exclusion, or non-applicability. If there is more than one citation for determining negative applicability or superseded requirements, select the most appropriate or the clearest (least likely to be misinterpreted). Negative applicability or superseded requirement determinations by the applicant are subject to auditing during the permit application review. The applicant must always indicate the negative applicability or superseded requirement citation on the OP-REQ2. For examples on the level of detail for citations, see table below (maximum 36 characters).

Example Applicable Regulatory Requirements*

| Regulation | Potentially Applicable Regulatory Name <i>(Input Format)</i> | Negative Applicability or Superseded Requirement Citation <i>(Input Format)</i> |
|---|---|--|
| 30 TAC Chapters 111, 112, 113, 115 and 117 | Chapter 111 | § 111.XXX(x)(yy)(zz) |
| | Chapter 112 | § 112.XXX(x)(yy)(zz) |
| | Chapter 113 | § 113.XXX(x)(yy)(zz) |
| | Chapter 115, Storage of VOCs | § 115.XXX(x)(yy)(zz) |
| | Chapter 117, ICI | § 117.XXX(x)(yy)(zz) |
| 40 CFR Part 60, Subparts, New Source Performance Standards (NSPS) | NSPS XXX | § 60.XXX(x)(yy)(zz) |
| 40 CFR Part 61, Subparts, National Emission Standards for Hazardous Air Pollutants (NESHAP) | NESHAP XX | § 61.XX(x)(yy)(zz) |
| 40 CFR Part 63, Subparts, NESHAP by source category, including hazardous organic (HON) | MACT XX | § 63.XXX(x)(yy)(zz) |

* This list is not intended to be exhaustive

Negative Applicability/Superseded Requirement Reason:

Enter a textual description indicating the reason for the negative applicability or superseded requirement determination. If a permit shield is requested, the textual description provided will be recreated as the *Basis of Determination* for the permit shield in the permit. The description may include rule text, rule preamble, or other text resulting from a historical rule interpretation, EPA applicability determination Index (ADI), or case law. Use multiple lines if necessary (maximum 250 characters).

OP-UA56 Form Unit Attribute Tables – Instructions
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 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.

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 | Depainting 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. |