

**Form OP-UA66 - Instructions**  
**Reinforced Plastic Composites Production**  
**Texas Commission on Environmental Quality**

**General:**

This form is used to provide a description and data pertaining to all reinforced plastic composites production facilities 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 reinforced plastic composites production facility, 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 – 1e:**      **Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart WWWW:  
National Emission Standards for Hazardous Air Pollutants: Reinforced Plastic Composites  
Production**

The Texas Commission on Environmental Quality (TCEQ) Regulated Entity Number (RNXXXXXXXXXX) 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 Administrator before the federal operating permit application is submitted.

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

**Specific:**

**Table 1a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart WWWW: National Emission Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production**

- ★ **Complete this table only if the reinforced plastic composites production facility, as defined in 40 CFR § 63.5785(a), is located at a major source of hazardous air pollutant (HAP) emissions and does not qualify for §63.5785(b) through (d) exemptions or §63.5787(a) through (c) exemptions.**

**Process ID No.:**

Enter the identification number (ID No.) for the reinforced plastic composites production facility (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 [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Production Process Type:**

Select one of the following options that describes the production process at the facility. Enter the code on the form.

Code	Description
CLSMLD	Centrifugal casting–corrosion-resistant and/or high strength resin type (CR/HS) or non-CR/HS and using a resin application with the mold closed, and the mold is not vented during spinning and cure, per §63.5805(a)(2)-Table 3.7.b and Table 3.8.b
MILT	The facility uses production resins that meet military specifications for organic HAP limits and other requirements in §63.5790(d)
WWWW	The facility is subject to 40 CFR Part 63, Subpart WWWW, or is choosing to comply with this subpart per §63.5787(d) and has new or existing affected sources engaged in any of the operations listed in §63.5790(b)

- ▼ **Continue only if “Production Process Type” is “WWWW.”**

**Compliance Option:**

Select one of the following options that describes how compliance with HAP emissions standards in 40 CFR Part 63, Subpart WWWW is achieved. Enter the code on the form.

Code	Description
5810-C	Facility is choosing to meet the applicable requirements in §63.5805 by using options described in §63.5810(c)
5810-D	Facility is choosing to meet the applicable requirements in §63.5805 by using options described in §63.5810(d)
5805	Facility is not using options described in §63.5810(c) or §63.5810(d) to meet applicable requirements in §63.5805

- ★ **If “Compliance Option” is “5810-C” or “5810-D,” skip to “CMS” question.**

**95% Reduction:**

Select one of the following options that describes the facility and if HAP emissions are reduced by 95% by weight. Enter the code on the form.

<b>Code</b>	<b>Description</b>
N95%	The facility is a new affected source, per §63.5795(a), emitting 100 tpy or more of organic HAP from the combination of operations described in §63.5805(d)(1) and the total HAP emissions from the operations is reduced by at least 95% by weight
E95%	The facility is an existing affected source, per §63.5795(b), emitting 100 tpy or more of organic HAP from the combination of operations described in §63.5805(a)(1) and the total HAP emissions from the operations is reduced by at least 95% by weight
95%NO	The facility is a new or existing affected source, per §63.5795, and is not reducing total organic HAP emissions from operations by 95% by weight

★ If “95% Reduction” is “E95%” or “N95%,” skip to “CMS” question.

**Affected Source Type:**

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

<b>Code</b>	<b>Description</b>
NEW	The facility is a new affected source, according to §63.5795(a)
EXIST	The facility is an existing affected source, according to §63.5795(b)

**Facility Type:**

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

<b>Code</b>	<b>Description</b>
100+	The combination of all operations emits 100 tpy or more of HAP
100-	The combination of all operations emits less than 100 tpy of HAP

★ Complete “Large Parts” only if “Affected Source Type” is “NEW.”

**Large Parts:**

Select one of the following options that describes if the facility is manufacturing large reinforced plastic composites parts. Enter the code on the form.

<b>Code</b>	<b>Description</b>
LRG	The facility manufactures large reinforced plastic composites parts using open molding or pultrusion operations
NOTLRG	The facility does not manufacture large reinforced plastic composites parts

**Operation Type:**

Select the code that describes operation type(s) at the facility. Enter the code on the form. If there are multiple operation types, use separate lines for each code.

For centrifugal casting and continuous lamination/casting operations using code “100+”:

<b>Code</b>	<b>Description</b>
ALTCCCHA	Centrifugal casting-CR/HS using a vent system that moves heated air through the mold and alternatively choosing to meet the applicable organic HAP emissions limits in Table 5
ALTCCAA	Centrifugal casting-CR/HS using a vent system that moves ambient air through the mold and alternatively choosing to meet the applicable organic HAP emissions limits in Table 5
ALTCCNHA	Centrifugal casting-non-CR/HS using a vent system that moves heated air through the mold and alternatively choosing to meet the applicable organic HAP emissions limits in Table 5
ALTCCNAA	Centrifugal casting-non-CR/HS using a vent system that moves ambient air through the mold and alternatively choosing to meet the applicable organic HAP emissions limits in Table 5
ALTCL/C	Continuous lamination/casting alternatively choosing to meet an organic HAP emissions limit of 1.47 lb/ton of neat resin plus and neat gel coat plus applied
ALTCL/C5	Continuous lamination/casting alternatively choosing to meet an organic HAP emissions limit in Table 5

For centrifugal casting and continuous lamination/casting operations using code “100-”:

<b>Code</b>	<b>Description</b>
MCV	Centrifugal casting-CR/HS using a resin application with a closed mold that is vented during spinning and cure
MOV	Centrifugal casting-CR/HS using a resin application with an open mold that is vented during spinning and cure
MONV	Centrifugal casting-CR/HS using a resin application with an open mold that is not vented during spinning and cure
NMCV	Centrifugal casting-non-CR/HS using a resin application with a closed mold that is vented during spinning and cure
NMOV	Centrifugal casting-non-CR/HS using a resin application with an open mold that is vented during spinning and cure
NMONV	Centrifugal casting-non-CR/HS using a resin application with an open mold that is not vented during spinning and cure
CL/CW-PCT	Continuous lamination/casting reducing HAP emissions by at least 58.5 weight percent, as listed in Table 3
CL/CLB-TN	Continuous lamination/casting not exceeding HAP emissions limit of 15.7 lbs. of HAP per ton of neat resin plus and neat gel coat plus, as listed in Table 3

For open molding operations:

Code	Description
OTMEC	Open molding - tooling (no gel coat) using a mechanical resin application
OTMAN	Open molding - tooling (no gel coat) using a manual resin application
OCRMEC	Open molding - CR/HS using a mechanical resin application
OCRFIL	Open molding - CR/HS using a filament application
OCRMAN	Open molding - CR/HS using a manual resin application
ONCRMEC	Open molding - non-CR/HS using a mechanical resin application
ONCRFIL	Open molding - non-CR/HS using a filament application
ONCRMAN	Open molding - non-CR/HS using a manual resin application
OLFMEC	Open molding - low flame/low smoke using a mechanical resin application
OLFFIL	Open molding - operation type is low flame/low smoke using a filament application
OLFMAN	Open molding - low flame/low smoke using a manual resin application
OSMEC	Open molding - shrinkage controlled using a mechanical resin application
OSFIL	Open molding - shrinkage controlled using a filament application
OSMAN	Open molding - shrinkage controlled using a manual resin application
OGTG	Open molding - gel coat using a tooling gel coating application
OGWOW	Open molding - gel coat using white/off white pigmented gel coating application
OGOP	Open molding - gel coat using any other pigmented gel coating application
OGHP	Open molding - gel coat using a CR/HS or high-performance gel coating application
OGFR	Open molding - gel coat using a fire-retardant gel coat application
OGC	Open molding - gel coat using a clear production gel coat application

For pultrusion operations:

Code	Description
PULTRU	Pultrusion
PULTRUF6	Pultrusion meeting the criteria in Table 3.9 - Footnote 6

For sheet molding compound (SMC) manufacturing operations:

Code	Description
ALTSMCM	SMC Manufacturing using resin application

**CMS:**

Enter “YES” if the operation is using a continuous monitoring system (CMS) to comply with the organic HAP emissions limitation. Otherwise, enter “NO.”

**Add-On Control Device:**

Enter “YES” if the operation is using an add-on control device. Otherwise, enter “NO.”

▼ **Continue only if “Add-On Control Device” is “YES.”**

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**Table 1b:** Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart WWWW: National Emission Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production

**Process ID No.:**

Enter the identification number (ID No.) for the reinforced plastic composites production facility (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

[www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**SS Device Type:**

Select one of the following options that describes the MACT SS device type used. Enter the code on the form.

Code	Description
ABS	Absorber
COND	Condenser
CADS	Carbon adsorber
FLARE	Flare
CATA	Catalytic incinerator
INCIN	Incinerator other than a catalytic incinerator
BPH44+	Boiler or process heater with a design heat input capacity equal to or greater than 44 megawatts (MW) or in which all vent streams are introduced with the primary fuel or are used as the primary fuel
BPH44-	Boiler or process heater with a design heat input capacity of less than 44 MW and the vent stream is not introduced as or with the primary fuel
OTHCMB	Combustion device other than one of the above
OTHNONC	Non-combustion device other than one of the above
R-ABS	Final Recovery Device -Absorber
R-COND	Final Recovery Device -Condenser
R-CADS	Final Recovery Device -Carbon adsorber
R-OTHREC	Final Recovery Device -Device other than one of the above

**SS Device ID:**

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 entitled, “Individual Unit Summary.” If there is no control device, then leave this column blank.

- ★ Go to Table 1e if “SS Device Type” is “FLARE.”
- ★ Complete “Alt 63SS Mon Parameters” only if “SS Device Type” is “R-ABS,” “R-COND,” “R-CADS,” “R-OTHREC,” “ABS,” “COND,” “CADS,” “CATA,” “INCIN,” “BPH44+,” “BPH44-,” “OTHCMB,” or “OTHNONC.”

**Alt 63SS Mon Parameters:**

Enter “YES” if alternate monitoring parameters or requirements have been approved by the Administrator. Otherwise, enter “NO.”

★ Complete “Alt 63SS Mon ID” only if “Alt 63SS Mon Parameters” is “YES.”

**Alt 63SS Mon ID:**

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

▼ Continue only if “SS Device Type” is “ABS,” “COND,” “CADS,” “CATA,” “INCIN,” “BPH44-,” “BPH44+,” “OTHCMB,” or “OTHNONC.”

**Table 1c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart WWWW: National Emission Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production**

**Process ID No.:**

Enter the identification number (ID No.) for the reinforced plastic composites production facility (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 [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

**Halogen Device:**

Enter “YES” if a halogen scrubber or other halogen reduction device is used. Otherwise, enter “NO.”

★ Complete “HAL Device Type” only if “Halogen Device” is “YES.”

**HAL Device Type:**

Select one of the following options that describes halogen reduction device used. Enter the code on the form.

Code	Description
SCRBBFR	A halogen scrubber preceding a combustion device
SCRBAFT	A halogen scrubber following a combustion device
SCRBNO	A halogen scrubber is used, no combustion device
OTHBFR	A halogen reduction device other than a scrubber preceding a combustion device
OTHAFT	A halogen reduction device other than a scrubber following a combustion device
OTHNO	A halogen reduction device other than a scrubber is used, no combustion device

**HAL Device ID:**

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 entitled, “Individual Unit Summary.” If there is no control device, then leave this column blank.

**Meets 63.988(b)(2):**

Enter “YES” if the control device meets the criteria in §63.988(b)(2). Otherwise, enter “NO”.

★ If “Meets 63.988(b)(2)” is “YES,” skip to Table 1e.

**Prior Evaluation:**

Enter “YES” if data from a prior evaluation or assessment is used. Otherwise, enter “NO.”

- ★ If “Prior Evaluation” is “YES,” skip to Table 1e.

**Assessment Waiver:**

Enter “YES” if the Administrator has granted a waiver of compliance assessment. Otherwise, enter “NO.”

- ★ Complete “Assessment Waiver ID” only if “Assessment Waiver” is “YES.”

**Assessment Waiver ID:**

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

- ★ Go to Table 1e if “Assessment Waiver” is “YES.”

**Table 1d: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart WWWW: National Emission Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production**

**Process ID No.:**

Enter the identification number (ID No.) for the reinforced plastic composites production facility (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 [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

- ★ Complete “Vent Type,” “Emission Standard,” and “Formaldehyde” only if “Assessment Waiver” is “NO.”

**Vent Type:**

Select one of the following vent types. Enter the code on the form.

Code	Description
CONT	Emissions are from continuous unit operations only
BATCH	Emissions are from batch unit operations only
BOTH	Emissions are from both continuous and batch unit operations

**Emission Standard:**

Select one of the following emission standards. Enter the code on the form.

Code	Description
PERCENT	Compliance is determined by percent
PPMV	Compliance is determined by parts per million by volume total regulated material

**Formaldehyde:**

Enter “YES” if the stream contains formaldehyde. Otherwise, enter “NO.”

- ★ Go to Table 1e if “SS Device Type” is “ABS,” “COND,” “CADS,” “CATA,” “INCIN,” “BPH44-,” “BPH44+,” “OTHCMB,” or “OTHNONC.”



**Table 1e: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63), Subpart WWWW: National Emission Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production**

**Process ID No.:**

Enter the identification number (ID No.) for the reinforced plastic composites production facility (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 [www.tceq.texas.gov/permitting/air/guidance/titlev/tv\\_fop\\_guidance.html](http://www.tceq.texas.gov/permitting/air/guidance/titlev/tv_fop_guidance.html).

- ★ **Complete Table 1e only if “SS Device Type” is “ABS,” “COND,” “CADS,” “CATA,” “INCIN,” “BPH44-,” “BPH44+,” “OTHCMB,” “OTHNONC,” or “FLARE.”**
- ★ **Complete “Flare Prior Evaluation” only if “SS Device Type” is “FLARE.”**

**Flare Prior Evaluation:**

Enter “YES” if data from a flare prior evaluation or assessment is used. Otherwise, enter “NO.”

- ★ **Complete “Flare Assessment Waiver” only if “Flare Prior Evaluation” is “NO.”**

**Flare Assessment Waiver:**

Enter “YES” if the Administrator has granted a flare waiver of compliance assessment. Otherwise, enter “NO.”

- ★ **Complete “Flare Assessment Waiver ID” only if “Flare Assessment Waiver” is “YES.”**

**Flare Assessment Waiver ID:**

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

**Negative Pressure:**

Enter “YES” if the closed vent system is operated and maintained under negative pressure. Otherwise, enter “NO.”

- ▼ **Continue only if “Negative Pressure” is “NO.”**

**Bypass Line:**

Select one of the following options that describes the bypass lines on the closed vent system. Enter the code on the form.

<b>Code</b>	<b>Description</b>
NONE	Closed vent system has no bypass lines
FLOWIND	Closed vent system has bypass lines that are monitored by flow indicators
CARSEAL	Closed vent system has bypass lines that are secured in the closed position with a car-seal or lock-and-key configuration

**Reinforced Plastic Composites Production  
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**Federal Operating Permit Program**

**Table 1a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**

**Subpart WWWW: National Emission Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production  
Texas Commission on Environmental Quality**

Date	Permit No.	Regulated Entity No.

Process ID No.	SOP Index No.	Production Process Type	Compliance Option	95% Reduction	Affected Source Type	Facility Type	Large Parts	Operation Type	CMS	Add-On Control Device

**Reinforced Plastic Composites Production**

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**Federal Operating Permit Program**

**Table 1b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**

**Subpart WWWW: National Emission Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production**

**Texas Commission on Environmental Quality**

Date	Permit No.	Regulated Entity No.

Process ID No.	SOP Index No.	SS Device Type	SS Device ID	Alt 63SS Mon Parameters	Alt 63SS Mon ID

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**Federal Operating Permit Program**

**Table 1c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**

**Subpart WWWW: National Emission Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production  
Texas Commission on Environmental Quality**

Date	Permit No.	Regulated Entity No.

Process ID No.	SOP Index No.	Halogen Device	HAL Device Type	HAL Device ID	Meets 63.988(b)(2)	Prior Evaluation	Assessment Waiver	Assessment Waiver ID

**Reinforced Plastic Composites Production**

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**Federal Operating Permit Program**

**Table 1d: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**

**Subpart WWWW: National Emission Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production**

**Texas Commission on Environmental Quality**

Date	Permit No.	Regulated Entity No.

Process ID No.	SOP Index No.	Vent Type	Emission Standard	Formaldehyde

**Reinforced Plastic Composites Production**

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**Federal Operating Permit Program**

**Table 1e: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)**

**Subpart WWWW: National Emission Standards for Hazardous Air Pollutants: Reinforced Plastic Composites Production  
Texas Commission on Environmental Quality**

Date	Permit No.	Regulated Entity No.

Process ID No.	SOP Index No.	Flare Prior Evaluation	Flare Assessment Waiver	Flare Assessment Waiver ID	Negative Pressure	Bypass Line