OPTIONAL FORMS PACKET: **CHROMIUM ELECTROPLATING AND ANODIZING** **MINOR FACILITY AIR QUALITY GENERAL PERMIT** **(INCLUDING HALOGENATED SOLVENT CLEANING MACHINES)**	**ASSISTANCE AVAILABLE** DEQ Customer Assistance: (405) 702-9100 (800) 869-1400 Air Quality Division: (405) 702-4100

INTRODUCTION

This package contains optional forms to assist facilities applying for or operating under the Air Quality Division's (AQD's) General Permit to Construct and/or Operate a Chromium Electroplating or Anodizing minor facility. Included are forms to meet reporting requirements under the two Federal NESHAPs (40 CFR Part 63, Subparts N and T) included in the permit. [Note: Although use of the forms is optional, applicable reporting requirements under 40 CFR Part 63 are not optional.] Information should be submitted according to time schedules specified in the rules, and include a copy with your application to Construct or Operate. Also included are forms to assist in demonstrating compliance with various AQD rules, e.g., toxic emissions requirements of OAC 252:100-41. Please read all the directions carefully before you fill it out. Answer all questions by checking the appropriate box or filling in a response (e.g., NA = not applicable).

The following forms are included in this packet:

CONFIRMATION OF ELIGIBILITY FOR AN AUTHORIZATION TO CONSTRUCT– DEQ FORM # 100-420. (See Part 1, Section II of the referenced General Permit.)
TOXIC AIR CONTAMINANT EMISSIONS EVALUATION FORM – DEQ FORM # 100-701. (Form to Demonstrate Compliance With Requirements of Part 5 of OAC 252:100-41 - Toxic Air Contaminants)
NOTICE OF CONSTRUCTION/RECONSTRUCTION for Chromium Electroplating or Anodizing Tanks with Initial Startup After 1/25/95 – DEQ FORM # 100-421. [Under 40 CFR § 63.345 (b), notification of construction or reconstruction must be submitted "… as soon as practicable before the construction or reconstruction is planned to commence."]
INITIAL NOTIFICATION FOR NEW TANKS for Chromium Electroplating or Anodizing Tanks with Initial Startup after 1/25/95 – DEQ FORM # 100-422. [Under 40 CFR § 63.347 (c)(2), notification of commencement of construction or reconstruction is/was required to be submitted with the Notification of Construction or Reconstruction if it commenced prior to January 25, 1995, or no later than 30 calendar days after construction or reconstruction commenced. Notification of the actual date of startup of the source is required within 30 calendar days after startup.]
INITIAL NOTIFICATION FOR EXISTING TANKS for Chromium Electroplating or Anodizing Tanks with Initial Startup prior to 1/25/95 – DEQ FORM # 100-423. [Under 40 CFR § 63.347 (c)(1), initial notification was required to be submitted no later than July 24, 1995.]
NOTIFICATION OF COMPLIANCE STATUS for New & Existing Chromium Electroplating or Anodizing Tanks – DEQ FORM # 100-424. [Under 40 CFR § 63.347 (e), notification of compliance status is/was required to be submitted no later than 90 days following completion of the performance test, if required, or 30 days after the compliance date if no performance test is/was required.] (See 40 CFR § 63.343 for applicable limits, compliance dates, and performance test requirements.)
INITIAL NOTIFICATION for New & Existing Halogenated Solvent Cleaning Machines – DEQ FORM # 100-431. [Under 40 CFR § 63.468 (a), initial notification for existing machines (commenced construction on or before November 29, 1993) was required to be submitted no later than August 29, 1995. Likewise, initial notification for new machines is required to be submitted under 40 CFR § 63.468 (b), "… as soon as practicable before the construction or reconstruction is planned to commence." If construction or reconstruction commenced after November 29, 1993, but initial startup had not occurred before December 2, 1994, initial notification was required to be submitted no later than January 31, 1995.]
COMPLIANCE REPORT for New & Existing Batch Cold Halogenated Solvent Cleaning Machines – DEQ FORM # 100-432. [Under 40 CFR § 63.468 (c), a compliance report for existing batch cold machines for existing machines (commenced construction on or before November 29, 1993) was required to be submitted no later than May 1, 1998. Likewise, a compliance report for new machines is/was required to be submitted "… no later than 150 days after startup or May 1, 1995, whichever is later."]
INITIAL STATEMENT OF COMPLIANCE FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES for New and Existing Machines complying with 40 CFR § 63.463 (the **Equipment Standard**) – DEQ FORM # 100-433. **INITIAL STATEMENT OF COMPLIANCE FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES** for New and Existing Machines complying with 40 CFR § 63.464 (the **Alternative Standard**) – DEQ FORM # 100-434. [Under 40 CFR § 63.468(d) and 40 CFR § 63.468(e), respectively, an initial statement of compliance for existing batch vapor or in-line halogenated solvent cleaning machines (commenced construction on or before November 29, 1993) was required to be submitted no later than August 29, 1995. Likewise, an initial statement of compliance for new machines is/was required to be submitted, "… no later than 150 days after startup or May 1, 1995, whichever is later."]
ANNUAL REPORT FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES for Machines complying with the **Equipment Standard** (40 CFR § 63.463) – DEQ FORM # 100-435. [Under 40 CFR § 63.468(f), submission of an annual report is required by February 1 of each year.
ANNUAL SOLVENT EMISSION REPORT FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES for Machines complying with the **Alternative Standard** (40 CFR § 63.464) – DEQ FORM # 100-436. [Under 40 CFR § 63.468(g), submission of a report is required each year.

CONFIRMATION OF ELIGIBILITY FOR AN AUTHORIZATION TO CONSTRUCT

UNDER THE CHROMIUM ELECTROPLATING AND ANODIZING MINOR FACILITY AIR QUALITY GENERAL PERMIT (INCLUDING HALOGENATED SOLVENT CLEANING MACHINES)

See Part 1, Section II of the Chromium Electroplating and Anodizing Minor Facility Air Quality General Permit.)
Check all that apply:

- ☐ The facility is not subject to OAC 252:100-8 (Permits for Part 70 Sources).
- ☐ The facility is designed and operated for the primary purpose of performing hard chromium electroplating, decorative chromium electroplating, or chromium anodizing, or
- ☐ The facility performs hard chromium electroplating, decorative chromium electroplating, or chromium anodizing ancillary to other facility operations, or
- ☐ The facility performs halogenated solvent degreasing ancillary to other facility operations.
- ☐ An Air Quality permit is not otherwise required under OAC 252:100 for emission units not addressed by the referenced General Permit.
- ☐ The facility has no emission units subject to NSPS requirements under 40 CFR Part 60.
- ☐ The facility has no emission units subject to NESHAP requirements under 40 CFR Part 61.
- ☐ The facility has no emission units subject to NESHAP requirements under 40 CFR Part 63 other than those address by Subpart
  A (General Provisions), Subpart N (Chromium Emissions from Hard and Decorative Chromium Electroplating, and Chromium Anodizing Tanks), and/or Subpart T (Halogenated Solvent Degreasing).
- ☐ The facility has no emission units subject to any of the following subchapters of OAC 252:100:
  - 15 (Motor Vehicle Pollution Control Devices).
  - 17 (Incinerators).
  - 21 (Wood Burning Equipment).
  - 23 (Cotton Gins).
  - 24 (Grain, Feed, or Seed Operations).
  - 33 (Control of Emissions of Nitrogen Oxides).
  - 35 (Control of Emissions of Carbon Monoxide).
  - 37 (Control of Emission of VOCs), Parts 3 & 5.
- ☐ The facility has no emission units subject to any of the following Federal Regulations: 40 CFR Part 59, Part 82 (Subparts A, B, and C) and Part 264.
- ☐ The facility has no steam generating units (boilers) rated greater than 10 MMBTUH.
- ☐ The facility has no volatile organic liquid storage tanks with capacity greater than 400 gallons.
- ☐ The facility does not use thermal devices (such as incinerators, flares, or thermal oxidizers) to control emissions of solvents.

TOXIC AIR CONTAMINANT EMISSION SOURCES (Applicable Rule: OAC 252:100-41, Part 5, Toxic Air Contaminants.)
For Emissions Units that are **not** subject to 40 CFR, Parts 61 or 63. NOTE: Facilities seeking to construct or modify emission units that are not exempted from Part 5 of OAC 252:100-41 are not eligible for an Authorization to Construct under the General Permit, and must obtain an individual Construction Permit.

For the listed Emission Unit(s), estimated emissions of Toxic Air Contaminants have been evaluated and are exempt from Part 5 of OAC 252:100-41, because:	Emission Unit ID Number(s)
Emissions meet one of the criteria listed in OAC 252:100-41-43(a)(1) - (4).	
Emissions of all Toxic Air Contaminants are below de minimis levels listed in OAC 252:100-41-43(a)(5) (Compile toxics evaluation table to verify and submit with application), and	
Emissions of all Toxic Air Contaminants have impacts less than the Maximum Ambient Air Concentration (MAAC) per OAC 252:100-41-36. (Compile toxics evaluation table to verify and submit with application)	

TOXIC AIR CONTAMINANT EMISSIONS EVALUATION FORM

See Part 5 of OAC 252:100-41 - Toxic Air Contaminants

TOXIC CONTAMINANT EMISSION RATES

UNIT ID#	CHEMICAL NAME	CAS NO	HAP?[1]	CATEGORY	DE MINIMIS[2] LB/HR	DE MINIMIS[2] TPY	EMISSION RATE LB/HR	EMISSION RATE TPY
Example:								
EU01	toluene	108-88-3	Yes	C	5.60	6.00	0.16	0.72

[1]Also classified as a Hazardous Air Pollutant (HAP)? – Answer yes or no.
[2]NE = Not evaluated; NS = Not subject

INPUT PARAMETERS FOR SCREEN3 MODEL (Guidance information on SCREEN3 is provided on reverse side of form.)

Emission Source Type:		Point Source		Volume Source		Area Source		Flare – Give Total Heat Release Rate (BTU/hr):	

GEOGRAPHIC/PHYSICAL INPUT PARAMETERS

Building 1	Height (feet):		Length (feet):		Width (feet):	
Orientation (° CW from North):			Fenceline Distance (feet):		Building Shape:	
Building 2	Height (feet):		Length (feet):		Width (feet):	
Orientation (° CW from North):			Fenceline Distance (feet):		Building Shape:	

Land Use:		Urban		Rural	Determined By:		Land Use Analysis		Population Density (People/km²):	
Terrain:		Flat		Simple		Complex		Simple and Complex		
Receptor Height Above Ground (feet):		0 (Default)		Other:		Distance to Sensitive Receptor Location with Respect to Building (feet):				

MODEL OPTIONS/METEOROLOGICAL PARAMETERS

Stack Tip Downwash:		Yes		No	Cavity Calculation Method:		Regulatory		Non- Regulatory			
Mixing Heights:		Regulatory		Brode Option	Fumigation:		Inversion Break-up		Shoreline		None	
Anenometer Height (meters):	10 (Mandatory Default)				Ambient Temperature (K):		293 (Default)		Other:			
Wind Speed (m/s) and Stability Class:	Modeling for All Wind Speeds and Stability Classes is Mandatory											

STACK INPUT PARAMETERS

VENT ID	VENT TYPE[1]	LOCATION[3]	HEIGHT[2] (FEET)	DIAMETER (FEET)	EXIT VELOCITY (FPS)	FLOW RATE (ACFM)	STACK TEMP (°F)

[1]Vertical, Horizontal, Raincap or Impeded
[2]Stack Height from Ground
[3]Location Relative to Building (e.g., 25' N, 17' E of SW corner of Building 1)

ESTIMATE OF IMPACT FOR TOXIC AIR CONTAMINANT EMISSION SOURCES

CONTAMINANT	VENT #	CAS #	MAXIMUM CONCENTRATION (µG/M3)	MAAC (24-hr, µg/m³)
Example:				

toluene	V001	108-88-3	5,260	37,668

SCREEN3 Guidance

AQD can perform the initial screening to estimate the impacts of toxic air contaminant emissions (the "Maximum Concentration," $\mu g/m^3$), if the facility provides the information requested on this form. The facility may also perform this analysis and submit the inputs and results. The following provides guidance on the model and model inputs.

A copy of the SCREEN3 program may be downloaded from EPA's Support Center for Regulatory Air Models (SCRAM) website: http://www.epa.gov/ttn/scram/

This program operates in a DOS environment. More detailed guidance may be obtained from the SCRAM website. Other (proprietary) Windows-based versions are also available from private vendors. EPA's DOS-based version uses strictly metric units, while some other versions accommodate both metric and English units. (This form requests most inputs in English units for ease of use.)

Four source types can be modeled with SCREEN3:

- Point sources generally have well defined stacks. However, a single rooftop vent or a vent on the side of a building may be modeled as point source. Note that for non-standard point sources with horizontal stacks or rain caps the velocity should be set to 0.001 m/s and the stack diameter should be set to 1 m.
- Flares are similar to point sources; however, the heat release is used to calculate plume rise.
- Area sources are ground-level or low-level sources, which initially disperse in two dimensions (fugitive emissions). Note that the program will ask for emissions over the area of the source (g/m^2s).
- Volume sources are used to model emissions that initially disperse in three dimensions, such as a combination of vents on rooftops and fugitive emissions from pipes.

The model will request the following information for point sources:

- Title (up to 79 characters)
- Source type
- Emission rate (g/s)
- Stack height from ground-level (m) and inside diameter (m)
- Exit velocity (m/s) or flow rate (m^3/s)
- Stack temperature (K)
- Ambient temperature (K), generally use 293 K
- Receptor height above ground (m), generally set to zero.
- Urban or Rural:
  - May be determined through land use or population density – reference guidance documents from SCRAM web site or contact DEQ.
  - For population density, compute the average population density per square kilometer over an area circumscribed by circle with a 3-km radius from the source. If the population density is greater than 750 people/km, use the urban option.
- Building downwash (choose "yes")
- Building height (m), width (m), and length (m)
- Complex terrain (terrain above stack height)
- Simple terrain (terrain above stack base, not above stack height)
- Flat terrain
- For simple or flat terrain, automated distance array (choose "yes")
- Terrain height (m)
- Meteorology (always choose "full meteorology")
- Minimum and maximum distances for array (m) (may not exceed 50 km)
- Discrete receptors (for fence lines and sensitive areas)

The output from SCREEN3 is in µg/m3 on a 1-hour basis. This result should be multiplied by 0.4 to obtain a 24-hour concentration for comparison to the MAAC from subchapter 41.

CHROMIUM ELECTROPLATING & ANODIZING TANKS
HALOGENATED SOLVENT CLEANING MACHINES
NOTIFICATION FORMS TO MEET REPORTING REQUIREMENTS UNDER 40 CFR PART 63, SUBPARTS N AND T

Fill out tables for chromium electroplating tanks and chromium anodizing tanks that are subject to 40 CFR Part 63, Subpart N, and halogenated solvent cleaning machines that are subject to 40 CFR Part 63, Subpart T. Submit the form(s) with the application for an Authorization to Construct, an Authorization to Operate, or an individual Construction or Operating Permit, as appropriate. Data submitted for construction permits should be a best estimate and can be modified following actual construction. List all items that apply (e.g., when using a packed-bed scrubber in conjunction with a composite mesh-pad system, list both "PBS" and "CMP"). See 40 CFR § 63.2 for a definition of "Reconstruction."

NOTICE OF CONSTRUCTION/RECONSTRUCTION
FOR CHROMIUM ELECTROPLATING AND ANODIZING TANKS

(Applicable Rule: 40 CFR Part 63, Subpart N) For Tanks with Initial Startup After 1/25/95.

Owner/Operator/ Title						
Mailing Address						
City		State		Zip		
Facility Name						
Street Address (i.e., Physical Location)						
City		State		Zip		
Contact Person		Title		Phone		
Facility Type		Minor		Major		
Notification Type		New Construction		Reconstruction (see definition in 40 CFR § 63.2)		
List All Current Air Quality Permit/Authorization Numbers At This Facility						

Tank ID#	Type of Tank[1]	Expected Constr/Reconstr Dates		Anticipated Initial Startup Date	Type of Control Technique to be Used[2,3]	Control System ID #	Estimated Total Chromium Emissions After Control is Applied[4]
		Beginning	Completion				

[1]Use one of the following codes:
- HARD CHROM - Hard Chromium Electroplating
- DEC HEX - Decorative Chromium Electroplating, using Hexavalent Chromium Bath
- DEC TRI/WA - Decorative Chromium Electroplating, using Trivalent Chromium Bath with Wetting Agent
- DEC TRI - Decorative Chromium Electroplating, using Trivalent Chromium Bath without Wetting Agent
- CHROM ANOD - Chromium Anodizing

[2]Use one of the following codes:
- CMP - Composite Mesh-pad
- PBS - Packed-bed Scrubber
- FBME - Fiber-bed mist eliminator
- FOAM - Foam Blanket-type Fume Suppressant
- WET AGT - Wetting Agent
- OTHER (Specify in attached description)

[3]Attach description and design information from vendor, including design drawings and design capacity.

[4]Attach engineering calculation to support estimate. These calculations may be from the vendor. Emissions estimates should be expressed in units consistent with the emission limits in the regulation.

NOTICE OF CONSTRUCTION/RECONSTRUCTION FOR CHROMIUM ELECTROPLATING AND ANODIZING TANKS (Continued)

Reconstructed Sources

Description of Source & Components to be replaced:	

Existing Control Technique:	☐	Composite mesh-pad (CMP)	☐	Packed-bed scrubber (PBS)	☐	Wetting Agent	
☐	Fiber-bed mist eliminator	☐	Foam Blanket-type Fume Suppressant	☐	Other (specify):		

Current Emissions Limit (specify units):		Existing Emissions (specify units & attach calculations):	

☐ There are no economic or technical limitations to prevent the source from complying with all relevant standards or requirements.

☐ Economic or technical limitations prevent the source from complying with the relevant standards or other requirements after the proposed replacements. (Attach discussion and provide the following information.)

Estimated Fixed Capital Cost of the Replacements:	$	Estimated Fixed Capital Cost of Constructing Entirely New Source:	$	Estimated Life of Source After Replacements	

Hard Chromium Electroplating Facilities

Maximum Potential Cumulative Rectifier Capacity (Amperes)	

The facility is a ☐ large or ☐ small hard chromium electroplating facility because:

☐ Maximum Cumulative Rectifier Capacity for the facility's hard chromium electroplating tanks, calculated as the sum of installed capacity (amperes) x 8,400 hour/yr x 0.7 for each tank, is **greater than or equal to** 60 million amp-hr/yr.

☐ Maximum Cumulative Rectifier Capacity for the facility's hard chromium electroplating tanks, calculated as the sum of installed capacity (amperes) x 8,400 hour/yr x 0.7 for each tank, is **less than** 60 million amp-hr/yr.

☐ Records show that the facility's previous 12-month cumulative current usage for the hard chromium electroplating tanks was **less than** 60 million amp-hr/yr.

☐ The facility wishes to accept a Federally-enforceable limit of less than 60 million amp-hr/yr on the maximum cumulative potential rectifier capacity of the hard chromium electroplating tanks.

Certification: **This notification has been submitted as required by 40 CFR § 63.345. Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.**

Responsible Official (signature)			
Responsible Official (typed)		Date	
Responsible Official Title		Phone	

INITIAL NOTIFICATION

FOR NEW CHROMIUM ELECTROPLATING AND ANODIZING TANKS

(Applicable Rule: 40 CFR Part 63, Subpart N) For Tanks with Initial Startup After 1/25/95.

Owner/Operator/ Title						
Mailing Address						
City		State		Zip		
Facility Name						
Street Address (i.e., Physical Location)						
City		State		Zip		
Contact Person		Title		Phone		
Facility Type		Minor		Major		
List All Current Air Quality Permit/Authorization Numbers At This Facility						

Tank ID#	Type of Tank	Construction/Reconstruction Dates		Actual Startup Date
		Began	Completed	

Certification: **This notification has been submitted as required by 40 CFR § 63.347. Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.**

Responsible Official (signature)			
Responsible Official (typed)		Date	
Responsible Official Title		Phone	

INITIAL NOTIFICATION

FOR EXISTING CHROMIUM ELECTROPLATING AND ANODIZING TANKS

(Applicable Rule: 40 CFR Part 63, Subpart N) For Tanks with Initial Startup Prior to 1/25/95

Owner/Operator/ Title					
Mailing Address					
City		State		Zip	
Facility Name					
Street Address (i.e., Physical Location)					
City		State		Zip	
Contact Person		Title		Phone	
Facility Type		Minor		Major	
List All Current Air Quality Permit/Authorization Numbers At This Facility					

Tank ID#	Type of Tank[1]	Startup Date	Total installed Rectifier Capacity (Amperes)	Description of Parts Plated	Control Technique[2]	Applicable Emissions Limit[3] (Specify Units)	Compliance Date[3]

[1]Use one of the following codes:

HARD CHROM - Hard Chromium Electroplating
DEC HEX - Decorative Chromium Electroplating, using Hexavalent Chromium Bath
DEC TRI/WA - Decorative Chromium Electroplating, using Trivalent Chromium Bath with Wetting Agent
DEC TRI - Decorative Chromium Electroplating, using Trivalent Chromium Bath without Wetting Agent
CHROM ANOD - Chromium Anodizing

[2]Use one of the following codes:

CMP - Composite Mesh-pad
PBS - Packed-bed Scrubber
FBME - Fiber-bed mist eliminator
FOAM - Foam Blanket-type Fume Suppressant
WET AGT - Wetting Agent
OTHER (Specify and attach description)

[3]See 40 CFR § 63.343 or DEQ Fact Sheet for the General Permit for applicable limits and compliance dates.

Hard Chromium Electroplating Facilities

Maximum Potential Cumulative Rectifier Capacity (Amperes)	

The facility is a ☐ large or ☐ small hard chromium electroplating facility because:

- ☐ Maximum Cumulative Rectifier Capacity for the facility's hard chromium electroplating tanks, calculated as the sum of installed capacity (amperes) x 8,400 hour/yr x 0.7 for each tank, is **greater than or equal to** 60 million amp-hr/yr.
- ☐ Maximum Cumulative Rectifier Capacity for the facility's hard chromium electroplating tanks, calculated as the sum of installed capacity (amperes) x 8,400 hour/yr x 0.7 for each tank, is **less than** 60 million amp-hr/yr.
- ☐ Records show that the facility's previous 12-month cumulative current usage for the hard chromium electroplating tanks was **less than** 60 million amp-hr/yr.
- ☐ The facility wishes to accept a Federally-enforceable limit of less than 60 million amp-hr/yr on the maximum cumulative potential rectifier capacity of the hard chromium electroplating tanks.

Certification: **This notification has been submitted as required by 40 CFR § 63.347. Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.**

Responsible Official (signature)			
Responsible Official (typed)		Date	
Responsible Official Title		Phone	

NOTIFICATION OF COMPLIANCE STATUS

FOR CHROMIUM ELECTROPLATING AND ANODIZING TANKS

(Applicable Rule: 40 CFR Part 63, Subpart N) For New and Existing Tanks

Owner/Operator/ Title					
Mailing Address					
City		State		Zip	
Facility Name					
Street Address (i.e., Physical Location)					
City		State		Zip	
Contact Person		Title		Phone	
Facility Type	☐ Minor		☐ Major		
List All Applicable Air Quality Permit/Authorization Number(s)					

☐ The owner/operator has completed, and has on file, an operation and maintenance plan as required by the work practice standards in 40 CFR § 63.342(f).

Tank ID#	Type of Tank[1]	Applicable Emissions Limit	Control Technique[2]	Control System ID#	Method to Determine Compliance[3]	Test Method Followed	Type and Quantity of HAP Emitted[4,5]

[1]Use one of the following codes:

HARD CHROM - Hard Chromium Electroplating
DEC HEX - Decorative Chromium Electroplating, using Hexavalent Chromium Bath
DEC TRI/WA - Decorative Chromium Electroplating, using Trivalent Chromium Bath with Wetting Agent
DEC TRI - Decorative Chromium Electroplating, using Trivalent Chromium Bath without Wetting Agent
CHROM ANOD - Chromium Anodizing

[2]Use one of the following codes:

CMP - Composite Mesh-pad
PBS - Packed-bed Scrubber
FBME - Fiber-bed mist eliminator
FOAM - Foam Blanket-type Fume Suppressant
WET AGT - Wetting Agent
OTHER (Specify and attach description)

[3]If a performance test was conducted, submit the test report containing the elements required by 40 CFR § 63.344(a).

[4]If the compliance procedures of 40 CFR § 63.344(e) are being followed, attach the calculations needed to support the emission limit expressed in mg/hr.

☐ [5]This report ☐ corrects or ☐ verifies previously submitted emissions estimates (for owner/operator subject to the construction and reconstruction provisions of 40 CFR § 63.345).

Control System ID#	Tank ID#	Range of Site-Specific Operating Parameter Values[1]			
		Pressure Drop	Velocity Pressure	Surface Tension	Foam Blanket Thickness

[1]If the applicable monitoring and reporting requirements to demonstrate continuous compliance differ from those in 40 CFR Part 63, Subpart N, attach a description. Parameter value ranges are established through initial performance testing and are those that correspond to emissions at or below the level of the standard(s).

NOTIFICATION OF COMPLIANCE STATUS FOR CHROMIUM ELECTROPLATING AND ANODIZING TANKS (Continued)

Hard Chromium Electroplating Facilities

The facility is a ☐ large or ☐ small hard chromium electroplating facility because:

- ☐ Maximum Cumulative Rectifier Capacity for the facility's hard chromium electroplating tanks, calculated as the sum of installed capacity (amperes) x 8,400 hour/yr x 0.7 for each tank, is **greater than or equal to** 60 million amp-hr/yr.
- ☐ Maximum Cumulative Rectifier Capacity for the facility's hard chromium electroplating tanks, calculated as the sum of installed capacity (amperes) x 8,400 hour/yr x 0.7 for each tank, is **less than** 60 million amp-hr/yr.
- ☐ Records show that the facility's previous 12-month cumulative current usage for the hard chromium electroplating tanks was **less than** 60 million amp-hr/yr. [Submit records that support this usage for any 12-month preceding the compliance date, or submit a description of how operations will change to meet the rectifier capacity limit. For new sources, provide the projected rectifier capacity for the first 12-month period of tank operation.]
- ☐ The facility has accepted or will accept a Federally-enforceable limit of less than 60 million amp-hr/yr on the maximum cumulative potential rectifier capacity of the hard chromium electroplating tanks.

All Chromium Electroplating/Anodizing Facilities (Check the box that applies):

	The facility is in compliance with the provisions of 40 CFR Part 63, Subpart N.
	The facility is not in compliance with the provisions of 40 CFR Part 63, Subpart N.

Certification: **This notification has been submitted as required by 40 CFR § 63.347. Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.**

Responsible Official (signature)			
Responsible Official (typed)		Date	
Responsible Official Title		Phone	

INITIAL NOTIFICATION

FOR NEW & EXISTING HALOGENATED SOLVENT CLEANING MACHINES

(Applicable Rule: 40 CFR Part 63, Subpart T)

Owner/Operator/ Title						
Mailing Address						
City		State		Zip		
Facility Name						
Street Address (i.e., Physical Location)						
City		State		Zip		
Contact Person		Title		Phone		
Facility Type		Minor		Major		
Notification Type		New Construction		Reconstruction (see definition in 40 CFR § 63.2)		
List All Current Air Quality Permit/Authorization Numbers At This Facility						

Machine ID#	Machine Type[1]	Solvent[1]	Expected / Actual Constr / Reconstr Dates		Anticipated / Actual Initial Startup Date[2]	Solvent/Air Interface Area (Sq. In.)	Estimated Annual Solvent Consumption (Pounds/Year)
			Beginning	Completion			

[1]For each machine, use one or more of the following codes in the appropriate columns:

Machine Type

- B.COLD IMM - Batch Cold Immersion
- B.COLD RemR - Batch Cold Remote Reservoir
- B.VAPOR - Batch Vapor
- COLD IL - Cold In-line
- VAPOR IL - Vapor In-line
- CON WEB - Continuous Web

Solvent

- MC – Methylene Chloride
- PERC – Perchloroethylene
- TCE – Trichloroethylene
- 111TRI - 1,1,1-Trichloroethane
- CTET - Carbon Tetrachloride
- CLF - Chloroform

Use "OTHER" if none of the choices apply (and specify in attached description).

[2]For "Existing" Machines (those that commenced construction on or before 11/29/93), use actual startup date or "<11/29/93" or ">11/29/93"

Machine ID#	Control Technique(s)[1] (List All that Apply)	Existing or Planned?	Anticipated Compliance Approach[1]

[1]For each machine, use one or more of the following codes in the appropriate columns:

Control Technique

- FR=1.0 - Freeboard Ratio ≥1.0
- FR=0.75 - Freeboard Ratio ≥0.75
- WATER – Water Layer (≥1")
- F REF - Freeboard Refrigeration Device
- RRD - Reduced Room Draft
- CARB AD - Carbon Adsorber
- SH VAPOR - Super-Heated Vapor
- Wk COVER - Working-Mode Cover
- I COVER - Idle-Mode Cover
- DWELL - Dwell
- WP – Work Practices
- NONE - None

Compliance Approach

- BASIC EqS - Basic Equipment Standard (+ Work Practices)
- IDLING EmS - Idling Emission Standard (+ Work Practices)
- ALT STD - Alternative Standard

Certification: **This notification has been submitted as required by 40 CFR § 63.468. Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.**

Responsible Official (signature)			
Responsible Official (typed)		Date	
Responsible Official Title		Phone	

COMPLIANCE REPORT

FOR NEW & EXISTING BATCH COLD HALOGENATED SOLVENT CLEANING MACHINES

(Applicable Rule: 40 CFR Part 63, Subpart T)

FOR NEW & EXISTING HALOGENATED SOLVENT CLEANING MACHINES (Applicable Rule: 40 CFR Part 63, Subpart T)						
Owner/Operator/ Title						
Mailing Address						
City		State		Zip		
Facility Name						
Street Address (i.e., Physical Location)						
City		State		Zip		
Contact Person		Title		Phone		
List All Applicable Air Quality Permit/Authorization Number(s)						

Machine ID#	Machine Type[1]	Compliance Status[1]	Compliance Approach[1]

[1]For each machine, use the following codes in the appropriate columns:

Machine Type: Batch Cold Immersion; or Batch Cold Remote Reservoir

Compliance Status: In Compliance - The machine is in compliance with the provisions of 40 CFR Part 63, Subpart T.
Not In Compliance - The machine is not in compliance with the provisions of 40 CFR Part 63, Subpart T.

Compliance Approach: COVER & WATER - Working-Mode Cover and Water Layer (≥1")
COVER, FR=0.75 & WP - Working-Mode Cover, Freeboard Ratio ≥0.75, and Work Practices
COVER & WP - Working-Mode Cover and Work Practices (for Remote Reservoir Machines)

Use "OTHER" if none of the choices apply (and specify in attached description).

Certification: **This notification has been submitted as required by 40 CFR § 63.468(c). Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.**

Responsible Official (signature)			
Responsible Official (typed)		Date	
Responsible Official Title		Phone	

INITIAL STATEMENT OF COMPLIANCE

FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES

New & Existing Machines Complying with the **Equipment Standard** (40 CFR § 63.463)
(Applicable Rule: 40 CFR Part 63, Subpart T)

Owner/Operator/ Title						
Mailing Address						
City		State		Zip		
Facility Name						
Street Address (i.e., Physical Location)						
City		State		Zip		
Contact Person		Title		Phone		
List All Applicable Air Quality Permit/Authorization Number(s)						

Control Equipment ID#	Machine ID#[1]	Control Equipment[2]	Machine Type[2]	Compliance Status[2]	Compliance Approach[2]

[1]For each piece of control equipment, list the ID# for each machine for which it provides treatment.
[2]For each piece of control equipment, use the following codes in the appropriate columns:

Machine Type: Batch Vapor; or In-Line

Control Equipment:

FR=1.0 - Freeboard Ratio ≥1.0	Wk COVER - Working-Mode Cover	DWELL - Dwell
F REF - Freeboard Refrigeration Device	CARB AD - Carbon Adsorber	RRD - Reduced Room Draft
SH VAPOR - Super-Heated Vapor		

Compliance Status: In Compliance - The machine is in compliance with the provisions of 40 CFR Part 63, Subpart T.
Not In Compliance - The machine is not in compliance with the provisions of 40 CFR Part 63, Subpart T.

Compliance Approach: Control Combination or Idling Emission Limit

☐ Idling Emission Limit Test Report, per 40 CFR § 63.468(d)(6), attached.

Use "OTHER" if none of the choices apply (and specify in attached description).

Control Equipment ID#	Control Equipment	Measured Parameter	Compliance Parameter Value
	Freeboard Refrigeration Device	❑ Temperature at the center of the air blanket while idling.	❑ ≤ 30% of the solvent boiling point.
	Working- & Idling-Mode Cover	❑ Use, function, and integrity.	❑ Opens and closes properly. ❑ Closed except during parts entry & removal. ❑ Closes completely. ❑ Free of cracks, holes, or other defects.
	Dwell	❑ Period of time parts are held in the solvent cleaning freeboard area above the vapor zone after being cleaned.	❑ Determined for each of the parts or parts baskets cleaned, or ❑ Determined using the most complex part type of parts baskets cleaned.
	Super-Heated Vapor System	❑ Temperature at the center of the super-heated vapor zone while idling.	❑ At least 10°F above the solvent's boiling point.

INITIAL STATEMENT OF COMPLIANCE FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES for New and Existing Machines complying with the **Equipment Standard** (Continued).			
Control Equipment ID#	Control Equipment	Measured Parameter	Compliance Parameter Value
	Reduced Room Draft	❑ Windspeed Room parameters (e.g., enclosure*): 1. _____ 2. _____ 3. _____ 4. _____	❑ ≤ 15.2 meters per minute (50 feet per minute) 1. _____ 2. _____ 3. _____ 4. _____
*If a full or partial enclosure is used to achieve the reduced room draft for your cleaning machine, attach the initial monitoring test.			
	Carbon Adsorber	❑ Working mode exhaust halogenated solvent concentration (attach weekly measurement records of the exhaust concentration).	❑ ≤ 100 ppm
	Other (specify)	❑	❑

	The facility is in compliance with the provisions of 40 CFR Part 63, Subpart T.
	The facility is not in compliance with the provisions of 40 CFR Part 63, Subpart T.

Certification: **This notification has been submitted as required by 40 CFR § 63.468(d). Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.**

Responsible Official (signature)			
Responsible Official (typed)		Date	
Responsible Official Title		Phone	

INITIAL STATEMENT OF COMPLIANCE

FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES

New & Existing Machines Complying with the **Alternative Standard** (40 CFR § 63.464)
(Applicable Rule: 40 CFR Part 63, Subpart T)

Owner/Operator/ Title						
Mailing Address						
City		State		Zip		
Facility Name						
Street Address (i.e., Physical Location)						
City		State		Zip		
Contact Person		Title		Phone		
List All Applicable Air Quality Permit/Authorization Number(s)						

Machine ID#	Machine Type[1]	Solvent/Air Interface[2] (m^2 or in^2)	Cleaning Capacity[2] (m^3 or ft^3)	First 3-Month Average Emissions[3] (kg or lbs per month)

[1]For each machine, indicate Machine Type as Batch Vapor or In-Line.
[2]Give solvent/air interface (in square meters or square inches), or cleaning capacity (in cubic meters or cubic feet), if the machine does not have a solvent/air interface (attach calculation method and results). Indicate units.
[3]Indicate units, and attach calculation sheets

	The facility is in compliance with the provisions of 40 CFR Part 63, Subpart T.
	The facility is not in compliance with the provisions of 40 CFR Part 63, Subpart T.

Certification: **This notification has been submitted as required by 40 CFR § 63.468(e). Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.**

Responsible Official (signature)			
Responsible Official (typed)		Date	
Responsible Official Title		Phone	

ANNUAL REPORT

FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES

Machines Complying with the **Equipment Standard** (40 CFR § 63.463)
(Applicable Rule: 40 CFR Part 63, Subpart T)

Owner/Operator/ Title						
Mailing Address						
City		State		Zip		
Facility Name						
Street Address (i.e., Physical Location)						
City		State		Zip		
Contact Person		Title		Phone		
List All Applicable Air Quality Permit/Authorization Number(s)						
Reporting Period	Beginning Date:		Ending Date:			

☐ All operators of solvent cleaning machines have received training on the proper operation of solvent cleaning machines and their control devices sufficient to pass the test required in 40 CFR § 63.463(d)(10).

Machine ID#	Machine Type[1]	Estimated Solvent Consumption during the Reporting Period (Indicate kg/yr or lb/yr)

Certification: **This notification has been submitted as required by 40 CFR § 63.468(f). Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.**

Responsible Official (signature)			
Responsible Official (typed)		Date	
Responsible Official Title		Phone	

ANNUAL SOLVENT EMISSIONS REPORT

FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES

Machines Complying with the **Alternative Standard** (40 CFR § 63.464)

(Applicable Rule: 40 CFR Part 63, Subpart T)

Owner/Operator/ Title						
Mailing Address						
City		State		Zip		
Facility Name						
Street Address (i.e., Physical Location)						
City		State		Zip		
Contact Person		Title		Phone		
List All Applicable Air Quality Permit/Authorization Number(s)						
Reporting Period	Beginning Date:		Ending Date:			

Machine ID#	Machine Type[1]	Machine Size[2]		Average Monthly Solvent Consumption[3] (kg per month)
		Solvent/Air Interface (m^2 or in^2)	Cleaning Capacity (m^3 or ft^3)	

[1]For each machine, indicate Machine Type as Batch Vapor or In-Line.

[2]Give solvent/air interface (in square meters or square inches), or cleaning capacity (in cubic meters or cubic feet), if the machine does not have a solvent/air interface (attach calculation method and results). Indicate units.

[3]Indicate units, and attach calculation sheets

Month	Monthly Solvent Emissions [1]	3-Month Rolling Average Emissions[2]	Monthly Solvent Emissions [1]	3-Month Rolling Average Emissions[2]	Monthly Solvent Emissions [1]	3-Month Rolling Average Emissions[2]
Machine ID# ⇒						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

[1]Solvent Emissions (specify kg or lbs) for the specified month, calculated per 40 CFR § 63.465(c).

[2]3-Month Rolling Average Solvent Emissions (specify kg or lbs per month), calculated per 40 CFR § 63.465(c).

Certification: **This notification has been submitted as required by 40 CFR § 63.468(g). Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.**

Responsible Official (signature)			
Responsible Official (typed)		Date	
Responsible Official Title		Phone	

EXCEEDANCE REPORT

FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES

Machines Complying With Either the **Equipment Standard** or the **Alternative Standard**
(Applicable Rule: 40 CFR Part 63, Subpart T)

Owner/Operator/ Title						
Mailing Address						
City		State		Zip		
Facility Name						
Street Address (i.e., Physical Location)						
City		State		Zip		
Contact Person		Title		Phone		
List All Applicable Air Quality Permit/Authorization Number(s)						

Reporting Period	Semiannual Reporting		January – June (Due July 30)		July – December (Due December 30)			
	Quarterly Reporting		Jan – Mar		Apr – Jun		Jul – Sep		Oct – Dec
	Other Reporting Period	Beginning Date:			Ending Date:			

Machine ID#	Machine Type[1]	Has an Exceedance Occurred During the Reporting Period?[2]

[1]For each machine, indicate Machine Type as Batch Vapor or In-Line.
[2]For each machine, indicate either "Yes," followed by the number of exceedances, or "No Exceedances" or "Machine Inoperative."

NOTE: List additional machines on Page 2 of this form. Add additional copies of Page 2 as necessary.

☐ No exceedance of a parameter occurred during the reporting period, and no piece of equipment was inoperative, out of control, repaired, or adjusted during the reporting period. (Mark the box if this statement is true.)

Description of Exceedance(s), (Including Regulatory Citation[1]), Actions Taken[2], and Results of Actions

Machine ID#:		Date of Occurrence:	
Exceedance:		Cite:	
Reason for the Exceedance:			
Actions Taken:			

Machine ID#:		Date of Occurrence:	
Exceedance:		Cite:	
Reason for the Exceedance:			
Actions Taken:			

[1]Under "Cite," list the section (and subsection, paragraph, subparagraph, etc. as applicable) of the requirement in 40 CFR Subpart T that was not met.
[2]Information should include description of actions taken to comply with 40 CFR § 63.463(e) and (f), including records of written or verbal orders for replacement parts, a description of the repairs made, and additional monitoring conducted to demonstrate that monitored parameters have returned to accepted levels. If an exceedance has occurred, include actions taken in response to the exceedance.

NOTE: Attach supplementary information as necessary. Report additional occurrences on Page 2 of this form. Add additional copies of Page 2 as necessary.

Certification: **This notification has been submitted as required by 40 CFR § 63.468(h). Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.**

Responsible Official (signature)			
Responsible Official (typed)		Date	
Responsible Official Title		Phone	

Machine ID#	Machine Type[1]	Has an Exceedance Occurred During the Reporting Period?[2]

[1]For each machine, indicate Machine Type as Batch Vapor or In-Line.
[2]For each machine, indicate either “Yes,” followed by the number of exceedances, or “No Exceedances.”

Description of Exceedance, Actions Taken and Results of Actions (Continued)

Machine ID#:		Date of Occurrence:	
Exceedance:		Cite:	
Reason for the Exceedance:			
Actions Taken:			

Machine ID#:		Date of Occurrence:	
Exceedance:		Cite:	
Reason for the Exceedance:			
Actions Taken:			

Machine ID#:		Date of Occurrence:	
Exceedance:		Cite:	
Reason for the Exceedance:			
Actions Taken:			

Machine ID#:		Date of Occurrence:	
Exceedance:		Cite:	
Reason for the Exceedance:			
Actions Taken:			

Machine ID#:		Date of Occurrence:	
Exceedance:		Cite:	
Reason for the Exceedance:			
Actions Taken:			