



ANNUAL NOTIFICATION OF COMPLIANCE

Applicable Rule: 40 CFR Part 63, Subpart HHHHHH – National Emission Standards for Hazardous Air Pollutants (NESHAP): Paint Stripping and Misc. Surface Coating Operations at Area Sources

Air Quality Control Division
5600 South 10th Street
Omaha NE 68107-3501
Phone: (402) 444-3015
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This form must be completed, signed and submitted to the City of Omaha Air Quality Control by March 31 of each year.

City of Omaha- Air Quality Control, 5600 S. 10th Street, Omaha, NE 68107

Who is subject to this Rule?

1. Sources that emit or have the potential to emit hazardous air pollutants (HAP) in amounts less than (<) 10 tons per year (tpy) of a single HAP or < 25 tpy of a combination of HAP; and
2. Engage in one of the following:
 - a. Paint stripping using methylene chloride (MeCl); OR
 - b. Spray application of coatings to motor vehicles and mobile equipment; OR
 - c. Spray application of coatings to a plastic and/or metal substrate where the coatings contain compounds of chromium (Cr), lead (Pb), Manganese (Mn), nickel (Ni), or cadmium (Cd).

SECTION I – GENERAL INFORMATION

Print or type the following information for each facility for which you are making initial notification:

Facility Name	
Facility Address	City, State, Zip
Responsible Official's Name/ Title	Responsible Official's Phone Number
Responsible Official's Address (if different than above)	City, State, Zip

For official use only: City ID#
State ID#

SECTION II – APPLICABILITY AND COMPLIANCE STATUS

1. Compliance Requirements

For paint stripping operation, the relevant requirements that you must evaluate in making this determination are specified in 40 CFR 63.11173(a) through (d). For surface coating operations, the relevant requirements are specified in 40 CFR 63.11173(e) through (g) of this subpart.

Compliance date for existing facilities was January 10, 2011; for new facilities it is at startup.

I am in compliance with each of the relevant requirements

Are the compliance records located at the facility's physical address listed above? Yes or No

If you answered No above, provide the address where the records are kept:

Address	City, State, Zip
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2. **A brief description of the type of operation (complete the applicable sections, A and/or B below)**

➤ For MeCl Paint Stripping Operations:

- Methods of paint stripping employed (*check all that apply*)

- Chemical
- Mechanical
- Other (*describe*): _____

- Substrates stripped (*check all that apply*)

- Wood
- Plastic
- Metal
- Other (*describe*): _____

- MeCl consumption- Do you use more than 1 ton annually? Yes or No

➤ For Surface Coating Operations:

- This facility is a:

- Motor Vehicle or Mobile Equipment Surface Coating Operation
- Miscellaneous Surface Coating Operation

- Number of spray booths: _____

- Number of preparation stations: _____

- Number of painters usually employed: _____

- If the source is a motor vehicle or mobile equipment surface coating operation, are vehicles repaired at the customer's location, rather than at a fixed location? Yes or No

SECTION III – CERTIFICATION

The Responsible Official must certify below. The Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that own the facility;
- An owner of the facility;
- The plant engineer or supervisor of the facility;
- A government official, if the facility is owned by the Federal, State, City, or County government; or
- A ranking military officer. If the facility is located at a military base.

(Print of type the following information.)

Name: _____ Title: _____

Telephone Number: _____ Email: _____

I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

(Signature of Responsible Official)

(Date)