



**Plating and Polishing Operations
ANNUAL NOTIFICATION OF
COMPLIANCE**

Applicable Rule: 40 CFR Part 63, Subpart WWWW –
National Emission Standards for Hazardous Air Pollutants
(NESHAP): Plating and Polishing Operations

Air Quality Control Division
5600 South 10th Street
Omaha NE 68107-3501
Phone: (402) 444-3015
Fax: (402) 444-3904

This form must be completed by January 31st of each year. If deviations occurred, it must be submitted to OAQC and EPA Region VII by that date. If no deviations occurred, it must be submitted to OAQC only by March 31st of each year. Send to:

1. City of Omaha- Air Quality Control, 5600 S. 10th Street, Omaha, NE 68107
2. Region VII EPA, 901 North 5th Street, Kansas City, KS 66101-2907 (*only if deviations occurred*)

Who is subject to this Rule?

1. Sources that emit or have the potential to emit the hazardous air pollutants (HAP) associated with plating and polishing operations (compounds of cadmium, *chromium, lead, manganese, or nickel) 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. Electroplating other than chromium electroplating
 - b. Electroless or non-electrolytic plating.
 - c. Other non-electrolytic metal coating processes, such as chromate conversion coating, nickel acetate sealing, sodium dichromate sealing, and manganese phosphate coating; and thermal spraying.
 - d. Dry mechanical polishing of finished metals and formed products after plating.
 - e. Electroforming.
 - f. Electropolishing.

* Regulated sources do not include chromium electroplating and chromium anodizing source, as those sources are subject to 40 CFR 63, Subpart N.

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

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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For official use only: City ID# _____ State ID# _____

SECTION II – APPLICABILITY AND COMPLIANCE STATUS

1. **List the affected sources at your facility and the plating and polishing metal HAP** (compounds of cadmium, chromium, lead, manganese, or nickel) **used in, or emitted by, those sources:**

2. **List the method(s) used to comply with the applicable management practices and equipment standards:**

3. **Describe the capture and emission control systems used to comply with the applicable equipment standards:**

4. **Check the statement below that applies:**
 - The source has complied with all the relevant standards and other requirements of this subpart.
 - I am not in compliance with all requirements of the relevant standard.

SECTION III – DEVIATIONS

1. **Check the box that applies to your facility:**
 - This facility has **not** had any deviations from this rule in the last year.
 - This facility has had deviations from this rule in the last year, and a deviation report is attached.

SECTION IV – 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 or 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)