



INITIAL NOTIFICATION/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
Telefax: (402) 444-3904

This form must be completed, signed and submitted to the following agencies by January 11, 2010, if your facility is an existing facility (commenced construction prior to 9/17/07) or **within 180 days** of startup if you facility is a new source (commenced construction after 9/17/07)

City of Omaha- Air Quality Control, 5600 S. 10th Street, Omaha, NE 68107 AND
Region VII EPA, 901 North 5th Street, Kansas City, KS 66101-2907

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.

Existing facilities must be in compliance by January 10, 2011 and submit Notification of Compliance by March 11, 2011.

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

3. **Compliance dates (*check one*)**

- This facility is a new source** (initial startup after 9/17/09)

- Compliance date is January 9, 2008 or at startup

- This facility is an existing source** (initial startup before 9/17/09)

- Compliance date is January 10, 2011

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)