

NEBRASKA DEPARTMENT OF ENVIRONMENT AND ENERGY
Air Compliance Section

NOTIFICATION of COMPLIANCE STATUS FORM

Applicable Rule: *40 CFR Part 63, Subpart WWWW - National Emission Standards for Hazardous Air Pollutants (NESHAP) for Area Source Plating and Polishing Operations -Promulgated 7/1/08.*

Who is subject to this Rule?

You are subject to this rule if you own or operate a plating and polishing facility that uses or emits any of the following plating and polishing metal HAPs (compounds of cadmium, *chromium, lead, manganese, or nickel) and is an area source of HAP emissions (has the potential to emit less than 10 tons per year of a single HAP or less than 25 tons per year of combined HAPs)

A plating and polishing facility is a plant site that engages in one of the following activities:

- 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.

What part of my facility is affected by this rule?

- a. Any tanks that contains one or more of the plating and polishing metal HAP (compounds of cadmium, chromium, lead, manganese, or nickel) and is used for non-chromium electroplating; electroforming; electropolishing; electroless plating or other non-electrolytic metal coating operations, such as chromate conversion coating, nickel acetate sealing, sodium dichromate sealing, and manganese phosphate coating.
- b. Any thermal spraying operation that applies one or more of the plating and polishing metal HAP listed above.
- c. Any dry mechanical polishing operation that emits one or more of the plating and polishing metal HAP listed above.

More information and rule guidance can be found on the [NDEE Air Toxics Notebook](#). You may also contact the NDEE Air Toxics Coordinator at 402-471-2186.

If you are subject to this rule fill out the information below.

Print or type the following information for each facility for which you are making Notification of Compliance Status:

Facility Name:

Facility ID#:

Facility Address:

City:

State:

Zip:

Responsible Official's Name/Title:

Responsible Official's Phone Number:

Responsible Official's Email Address:

Responsible Official's Address if different than facility address):

Street:

City:

State:

Zip:

Existing sources must submit this form to the following agencies by July 1, 2010. New sources must submit this form by July 1, 2008 or upon startup, whichever is later.

NDEE Air Compliance Section
PO Box 98922
Lincoln, NE 68509-8922

and

Region VII EPA – Air & Waste Management
11201 Renner Blvd
Lenexa, KS 66219

If your facility is located in Omaha or Lancaster County, you must submit a notification to the appropriate local air pollution control agency and Region VII EPA.

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.

Compliance Dates & Status:

- New Source (startup after 7/1/08): Compliance date is 7/1/08 or date of startup, whichever is later
- Existing source (startup on or before 7/1/08): Compliance date is July 1, 2010

A responsible official must certify below. A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns 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 name and title of the Responsible Official for the facility:

Name: _____

Title: _____

Telephone no.: _____

Email (if available): _____

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

Signature of responsible official:

(Signature of Responsible Official)

(Date)

Print name: _____