

Commonwealth of Kentucky  
Energy and Environment Cabinet  
Department for Environmental Protection  
Division for Air Quality  
200 Fair Oaks Lane, 1<sup>st</sup> Floor  
Frankfort, Kentucky 40601

## Initial Notification/Compliance Certification

<b>DEP 7120</b>
<b>Area Source Rule</b>
<b>Paint Stripping and Miscellaneous Surface Coating Operations</b>
<b>40 CFR 63 Subpart HHHHHH (Parts 63.11169-63.11180)</b>

Identify the Type of Notification Being Made  
(please check all that apply)

Initial Notification       Notification of Compliance Status       Annual Notification of Changes

### Section 1. Facility Information

Yes, I am subject to 40 CFR Part 63 subpart HHHHHH National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Paint Stripping and Miscellaneous Surface Coating.

SIC or NAICS category: \_\_\_\_\_

SIC or NAICS code: \_\_\_\_\_

Property Area (Acres or Square Feet): \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Compliance Date:  Existing source: January 10, 2011     New source: Upon startup \_\_\_\_\_  
(Date of startup)

Company name: \_\_\_\_\_

Facility name (if different): \_\_\_\_\_

Facility (physical location) address: \_\_\_\_\_

Standard Coordinates:

Latitude: degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds \_\_\_\_\_

Longitude: degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds \_\_\_\_\_

Owner name/title: \_\_\_\_\_

Owner/company address: \_\_\_\_\_

Owner telephone number: \_\_\_\_\_

Owner fax number: \_\_\_\_\_

Owner email address: \_\_\_\_\_

Is the Operator the same person as the Owner?    Yes     No

If the Operator information is different from the Owner, please provide the following:

Operator name/title: \_\_\_\_\_

Operator address: \_\_\_\_\_

Operator telephone number: \_\_\_\_\_

Operator fax number: \_\_\_\_\_

Operator email address: \_\_\_\_\_

Is the source a motor vehicle or mobile equipment surface coating operation that repairs vehicles at the customer's location, rather than at a fix location?      Yes     No

If you checked **Yes** above, please provide the physical location or address of records:

\_\_\_\_\_

\_\_\_\_\_

**Section 2. Surface Coating Operations**

Complete the information below for Surface Coating Operations (check all boxes that apply):

Motor vehicle or mobile surface equipment operation

Miscellaneous surface coating operation

Number of spray booths: \_\_\_\_\_      Number of preparation stations: \_\_\_\_\_

Number of painters typically employed: \_\_\_\_\_

Please check the appropriate box concerning compliance status with the regulation. For surface coating operations, the relevant requirements that you must evaluate in making this determination are specified in 40 CFR Part 63.11173(e) through (g)

I am in compliance with each of the relevant requirements

I will be in compliance with each of the relevant requirements by the compliance date.

New source (after 9 Jan. 2008)- Compliance date is date of startup

New source (after 17 Sept. 2007, but before 9 Jan. 2008)- Compliance date is 9 Jan. 2008

Existing source (before 17 Sept. 2007)- Compliance date is 10 Jan. 2011

If you checked the second box above, please provide an explanation below of the noncompliance and describe corrective actions being taken to achieve compliance (*attach a separate sheet if necessary*).

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### Section 3. Paint Stripping Operations

Describe the paint stripping methods used (check all the boxes that apply):

- Chemical stripping
- Mechanical stripping
- Other (please specify):

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- Not applicable no paint stripping operations

Describe types of substrates that are stripped (check all the boxes that apply):

- Wood
- Plastic
- Metal
- Other (please specify):

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**Section 4. Methylene Chloride Use in Paint Stripping Operations**

- a. Is Methylene Chloride (MeCl) used on site?  
Yes  No
- b. If you checked **Yes** above, do you plan to use or have you used more than 1 ton of MeCl annually?  
Yes  No
- c. If checked **Yes** above, are you currently implementing a MeCl Minimization Plan?  
Yes  No

I certify, under penalty of law, that the facility's paint stripping operation has developed and is implementing a written Methylene Chloride Minimization Plan in accordance with 40 CFR 63.11173(b).

\_\_\_\_\_ \_\_\_\_\_  
**Signature of Responsible Official** **Date**

\_\_\_\_\_  
**Printed Name of Responsible Official**

*\*Responsible Official must be the owner or operator of the facility.*

**Section 5. Certification of Compliance Status**

Please check the appropriate box concerning compliance status with the regulation. For paint stripping operations, the relevant requirements that you must evaluate in making this determination are specified in 40 CFR Part 63.11173(a) through (d)

- I am in compliance with each of the relevant requirements
- I will be in compliance with each of the relevant requirements by the compliance date.
  - New source (after 9 Jan. 2008)- Compliance date is date of startup
  - New source (after 17 Sept. 2007, but before 9 Jan. 2008)- Compliance date is 9 Jan. 2008
  - Existing source (before 17 Sept. 2007)- Compliance date is 10 Jan. 2011

If you checked the second box above, please provide an explanation below of the noncompliance and describe corrective actions being taken to achieve compliance (*attach a separate sheet if necessary*)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 6. Annual Notification of Changes**

[ ] I have made changes to my facility or operation since previous initial notification, Notification of Compliance, or other previous annual notification in accordance with 40 CFR 63.11176(a) and (b).

Please write a description of deviations from the applicable requirements including time periods that deviations occurred and the corrective action taken.

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I, the undersigned, hereby certify under penalty of law, that I am a responsible official, and that I have personally examined, and am familiar with, the information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the information is on knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of fine or imprisonment.

\_\_\_\_\_  
**Signature of Responsible Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Responsible Official**

*\*Responsible Official must be the owner or operator of the facility.*



**Section 8. Submittal**

Submit this form by registered mail to the attention of the following regulatory officials:

**Ms. Beverly Banister, Director  
Air, Pesticides, and Toxics Management Division  
U.S. Environmental Protection Agency Region IV  
Atlanta Federal Center  
61 Forsyth Street, S.W.  
Atlanta, Georgia 30303-3104**

**Kentucky Division for Air Quality  
Program Planning Branch  
200 Fair Oaks Lane, 1<sup>st</sup> Floor  
Frankfort, Kentucky 40601  
Phone: (502) 564-3999  
Fax: (502) 564-4666**