

Notification of Compliance Status
Paint Stripping and Miscellaneous Surface Coating Area Sources
National Emission Standards for Hazardous Air Pollutants (NESHAP) Subpart HHHHHH
40 CFR § 63.11169-63.11180

This format may be used to meet the Notification of Compliance Status requirements of Subpart HHHHHH; however, you are not required to use this format as long as you provide the information required by 40 CFR § 63.11175(b).

1. **Company Name** _____

Facility Name (if different) _____

2. **The street address (physical location) of the affected source**

Street	City	State	Zip
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Are the compliance records located at the same location? Yes No

If the compliance records are kept at a different location, please provide the address where the compliance records are kept:

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

If so, please provide the address where the compliance records are kept:

Street	City	State	Zip
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3. **Methylene Chloride (MeCl) Used in Paint Stripping Operations**

Do you own or operate an existing affected paint stripping source that annually uses more than one ton of methylene chloride?

No. If you have less than 1 ton, you must do the following:

- evaluate each application to ensure there is a need for paint stripping
- evaluate each application where a paint stripper containing MeCl is used to ensure there is no alternative paint stripping technology that can be used
- reduce exposure of all paint strippers containing MeCl to the air
- optimize application conditions when using paint strippers containing MeCl to reduce MeCl evaporation
- practice proper storage and disposal of paint strippers containing MeCl

Yes. I certify I have developed and am implementing a written methylene chloride minimization plan in accordance with 40 CFR § 63.11173 (b).

4. **Information about the owner and operator:**

a. **Owner's Name and Title** _____

Owner's Street Address _____

Street	City	State	Zip
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Owner's Telephone Number _____

Owner's E-mail Address (if available) _____

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

If you answered YES skip to #5, otherwise provide the following:

b. Operator's Name and Title _____

Operator's Street Address _____
Street City State Zip

Operator's Telephone Number _____

Operator's E-mail Address (if available) _____

5. Certification of Compliance Status

I certify the truth, accuracy, and completeness of this Notification of Compliance Status and that this source has complied with all the relevant standards and other requirements of this subpart. For surface coating operations, the relevant requirements are specified in 40 CFR § 63.11173 (e) through (g) of this subpart. For paint stripping operations using Methylene Chloride (any amount), the relevant requirements that you must evaluate in making this determination are specified in 40 CFR § 63.11173 (a) through (d) of this subpart.

Date of the Notification of Compliance Status _____

Yes, I certify that I have complied with all the relevant standards and other requirements of this subpart.

No, I do not certify that I have complied with each of the relevant standards and other requirements of this subpart. I have provided an explanation of any noncompliance and a description of corrective actions being taken to achieve compliance. (Attach additional information to this form if needed.)

Explanation of any noncompliance _____

Description of corrective actions being taken to achieve compliance _____

Owner's Signature _____ **Date:** _____

Operator's Signature _____ **Date:** _____
(operator also must sign if different from the owner)

Is the Certifying Company Official the same person as owner and/or operator? Yes _____ No _____
If you answered YES, leave blank. If you answered NO, please provide the following:

Certifying Company Official's Name and Title _____

Certifying Company Official's Street Address _____

Street City State Zip

Certifying Company Official's Telephone Number _____

Certifying Company Official's E-mail Address (if available) _____

Certifying Company Official's Signature _____

Submit the initial notification to the following two addresses:

KDHE Bureau of Air and Radiation

1000 SW Jackson, Suite 310
Topeka, KS 66612-1366
785-296-1570

USEPA Region 7

Air Permitting and Compliance Branch

901 N. 5th Street
Kansas City, KS 66101
913-551-7003

For assistance with completing the form, contact

Small Business Environmental Assistance Program

Kansas State University

133 Ward Hall
Manhattan, KS 66506-2508
800-578-8898
www.sbeap.org