



Lincoln-Lancaster County
Health Department

Lincoln-Lancaster County Health Department Air Quality Program 40 CFR Part 63 Subpart HHHHHH – Annual Notification of Changes Report

What is the purpose of this rule?

- The United States Environmental Protection Agency (US EPA) issued [40 CFR Part 63, Subpart HHHHHH \(National Emission Standards for Hazardous Air Pollutants for Source Category: Paint Stripping and Miscellaneous Surface Coating Operations at Area Sources\)](#) to establish emission limitations and standards to reduce/control hazardous air pollutants (HAP) emitted from paint stripping operations, autobody refinishing operations, and operations that perform paint spraying of metal and plastic parts and substrates. This subpart only applies to such operations that are 'area sources' of HAPs. An *area source* is a facility with total potential to emit less than 10 tons of any individual HAP, and less than 25 tons of total combined HAPs.

Do I have to submit this report?

- Owners and operators of surface coating or paint stripping operations that are subject to Subpart HHHHHH must submit an 'Annual Notification of Changes Report' by **March 1st** of each year if any of the following are true:
 - Information provided on a previous 'Initial Notification' or 'Notification of Compliance Status' has changed, including such information as the name of the business owner, the location of the business, the name of the business, or the number of painters working at the business;
 - A surface coating operation that previously petitioned for exemption from the rule starts performing spray coating operations using paints that contain one or more of the '5 target HAPs' (Cadmium, Chromium, Lead, Manganese, or Nickel);
 - An operation that performs paint stripping using methylene chloride (MeCl), or materials containing MeCl, exceeds 1 ton of MeCl use per year;
 - A MeCl paint stripping operation makes changes to their MeCl minimization plan; or
 - The operation did not fully comply with the requirements of the rule during the previous calendar year (i.e. there were deviations from rule requirements).

What is the purpose of this form, and when do I need to submit it?

- The purpose of this form is to inform the LLCHD of changes at your facility that may impact your compliance status for Subpart HHHHHH.
- This report must be submitted no later than **March 1st** after each calendar year during which any of the changes or deviations described above occurred.
- This document **must** be signed and certified by an individual who meets the definition of a 'Responsible Official' set forth in [Article 2, Section 1 of the Lincoln-Lancaster County Air Pollution Control Program Regulations and Standards](#).

Where do I send the completed form?

- Send a copy of the signed and completed form to each of the following. Keep an additional copy for your records.

Lincoln-Lancaster County Health Department	US EPA Region 7
ATTN: Air Quality Program	ATTN: AWMD-APCO
3131 O Street	11201 Renner Blvd.
Lincoln, NE 68510	Lenexa, KS 66219

If you have any questions about this rule, or need any help completing this form, please call the LLCHD Air Quality Program at (402) 441-8040.



Lincoln-Lancaster County Health Department

Environmental Public Health Division

Air Quality Program

3131 O Street
Lincoln, Nebraska 68510

Phone: (402) 441-8040

Fax: (402) 441-3890

Annual Notification of Changes Report for 40 CFR 63 Subpart HHHHHH – National Emission Standard for Hazardous Air Pollutants for Source Category: Paint Stripping & Miscellaneous Surface Coating Operations at Area Sources

Section 1: Facility Information

Please provide the following information:

LLCHD Air Quality Program Source Number (if known):	
Facility Name:	
Facility Address:	
Mailing Address (if different):	
City, State, ZIP:	
Facility NAICS:	

Section 2: Contact Information

Please provide the following information:

Contact Person Name:	
Contact Person Title:	
Phone Number:	
E-Mail Address:	

Section 3: Responsible Official Certification

I am submitting this 'Annual Notification of Changes Report' pursuant to 40 CFR 63 Subpart HHHHHH §63.11176 paragraphs (a)-(b). I certify the information contained in this notification to be accurate and true to the best of my knowledge.

Responsible Official Name:	
Responsible Official Title:	
Phone Number:	
<i>I am reporting changes for the following calendar year:</i>	
_____ (Signature of Responsible Official)	_____ Date

Section 4: Changes of Business or Contact Information

<p>Have there been changes to the business name, ownership, location, or contact information? If not, skip the spaces below and proceed to the next section.</p> <p>If so, provide the updated information in the spaces provided below. You do not need to enter information in all the spaces. Just provide information that has changed from previous submittals.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Name:		
Facility Address:		
Mailing Address (if different):		
City, State, ZIP:		
Facility NAICS:		
Contact Person Name:		
Contact Person Title:		
Phone Number:		
E-Mail Address:		
Responsible Official Name:		
Responsible Official Title:		
Phone Number:		

Section 5: Changes in Rule Applicability

Check all of the following changes that occurred at your operation in the past year.

<input type="checkbox"/>	The number of painters has increased or decreased. Specify number: _____
<input type="checkbox"/>	This operation previously obtained approval for a 'Petition from Exemption' from the rule, but has begun using coatings containing one of the '5 target HAPs'.
<input type="checkbox"/>	Methylene Chloride (MeCl) use increased, and now exceeds 1 ton per year. (<i>You must prepare and implement a MeCl minimization plan no later than December 31st.</i>)
<input type="checkbox"/>	This operation has made changes to a previously prepared MeCl minimization plan.
<input type="checkbox"/>	This operation has made other changes not specified above. Those changes are listed below:

List Other Changes Here:

Section 6: Deviations

If you had deviations in the previous year, list those deviations below. Including a citation of the provision(s) of Subpart HHHHHH from which the deviation occurred, and explanation for the cause of the deviation. If there were no deviations at your operation, proceed to Section 7 below.

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Section 7: Current Compliance Status

Check the appropriate box below that reflects the current compliance status at your operation.

<input type="checkbox"/>	My operation is currently <u>in compliance</u> with all applicable requirements of Subpart HHHHHH.
<input type="checkbox"/>	My operation is currently <u>out of compliance</u> with requirements of Subpart HHHHHH.

If your operation is out of compliance, describe the step(s) being taken to return to compliance:

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