



NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY
Air Quality Division

INITIAL NOTIFICATION FORM

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

Who is subject to this Rule?

This rule applies to plating and polishing operations that use or emit any of the following plating and polishing metal HAPs (compounds of cadmium, *chromium, lead, manganese, or nickel) and is an area source of hazardous air pollutant (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 operation 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, "Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks.

More information and rule guidance can be found on the NDEQ Air Toxics Notebook at <http://deq.ne.gov/Airtoxic.nsf/pages/WWWWW>. You may also contact the NDEQ Air Toxics Coordinator at 402-471-2189 or NDEQ.AirQuality@nebraska.gov.

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

**SECTION I
GENERAL INFORMATION**

Print or type the following information for each facility for which you are making initial notification:

Responsible Official's Name/Title:

Responsible Official's Phone Number:

Responsible Official's Email Address:

Responsible Official's Address:

City: State: Zip:

Facility Name: Facility ID#:

Facility Address (if different than owner/operator's mailing address):

Street:

City: State: Zip:

1. Briefly describe the source

Provide a brief description of the type of operation. For example a brief description of the products, the number of and type of processes, and types of hazardous air pollutants emitted or used at the facility.

2. Is your source a major or area source of Hazardous Air Pollutants (HAP)?

- Area Source** of HAP (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)
- Major Source** of HAP (has the potential to emit ≥ 10 tons per year of a single HAP or ≥ 25 tons per year of combined HAPs)

3. Describe the compliance method that will be for each affected unit (*e.g.* , use of wetting agent/fume suppressant).

This form must be completed, signed and submitted to the following agencies by October 30, 2008 if your facility started up on or prior to July 1, 2008 or within 120 days of becoming subject to this rule if your facility started up after July 1, 2008.

NDEQ Air Quality Division
1200 'N' St. Atrium, Suite 400
Lincoln, NE 68509-8922

and

Region VII EPA
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.

Compliance Dates:

- 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.

Print or type the name and title of the Responsible Official for the facility:

Name: _____

Title: _____

Telephone no.: _____

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.

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

(Signature of Responsible Official)

(Date)