

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

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 no, skip to question number 4)

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 please provide the following:

b. **Operator's Name and Title** _____

Operator's Street Address _____

Street	City	State	Zip
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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 Compliance Status form 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 Compliance Status form _____

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, otherwise, please provide the following:

Certifying Company Official's Name and Title _____

Certifying Company Official's Street Address _____

Street	City	State	Zip
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Certifying Company Official's Telephone Number _____

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

Certifying Company Official's Signature _____ **Date:** _____

6. Form Submission Information

Email: apcdcomp@sdcounty.ca.gov

Fax: 858-586-2651 Attn: Compliance Division

Mail: Air Pollution Control District
Attn: Compliance Division
10124 Old Grove Rd
San Diego, CA 92131