



**Notification of Compliance Status  
National Emission Standards for Hazardous Air Pollutants  
For Paint and Allied Products Area Sources  
40 CFR Part 63 Subpart CCCCCC**

**1. Company Information:**

Legal Name:	Facility name (if different than legal name):
Mailing address:	Facility address (if different than mailing address):
City, state, zip code:	City, state, zip code:
Source category/NAICS code:	Source ID:

**2. Site Contact Person:**

Name:	Telephone number:
Title:	Email address:

**3. Appropriate compliance date and notification of compliance status due dates for the facility:**

Type of Affected Source	Compliance Date	Date NOCS is Due
<input type="checkbox"/> Existing Source	December 3, 2012	June 3, 2013
<input type="checkbox"/> New Source	<p>New affected sources that started up on or before December 3, 2009: December 3, 2009</p> <p>New affected sources that started up after December 3, 2009: Upon startup of affected source Specify startup date: _____</p>	<p>New affected sources that started up on or before December 3, 2009: June 1, 2010</p> <p>New affected sources that started up after December 3, 2009: 180 days after startup of affected source</p>

**4. HAP emissions (reported in units and averaging times and in accordance with the test methods specified in the standards):**

HAP	Emissions	Units	Averaging Times

5. Affected emission sources and compliance approaches:

<input type="checkbox"/>	Addition of dry pigments and solids containing metal HAPs to process vessel	<input type="checkbox"/>	Operate capture system and route particulate emissions to particulate control device that minimizes fugitive emissions. Control device type ____ (wet or dry).
		<input type="checkbox"/>	Add pigments and other solids in paste slurry or other liquid form
<input type="checkbox"/>	Addition of dry pigments and solids containing metal HAPs to grinding and milling process	<input type="checkbox"/>	Operate capture system and route particulate emissions to particulate control device that minimizes fugitive emissions. Control device type ____ (wet or dry).
		<input type="checkbox"/>	Add pigments and other solids in paste slurry or other liquid form.
<input type="checkbox"/>	Grinding and milling of materials containing metal HAPs	<input type="checkbox"/>	Operate capture system and route particulate emissions to particulate control device that minimizes fugitive emissions. Control device type ____ (wet or dry).
		<input type="checkbox"/>	Fully enclose the grinding and milling equipment.
		<input type="checkbox"/>	Ensure that pigments and solids are in the solution during grinding and milling.
<input type="checkbox"/>	Process and storage vessels that store or process materials containing benzene or methylene chloride	<input type="checkbox"/>	Equip with cover or lid that: does not warp or move around during the manufacturing process; maintains contact along at least 90-percent of the vessel rim; and that is maintained in good condition.
<input type="checkbox"/>	Mixing vessels that store or process materials containing benzene or methylene chloride	<input type="checkbox"/>	Equip with cover that completely covers the vessel, except as necessary to allow for safe clearance of the mixer shaft.
<input type="checkbox"/>	Leaks and spills of materials containing benzene or methylene chloride	<input type="checkbox"/>	Minimize and clean up as soon as practical, but no longer than 1 hour from the time of detection.
<input type="checkbox"/>	Rags or other material containing benzene or methylene chloride	<input type="checkbox"/>	Keep in a closed container that may contain a device that allows pressure relief, but does not allow liquid solvent to drain from the container.

6. If complying with the NESHAP using a particulate control device, include the information related to the initial control device inspections and tests.

Emission Source	Control Device	Water Flow Verified (Wet Scrubbers Only)	Ductwork/Control Device Inspected	Visible Emission Test Performed	Emissions < 10% Opacity
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

## 7. Compliance Certification

I certify that to the best of my knowledge my facility has complied with all the relevant standards and other requirements of 40 CFR Part 63 Subpart CCCCCC.

Signature:	Date:
Name:	Telephone Number:
Title:	Email Address: