Annual Notification of Changes Report
40 CFR Part 63 Subpart HHHHH (63.11169 – 63.11180)
National Emission Standards for Hazardous Air Pollutants (NESHAP)
Paint Stripping and Miscellaneous Surface Coating Operations at Area Sources

In the event there is a change at the facility (including meeting requirements), an Annual Notification of Changes Report must be submitted prior to March 1 of the year following the calendar year in which the changes/noncompliance occurred.

1. Facility Information:

Company name

Facility name (if different)

Facility address: 

City ___________________________ State ___________ Zip ________

Telephone number _______________________

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

Are the compliance records located at the facility?  □ Yes  □ No

If the compliance records are not located at the facility address, provide the address where the records are located:

Street address _______________________

City ___________________________ State ___________ Zip ________

2. Owner and Operator Information:

Print name of the owner ___________________________ Title ___________________

Mailing address ________________________________

City ___________________________ State ___________ Zip ________

Telephone number ________________________ E-mail _______________________

Is the operator the same person as the owner?  □ Yes  □ No

If the operator is not the same person as the owner, provide the following information:

Print name of the operator ___________________________ Title ___________________

Mailing address ________________________________

City ___________________________ State ___________ Zip ________

Telephone number ________________________ E-mail _______________________

Revision R0
4/27/2018
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Is there any other certifying company official, other than the owner or operator, that will sign this form?  □ Yes  □ No
If any other certifying official will sign this form, provide the following information:

Print name of the certifying official __________________________________________ Title __________________________
Mailing address _________________________________________________________________
City __________________________ State __________ Zip __________
Telephone number __________________________ E-mail __________________________

3. Identification of Changes Being Reported:

☐ Change in ownership/address  ☐ Change in compliance with requirements
☐ Change in information previously submitted in notifications/reports  ☐ Other changes

Explanation of changes:

4. Brief Description of the Surface Coating Operations (complete if information changed):

Do you operate a Motor Vehicle and Mobile Equipment Surface Coating Operation (spray apply coatings to motor vehicles or mobile equipment)?  □ Yes  □ No

Do you operate a Miscellaneous Surface Coating Operation (spray apply coatings that contain chromium, lead, manganese, nickel, and/or cadmium to miscellaneous parts or products made of metal or plastic)?  □ Yes  □ No

Number of spray booths __________________________ Number of preparation stations __________________________ Number of painters usually employed __________

5. Brief Description of the Paint Stripping Operations (complete if information changed):

Do you use paint strippers containing Methylene chloride (MeCl)?  □ Yes  □ No

Methods of paint stripping employed (check all that apply)
☐ Chemical  ☐ Mechanical  ☐ Other (describe) __________________________________________

Substrates stripped (check all that apply)
☐ Wood  ☐ Plastic  ☐ Metal  ☐ Other (describe) __________________________________________

Do you currently use, or do you plan to use more than one (1) ton of MeCl annually?  □ Yes  □ No
For paint stripping operations which use paint strippers containing methylene chloride, you must meet the following requirements:

- Implement the following management practices to minimize emissions of MeCl:
  - Evaluate the need for paint stripping.
  - Evaluate each application to identify potential alternative stripping methods.
  - Reduce exposure of strippers to air.
  - Optimize application conditions.
  - Practice proper storage and disposal.
- If you use more than one (1) ton of MeCl annually, you must:
  - Develop and implement a written MeCl minimization plan; and
  - Post a sign or placard outlining the minimization plan in each area where paint stripping operations occur; and
  - Keep the current MeCl minimization plan on site.
- Maintain a record of the annual usage of paint strippers containing MeCl and MeCl content information (such as SDS).

For Motor Vehicle and Mobile Equipment Surface Coating Operations and/or Miscellaneous Surface Coating Operations, you must meet the following requirements:

- Train all painters on spray gun equipment selection, spray techniques, maintenance, and environmental compliance no later than 180 days after hiring and every five (5) years thereafter. Maintain training certification on site.
- Install/operate filter technology on all spray booths/stations/enclosures to achieve at least 98% capture efficiency or a waterwash system. If filter technology is installed, maintain a record of the filter capture efficiency on site.
- Spray booths/stations used to refinish complete motor vehicles or mobile equipment must be fully enclosed and ventilated at negative pressure or up to 0.05 inches water gauge positive pressure for booths that have seals and an automatic pressure balancing system.
- Spray booths/stations used to coat miscellaneous parts or products or vehicle subassemblies must have a full roof, at least three complete walls or side curtains, and ventilated so that air is drawn into the booth.
- Spray-applied coatings must be applied with a high volume, low pressure (HVLP) spray gun, electrostatic application, airless or air-assisted airless spray gun, or an equivalent technology.
- Paint spray gun cleaning must be done so that an atomized mist or spray of the cleaning solvent is not created outside a container that collects used gun cleaning solvent.

6. Compliance Status (check one):

☐ I am in compliance with each of the relevant requirements
☐ I am not in compliance with each of the relevant requirements (attach an explanation of any noncompliance and a description of corrective actions being taken to achieve compliance)

7. Certification of Compliance Status:

I certify the truth, accuracy, and completeness of this notification.

Signature of the certifying official: ___________________________ Date: ___________________________

Keep a copy of this annual notification of changes report for your records and submit it to the two addresses below:

**Knox County Department of Air Quality Management**
140 Dameron Avenue
Knoxville, TN 37917

**EPA Region IV**
Director, Air, Pesticides, and Toxics Management Division
61 Forsyth Street, SW
Atlanta, GA 30303