



Maricopa County

Air Quality Department

Forms can be submitted in person, mailed, or emailed to:
Maricopa County Air Quality Department
3800 N Central Ave, Suite 1400, Phoenix, AZ 85012
Phone (602) 506-6010 Fax (602) 372-0587
AQPermits@maricopa.gov

PAINT STRIPPING AND SURFACE COATING MACT NOTIFICATION

National Emission Standards for Hazardous Air Pollutants (NESHAP) Paint Stripping and Miscellaneous Surface Coating Area Source Rule Subpart HHHHHH-40 CFR 63.11169 – 63.11180

Each owner or operator of a paint stripping and miscellaneous surface coating facility is required to submit an Initial Notification/ Notification of Compliance Status no later than 120 calendar days after becoming subject to this subpart. The notification may be mailed to agency listed above or e-mailed to AQPermits@maricopa.gov

Important: Please note that email will be our primary means for routine communication with you, unless you do not have an email account. Please be sure that your email address is entered correctly.

1. **Company Name:** _____

Permit Number: _____

Facility Name (if different): _____

2. **The street address (physical location) of the affected source**

Address: _____

City: _____ State: _____ Zip Code: _____

Are the compliance 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:

Address: _____

City: _____ State: _____ Zip Code: _____

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:

Address: _____

City: _____ State: _____ Zip Code: _____

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 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 Address: _____

City: _____ State: _____ Zip Code: _____

Owner's Phone: _____

Owner's Email: _____

Is the Operator the same person as the Owner? Yes No

If you answered YES skip to #5, otherwise please provide the following:



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b. Operator's Name and Title: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Operator's Phone: _____

Operator's Email: _____

5. Certification of Compliance Status

I certify the truth, accuracy, and completeness of this Notification of Compliance Status 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 Notification of Compliance Status _____

- 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 _____

City: _____ State: _____ Zip Code: _____

Certifying Company Official's Telephone Number _____

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

Certifying Company Official's Signature _____ Date _____