



**6. CERTIFICATION**

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this report and the supporting enclosures are true, accurate and complete.

**Print or type the name and title of the “Responsible Official\*” for the plant:**

---

Name of Responsible Official	Title	Phone Number
------------------------------	-------	--------------

\*A “Responsible Official” can be:

- The president, vice-president, secretary, or treasurer of the company who owns the plant
- The owner of the plant
- The plant engineer or supervisor
- A government official if the plant is owned by the Federal, State, City, or County government
- A ranking military officer if the plant is located on a military base

---

Signature of “Responsible Official”	Date
-------------------------------------	------

**Please keep a copy of this form for your records.**

**Mail the original to:**

Region 10 Office of the EPA  
Director, Office of Air, Waste and Toxics  
1200 6<sup>th</sup> Ave., Suite 900, OAQ-107  
Seattle, WA 98101

**Mail or fax a copy to:**

Department of Environmental Quality  
Attn: Jerry Ebersole  
811 SW Sixth Ave  
Portland, OR 97204  
Fax: 503-229-5675

# Notification of Compliance Status

## National Emission Standards for Hazardous Air Pollutants for Flexible Polyurethane Foam Production

40 CFR Part 63 Subpart OOOOOO

(<http://www.epa.gov/ttn/atw/area/fr16jy07.pdf>)

1. Complete this section for each **slabstock, molded, or rebond** facility. Make additional copies as necessary.

Business Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address (physical location) of Source: \_\_\_\_\_

Primary SIC and NAICS codes: \_\_\_\_\_

2. Fill out only if you produce **Slabstock foam**. Otherwise, go to part 3:

(a) List your diisocyanate storage vessels and the type of control you use:

<i>Diisocyanate Storage Vessel</i>	<i>Type of control</i>

(b) If transfer pumps are in diisocyanate service, record the type of control you will use for each transfer pump:

<i>Transfer pump in diisocyanate service</i>	<i>Type of control</i>

(c) My slabstock processes are complying with the **emission point specific limit** under §§63.1294 through 63.1298:

- Yes
- No

If **yes**, complete tables C1, C2 and C3 on the next page; otherwise, go to part 3.

(C1) List your Hazardous Air Pollutant (HAP) ABA storage vessels, and the type of control you use:

<i>HAP ABA Storage Vessels</i>	<i>Type of control</i>

(C2) List your pumps, valves, connectors, pressure-relief devices, and open-ended valves or lines in HAP ABA service:

<i>Equipment List</i>	<i>Type</i>
	<input type="checkbox"/> pump <input type="checkbox"/> valve <input type="checkbox"/> pressure-relief device <input type="checkbox"/> open-ended valve or line <input type="checkbox"/> connector
	<input type="checkbox"/> pump <input type="checkbox"/> valve <input type="checkbox"/> pressure-relief device <input type="checkbox"/> open-ended valve or line <input type="checkbox"/> connector
	<input type="checkbox"/> pump <input type="checkbox"/> valve <input type="checkbox"/> pressure-relief device <input type="checkbox"/> open-ended valve or line <input type="checkbox"/> connector
	<input type="checkbox"/> pump <input type="checkbox"/> valve <input type="checkbox"/> pressure-relief device <input type="checkbox"/> open-ended valve or line <input type="checkbox"/> connector

(C3) List any modifications you made to equipment in HAP ABA service to comply under §63.1296 [§63.1306(d)(3)(iii)]:

<i>Equipment Description</i>	<i>Modification Made</i>

3. Fill out only if you produce **Molded foam**. Otherwise, go to part 4:

*check all that apply*

- My affected source for molded foam complies with §63.1300
- My molded foam processes at the affected source comply with §63.1300

4. Fill out only if you produce **Rebond foam**. Otherwise, go to part 5:

*check all that apply*

- My affected source for rebond foam complies with §63.1301
- My rebond foam processes at the affected source comply with §63.1301

**Sign this form on the next page. Keep a copy of this form for your records.**

5. **CERTIFICATION**

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this report and the supporting enclosures are true, accurate and complete.

**Print the name and title of the “Responsible Official\*” for the plant:**

---

Name of Responsible Official (print or type)	Title	Phone Number
--	-------	--------------

\*A “Responsible Official” can be:

- The president, vice-president, secretary, or treasurer of the company who owns the plant
- The owner of the plant
- The plant engineer or supervisor
- A government official if the plant is owned by the Federal, State, City, or County government
- A ranking military officer if the plant is located on a military base

---

Signature of “Responsible Official”	Date
-------------------------------------	------

**Mail the original to:**

Region 10 Office of the EPA  
Director, Office of Air, Waste and Toxics  
1200 6<sup>th</sup> Ave., Suite 900, OAQ-107  
Seattle, WA 98101

**Mail or fax a copy to:**

Department of Environmental Quality  
Attn: Jerry Ebersole  
811 SW Sixth Ave  
Portland, OR 97204  
Fax: 503-229-5675