

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 6th 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 6th 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