



State of Oregon  
Department of  
Environmental  
Quality

Oregon Department of Environmental Quality  
**INITIAL NOTIFICATION**  
Paint Stripping and Miscellaneous Surface Coating  
Area Source Rule  
Subpart HHHHHH  
40 CFR 63.11169 – 63.11180

This form may be used to meet the Initial Notification requirements of Subpart HHHHHH.  
**(Please fill out a separate form for each location you are certifying)**

1. **Company Name (if applicable):** \_\_\_\_\_

2. **Street address (physical location) of your operation or facility:**

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

3. **Mailing address (if different from #2 above):**

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

4. **Information about the owner, operator or other certifying company official who will be signing this form:**

Certifying Official's Name **(Please print):** \_\_\_\_\_ Owner? Yes  No

If not the owner, please provide your title: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

5. **Does this standard apply to your operation(s)?**

Yes, I am subject to 40 CFR Part 63 Subpart HHHHHH, National Emission Standards for Hazardous Air Pollutants: Paint Stripping and Miscellaneous Surface Coating Operations at Area Sources (Final Rule)

6. **A brief description of the type of surface coating operation you have:**

**(Check one or both and provide information)**

Motor vehicle (cars, trucks, etc) or mobile equipment (trailers, agricultural equipment, anything that can be driven or pulled on the roadway)

Miscellaneous (coating of miscellaneous parts or products made of metal or plastic)

a. Number and type of spray booths at this location: \_\_\_\_\_

b. Number of preparation stations at this location and types of items sprayed here:

\_\_\_\_\_

c. Number of painters you employ: \_\_\_\_\_

**A brief description of the type of paint stripping operations you have:**

Methods of paint stripping employed **(check all that apply)**

Chemical

Mechanical

Other *(please describe)*: \_\_\_\_\_

Substrates stripped **(check all that apply)**

Plastic

Metal

Wood

Other *(please describe)*: \_\_\_\_\_

7. **Do you operate a mobile spray coating operation?** Yes  No

*(This is an operation where the spray application of surface coatings to vehicles is performed at your customer's location, rather than at a fixed location)*

8. Are compliance records located at the same location? Yes  No   
(If no, provide the street address where records are located (*can only be used for mobile operations*))

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9. Use of methylene chloride (MeCl) in your paint stripping operations:

- a. Do you currently use, or do you plan to use more than 1 ton of MeCl annually? Yes  No   
b. If yes, have you developed a written MeCl minimization plan as specified in 40 CFR Subpart HHHHHH, 63.11173(b)? Yes  No

10. Are you a new or existing business?

I was actively involved in paint stripping and/or surface coating activities

- Before September 17, 2007 (existing)  
 On or After September 17, 2007 (new)

11. Compliance date

The date you are required to be in compliance with the NESHAP (your compliance date) is based on the box you checked above and your initial start-up date. **Initial startup:** the first time equipment is brought online in a paint stripping or surface coating operation, or paint stripping or surface coating is first performed. (*You must check one*)

- I am a new source and my initial startup was on or after January 9, 2008. Date of start-up: \_\_\_\_\_  
**Your compliance date is immediately upon start-up of equipment or activities.**
- I am a new source and my initial startup was after on or September 17, 2007 but before January 9, 2008.  
Date of start-up: \_\_\_\_\_  
**Your compliance date was January 9, 2008.**
- I am an existing source and my initial startup was before September 17, 2007. Date of start-up: \_\_\_\_\_  
**Your compliance date is January 10, 2011.**

I certify, under penalty of law that the information on this notification form is true, accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete this form on-line, print, sign, and submit to:**

Oregon Department of Environmental Quality  
Rebecca Hillwig, Air Quality Division  
811 SW Sixth Avenue  
Portland, OR 97204