



State of Oregon  
Department of  
Environmental  
Quality

Oregon Department of Environmental Quality  
**NOTIFICATION OF COMPLIANCE STATUS**  
Plating and Polishing Operations  
40 CFR 63 Subpart WWWW (6W)

**Section 1. Facility information**

Date of Notification of Compliance Status: \_\_\_\_\_

Compliance Date:  Existing source: July 1, 2010       New source: \_\_\_\_\_  
(Date of startup)

Company name \_\_\_\_\_

Facility name (if different): \_\_\_\_\_

Facility (physical location) address: \_\_\_\_\_

\_\_\_\_\_

Owner name/title: \_\_\_\_\_

Owner/company address: \_\_\_\_\_

\_\_\_\_\_

Owner telephone number \_\_\_\_\_

Owner email address (if available): \_\_\_\_\_

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

If the Operator information is different from the Owner, please provide the following:

Operator name/title: \_\_\_\_\_

Operator telephone number: \_\_\_\_\_

Operator email address (if available): \_\_\_\_\_

## Section 2. Identification of Affected Operations

(1) The following are the operations at this facility subject to subpart 6W<sup>(b)</sup> (✓ all that apply)

- |   |                          |
|---|--------------------------|
| Electroplating (noncyanide)               | <input type="checkbox"/> |
| Continuous electroplating (noncyanide)    | <input type="checkbox"/> |
| Short-term electroplating (noncyanide)    | <input type="checkbox"/> |
| Electropolishing                          | <input type="checkbox"/> |
| Electroforming                            | <input type="checkbox"/> |
| Electroplating (cyanide)                  | <input type="checkbox"/> |
| Electroless nickel                        | <input type="checkbox"/> |
| Chrome conversion coating                 | <input type="checkbox"/> |
| Other electroless plating/coating/dipping | <input type="checkbox"/> |
| Thermal spraying (permanent line)         | <input type="checkbox"/> |
| Thermal spraying (temporary, in-situ)     | <input type="checkbox"/> |
| Dry mechanical polishing                  | <input type="checkbox"/> |

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<sup>(b)</sup> **Important Note:** These operations are affected sources under subpart 6W **only if/when** they use materials that contain or have the potential to emit Plating and Polishing metal HAP. Plating and Polishing **HAP containing/potential** is defined to be when the **compounds of cadmium, chromium, lead, manganese, and nickel, or any of these metals in the elemental form with the exception of lead**, are used or have the potential to be emitted in quantities of 0.1 percent or more, or 1.0 percent or more for elemental or compounds of manganese.

**(1) The following table lists the compliance methods used on each tank process subject to subpart 6W**

Tank Process Description/ID No.	HAP Emitted/Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method(s) (√ all that apply)
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices

Tank Process Description/ID No.	HAP Emitted/Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method(s) (√ all that apply)
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices
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		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices

**(2) The following table lists each affected thermal spraying booth/line (temporary and permanent), and each dry mechanical polishing process subject to subpart 6W:**

Thermal Spray Booth/Line or Dry Mechanical Polishing Description/ID No.	HAP Emitted/Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method(s) (√ all that apply)
		<input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Management practices (temporary thermal spraying only)
		<input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Management practices (temporary thermal spraying only)
		<input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Management practices (temporary thermal spraying only)
		<input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Management practices (temporary thermal spraying only)
		<input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Management practices (temporary thermal spraying only)
		<input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Management practices (temporary thermal spraying only)
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		<input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Management practices (temporary thermal spraying only)
		<input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Management practices (temporary thermal spraying only)
		<input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Management practices (temporary thermal spraying only)
		<input type="checkbox"/> Vented to a control device; describe: _____ <input type="checkbox"/> Management practices (temporary thermal spraying only)

**(3) The following applicable management practices are used at this facility, as practicable:**

- Minimize bath agitation when removing any parts processed in the tank, as practicable except when necessary to meet part quality requirements.
- Maximize the draining of bath solution back into the tank, as practicable, by extending drip time when removing parts from the tank; using drain boards (also known as drip shields); or withdrawing parts slowly from the tank, as practicable.
- Optimize the design of barrels, racks, and parts to minimize dragout of bath solution (such as by using slotted barrels and tilted racks, or by designing parts with flow-through holes to allow the tank solution to drip back into the tank), as practicable.
- Use tank covers, if already owned and available at the facility, whenever practicable.
- Minimize or reduce heating of process tanks, as practicable (e.g., when doing so would not interrupt production or adversely affect part quality).
- Perform regular repair, maintenance, and preventive maintenance of racks, barrels, and other equipment associated with affected sources, as practicable.
- Minimize bath contamination, such as through the prevention or quick recovery of dropped parts, use of distilled/de-ionized water, water filtration, pre-cleaning of parts to be plated, and thorough rinsing of pre-treated parts to be plated, as practicable.
- Maintain quality control of chemicals, and chemical and other bath ingredient concentrations in the tanks, as practicable.
- Perform general good housekeeping, such as regular sweeping or vacuuming, if needed, and periodic washdowns, as practicable.
- Minimize spills and overflow of tanks, as practicable.
- Use squeegee rolls in continuous or reel-to-reel plating tanks, as practicable.
- Perform regular inspections to identify leaks and other opportunities for pollution prevention.

**Section 3. Certification of Compliance Status**

- Yes, the facility referenced below **IS** operating in compliance with all of the relevant standards and other requirements of 40 CFR Part 63 subpart 6W, National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Plating and Polishing Operations
- No, the facility referenced below is **NOT** operating in compliance with all of the relevant standards and other requirements of 40 CFR Part 63 subpart 6W, National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Plating and Polishing Operations

Reason for noncompliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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)

\_\_\_\_\_  
(Name/title)

(\_\_\_\_\_)\_\_\_\_\_  
(Telephone No.)

**Section 4. Submittal**

**Mail or fax original forms to:**

Rebecca Hillwig, DEQ  
Air Quality Division  
811 SW Sixth Ave  
Portland, OR 97204-1390  
Fax: 503-229-5675