

# Application for General Air Contaminant Discharge Permit and Attachments

## Plating and Polishing

Form AQGP-126

DEQ Use Only			
Source Number:		Regional Office:	
Application No:		Check number:	
Initial assignment <input type="checkbox"/>	Re-assignment <input type="checkbox"/>	Amount (\$):	Date Received:

### 1. Company information:

Legal Name:			Other company name (if different from legal name):		
Mailing Address:			Site Address (if different than mailing address):		
City:	State:	Zip Code:	City:	County (required):	Zip Code:
North American Industry Classification System (NAICS):			Number of employees:		

### 2. General permit assignment:

Yes <input type="checkbox"/> No <input type="checkbox"/>	Check yes if both of the following apply: <ul style="list-style-type: none"> <li>My facility performs one or more of the following plating and polishing activities: electroplating, non-electrolytic plating, non-electrolytic metal coating processes, thermal spraying, dry mechanical polishing, electroforming, and electropolishing.</li> <li>My facility uses or has emissions of one or more plating and polishing metal hazardous air pollutants (HAP). Plating and polishing HAPs are compounds of cadmium, chromium, lead, manganese, and nickel, or any of these metals in the elemental form with the exception of lead.</li> </ul>
<ul style="list-style-type: none"> <li>If yes, you are likely subject to AQGP-026 (plating and polishing operation permit). Submit this form with an <a href="#">AQGP-100</a> and appropriate fees (see <a href="#">AQGP-100</a> for additional information). Proceed to number 3.</li> <li>If no, you are not subject to AQGP-026 (plating and polishing operation permit) and are not required to submit a permit application. Contact your regional DEQ office for details and to ensure no other air permit or notification is required.</li> </ul>	

### 3. Which activities, operations, or processes subject to [NESHAP WWWWWW](#) is your facility engaged in (or, if the facility is not yet constructed, which will the facility engage in)? Please check all that apply.

Electroplating (nonyanide) that operates at a pH less than 12.	<input type="checkbox"/>	Electroless nickel	<input type="checkbox"/>
Continuous electroplating (nonyanide) that operates at a pH less than 12.	<input type="checkbox"/>	Chrome conversion coating	<input type="checkbox"/>
Short-term electroplating (nonyanide) that operates at a pH less than 12.	<input type="checkbox"/>	Other electroless plating/coating/dipping	<input type="checkbox"/>
Electropolishing	<input type="checkbox"/>	Thermal spraying (permanent line)	<input type="checkbox"/>
Electroforming	<input type="checkbox"/>	Thermal spraying (temporary, in-situ)	<input type="checkbox"/>
Electroplating (cyanide) that operates at a pH greater than 12.	<input type="checkbox"/>	Dry mechanical polishing	<input type="checkbox"/>

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4. Was the facility existing and in operation conducting plating and polishing activities subject to [NESHAP WWWWWW](#) as of July 1, 2008? Yes  No   
 a. If no, what date did the facility become subject to NESHAP 6W (or what date is the facility expected to become subject? \_\_\_\_\_.

5. Compliance Methods for Tanks. List each tank process and indicate which compliance methods are used for each. (Attach additional pages as needed).

Tank Process Description/ ID Number	HAP Emitted/Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method(s) (Check all that apply)
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device <sup>1</sup> ; type: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only): <input type="checkbox"/> 1 hour/day <input type="checkbox"/> 3 minutes/hour <input type="checkbox"/> Both/alternating <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device <sup>1</sup> ; type: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only): <input type="checkbox"/> 1 hour/day <input type="checkbox"/> 3 minutes/hour <input type="checkbox"/> Both/alternating <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device <sup>1</sup> ; type: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only): <input type="checkbox"/> 1 hour/day <input type="checkbox"/> 3 minutes/hour <input type="checkbox"/> Both/alternating <input type="checkbox"/> Management practices
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device <sup>1</sup> ; type: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only): <input type="checkbox"/> 1 hour/day <input type="checkbox"/> 3 minutes/hour <input type="checkbox"/> Both/alternating <input type="checkbox"/> Management practices

5.a To be eligible for this General Permit, you must not use any wetting agent or fume suppressants that contain per- or polyfluoroalkyl substances. For applicants that are already using these substances upon assignment to this permit, the permittee may continue to use any inventory that is already purchased until the inventory is depleted.

As of the date of this application, are you using any wetting agents or fume suppressants which contain per- or polyfluoroalkyl substances? Yes  No

<sup>1</sup> For each control device listed on this form, the General Permit application must include the appropriate AQ300 series control device information form found at: <https://www.oregon.gov/deq/aq/aqPermits/Pages/ACDP-Simple.aspx>

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6. Thermal Spraying equipment and process information. List each thermal spraying booth/line (temporary and permanent) and each dry mechanical polishing process. (Attach additional pages as needed).

Thermal Spray Booth/Line or Dry Mechanical Polishing Description/ID No.	HAP Emitted/Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method(s) (Check all that apply)
		<input type="checkbox"/> Vented to a control device <sup>1</sup> ; describe: _____ <input type="checkbox"/> Management practices (temporary thermal spraying only)
		<input type="checkbox"/> Wetting agent/fume suppressant <input type="checkbox"/> Vented to a control device <sup>1</sup> ; type: _____ <input type="checkbox"/> Tank cover <input type="checkbox"/> Time limit (short-term plating only) <input type="checkbox"/> Management practices

7. The following management practices are required at all times a [NESHAP WWWWWW](http://www.neshap.com) affected tank or process is in operation. Check the box for each management practice implemented on site:

<input type="checkbox"/>	<b>Minimize Bath Agitation.</b> Minimize bath agitation when removing any parts processed in a tank except when necessary to meet part quality requirements.
<input type="checkbox"/>	<b>Maximize Draining.</b> Maximize the draining of bath solution back into the tank 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.
<input type="checkbox"/>	<b>Optimize Design.</b> 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).
<input type="checkbox"/>	<b>Use Tank Covers.</b> Use tank covers, if already owned and available at the facility whenever possible. Also, any tanks that emit nickel must have tank covers installed and operated according to AQGP-26 permit Condition 4.0 or 5.0, as applicable, no later than January 1, 2022 or assignment to this permit, whichever is later, unless otherwise approved by DEQ in writing. New or additional tanks that emits nickel after January 1, 2022 must have tank covers installed upon startup of the nickel-containing tank or upon assignment to this permit, whichever is later.
<input type="checkbox"/>	<b>Minimize or Reduce Heating.</b> Minimize or reduce heating of process tanks when doing so would not interrupt production or adversely affect part quality.
<input type="checkbox"/>	<b>Perform Routine Maintenance.</b> Perform regular repair, maintenance, and preventive maintenance of racks, barrels, and other equipment associated with tanks, thermal spraying, and dry mechanical polishing equipment.
<input type="checkbox"/>	<b>Minimize Contamination.</b> Minimize bath contamination to the extent possible. Methods to be implemented may include but are not limited to: the prevention or quick recovery of dropped parts, use of distilled/de-ionized water, water filtration, pre-cleaning of parts to be plated, or thorough rinsing of pre-treated parts to be plated.
<input type="checkbox"/>	<b>Maintain Chemicals.</b> Maintain quality control of chemicals and other bath ingredient concentrations in the tanks.
<input type="checkbox"/>	<b>Housekeeping.</b> Perform general good housekeeping, such as regular sweeping, vacuuming, or periodic washdowns.
<input type="checkbox"/>	<b>Minimize Spills.</b> Minimize spills and overflow of tanks.
<input type="checkbox"/>	<b>Use Squeegee Rolls.</b> Use squeegee rolls in continuous or reel-to-reel plating tanks.
<input type="checkbox"/>	<b>Perform Inspections.</b> Perform regular inspections to identify leaks and other opportunities for pollution prevention.

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**8. General permit attachment:**

Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently assigned to a General Air Contaminant Discharge Permit for other non-plating and polishing activities at your facility? If yes, you may be eligible for assignment to an attachment instead of getting a second general permit. Contact your regional DEQ office for details or questions.  Existing source number: _____
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**9. Signature:**

I hereby apply for permission to discharge air contaminants in the State of Oregon, as stated or described in this application, and certify that the information contained in this application are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Name of responsible official (printed or typed)

\_\_\_\_\_  
Title of responsible official and phone number

\_\_\_\_\_  
Signature of responsible official

\_\_\_\_\_  
Date

<b>Submit two copies of the completed application, <a href="#">A Land Use Compatibility Statement</a> and the applicable annual fee to:</b>
Oregon Department of Environmental Quality Financial Services – Revenue Section 700 NE Multnomah St., Suite 600 Portland, OR 97232 - 4100

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**1. Company Information:**

Legal Name:	Other company name (if different from legal name):
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**2. Site Contact Person: (A person who deals with DEQ staff about equipment problems.)**

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

**3. Facility Contact Person: (If other than the site contact person, a person involved with all environmental issues at the facility although they may be housed at a different site.)**

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

**4. Mailing Contact Person: (If other than the site contact person, a person to whom the company would like all agency communications directed.)**

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

**5. Invoice Contact Person: (If other than the site contact person, a contact to which invoices and communications related to resolving invoice questions can be directed.)**

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	