



Due as noted on the bottom of Page 1

Form applies to facilities affected by this rule:

Title 40 of the Code of Federal Regulations (40 CFR) Part 63.340 - 63.347, Subpart N -- National Emission Standards for Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks (NESHAP).

- 1) AQ Facility ID No: \_\_\_\_\_ Leave blank if you do not have this number.
- 2) AQ File No.: \_\_\_\_\_ Leave blank if you do not have this number
- 3) Facility Name: \_\_\_\_\_
- 4) Physical location of source (tank(s))  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 5) Owner/operator's name and address  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Mailing Address (If different from 4): \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 6) Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_
- 7) Identify the beginning and ending dates of the reporting period (MM/DD/YY):  
Beginning \_\_\_\_\_ Ending \_\_\_\_\_

#### **DUE DATES**

- For area (non-major) sources who have not had any exceedances, submit this report annually by January 30, with the first submittal on January 30, 1998. If there are exceedances; submit semi-annually, by January 30 and by July 30 for the previous six month period
- For major sources who have not had any exceedances, submit this report semi-annually, by January 30 and July 30 for the previous six-month period. If there are exceedances, submit this report quarterly by January 30, April 30, July 30, and October 30 for the previous three month period.

8) Complete the following table. If additional lines are needed, make copies of this page.

Tank ID#	Type of tank	Applicable emission limit	Type of control technique	Control system ID#	Operating parameter monitored to demonstrate compliance	Acceptable value or range of values for monitored parameters(s)	Total operating time during reporting period
1	Hard Chrome plating	0.015 mg/dscm	Composite mesh-pad system	10	pressure drop	7 in. w.c. $\pm$ 1 in.	1,040 hours

**Legend:**

mg/dscm = milligrams per dry standard cubic meter

in. w.c. = inches of water column

- 9) For hard chromium electroplating tanks that are limiting their maximum cumulative rectifier capacity in accordance with 40 CFR 63.342(c)(2), complete the following table for this reporting period:

Tank ID#	Ampere-hours consumed by month						Total ampere-hours consumed during reporting period
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	
Total of all tanks							

Tank ID#	Ampere-hours consumed by month						Total ampere-hours consumed during reporting period
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	
1	400,000	400,000	400,000	200,000	200,000	200,000	1,800,000
2	300,000	300,000	300,000	300,000	300,000	300,000	1,800,000
Total for all tanks	700,000	700,000	700,000	500,000	500,000	500,000	3,600,000

10) Attach all MONITORING DATA FORMS for the reporting period. Based on the data on excess emissions and the data on operating times, calculate the following hours:

	<u>Hours</u>	<u>Percent of total operating time</u>
Duration of excess emissions caused by:		
1) Process upsets		
2) Control equipment malfunctions		
3) Other known causes		
4) Unknown causes		
Total duration of excess emissions	hours	

11) Check the box that applies.

- ☐ During this reporting period, the work practices identified in 40 CFR 63.342(f) were followed in accordance with the operation and maintenance plan for this source.
- ☐ During this reporting period, the work practices identified in 40 CFR 63.342(f) were not followed in accordance with the operation and maintenance plan for this source.

12) If the operation and maintenance plan was not followed during the reporting period, please provide an explanation of the reasons for not following the provisions in the plan, an assessment of whether any excess emissions and/or parameter monitoring exceedances are believed to have occurred, and a copy of the appropriate records documenting that the operation and maintenance plan was not followed. Please state whether or not the plan is being revised accordingly.

13) Please describe any changes in monitoring, processes, or controls since the last reporting period.

14) Print or type the name and title of the Responsible Official for the plant:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

A Responsible Official can be:

- The president, vice-president, secretary, or treasurer of the company that 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; or
- A ranking military officer if the plant is located on a military base, or
- A duly authorized representative of the above.

I certify the information contained in this report to be accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date

Submit completed report to:

<b>Air Quality Compliance Tracking Coordinator</b> <b>Minnesota Pollution Control Agency</b> <b>520 Lafayette Road</b> <b>St. Paul, Minnesota 55155-4194</b>	<b>George Czerniak</b> <b>AE-17J</b> <b>U.S. EPA Region 5</b> <b>77 West Jackson Boulevard</b> <b>Chicago, IL 60604-3507</b>
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For help, call:

For businesses with 100 or fewer employees:  
Small Business Assistance Program  
Metro: (651)282-6143 / Statewide: (800) 657-3938

For other facilities:  
MPCA Customer Assistance Center  
Metro: (651) 297-2274 / Statewide: (800) 646-6247