

Semiannual Compliance Status Notification Report

(includes annual reporting requirements under §63.753(c) and §63.753(d))

**THIS IS A SAMPLE NOTIFICATION FORM, WHICH CAN BE USED BY FACILITIES
AT THEIR DISCRETION TO MEET COMPLIANCE
WITH 40 CFR 63.753(b)-(e)**

Applicable Rule: 40 CFR Part 63, Subpart GG — National Emission Standards for Aerospace Manufacturing and Rework Facilities. Semi-annual notification is being made in accordance with §63.753(b)(1), (c)(1), (d)(1), and/or (e)(1). Annual notification is being made in accordance with §63.753(c) and §63.753(d).

Note: Semiannual reports are due November 1, 1999 and should contain compliance information from March 1, 1999 through August 31, 1999. Subsequent reports are due May 1 and November 1 of each year and should contain compliance information from September 1 through February 28/29 (for May reports) and March 1 through August 31 (for November reports). Annual reports should contain compliance information from September 1, 1998 through August 31, 1999.

**SECTION I
GENERAL INFORMATION**

A. Print or type the following information for each facility in which aerospace manufacturing and rework operations are performed: (§63.9(b)(2)(i)-(ii))

Operating Permit Number (OPTIONAL)		Facility I.D. Number (OPTIONAL)	
Responsible Official's Name/Title			
Street Address			
City	State	ZIP Code	
Facility Name (if different from Responsible Official's Name)			
Facility Street Address (If different than Responsible Official's Street Address)			
Facility Local Contact Name	Title	Phone (OPTIONAL)	
City	State	ZIP Code	

B. Check which affected source(s) [as defined by 40 CFR 63.741(c)] were in operation at your facility during the semiannual reporting period:

- | | |
|---|---|
| <input type="checkbox"/> Hand wipe cleaning (Section III, A) | <input type="checkbox"/> Primer and topcoat application (Section IV) |
| <input type="checkbox"/> Flush cleaning (no reporting required) | <input type="checkbox"/> Depainting operations (Section V) |
| <input type="checkbox"/> Spray gun cleaning (Section III, B) | <input type="checkbox"/> Chemical milling maskant applications (Section VI) |

☐ Waste storage and handling (no reporting required)

SECTION II**CERTIFICATION** (Note: you may edit the text in this section as deemed appropriate)

Based upon information and belief formed after a reasonable inquiry, I, as a responsible official of the above-mentioned facility, certify the information contained in this report is accurate [§63.9(h)(2)(i)(G)]. The above-mentioned facility has complied with applicable requirements in 40 CFR 63, Subpart GG during the semiannual reporting period as indicated below (check all that apply): [§63.753(b)(1)(v), §63.753(c)(1)(vii), §63.753(d)(1)(ix), §63.753(e)(6)].

APPLICABLE REQUIREMENTS

- ☐ cleaning requirements under §63.744(a)
☐ hand-wipe cleaning requirements under §63.744(b)
☐ spray gun cleaning requirements under §63.744(c)
☐ flush cleaning requirements under §63.744(d)
☐ organic primer and topcoat requirements under §62.745
☐ depainting requirements under §63.746
☐ chemical milling maskant operations under §63.747
☐ recordkeeping under §63.10(b)

FACILITY HAS COMPLIED

- ☐ Yes ☐ No ☐ NA
☐ Yes ☐ No ☐ NA
☐ Yes ☐ No ☐ NA
☐ Yes ☐ No ☐ NA
☐ Yes ☐ No ☐ NA
☐ Yes ☐ No ☐ NA
☐ Yes ☐ No ☐ NA
☐ Yes ☐ No ☐ NA

Signature, Responsible Official	Title	Date (mm/dd/yy)

SECTION III**CLEANING OPERATIONS****A. Hand Wipe Cleaning**

- Have you used non-compliant cleaning solvents on a non-exempt hand wipe cleaning operation during the reporting period? ☐ Yes ☐ No (*if no, go to A.4.*) [§63.753(b)(1)(i)]
- If you answered yes, please provide the following information for each instance where you used a non-compliant cleaning solvent on a non-exempt hand wipe cleaning operation.

Date(s) Used (mm/dd/yy)	Amount Used	<input checked="" type="checkbox"/> Actual	<input type="checkbox"/> Purchase (optional)
3/22/99 – 3/26/99	<u>15</u> gal <u> </u> L		
Name of Solvent Used	Manufacturer ¹		
General Purpose Thinner Type C	Best Thinners, Inc.		

¹Not required but you may wish to include it to help distinguish between like products (e.g. different manufacturers may have the same material name).

- (OPTIONAL) If you reported deficiencies in A.2. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) The above-mentioned facility used non-compliant wipe cleaning solvents at Hangar 1 from 3/22/99 through 3/26/99 due to a delivery error from the manufacturer where compliant solvents are purchased. Per discussion with the distributor on 3/26/99, our normal solvent was out of stock and the manufacturer substituted the GP Thinner Type C without consulting us. The distributor was unable to send us compliant solvents until 3/29/99. Due to a strict delivery schedule for a military aircraft (delivery date 3/26/99), the above-mentioned facility used the non-compliant solvent to complete the order. When using the non-compliant solvent, we used the minimum amount necessary to complete the task, capped our containers when not in use, and placed spent rags in a sealed container. On 3/29/99 we received from the distributor compliant solvents normally used. The unused non-compliant solvent was shipped back to the distributor on 3/29/99.

4. Have you used any new hand wipe cleaning solvents during the reporting period? ☐ Yes ☐ No
(if no, go to B.1.) [§63.753(b)(1)(ii)]

5. If you answered yes, please provide the following information for each new cleaning solvent used:

Name of Solvent	Manufacturer ¹
Aircraft Thinner, Type O	Thinner, Inc
New cleaning solvent used meets the (check applicable box and enter value)	
<input type="checkbox"/> Composition Requirements (organic HAPs) ²	<input type="checkbox"/> Composite Vapor Pressure Requirements
<input type="checkbox"/> Aqueous <input type="checkbox"/> Hydrocarbon	___ (mmHg @ 20°C) ³
<input checked="" type="checkbox"/> Other Requirements (Specify) ⁴	
Achieved 70% volume reduction from approved 1998 production baseline.	

Note: please provide either the VP or composition; you do not have to provide both.

¹ Not required but you may wish to include it to help distinguish between like products (e.g., different manufacturers may have the same material name)

² As identified in §63.744(b)(1) [Table 1]

³ As identified in §63.744(b)(2)

⁴ Volume reduction, which is allowed if you can demonstrate that the volume of hand wipe solvents used in cleaning operations has been reduced by at least 60% from a baseline adjusted for production. The baseline must be part of an alternative plan approved by the State (§63.753(b)(iii)).

B. Spray Gun Cleaning

1. Did your facility use a noncompliant (i.e., other than enclosed, non-atomized, disassembled, or atomized) spray gun cleaning method during the reporting period? ☐ Yes ☐ No (if no, go to B.3.) [§63.753(b)(1)(iii)]

2. If you answered yes, please describe the noncompliant cleaning method you used:

(EXAMPLE) From 3/22/99-3/24/99 during the atomized cleaning process in Hangar 2, atomized spray was directed into a waste container as required by operating procedures; however, the waste container had not been properly fitted with a device designed to capture atomized solvent emissions under §63.744(c)(4). Upon observing this situation on 3/25/99, the line supervisor shut down the operation and removed the waste container from service. The waste container was scheduled to have an approved emissions capture device installed on 3/21/99, but the supporting contractor got behind schedule and failed to notify the line supervisor. The employee working the line did not notice the device was missing at the time he obtained the container for use. The deficiency was corrected by installing an approved emissions capture device on 3/26/99 and the waste container was returned to service.

3. Did your facility have any instance where a leaking **enclosed** spray gun cleaner remained unrepaired and in use for more than 15 days during the reporting period? ☐ Yes ☐ No ☐ NA (*if no or NA, go to Section IV.*) [§63.753(b)(1)(iv)]
4. If you answered yes, please provide the following information for each instance where you used a leaking enclosed spray gun cleaner for more than 15 days:

Date Leak Found (mm/dd/yy)	Leak Repaired (R) or Shut Down (S)	Date Repaired or Shut Down (mm/dd/yy)
4/1/99	R	4/21/99
Source ID (optional)	Source Location	No. Calendar Days Unrepaired
CLEAN-1	Building 510, R-110	20

5. (OPTIONAL) If you reported deficiencies in B.4. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Instituted policy requiring line managers to monitor repair status on a daily basis to ensure shut down when repairs have not been made within 15 working days. Policy was effective 4/2/99. Periodic unannounced inspections have found no further violations.

SECTION IV

PRIMER AND TOPCOAT APPLICATION COMPLIANCE OPTIONS UNDER §63.745

A. Uncontrolled primer and topcoats

1. Did your facility have any instance where primer or topcoat compliance was uncontrolled (e.g., you used compliant coatings with no control device or didn't average your coatings) during the reporting period? ☐ Yes ☐ No (*if no, go to B.1.*) [§63.753(c)(1)(i)]
2. If you answered yes, did primer or topcoat values for either H_i (the mass of organic HAP emitted per unit volume of coating as applied, less water) or G_i (the mass of VOC emitted per unit volume of coating as applied, less water and exempt solvents) ever exceed the applicable organic HAP or VOC content limit specified in §63.745(c)? ☐ Yes ☐ No (*if no, go to B.1.*) [§63.753(c)(1)(i)]
3. If you answered yes, please provide the following information for each coating formulation within each coating category that exceeds the applicable limits in §63.745(c) [§63.752(c)(2)(i), §63.753(c)(1)(i)]:

Coating Category (primer and topcoat (includes self-priming topcoat))		Material Name		Manufacturer
Primer		Redi-Printer Type 1A		Primer, USA
Material ID ¹ (optional)	Actual H_i ² <input type="checkbox"/> g/L <input checked="" type="checkbox"/> lb/gal	Actual G_i ³ <input type="checkbox"/> g/L <input checked="" type="checkbox"/> lb/gal	Volume Used During Reporting Period ⁴ <input type="checkbox"/> L <input checked="" type="checkbox"/> gal (optional)	
RP-3598	3.1	3.4	2	

Note: Materials used in accordance with the low volume exemption do not have to be reported as exceeding applicable limits.

¹Not required but you may wish to include it to help distinguish between like products (e.g. different manufacturers may have the same material name).

²Calculated from §63.750(c). Organic HAP emissions from primers are limited to no more than: 540 g/l (4.5 lb/gal) of primer (less water) as applied, for general aviation rework facilities; or 650 g/L (5.4 lb/gal) of exterior primer (less water), as applied, to large commercial aircraft components (parts or assemblies) or fully assembled, large commercial aircraft at existing affected sources that produce fully assembled, large commercial aircraft; or 350 g/L (2.9 lb/gal) of primer (less water), as applied. Organic HAP emissions from topcoats (including self-priming topcoats) are limited to no more than 420 g/l (3.5 lb/gal) of topcoat (less water) as applied or 540 g/L (4.5 lb/gal) of topcoat (less water) as applied for general aviation rework facilities.

³Calculated from § 63.750(e). VOC emissions from primers are limited to no more than: 540 g/l (4.5 lb/gal) of primer (less water and exempt solvents), as applied, for general aviation rework facilities; or 650 g/L (5.4 lb/gal) of exterior primer (less water and exempt solvents), as applied, to large commercial aircraft components (parts or assemblies) or fully assembled, large commercial aircraft at existing affected sources that produce fully assembled, large commercial aircraft; or 350 g/L (2.9 lb/gal) of primer (less water and exempt solvents), as applied. VOC emissions from topcoats (including self-priming topcoats) are limited to no more than 420 g/l (3.5 lb/gal) of topcoat (less water and exempt solvents) as applied or 540 g/L (4.5 lb/gal) of topcoat (less water and exempt solvents) as applied for general aviation rework facilities.

⁴Monthly record keeping required under §63.752(c)(2)(i). Report total volume used during the reporting period.

4. (OPTIONAL) If you reported deficiencies in A.3. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Redi-Primer was used on Flight Line (PAINT-3). Personnel brought in paint from outside source (not through normal supply system) and did not inform supervisor. Shop personnel were trained on proper purchase procedures on 4/11/99 and procedures were posted in the work area.

B. Averaged primer and topcoats

- Did your facility have any instance where primer or topcoat compliance was achieved through the use of averaging during the reporting period (averaging is allowed only for uncontrolled primers or topcoats; averaging primers together with topcoats is prohibited. Each averaging scheme shall be approved in advance by the permitting agency and be adopted as part of the facility's Title V permit (§63.745(e)(2))? ☐ Yes ☐ No (*if no, go to C.1.*) [§63.753(c)(1)(ii)]
- If you answered yes, did primer or topcoat values for either H_a (the monthly volume-weighted average mass of organic HAP emitted per unit volume of coating as applied, less water) or G_a (the monthly volume-weighted average mass of VOC emitted per unit volume of coating as applied, less water and exempt solvents) for all coatings ever exceed the applicable organic HAP or VOC content limit specified in §63.745(c)? ☐ Yes ☐ No (*if no, go to C.1.*) [§63.753(c)(1)(ii)]
- If you answered yes, please provide the following information for all coatings within each coating category that exceeds the applicable limits in §63.745(c) [§63.752(c)(4)(i), §63.753(c)(1)(ii)]

Coating Category (primer and topcoat (includes self-priming topcoat))	Material Name	Manufacturer
Primer	Primer #156347	Primer, USA
Material ID ¹ (optional)	Actual H_a ² <input type="checkbox"/> g/L <input checked="" type="checkbox"/> lb/gal	Actual G_a ³ <input type="checkbox"/> g/L <input checked="" type="checkbox"/> lb/gal
PUSA-1897	4.57	4.57

¹Not required but you may wish to include it to help distinguish between like products (e.g. different manufacturers

may have the same material name).

²Calculated from §63.750(d). Organic HAP emissions from primers are limited to no more than: 540 g/l (4.5 lb/gal) of primer (less water) as applied, for general aviation rework facilities; or 650 g/L (5.4 lb/gal) of exterior primer (less water), as applied, to large commercial aircraft components (parts or assemblies) or fully assembled, large commercial aircraft at existing affected sources that produce fully assembled, large commercial aircraft; or 350 g/L (2.9 lb/gal) of primer (less water), as applied. Organic HAP emissions from topcoats (including self-priming topcoats) are limited to no more than 420 g/l (3.5lb/gal) of topcoat (less water) as applied or 540 g/L (4.5 lb/gal) of topcoat (less water) as applied for general aviation rework facilities.

³Calculated from §63.750(f). VOC emissions from primers are limited to no more than: 540 g/l (4.5 lb/gal) of primer (less water and exempt solvents), as applied, for general aviation rework facilities; or 650 g/L (5.4 lb/gal) of exterior primer (less water and exempt solvents), as applied, to large commercial aircraft components (parts or assemblies) or fully assembled, large commercial aircraft at existing affected sources that produce fully assembled, large commercial aircraft; or 350 g/L (2.9 lb/gal) of primer (less water and exempt solvents), as applied. VOC emissions from topcoats (including self-priming topcoats) are limited to no more than 420 g/l (3.5 lb/gal) of topcoat (less water and exempt solvents) as applied or 540 g/L (4.5 lb/gal) of topcoat (less water and exempt solvents) as applied for general aviation rework facilities.

4. (OPTIONAL) If you reported deficiencies in B.3. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) See A.4. A total of 5 gal of Primer #156347 was used during the month. The total volume of primers used was 558 gal. Calculations reflected values for $H_{avg} = 2.98$ and $G_{avg} = 3.01$ respectively. Facility switched to Primer #156348, which brought the average for subsequent monthly periods to within acceptable levels. Coatings used at the following locations were averaged: Building 510 (PAINT-1), Hangar 2 (PAINT-2), and Flight Line (PAINT-3).

C. Controlled primer and topcoats using incineration

- Did your facility have any instance where primer or topcoat compliance was achieved through the use of incinerators during the reporting period? ☐ Yes ☐ No (*if no, go to D.1.*) [§63.753(c)(1)(iii)]
- If you answered yes, were there any instances when the 3-hour average combustion temperature(s) were less than the minimum average combustion temperature(s) established under §63.751(b)(11) or (12) during the most recent performance test during which compliance was demonstrated? ☐ Yes ☐ No (*if no, go to D.1.*) [§63.753(c)(1)(iii), §63.751(b)(11) - (12)]
- If you answered yes, please provide the following information for each period when the 3-hour average combustion temperature was less than established values:

Date/Period (mm/dd/yy)	Source ID (optional)	Source Location	Affected Source Controlled (optional)
5/21/99	PAINT-1	Building 510	Paint Booth
Combustion Temperature <input checked="" type="checkbox"/> °F <input type="checkbox"/> °C			
Minimum ¹		Actual 3-hour	
1,250		1,100	

¹The minimum combustion temperature shall be the operating parameter value that demonstrates compliance with §63.745(d).

4. (OPTIONAL) If you reported deficiencies in C.3. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Temporarily shut down incinerator on 5/22/99 and diverted waste stream to backup unit, Bldg 510 until the source of the problem was identified and repairs could be made. Physical inspection on 5/23/99 revealed no mechanical problems. On 5/24/99 fuel samples were tested and we determined that the problem resulted from contaminated fuel provided by our fuel supplier. We contacted the fuel supplier on 5/25/99 to advise them of the problem and obtained clean fuel for use in the incinerator. The incinerator was brought back into service on 5/26/99. Our fuel supplier has instituted an improved quality assurance program to ensure the purity of future fuel deliveries. Workers are required to review truck delivery orders prior to fill-up.

D. Controlled primer and topcoats using carbon adsorption

1. Did your facility have any instance where primer or topcoat compliance was achieved through the use of carbon adsorber during the reporting period? ☐ Yes ☐ No (*if no, go to D.5.*) [§63.753(c)(1)(iv)]
2. If you answered yes, were there any rolling periods when the overall efficiency of the carbon adsorber was calculated to be less than 81%? ☐ Yes ☐ No (*if no, go to D.5.*) [§63.753(c)(1)(iv)(A)]
3. If you answered yes, please provide the following for each rolling period when the overall control efficiency of your carbon adsorber was calculated less than 81%. Include as an attachment to this report the initial material balance calculation and any calculations that demonstrate exceedances [§63.753(c)(1)(iv)(A)]:

Date/Period (mm/dd/yy)	Source ID (optional)	Source Location
5/12/99	PAINT-2	Hangar 2
Overall Control Efficiency (%)		
Initial Value ¹		Actual Value ²
90		79

¹Overall minimum combustion temperature shall be the operating parameter value that demonstrates compliance with §63.745(d).

²Control efficiency as computed during the rolling material balance period.

4. (OPTIONAL) If you reported deficiencies in D.3. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Temporarily shut down adsorber on 5/13/99 and diverted waste stream to backup unit, Hangar 2 until the source of the problem was identified and repairs could be made. Problem was determined to be caused by excessive saturation of the adsorbent bed element before scheduled regeneration. The adsorbent bed element was regenerated and placed back in service on 5/15/99. Procedures have been modified to provide for more frequent monitoring of saturation levels and regeneration before control efficiency has been adversely affected.

5. Did your facility use nonregenerative carbon adsorbers at any time during the reporting period?
☐ Yes ☐ No (*if no, go to E.1.*) [§63.753(c)(1)(iv)(B)]
6. If you answered yes, please attach the following:
 - > the design evaluation

- > the continuous monitoring system performance report
- > any excess emissions as demonstrated through deviations of monitored values for each nonregenerative carbon adsorber. [§63.753(c)(1)(iv)(B)]

E. Controlled primer and topcoats using other than incineration or carbon adsorption

1. Did your facility use any control devices other than an incinerator or carbon adsorber at any time during the reporting period? ☐ Yes ☐ No (*if no, go to E.5.*) [§63.753(c)(1)(v)]
2. If you answered yes, did any of these control devices exceed the operating parameter(s) established under the initial performance test during which compliance was demonstrated? ☐ Yes ☐ No (*if no, go to E.5.*) [§63.753(c)(1)(v)]
3. If you answered yes, please provide the following for each exceedance of your control device's operating parameter(s):

Date (mm/dd/yy)	Source ID (optional)	Location of Control Device	Control Device Used
4/11/99	PAINT-2	Hangar 2	Condenser
Parameter Measured	Allowable Value/Range ¹		Actual Value
Coil temperature (°F)	-20		40

¹From initial performance test.

4. (OPTIONAL) If you reported deficiencies in E.3. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Process line feeding into condenser, Hangar 2, was shut down on 4/12/99 until source of problem could be identified and repaired. Problem was determined to have been caused by a faulty refrigerant compressor that could not chill the condensing coils to the proper operating temperature. Problem was corrected by installing a new compressor on 4/13/99, at which time the condenser was placed back in service.

5. Did your facility have any instance where a primer or topcoat application operation was not immediately shut down when the pressure drop across a dry particulate filter or HEPA filter system, or the water flow rate through a waterwash system, or recommended parameter(s) through a pumpless system, was outside the limit(s) specified by the filter or booth manufacturer or in locally prepared operating procedures? ☐ Yes ☐ No (*if no, go to E.8.*) [§63.753(c)(1)(vi)]
6. If you answered yes, please provide the following for each time the booth was not immediately shut down when values were outside limits:

Date (mm/dd/yy)	Source ID (optional)	Source Location	Booth Type (dry filter, waterwash, pumpless)			
6/10/99	PAINT-2	Hangar 2	Dry filter			
Measure by (check applicable box and enter value)						
<input checked="" type="checkbox"/> Pressure Drop ¹ ("W.G.")		<input type="checkbox"/> Flow Rate ¹ (gpm)		<input type="checkbox"/> Recommended Parameter ¹ (pumpless)		
Limit(s)	Actual	Limit(s)	Actual	Limit(s)	Actual	
0.14 – 1.14	1.18					

¹Report limits according to your type of booth.

7. (OPTIONAL) If you reported deficiencies in E.6. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Purchased new magnahelic that was installed by contractor personnel in late evening. The morning crew came in early to start work and our environmental division had not yet changed the H/L range information on the equipment. The morning crew was not aware of the new ranges and operated using the old ranges. To correct the problem, we put H/L range on magnahelic and posted new ranges for all personnel.

8. **To fulfill your annual reporting requirements for yearly totals**, did your facility have any instance, not listed above in E.6., where a primer or topcoat application operation was not immediately shut down when the pressure drop across a dry particulate filter or HEPA filter system, or the water flow rate through a waterwash system, or recommended parameter(s) through a pumpless system, was outside the limit(s) specified by the filter or booth manufacturer or in locally prepared operating procedures? ☐ Yes ☐ No (*if no, go to Section V.*) [§63.753(c)(2)]
9. If you answered yes, please provide the following for each time the booth was not immediately shut down when values were outside limits:

Source ID (optional)	Source Location	Booth Type (dry filter, waterwash, pumpless)
PAINT-2	Hangar 2	Dry filter
Number of Times Booth was Outside Limits (12 month reporting period)		
1		

10. (OPTIONAL) If you reported deficiencies in E.9. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) See item 7 above.

SECTION V DEPAINTING OPERATIONS

A. Depainting, General

1. Did your facility repaint more than 6 new or discontinued aircraft models during the reporting period? ☐ Yes ☐ No (*if no, go to Section VI.*) [§63.753(d)(1)(viii)]
2. If you answered yes, please provide the following parts information for each new and discontinued aircraft models repainted at your facility:

Model Name	Manufacturer ¹ (optional)	New (N) or Discontinued (D)
797-300	Flyright Aerospace	N
Parts Normally Removed from Model for Repainting (new models only)		
Stabilizers		

¹Not required but you may wish to include it to help distinguish between like products (e.g., different manufacturers may have the same material name).

3. (OPTIONAL) If you reported deficiencies in A.2. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Depainting of stabilizers for the Flyright Model 797-300 is a new contract awarded on 6/1/99.

4. Did your facility have any 24-hour periods where organic HAPs were emitted from depainting of the outer surface areas of aerospace vehicles (other than from exempt operations listed in §63.746(a), (b)(3) and (b)(5) during the reporting period? ☐ Yes ☐ No (*if no, go to B.1.*) [§63.753(d)(1)(I), §63.746(a)(1)]

Note: Under A., do not report 24-hour periods where you used a control device to capture emissions under §63.746(c), this will be reported later in this section.

5. If you answered yes, please provide the following for each 24-hour period where you emitted HAPs:

Date (mm/dd/yy)	Source ID (optional)	Source Location (optional)
6/2/99	STRIP-2	Building 550, Depaint Shop
Material Used		
Strip Kleen, Inc.		

6. (OPTIONAL) If you reported deficiencies in A.5. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) STRIP-2 was shut down on 6/3/99 and permanently removed from process line. All depainting operations from that facility are now being conducted in STRIP-1 (B-510) or Hangar 1 (STRIP-2) using approved organic HAP control equipment (carbon adsorbers).

B. Depainting using chemical methods

1. Have you used any new or reformulated chemical strippers during the reporting period?
☐ Yes ☐ No (*if no, go to C.1.*) [§63.753(d)(1)(ii-iv)]

2. If you answered yes, please provide the following information for each new chemical stripper used:

Source ID/Location (optional)	Stripper Name	Manufacturer	Material ID ¹
Hangar 1, STRIP-2	Strip Away Type 1	Strip Away, Inc.	SAI-2387
New (N) Reform (R)	Organic HAP Components	Concentration (% or other value you specify)	
N	Methylene chloride	40	

¹Not required but you may wish to include it to help distinguish between like products (e.g. different manufacturers may have the same material name).

3. (OPTIONAL) If you reported deficiencies in B.2. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Material used for spot stripping or as an alternative if malfunction occurs and suitable replacement cannot be found. Strip Away Type 1 replaces Strip Away Type 2 (lower % organic HAP).

C. Depainting using non-chemical methods

- Has your facility used any new non-chemical depainting techniques during this reporting period?
☐ Yes ☐ No (*if no, go to C.3.*) [§63.753(d)(1)(v)]
- If you answered yes, please describe the new nonchemical depainting techniques used:

(EXAMPLE) Began using BINKS #500-1A plastic media blasting system on main process line, B-510 on 5/1/99.

- Did your facility experience any malfunctions of nonchemical depainting methods or techniques during the reporting period? ☐ Yes ☐ No (*if no, go to D.1.*) [§63.753(d)(1)(vi)]
- If you answered yes, please provide the following for each nonchemical method or technique that malfunctioned:

Date of Malfunction (mm/dd/yy)	Source ID/Location (optional)	Description of Malfunction ¹	
8/1/99	BINKS #500-1A	Magnahelic broke	
Method Used to Depaint During Malfunction	Start Date for Alternative (mm/dd/yy)	End Date for Alternative (mm/dd/yy)	
HAP stripper	8/1/99	8/22/99	
Date Malfunction was Corrected (mm/dd/yy)			
8/22/99			

¹Include type of equipment that malfunctioned.

- (OPTIONAL) If you reported deficiencies in C.4. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) HAP stripper (Strip Away Type 2) was used while plastic media blasting system in B-510 was under repair. Repairs were completed on 8/23/99. When using the HAP stripper, we used the minimum amount necessary to complete the task, capped our containers when not in use, and placed spent rags in a sealed container. Operating procedures were modified and posted on 8/24/99 to prohibit alternative use of HAP strippers for more than 15 days. All personnel were advised of new procedures.

D. New controlled depainting activities

- Does your facility currently have in use any control devices that were not listed in the initial notification of compliance status or any subsequent report? ☐ Yes ☐ No (*if no, go to E.1.*) [§63.753(d)(3)(iii)]
- If you answered yes, please describe the control devices:

(EXAMPLE) Using 2-stage HEPA dry particulate filter in BINKS walk-in #500-1A plastic media blasting facility, B-510.

E. Controlled depainting using carbon adsorption

1. Did your facility have any instance where depainting compliance was achieved through the use of carbon adsorbers during the reporting period? ☐ Yes ☐ No (*if no, go to E.5.*) [§63.753(d)(3)(i)]
2. If you answered yes, were there any rolling periods when the overall efficiency of the control system was calculated to be less than 81% for existing systems or less than 95% for new systems? ☐ Yes ☐ No (*if no, go to E.5.*) [§63.753(d)(3)(i)(A)]
3. If you answered yes, please provide the following for each rolling period when the overall control efficiency of the carbon adsorber was calculated less than 81% for existing systems or 95% for new systems. Include as an attachment to this report the initial material balance calculation and any calculations that demonstrate exceedances [§63.753(d)(3)(i)(A)]:

Date/Period (mm/dd/yy)	Source ID (optional)	Source Location	New (N) or Existing (E)
5/23/99	STRIP-2	Building 510	N
Overall Control Efficiency (%)			
Initial Value ¹		Actual Value ²	
98		93	

¹Overall adsorber control efficiency from initial material balance calculation.

²Control efficiency as computed during the rolling material balance period.

4. (OPTIONAL) If you reported deficiencies in E.3. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Temporarily shut down process line feeding adsorber on 5/24/99 until the source of the problem was identified and repairs could be made. Problem was determined to be caused by excessive saturation of the adsorbent bed element with water vapor. On 5/25/99 the process dehumidification system was adjusted to maintain relative humidity below 50% as required to ensure proper control efficiency. Procedures were modified on 5/26/99 to provide for more frequent monitoring of relative humidity so that adjustments can be made before control efficiency has been adversely affected. All personnel were advised of the new procedures on 5/27/99.

5. Did your facility use nonregenerative carbon adsorbers at any time during the reporting period? ☐ Yes ☐ No (*if no, go to F.1.*) [§63.753(d)(3)(i)(B)]
6. If you answered yes, please attach the following:
 - > the design evaluation
 - > the continuous monitoring system performance report
 - > any excess emissions as demonstrated through deviations of monitored values for each nonregenerative carbon adsorber. [§63.753(d)(3)(i)(B)]

F. Controlled depainting using other than carbon adsorption

1. Did your facility use any control devices other than a carbon adsorber at any time during the reporting period? ☐ Yes ☐ No (*if no, go to F.8.*) [§63.753(d)(3)(ii)]
2. If you answered yes, did any of these control devices exceed the operating parameter(s) established under the initial performance test during which compliance was demonstrated? ☐ Yes ☐ No (*if no, go to F.5.*) [§63.753(d)(3)(ii)]
3. If you answered yes, please provide the following for each exceedance of your control device's operating parameter(s):

Date (mm/dd/yy)	Source ID (optional)	Location of Control Device	Control Device Used
8/12/99	STRIP-2	Building 550	alumina adsorber
Parameter Measured	Allowable Value/Range ¹	Actual Value ²	
VOC HAP concentration (g/m ³)	0.5 g/m ³	0.7 g/m ³	

¹From initial performance test.

²Measured value reflecting exceedance from allowable value or range of operating parameter.

4. (OPTIONAL) If you reported deficiencies in F.3. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Temporarily shut down process line feeding adsorber on 8/13/99 until the source of the problem was identified and repairs could be made. Problem was determined to be caused by a malfunctioning CEM that did not detect excessive VOC HAP concentrations in the adsorber exhaust stream. Physical examination and testing on 8/14/99 indicated that the CEM was out of calibration. On 8/15/99 the CEM was recalibrated and tested to ensure it was operating within the manufacturer's guidelines. Procedures were modified on 8/17/99 to provide for more frequent calibration and testing of CEMs so that adjustments can be made before control efficiency has been adversely affected. All personnel were advised of the new procedures on 8/18/99.

5. Were there any periods in your facility where a non-chemical depainting operation subject to §63.746(b)(2) and (b)(4) for the control of inorganic HAP emissions was not immediately shut down when the pressure drop, or water flow rate, or recommended booth parameter(s) was outside the limit(s) specified by the filter or booth manufacturer or in locally prepared operational procedures? ☐ Yes ☐ No (*if no, go to F.8.*) [§63.753(d)(1)(vii)]
6. If you answered yes, please provide the following for each time the booth was not immediately shut down when values were outside limits:

Date (mm/dd/yy)	Source ID (optional)	Source Location	Booth Type (dry filter, waterwash, pumpless)
5/23/99	STRIP-1	Building 510	Dry filter
Measure by (check applicable box and enter value)			
<input checked="" type="checkbox"/> Pressure Drop ¹ ("W.G.")		<input type="checkbox"/> Flow Rate ¹ (gpm)	
<input type="checkbox"/> Recommended Parameter ¹ (pumpless)			
Limit(s)	Actual	Limit(s)	Actual
0.18 – 1.19	1.25		

¹Report limits according to your type of booth.

7. (OPTIONAL) If you reported deficiencies in F.6. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) System was shut down on 8/24/99 and filters were replaced. Problem was caused by an employee's failure to shut down the system when the differential pressure drop went outside the manufacturer's specified limits. This occurred because a new filter system had been installed (while the employee was on vacation) having a different pressure drop range from the system it replaced. The employee was not advised of the change when he returned to work and did not realize it was operating outside of acceptable parameters. The employee was advised of the correct limits on 8/24/99. Procedures were modified on 8/27/99 requiring line supervisors to brief employees before they return to work when operational changes occurred during their absence.

8. **To fulfill your annual reporting requirements for yearly totals**, did your facility have any instance where excess spot stripping or decal removal operations occurred? ☐ Yes ☐ No (*if no, go to F.11.*) [§63.753(d)(2)]
9. If you answered yes, please provide the following on all spot stripping and decal removal operations that exceeded limits specified in §63.746(b)(3): [§63.753(d)(2)(i)]

Source ID (optional)	Source Location (optional)
STRIP-2	Hangar 1
Annual Average Organic HAP Used Per Aircraft Based on ¹ (check applicable box and enter value)	
<input checked="" type="checkbox"/> Volume Per Aircraft ² (gal)	<input type="checkbox"/> Weight Per Aircraft ³ (lb)
28	

¹Provide either volume or weight values based on compliance option your facility has chosen.

²§63.746(b)(3) limits Commercial aircraft spot stripping and decal removal allowance to an annual average of no more than 26 gallons of organic HAP containing chemical strippers per commercial aircraft depainted; military aircraft limits are 50 gallons per aircraft.

³§63.746(b)(3) limits Commercial aircraft spot stripping and decal removal allowance to an annual average of no more than 190 pounds of organic HAP containing chemical strippers per commercial aircraft depainted; military aircraft limits are 265 pounds per aircraft.

10. (OPTIONAL) If you reported deficiencies in F.9. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Effective 9/30/99, all strippers used throughout the facility for aircraft work are now labeled for spot stripping or decal removal only, or as a temporary measure when non-chemical methods malfunction. Chemical strippers are now managed through our central distribution center. Personnel have been reminded of record keeping requirements.

11. **To fulfill your annual reporting requirements for yearly totals**, did your facility have any instance, not listed above in F.6., where a depainting operation was not immediately shut down when the pressure drop across a dry particulate filter or HEPA filter system, or the water flow rate through a waterwash system, or recommended parameter(s) through a pumpless system, was outside the limit(s) specified by the filter or booth manufacturer or in locally prepared operating procedures? ☐ Yes ☐ No (*if no, go to Section VI.*) [§63.753(d)(2)]
12. If you answered yes, please provide the following for each time the booth was not immediately shut down when values were outside limits:

Source ID (optional)	Source Location	Booth Type (dry filter, waterwash, pumpless)
STRIP-1	Building 510	Dry filter
Number of Times Booth was Outside Limits (12 month reporting period)		
1		

13. (OPTIONAL) If you reported deficiencies in F.12. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) See item 7 above.

SECTION VI

CHEMICAL MILLING MASKANT APPLICATION OPERATIONS

A. Chemical Milling Maskants, General

1. Did your facility conduct chemical milling maskant operations during the reporting period?
☐ Yes ☐ No (*if no, go to Section VII.*) [§63.753(e)]

B. New chemical milling maskant operations

1. Does your facility have any chemical milling maskants currently in use that were not listed in the notification of compliance status or any subsequent report? ☐ Yes ☐ No (*if no, go to B.3.*) [§63.753(e)(4)]
2. If you answered yes, please provide the following for each new chemical milling maskant:

Source ID/Location (optional)	Chemical Maskant Name	Manufacturer ¹ (optional)
MILL-1/Hangar 2	Maskmaster II	Maskmaster, Inc.
Maskant Type		
<input type="checkbox"/> Type I <input checked="" type="checkbox"/> Type II		

¹Not required but you may wish to include it to help distinguish between like products (e.g. different manufacturers may have the same material name).

3. Does your facility currently have in use any control devices that were not listed in the initial notification of compliance status or any subsequent report? ☐ Yes ☐ No (*if no, go to C.1.*) [§63.753(e)(5)]
4. If you answered yes, please describe the control devices:

(EXAMPLE) Installed non-regenerative carbon adsorption device in Hangar 2 maskant process line on 6/22/99.

C. Uncontrolled chemical milling maskants

1. Did your facility have any instances where chemical milling maskant application operations were uncontrolled (e.g. you didn't use averaging or a control device)? ☐ Yes ☐ No (*if no, go to D.1.*) [§63.753(e)(1)]
2. If you answered yes, did chemical milling maskant values for either H_i (the mass of organic HAP emitted per unit volume of chemical milling maskant as applied, less water) or G_i (the mass of VOC emitted per unit volume of chemical milling maskant as applied, less water and exempt solvents) ever exceed the applicable organic HAP or VOC content limit specified in §63.747(c)?
☐ Yes ☐ No (*if no, go to D.1.*) [§63.753(e)(1)]
3. If you answered yes, please provide the following for each chemical milling maskant formulation within each category that exceeds the applicable limits in §63.747(c) [§63.752(f)(1)(i), §63.753(e)(1)]:

Maskant Category		Material Name		Manufacturer
<input type="checkbox"/> Type I	<input checked="" type="checkbox"/> Type II	Mask Pro		Maskmaster, Inc.
Material ID ¹ (optional)	Actual H_i ² <input type="checkbox"/> g/L <input checked="" type="checkbox"/> lb/gal	Actual G_i ³ <input type="checkbox"/> g/L <input checked="" type="checkbox"/> lb/gal	Volume Used During Reporting Period ⁴ <input type="checkbox"/> L <input checked="" type="checkbox"/> gal (optional)	
MP-1592	1.4	1.4	60	

¹Not required but you may wish to include it to help distinguish between like products (e.g. different manufacturers may have the same material name).

²Calculated from §63.750(k). Organic HAP emissions from chemical milling maskants are limited to no more than 622 g/l (5.2 lb/gal) of Type I chemical milling maskant (less water) as applied, and no more than 160 g/l (1.3 lb/gal) of Type II chemical milling maskant (less water) as applied.

³Calculated from §63.750(m). VOC emissions from chemical milling maskants are limited to no more than 622 g/l (5.2 lb/gal) of Type I chemical milling maskant (less water and exempt solvents) as applied, and no more than 160 g/l (1.3 lb/gal) of Type II chemical milling maskant (less water and exempt solvents) as applied.

⁴Monthly record keeping required under §63.752(f)(1)(iii). Report total volume used during the reporting period.

4. (OPTIONAL) If you reported deficiencies in C.3. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) The above-mentioned facility used non-compliant maskants 7/12/99 through 7/15/99 due to a delivery error from the manufacturer where compliant maskants are purchased. Per discussion with the distributor on 7/15/99, our normal maskant was out of stock and the manufacturer substituted the Mask Pro maskant without consulting us. The distributor was unable to send us compliant maskant until 7/16/99. Due to a strict delivery schedule for a military aircraft (delivery date 3/15/99) the facility used the non-compliant maskant to complete the order. On 3/16/99 we received from the distributor the compliant maskants normally used. All of the non-compliant maskants were used on the process line.

D. Averaged chemical milling maskants

1. Did your facility have any instance where chemical milling maskant operation compliance was achieved through the use of averaging? ☐ Yes ☐ No (*if no, go to E.1.*) [§63.753(e)(2)]
2. If you answered yes, did chemical milling maskant values for either H_a (the monthly volume-weighted average mass of organic HAP emitted per unit volume of chemical milling maskant as applied, less water) or G_a (the monthly volume-weighted average mass of VOC emitted per unit

volume of chemical milling maskant as applied, less water and exempt solvents) for all chemical milling maskants ever exceed the applicable organic HAP or VOC content limit specified in §63.747(c)? ☐ Yes ☐ No (*if no, go to E.1.*) [§63.753(e)(2)]

3. If you answered yes, please provide the following for all coatings within each coating category that exceeds the applicable limits in §63.747(c) [§63.752(f)(2)(i), §63.753(e)(2)]

Maskant Category <input type="checkbox"/> Type I <input checked="" type="checkbox"/> Type II		Material Name Mask Helper	Manufacturer Maskmaster, Inc.
Material ID ¹ (optional)	Actual H _a ² <input type="checkbox"/> g/L <input checked="" type="checkbox"/> lb/gal	Actual G _a ³ <input type="checkbox"/> g/L <input checked="" type="checkbox"/> lb/gal	
MH-90231	1.5	1.5	

¹Not required but you may wish to include it to help distinguish between like products (e.g. different manufacturers may have the same material name).

²Calculated from §63.750(l). Organic HAP emissions from chemical milling maskants are limited to no more than 622 g/l (5.2 lb/gal) of Type I chemical milling maskant (less water) as applied, and no more than 160 g/l (1.3 lb/gal) of Type II chemical milling maskant (less water) as applied.

³Calculated from §63.750(n). VOC emissions from chemical milling maskants are limited to no more than 622 g/l (5.2 lb/gal) of Type I chemical milling maskant (less water and exempt solvents) as applied, and no more than 160 g/l (1.3 lb/gal) of Type II chemical milling maskant (less water and exempt solvents) as applied.

4. (OPTIONAL) If you reported deficiencies in D.3. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) A total of 5 gal of Mask Helper MH-90231 was used during the month. The total volume of all Type II maskants used was 252 gal. Calculations reflected values for H_{avg} of 1.31 and G_{avg} of 1.33 respectively. Facility switched to Mask Helper II (MH-90232), which brought the average for subsequent monthly periods to well within acceptable levels. Coatings used at Hangar 2 were averaged.

E. Controlled chemical milling maskants using incineration

1. Did your facility have any instance where chemical milling maskant operation compliance was achieved through the use of incinerators? ☐ Yes ☐ No (*if no, go to F.1.*) [§63.753(e)(3)(i)]
2. If you answered yes, were there any instances when the 3-hour average combustion temperature(s) were less than the minimum average combustion temperature(s) established under §63.751(b)(11) or (12) during the most recent performance test during which compliance was demonstrated? ☐ Yes ☐ No (*if no, go to F.1.*) [§63.753(e)(3)(i)]
3. If you answered yes, please provide the following for each period when the 3-hour average combustion temperature was less than established values:

Date/Period (mm/dd/yy)	Source ID (optional)	Source Location
4/11/99	MILL-1	Hangar 2
Combustion Temperature <input checked="" type="checkbox"/> °F <input type="checkbox"/> °C		
Minimum ¹		Actual 3-hour
1,250		1,000

¹The minimum combustion temperature shall be the operating parameter value that demonstrates compliance with §63.747(d).

4. (OPTIONAL) If you reported deficiencies in E.3. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Temporarily shut down incinerator on 4/12/99 and diverted waste stream to backup unit in Hangar 2 until the source of the problem was identified and repairs could be made. Physical inspection on 4/12/99 revealed no mechanical problems. On 4/13/99 fuel samples were tested and we determined that the problem resulted from contaminated fuel provided by our fuel supplier. We contacted the fuel supplier on 4/13/99 to advise them of the problem and obtained clean fuel for use in the incinerator. The incinerator was brought back into service on 4/14/99. Our fuel supplier has instituted an improved quality assurance program to ensure the purity of future fuel deliveries. Workers are required to review truck delivery orders prior to fill-up.

F. Controlled chemical milling maskants using carbon adsorption

- Did your facility have any instance where chemical milling maskant operation compliance was achieved through the use of carbon adsorbers during the reporting period? ☐ Yes ☐ No (*if no, go to F.5.*) [§63.753(e)(3)(ii)]
- If you answered yes, were there any rolling periods when the overall efficiency of the carbon adsorber was calculated to be less than 81%? ☐ Yes ☐ No (*if no, go to F.5.*) [§63.753(e)(3)(ii)(A)]
- If you answered yes, please provide the following for each rolling period when the overall control efficiency of your carbon adsorber was calculated less than 81%. Include as an attachment to this report the initial material balance calculation and any calculations that demonstrate exceedances [§63.753(e)(3)(ii)(A)]:

Date/Period (mm/dd/yy)	Source ID (optional)	Source Location
7/18/99	MILL-1	Hangar 2
Overall Control Efficiency (%)		
Initial Value ¹		Actual Value ²
85		77

¹Overall adsorber control efficiency from initial material balance calculation.

²Control efficiency as computed during the rolling material balance period.

4. (OPTIONAL) If you reported deficiencies in F.3. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Temporarily shut down adsorber on 7/19/99 and diverted waste stream to backup unit in Hangar 2 until the source of the problem was identified and repairs could be made. Problem was determined to be caused by excessive saturation of the adsorbent bed element before scheduled regeneration. The adsorbent bed element was regenerated and placed back in service on 7/21/99. Procedures have been modified to provide for more frequent monitoring of saturation levels and regeneration before control efficiency has been adversely affected.

5. Did your facility use nonregenerative carbon adsorbers at any time during the reporting period? ☐ Yes ☐ No (*if no, go to G.1.*) [§63.753(e)(3)(ii)(B)]

6. If you answered yes, please attach the design evaluation, the continuous monitoring system performance report, and a chronological summary of any excess emissions as demonstrated through deviations of monitored values for each nonregenerative carbon adsorber. §63.753(e)(3)(ii)(B)]

G. Controlled chemical milling maskants using other than incinerator or carbon adsorption

1. Did your facility use any control devices other than an incinerator or carbon adsorber at any time during the reporting period? ☐ Yes ☐ No *(if no, go to Section VII.)* [§63.753(e)(3)(iii)]
2. If you answered yes, did any of these control devices exceed the operating parameter(s) established under the initial performance test during which compliance was demonstrated? ☐ Yes ☐ No *(if no, go to Section VII.)* [§63.753(e)(3)(iii)]
3. If you answered yes, please provide the following for each exceedance of your control device's operating parameter(s):

Date (mm/dd/yy)	Source ID (optional)	Location of Control Device	Control Device Used
5/23/99	MILL-1	Hangar 2	Condenser
Parameter Measured	Allowable Value/Range ¹	Actual Value	
coil temperature (°F)	-20	30	

¹From initial performance test.

4. (OPTIONAL) If you reported deficiencies in G.3. above, please describe the corrective action(s) you took to address them and prevent recurrence, to include time frames involved and results achieved:

(EXAMPLE) Process line feeding into condenser was shut down on 4/23/99 until source of problem could be identified and repaired. Problem was determined to have been caused by a faulty refrigerant compressor that could not chill the condensing coils to the proper operating temperature. Problem was corrected by installing a new compressor on 4/24/99, at which time the condenser was placed back in service.

SECTION VII RECORD KEEPING REQUIREMENTS

- A. Is your facility complying with record keeping requirements to keep all information (including all reports and notifications) available for inspection for a period of 5 years, and maintain the most recent 2 years on-site? ☐ Yes ☐ No *(if yes, go to Section VIII)* [§63.10(b)]

- B. If you answered no, please indicate the corrective action(s) you are taking to comply with record keeping requirements.

(EXAMPLE) On 9/1/99 an unannounced inspection was conducted in the paint shop (Hangar 2, PAINT-2). During the inspection, the first line supervisor was observed disposing of "old" monthly averaging records to reduce the volume of files at the shop (due to limited storage space). It was determined that records from 8/1/97 through 12/1/97 were disposed on 8/30/99. All records being disposed on 9/1/99 were recovered. Copies of records from 8/1/97 to 12/1/97 were reconstructed from reports submitted to the State permitting authority. A new record retention policy was enacted on 9/2/99. All records more than one year old are now maintained at a central storage area within the Health, Safety, and Environmental Division to ensure continuing compliance with §63.10(b)(1).

SECTION VIII
CHANGES IN INFORMATION ALREADY PROVIDED

Have there been any changes in information already provided for your facility since the NOCS or any subsequent report that have not otherwise been listed in this report and that were not reported within 15 days of making the change? ☐ Yes ☐ No [§63.9(j)] **(If no, go to Section IX)** If you answered yes, please describe the changes below:

(EXAMPLE) Did not report 70% volume reduction reflected in A.5.; did not report use of atomized spray gun cleaning in Hangar 2 (reflected in B.2.); installed incinerator (CLEAN-3) in B-550; chemical milling maskant operations in Hangar 2 (MILL-1) were restarted on 4/1/99.

SECTION IX
ADDITIONAL COMMENTS (OPTIONAL)

- A. Do you have additional facility-specific information or comments you would like to present that have not already been addressed elsewhere in the body of this report? ☐ Yes ☐ No **(if no, go to end of form.)**
- B. If you answered yes, please enter the information or comments below.

END OF FORM — Please make sure that a Responsible Official signs Section II prior to submitting the form to your EPA Regional Office and your State Air Permitting Agency, as applicable.