

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 type="checkbox"/> Actual	<input type="checkbox"/> Purchase (optional)
	____ gal ____ L		
Name of Solvent Used	Manufacturer ¹		

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:

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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
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 type="checkbox"/> Other Requirements (Specify) ⁴	

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:

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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)
Source ID (optional)	Source Location	No. Calendar Days Unrepaired

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:

SECTION IV

PRIMER AND TOPCOAT APPLICATION COMPLIANCE OPTIONS UNDER §63.745

A. Uncontrolled primer and topcoats

- 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)]
- 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)]
- 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
Material ID ¹ (optional)	Actual H_i ² <input type="checkbox"/> g/L <input type="checkbox"/> lb/gal	Actual G_i ³ <input type="checkbox"/> g/L <input type="checkbox"/> lb/gal	Volume Used During Reporting Period ⁴ <input type="checkbox"/> L <input type="checkbox"/> gal (optional)	

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:

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
Material ID ¹ (optional)	Actual H_a ² <input type="checkbox"/> g/L <input type="checkbox"/> lb/gal	Actual G_a ³ <input type="checkbox"/> g/L <input type="checkbox"/> lb/gal

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:

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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)
Combustion Temperature	<input type="checkbox"/> °F	<input type="checkbox"/> °C	
Minimum ¹	Actual 3-hour		

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:

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
Overall Control Efficiency (%)		
Initial Value ¹		Actual Value ²

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:

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
Parameter Measured	Allowable Value/Range ¹		Actual Value

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:

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)			
Measure by (check applicable box and enter value)						
<input 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	

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:

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)
Number of Times Booth was Outside Limits (12 month reporting period)		

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:

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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)
Parts Normally Removed from Model for Repainting (new models only)		

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:

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4. Did your facility have any 24-hour periods where organic HAPs were emitted from repainting 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)
Material Used		

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:

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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
New (N) Reform (R)	Organic HAP Components	Concentration (% or other value you specify)	

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:

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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:

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- 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
Method Used to Depaint During Malfunction	Start Date for Alternative (mm/dd/yy)	End Date for Alternative (mm/dd/yy)
Date Malfunction was Corrected (mm/dd/yy)		

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:

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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:

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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)
Overall Control Efficiency (%)			
Initial Value ¹		Actual Value ²	

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:

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
Parameter Measured	Allowable Value/Range ¹		Actual Value ²

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:

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)			
Measure by (check applicable box and enter value)						
<input 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	

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:

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)
Annual Average Organic HAP Used Per Aircraft Based on ¹ (check applicable box and enter value)	
<input type="checkbox"/> Volume Per Aircraft ² (gal)	<input type="checkbox"/> Weight Per Aircraft ³ (lb)

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:

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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)
Number of Times Booth was Outside Limits (12 month reporting period)		

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:



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)
Maskant Type		
<input type="checkbox"/> Type I <input 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:

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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 <input type="checkbox"/> Type I <input type="checkbox"/> Type II		Material Name		Manufacturer	
Material ID ¹ (optional)	Actual H _i ² <input type="checkbox"/> g/L <input type="checkbox"/> lb/gal	Actual G _i ³ <input type="checkbox"/> g/L <input type="checkbox"/> lb/gal	Volume Used During Reporting Period ⁴ <input type="checkbox"/> L <input type="checkbox"/> gal (optional)		

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:

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D. Averaged chemical milling maskants

- 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)]
- 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)]
- 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 type="checkbox"/> Type II		Material Name		Manufacturer	
Material ID ¹ (optional)	Actual H _a ² <input type="checkbox"/> g/L <input type="checkbox"/> lb/gal	Actual G _a ³ <input type="checkbox"/> g/L <input type="checkbox"/> lb/gal			

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:

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
Combustion Temperature	<input type="checkbox"/> °F °C	
Minimum ¹		Actual 3-hour

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:

F. Controlled chemical milling maskants using carbon adsorption

1. 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)]

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 F.5.*) [§63.753(e)(3)(ii)(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(e)(3)(ii)(A)]:

Date/Period (mm/dd/yy)	Source ID (optional)	Source Location
Overall Control Efficiency (%)		
Initial Value ¹		Actual Value ²

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:

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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
Parameter Measured		Allowable Value/Range ¹	Actual Value

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:

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.

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:

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.