

INFORMATION NEEDED FOR INITIAL NOTIFICATION

Autobody Shop Surface Coating Area Source Rule (last updated March 26, 2008) Subpart HHHHHH

40 CFR 63.11169 – 63.11180

Initial Notification requirements of Subpart HHHHHH

| 1. (| Company Name (if applicable) | | - |
|------|----------------------------------------------------------------------------------------------------------------------|-----------------|---------|
| 2. | Information about the owner and operator: | | |
| | a. Owner's Name and Title | | |
| | Owner's Street Address | | |
| | Street City | State | Zip |
| | Owner's telephone number | | |
| | Owner's email (if available) | | |
| | Is the Operator the same person as the Owner? Yes | No 🗌 | |
| | If the Operator information is different please provide the following (Attach information for additional operators): | a list with the | he same |
| | b. Operator's Name and Title | | |
| | Operator's Street Address | | |
| | Street City | State | Zip |
| | Operator's telephone number | | |
| | Operator's email (if available) | | |
| | Is there any other certifying company official that will sign this form? Yes | ☐ No | |
| | If Certifying Official information is different please provide the following: | | |
| | c. Certifying Official's Name and Title | | |
| | Certifying Official's Street Address Street City | State | Zip |
| | Certifying Official's telephone number | | |
| | Certifying Official's email (if available) | | |



INFORMATION NEEDED FOR INITIAL NOTIFICATION

Paint Stripping and Miscellaneous Surface Coating Area Source Rule (last updated March 26, 2008) Subpart HHHHHH

40 CFR 63.11169 – 63.11180

3. The street address (physical location) of the affected source

| Street | | City | | Sta | ate | Zip |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------|------------|----------------------|------------|-----------|
| Are the compliance records located at | the same location? | Yes | | No 🗌 | | |
| If the location of compliance records is | f different please pro | vide stre | et addro | ess: | | |
| Street | City | | | State | Zip | |
| Is the source a motor vehicle or mobile customer's location, rather than at a fi | | coating o | peratio | n that repair No⊡ | rs vehicle | es at the |
| 4. Identification of Standard (you make Yes, I am subject to 40 CFR Part 6 air Pollutants: Autobody Shop Surface | 63 Subpart HHHHHH | H, Nation | | | ards for h | azardous |
| 5. A brief description of the typ For Surface Coating Operation | _ | | | | | |
| a. I am a: Motor Vehicle of | or Mobile Equipment | Surface | Coatin | g Operation | l | |
| 6. Compliance Status, please ch For autobody surface coating of 63.11173(e) through (g) of this I am already in compliance with each of I will be in compliance with each of | operations, the releva s subpart. ach of the relevant re | quireme | nts | | | CFR |
| New Source Compliance date is date of Existing Source Compliance date is Ja | * | | | | | |
| 8. Certification of compliance structure You must check one: Note: Initial startup is the first operation. I am a new source Date I am an existing source Date | time equipment is bro | ought on | iline in a | an auto bod | y surface | coating |
| If your source is an existing source, a recertify below that the source is already | responsible official, v | | | | | |

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Paint Stripping and Miscellaneous Surface Coating

Area Source Rule (last updated March 26, 2008) Subpart HHHHHH

40 CFR 63.11169 – 63.11180

| subpart or certification may be done by March 11, 2011 in the Notification of Compliance Status as specified in 40 CFR Section 63.11175(b) | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| For existing sources: I am certifying below I will certify by March 11, 2011 (There is no need to sign below, you must sign a statement by March 11, 2011) | | | | | | |
| I certify the truth, accuracy, and completeness of this notification. The source has complied with all the relevant standards of this subpart. This initial notification also serves as the notification of compliance status. | | | | | | |
| Signature of responsible official: owner / operator (circle one) | | | | | | |
| Please Print Name Also | | | | | | |

Submit Initial Notification as follows:

- A. EPA Region III
 Director, Air Protection Division
 Permit Section, 3 AP11
 EPA-Region III
 1650 Arch Street
 Philadelphia, PA 19103
- B. Source Registration Air Management Services 321 University Avenue Philadelphia, PA 19104