RULE 1469 ONGOING COMPLIANCE STATUS AND EMISSIONS REPORT

HEXAVALENT CHROMIUM EMISSIONS FROM CHROMIUM ELECTROPLATING AND CHROMIC ACID ANODIZING OPERATIONS

1. Provide the following information for facilities in which chromium electroplating and/or chromium anodizing operations are performed.

Facility Name: _____

AQMD ID#:_____

Street Address:_____

City:_____State:_____Zip Code:_____

Facility Contact/Title:_____Phone#:_____

Email:_____

Mailing Address (if different from facility address)

Street Address:_____

City:_____State:_____Zip Code:_____

2. **State the beginning and ending dates of this reporting period. This report is due annually on February 1st of each calendar year. See Appendix 3, Item 4.**

Beginning _____ Ending _____

3. **Complete the following table to identify the process, the emission limit and the operating parameter and values that are monitored to assure compliance with the emission limit for all Tank Tiers. See Appendix 3, Items 2, 3 and 5.**

EXAMPLE RESPONSE

Tank permit #	*(1)Type of Tank, (2) Tank Tier*	*Applicable emission limit*	*Type of control technique and product manufacturer name*	*Control system permit #*	*Operating parameter to demonstrate compliance*	*Acceptable value or range of values for monitoring parameters*	*Total operating time during reporting period*
D99999	*Hard chrome plating, Tier III*	*0.0015 mg/ amp-hr*	*Composite meshpad system HEPA*	*D88888*	*Performance test*	*7 in. W.C. +/- 1 in. Cubic feet per minute*	*1040 hrs*
D77777	*Chrome anodizing, Tier III*	*.0015mg/amp-hr and 40 dynes/cm(st) 33 dynes/cm(ten)*	*HEPA and Certified Mist suppressant,*	*D77778*	*Performance test & Surface tension measurement*	*.0015mg/amp-hr and < 40 dynes/cm < 33 dynes/cm*	*1040 hrs*
E55555	*Decorative chrome plating, Tier III*	*0.01 mg/ amp-hr*	*Foam blanket, Chrome Foam*	*N/A*	*Foam blanket thickness*	*> inch*	*1040 hrs*

(st)-stalagmometer, (ten)tensiometer

RESPONSE

Tank permit #	(1) Type of Tank, (2) Tank Tier	Applicable emission limit	Type of control technique and product manufacturer name	Control system permit #	Operating parameter to demonstrate compliance	Acceptable value or range of values for monitoring parameters	Total operating time during reporting period

4. For each chrome-plating tank, provide the permit number and the monthly ampere-hours, and total facility ampere-hours expended during this reporting period. See Appendix 3, Item 6.

EXAMPLE RESPONSE

Tank permit #	*F11111*	*P22222*			
January	*0*	*250,000*			
February	*4,000*	*200,000*			
March	*1,000*	*170,000*			
April	*2,000*	*350,000*			
May	*3,000*	*150,000*			
June	*4,000*	*200,000*			
July	*0*	*250,000*			
August	*5,000*	*270,000*			
September	*6,000*	*300,000*			
October	*7,000*	*310,000*			
November	*4,000*	*290,000*			
December	*3,000*	*240,000*			
TOTALS	*39,000 amp-hr*	*2,980,000 amp-hr*			

Total Facility Ampere-Hours: 39,000 + 2,980,000 = 3,019,000

RESPONSE

Tank permit #					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTALS					

Total Facility Ampere-Hours: _____

5. Update the facility-wide emissions established by section (d)(4), if applicable. See Appendix 3, Item 7.

EXAMPLE RESPONSE

Annual Emission Thresholds for Facilities Located More than 25 Meters from a Sensitive Receptor or a Residence		
Operating Scenario	*Regular Operating Schedule*	*Annual Emission Threshold*
Vented to Air Pollution Control Equipment	*More than 12 hours per day*	*lbs/yr*
Vented to Air Pollution Control Equipment	*12 hours per day or less*	*0.065 lbs/yr*
Not Vented to Air Pollution Control Equipment	*Any*	*lbs/yr*

RESPONSE

Annual Emission Thresholds for Facilities Located More than 25 Meters from a Sensitive Receptor or a Residence		
Operating Scenario	Regular Operating Schedule	Annual Emission Threshold
Vented to Air Pollution Control Equipment	More than 12 hours per day	lbs/yr
Vented to Air Pollution Control Equipment	12 hours per day or less	lbs/yr
Not Vented to Air Pollution Control Equipment	Any	lbs/yr

6. Provide the total hexavalent and trivalent chromium throughput data in grams per year for the reporting period. See Appendix 3, Item 8.

EXAMPLE RESPONSE: 20 grams of chromic acid flakes consumed in calendar year 2013.

RESPONSE:

7. Provide the type, name, and address of each sensitive receptor located within ¼ mile from the center of the facility. See Appendix 3, Item 9.

EXAMPLE RESPONSE

Receptor Type	*Receptor Name*	*Receptor Address*
Hospital	*Queen of Angels*	*111 E 1st St , LA*
Daycare	*Gentle Daycare*	*243 W 2nd St, LA*
School	*Fremont HS*	*123 N Gain Ln, LA*
Convalescent home	*You Olde & Goodie*	*321 S Old Rd, LA*
Residence	*Perez family*	*110 E 1st St, LA*
School	*Pearson Elementary*	*567 Maple Ave, LA*
Hospital	*Saint Joseph*	*765 Maple Ave, LA*

RESPONSE

Receptor Type	Receptor Name	Receptor Address

Indicate the facility maximum operating schedule

- ☐ more than 12 hours per day
- ☐ less than 12 hours per day
- ☐ equal to 12 hours per day

8. Attach all monitoring records required by paragraph (o)(7) and summarize the cause and duration of excess emissions episodes in hours as identified in these records. See Appendix 3, Item 10.

EXAMPLE RESPONSE

Cause of excess emission	*Hours*	*Percent of total operating time*
Process upsets	*16*	*0.8*
APC malfunction	*24*	*1.2*
Unknown cause	*32*	*1.6*
Other (describe)	*40*	*2*
Total duration of excess emission	*112*	*5.6*

RESPONSE

Cause of excess emission	Hours	Percent of total operating time
Process upsets		
APC malfunction		
Unknown cause		
Other (describe)		
Total duration of excess emission		

9. Periodic Smoke tests

Date of test	Conducted by (Print Name)	Photographs and or video

10. Describe any changes in monitoring, processes, or controls since the last reporting period. See Appendix 3, Item 14.

11. Add-on Air Pollution Control Device (APCD) Ventilation Measurements. Provide a description of the APCD and the measurements made during the most recent successful District-approved source test at EACH emission collection point. Complete one section for tank with an emission collection system. See Appendix 3, Item 16.

EXAMPLE RESPONSE

A. Tank Number, Description, Permit No.: Tank 55, Sodium Dichromate, Permit No. R33333
B. Number of Collection Slots: 8 collection slots
C. Collection System Diagram with Slot ID and Velocity (feet per minute) during most recent successful District-approved Source Test:

Slot 1: 2100 fpm	*Slot 2: 2410 fpm*	*Slot 3: 2007 fpm*	*Slot 4: 2437 fpm*
Slot 5: 2050 fpm	*Slot 6: 2001 fpm*	*Slot 7: 2340 fpm*	*Slot 8: 2111 fpm*

D. Push Air Pressure (if applicable): 3.2 inches of water

RESPONSE

A. Tank Number, Description, Permit No.:
B. Number of Collection Slots:
C. Collection System Diagram with Slot ID and Velocity (feet per minute):

D. Push Air Pressure (if applicable):_____ inches of water

12. A summary of any pollution prevention measures that the facility has implemented that eliminates or reduces the use of hexavalent chromium in the chromium electroplating or chromic acid anodizing process and associated process tanks. See Appendix 3, Item 17.

EXAMPLE RESPONSE: Switched to Boric-Sulfuric Anodizing process for Line No. 3

RESPONSE:

13. Building Enclosure Envelope. Provide descriptions and calculations for the building enclosure, and for each opening in the enclosure. Enter new section for each applicable Building Enclosure housing a Rule 1469 Tier II or Tier III tank. See Appendix 3, Item 18.

EXAMPLE RESPONSE
Building Enclosure Name: Precious Metals Room
Applicable Tank Permit Nos. Housed in Enclosure: R33333, W22788

Enclosure Openings			
Individual Opening ID	*Location Description*	*Dimensions (feet)*	*Area (square feet)*
Opening 1-Access door	*Middle of West Wall*	*4 ft x 8 ft*	*32 feet*
Wall Vent No 1	*South Wall above Rinse Tank No.5*	*2 ft x 2 ft*	*4 feet*
		17A. Total Openings:	*36 sq. ft*

Building Enclosure Surfaces		
Surface Description and Location	*Dimensions (feet)*	*Area (square feet)*
West Wall	*40 ft x 10 ft*	*400 sq ft*
South Wall	*14 ft x 10 ft*	*140 sq ft*
Horizontal Projection Roof	*14 ft x 40 ft*	*560 sq ft*
East Wall	*40 ft x 10 ft*	*400 sq ft*
North Wall/Strip Curtain	*14 ft x 10 ft*	*140 sq ft*
Floor	*14 ft x 40 ft*	*560 sq ft*
	17B. Total Surface Area:	*2,200 sq ft*

Percent Opening = [Total Opening Area (Box 17A) ÷ Total Surface Area (Box 17B)] x 100 = 1.64%
[(36) ÷ (2220)] x 100

RESPONSE
Building Enclosure Name: _____
Applicable Tank Permits Nos. Housed in Enclosure:_____

Enclosure Openings			
Individual Opening ID	Location Description	Dimensions (feet)	Area (square feet)
		17A. Total Openings	

Building Enclosure Surfaces		
Surface Description and Location	Dimensions (feet)	Area (square feet)
	17B. Total Surface Area:	

Percent Opening = [Total Opening Area (Box 17A) ÷ Total Surface Area (Box 17B)] x 100 = _____

14. Responsible Official Certification Statement. See Appendix 3, Items 11 and 15, 19 and 20.

☐ I certify that an Operation and Maintenance Plan for the add-on control equipment has been completed (if applicable), and the plan and other work practice standards of Rule 1469 are being followed.
(If the Operation and Maintenance Plan was not completed or not followed, attach a supplemental report with an assessment, including applicable records, of whether any emissions limits and/or monitoring parameters were exceeded. See Appendix 3, Item 12)

☐ I certify that as owner or operator and or designated personnel has within the last two years has completed a SCAQMD approved training program pursuant to subdivision (j).

Certificate No(s)._____

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

_____ _____
(Name) (Title)

_____ _____
(Signature of Responsible Official) (Date)

A Responsible Official can be:

- The president, vice-president, secretary, or treasure of the company that owns the plant;
- The owner of the plant or the plant engineer or supervisor;
- A government official if the plant is owned by the Federal, State, City or County government; or
- A ranking military officer if the plant is located on a military base.

By February 1 of each calendar year mail this completed report to:

SCAQMD
Toxics and Waste Management Team
Compliance Section – R1469 OCSR
21865 Copley Drive
Diamond Bar CA 91765