# 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 chromic acid anodizing operations are performed.

Facility Name: _____

South Coast AQMD ID#:_____

**Facility Address**

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(s) to identify the process, the emission limit and the operating parameter and values that are monitored to assure compliance with the emission limits *for all Tank Tiers.* See Appendix 3, Items 2, 3 and 5. Attach additional pages if needed.**

*EXAMPLE RESPONSE*

*Describe type of Rule 1469 process(es) performed at the facility: We operate 1 chromic acid anodizing tank, 1 hard chrome plating tank, and 1 sodium dichromate seal tank for parts used in the aerospace industry. Each tank is controlled by its own APCD.*

*Emission Limits and Operating Parameters*

| *Tank permit # and Tank #* | *(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* | *Total operating time during reporting period* |
|---|---|---|---|---|---|---|
| *D99999; Tank 2* | *Hard chrome plating, Tier III* | *0.00075 mg/-amp-hr and 100% coverage polyballs* | *Composite mesh pad and HEPA* | *D88888* | *Source test and polyball coverage inspections* | *1040 hrs* |
| *D77777; Tank C20* | *Chromic acid anodizing, Tier III* | *0.00075mg/amp-hr and 40 dynes/cm(st) or 33 dynes/cm(ten)* | *HEPA and Certified Mist suppressant* | *D77778* | *Source test & Surface tension measurements* | *1040 hrs* |
| *E55555; Tank 122* | *Sodium dichromate seal, Tier III* | *0.0015mg/ amp-hr* | *HEPA* | *E55556* | *Source test* | *1040 hrs* |
| *E55555; Tank 123* | *Rinse Tank, Tier I* | *n/a* | *n/a* | *n/a* | *n/a* | *1040 hrs* |

(st)-stalagmometer, (ten)tensiometer

*Parameter Monitoring per Section (m)*

| *Tank permit # and Tank #* | *(1)Type of Tank, (2) Tank Tier* | *Differential Pressure Limit (inches of water)* | *Push Manifold Limit (inches of water)* | *Collection Manifold Limit (inches of water or cubic feet per minute)* |
|---|---|---|---|---|
| *D99999; Tank 2* | *Hard chrome plating, Tier III* | *Stage 1 – ≤ 2.0<br>Stage 2 – ≤ 2.0<br>HEPA – ≤ 2.0* | *1.425 - 1.575* | *4 inches of water* |
| *D77777; Tank C20* | *Chromic acid anodizing, Tier III* | *Stage 1 – ≤ 2.0<br>Stage 2 – ≤ 2.0<br>Prefilter – ≤ 1.8<br>HEPA – ≤ 2.0* | *n/a* | *7,500 cubic feet per minute* |
| *E55555; Tank 122* | *Sodium dichromate seal, Tier III* | *Stage 1 – ≤ 2.5<br>Stage 2 – ≤ 2.5<br>Prefilter – ≤ 2.0<br>HEPA – ≤ 2.5* | *2.09 - 2.31* | *3.8 inches of water* |
| *E55555; Tank 123* | *Rinse Tank, Tier I* | *n/a* | *n/a* | *n/a* |

FACILITY RESPONSE

Describe type of Rule 1469 process(es) performed at the facility: _____

_____

_____

Emission Limits and Operating Parameters

| Tank permit # and Tank # | (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 | Total operating time during reporting period |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(st)-stalagmometer, (ten)tensiometer

Parameter Monitoring per Section (m)

| Tank permit # and Tank # | (1)Type of Tank, (2) Tank Tier | Differential Pressure Limit (inches of water) | Push Manifold Limit (inches of water) | Collection Manifold Limit (inches of water or cubic feet per minute) |
|---|---|---|---|---|
| | | | | |
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| | | | | |

**4. For each chromium electroplating and chromic acid anodizing 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* | | | |
|---|---|---|---|---|---|
| *Tank #* | *5* | *10* | | | |
| *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*

FACILITY RESPONSE

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

Total Facility Ampere-Hours: _____

**5**. **Update the facility-wide emissions, <u>if applicable</u>. 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* |

FACILITY 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 |
| | | lbs/yr |
| | | lbs/yr |
| | | 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 2026.*

FACILITY RESPONSE:

| |
|---|
| |

**7. Provide the type, name, address, and distance of each sensitive receptor located within ¼ mile (1,320 feet) from the center of the facility. See Appendix 3, Item 9.**

*EXAMPLE RESPONSE*

| *Receptor Type* | *Receptor Name* | *Receptor Address* | *Distance to Facility (in feet)* |
|---|---|---|---|
| *Hospital* | *Queen of Angels* | *111 E 1st St , LA* | *1,200* |
| *Daycare* | *Gentle Daycare* | *243 W 2nd St, LA* | *754* |
| *School* | *Fremont HS* | *123 N Gain Ln, LA* | *125* |
| *Convalescent home* | *You Olde & Goodie* | *321 S Old Rd, LA* | *1,300* |
| *Residence* | *Perez family* | *110 E 1st St, LA* | *585* |
| *School* | *Pearson Elementary* | *567 Maple Ave, LA* | *301* |
| *Hospital* | *Saint Joseph* | *765 Maple Ave, LA* | *1,015* |
| | | | |
| | | | |

FACILITY RESPONSE

| Receptor Type | Receptor Name | Receptor Address | Distance to Facility (in feet) |
|---|---|---|---|
| | | | |
| | | | |
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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 or exceeded monitoring parameter episodes in hours as identified in these records. This should include exceedances from subdivisions (h), (i), (w), (x), and (m). 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 – Exceeded emission limit* | *40* | *2* |
| ***Total duration of excess emissions*** | *112* | *5.6* |

| *Exceeded Monitoring Parameter* | *Hours* | *Percent of Total Operating Time* |
|---|---|---|
| *Push Air for Tank #2 – Chromic Acid Anodize* | *8* | *0.4* |
| *Mesh Pad Filter for APCD venting Tank #2* | *12* | *0.6* |
| *Pull Air Manifold Gauge for Tank #3 – Hard Chrome* | *16* | *0.8* |
| *Collection Slot for Tank #2* | *20* | *1* |
| ***Total duration of exceeded monitoring parameter*** | *56* | *2.8* |

FACILITY RESPONSE

| Cause of Excess Emission | Hours | Percent of Total Operating Time |
|---|---|---|
| Process upsets | | |
| APC malfunction | | |
| Unknown cause | | |
| Other (describe) | | |
| **Total duration of excess emissions** | | |

| Exceeded Monitoring Parameter | Hours | Percent of Total Operating Time |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| **Total duration of exceeded monitoring parameter** | | |

**9. Periodic Smoke tests**

| Date of test/retest | Conducted by (Print Name) | Passing (Yes or No) |
|---|---|---|
| | | |
| | | |
| | | |

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

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| |

**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 each tank with an emission collection system. See Appendix 3, Item 16. Attach additional pages if needed.**

*EXAMPLE RESPONSE*

*A. Tank Number, Description, Permit No.: Tank 55, Sodium Dichromate, Permit No. R33333*

*B. Date of Source Test: 6/24/25*

*C. Number of Collection Slots: 8 collection slots*

*D. 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 6: 2001 fpm* | *Slot 7: 2340 fpm* | *Slot 8: 2111 fpm* |

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

FACILITY RESPONSE

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

| |
|---|
| |

E. 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*

FACILITY RESPONSE:

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|---|
| |

**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. Attach additional pages if needed.**

*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* |
| | | *A. 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* |
| | *B. Total Surface Area:* | *2,200 sq ft* |

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

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

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

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

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

**14. Responsible Official Certification Statement. See Appendix 3, Items 11, 12, 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 an owner or operator and/or designated personnel has within the last two years completed a South Coast AQMD 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 1st of each calendar year mail this completed report to:

South Coast AQMD
Toxics and Waste Management Team
Compliance Section – R.1469 OCSER
21865 Copley Drive
Diamond Bar, CA 91765

A completed report can also be emailed by February 1st to:

Rule1469info@aqmd.gov