

(~~Sample~~) Tennessee Notification of Compliance Status

065555D
11-0087

Paint Stripping, Autobody and Miscellaneous Surface Coating Operations

40 CFR Part 63 Subpart HHHHHH Parts 63.11169 - 63.11180 MAR -4 PM 3:08

Notification of Compliance Status

Existing Sources: Must submit on or before March 11, 2011

Note: New Sources **are required to certify** in the **Initial Notification** whether the facility is in compliance with each of the Rule's requirements. **Unless** the compliance status has changed, new sources are not required to submit a separate notification.

Please check status	<input checked="" type="checkbox"/> Existing Source	<input type="checkbox"/> New Source
	Commenced construction / reconstruction on or before September 17, 2007	Commenced construction / reconstruction after September 17, 2007

Company Information

Company Name HERBERT BIGGS BODY SHOP County CHEATHAM
Physical Location 2009 HWY 49 EAST
City PLEASANT VIEW State TN Zip 37146-8190
Phone Number 615-746-8907 Fax Number 615-746-8955 E-mail dbdyshp@hotmail.com

Mailing Address - ABOVE -
City _____ State _____ Zip _____

Please provide address where records are kept if different from facility location above:

Address _____
City _____ State _____ Zip _____

Certifying Official(s) Information:

☒ I certify the information provided in this notification is true, accurate, and complete to the best of my knowledge

Owner's Name	<u>HERBERT D. BIGGS, SR.</u>			
Mailing Address	<u>2009 HWY 49 EAST</u>	<u>PLEASANT VIEW</u>	<u>TN</u>	<u>37146-8190</u>
	Location	City	State	Zip
Phone Number	<u>615-746-8907</u>	Fax Number	<u>615-746-8955</u>	E-mail
Owner's Signature	<u>[Signature]</u>			Date <u>3/11/11</u>

Operator / Other Official Information (if different from owner) (choose one): ☐ Operator ☐ Other

Name	_____				Title	_____				
Mailing Address	_____				City	_____		State	_____	
	Location				City		State		Zip	
Phone Number	_____		Fax Number	_____		E-mail	_____			
Official's Signature	_____						Date	_____		

() Tennessee Notification of Compliance Status

Date of the Notification of Compliance Status: _____

- ☒ **Yes, I am notifying my facility's compliance status on the following Rule:**
National Emission Standards for Hazardous Air Pollutants:
Paint Stripping and Miscellaneous Surface Coating Operations at Area Sources
40 CFR Part 63 Subpart HHHHHH [§63.11173 (a) through (g)]
(check all of the categories that apply)

- ☒ **Motor Vehicle or Mobile Equipment Surface Coating Operations** - Autobody Shops
- ☐ **Miscellaneous Surface Coating Operations** - Affected operations that perform hand-held spray painting of metal or plastic and use paint that contains chromium, lead, manganese, nickel, or/and cadmium
- ☐ **Paint Stripping Operations** - Use Methylene Chloride (CAS# 75-09-2) to remove dried coatings (e.g. paint, varnish, enamel) from metal, plastic, wood and other material

☒ **I am in compliance with the Rule's requirements including the following (check all that apply):**

- ☒ Painters trained and certified according to the Rule
- ☒ Use/Operate according to Rule: required spray booths, prep stations, mobile enclosures and filters
- ☒ Use HVLP spray guns or equivalent
- ☒ Clean spray guns with no mist or spray outside of the solvent container
- ☒ Maintain the following records on site: painter certifications, filters, alternate spray guns efficiency and submitted Notifications
- ☒ Use required management practices to minimize methylene chloride emissions. *** NO PAINT STRIPPING DONE AT THIS LOCATION**
*** NO COMPLETE PAINT JOBS AT THIS LOCATION**
- ☐ Maintain content, purchase receipts and annual usage of methylene chloride on site
- ☐ Written **Methylene Chloride Minimization Plan** has been developed, posted where used and implemented [Check only if Methylene Chloride usage is greater than one (1) ton per year]

☐ **I am not in compliance with the Rule at this time.**

Date of Noncompliance _____	Date compliance will be obtained _____
Provide an explanation the noncompliance and describe corrective actions being taken to achieve compliance: 	

Please attach a separate sheet and provide additional information if necessary. [Include date of the noncompliance and describe corrective actions being taken to achieve compliance]

Submit the information to **BOTH** of the following addresses:

Tennessee Division of Air Pollution Control
ATTN: Surface Coating Contact
9th Floor, L & C Annex
401 Church Street
Nashville, Tennessee 37243-1531

EPA Region IV
Director, Air, Pesticides and Toxics Management Div.
Atlanta Federal Center
61 Forsyth Street
Atlanta, GA 30303-3104

Note: Keep a copy (in paper or electronic files) of all records for 5 years (on site for at least 2 years)

For assistance, call the **Tennessee Small Business Environmental Assistance Program**
Toll-Free: 1-800-734-3619 / E-mail: SBEAP@tn.gov