RESET | SAVE | PRINT

Lane Regional Air Protection Agency
ANNUAL REPORTING FORM FOR: HARD CHROME PLATERS

AQGP-R01

1. Source Number:_____ 2. Reporting period: (calendar year): _____

3. Company information:

Legal Name:	Other company name (if different than legal name):
Mailing Address:	Site Address (if different than mailing address):
City, State, Zip Code:	City, County, Zip Code:

4. Site Contact Person:

Name:	Telephone number:
Title:	Email:

5. Total operating time: _____ hours

6. Ampere Hours

Month	Actual Cumulative Rectifier Capacity Expended
January	
February	
March	
April	
May	
June	

Month	Actual Cumulative Rectifier Capacity Expended
July	
August	
September	
October	
November	
December	
TOTAL	

7. Operations Information

Tank ID	Emission Limit (dynes/cm)	Control Technique (fume suppressant/ wetting agent)	Type of Sampling Device Used

8. Monitoring Information (If more space is needed, attach an additional sheet with the indicated information.)

Tank ID	Monitoring Results (dynes/cm)	# of Add-Ins/ Product Type	Sampling Schedule (4/8/40 hr)

Tank ID	Monitoring Results (dynes/cm)	# of Add-Ins/ Product Type	Sampling Schedule (4/8/40 hr)

9. Type of control device:

Check Control Device	Emission Reduction Technique	Monitoring Parameter	Monitoring Parameter During Performance Test	Number of exceedances
☐	Composite mesh pad scrubber (CMS)	pressure drop across the unit (or CMS/PBS system)		
☐	Packed bed scrubber (PBS)	pressure drop across the unit and the inlet velocity pressure		
☐	Combination CMS/PBS system	pressure drop across the CMS/PBS system		
☐	Fiber-bed mist eliminator	The pressure drop across the eliminator and across the upstream unit		
☐	Wetting agent or combination wetting agent and foam blanket	Bath surface tension		
☐	Foam blanket	Foam blanket thickness		

10. Work Practice Standards - *Indicate which work practices you are performing.*

Check	*Control Device/Work Practice Standard*	*Frequency*
	Composite mesh-pad system or packed bed scrubber/composite mesh pad system	
Yes ☐ No ☐	I visually inspect device to ensure there is proper drainage, no chromic acid buildup, and no evidence of chemical attack on the structural integrity of the device.	One time per quarter
Yes ☐ No ☐	I visually inspect back portion of the mesh pad closest to the fan to ensure there is no breakthrough of chromic acid mist.	
Yes ☐ No ☐	I visually inspect ductwork to ensure there are no leaks.	
Yes ☐ No ☐	I perform washdown of the composite mesh-pads in accordance with manufacturers' recommendations.	Per manufacturer
	Packed-bed scrubber	
Yes ☐ No ☐	I visually inspect device to ensure there is proper drainage, no chromic acid buildup, and no evidence of chemical attack on the structural integrity of the device.	One time per quarter
Yes ☐ No ☐	I visually inspect back portion of the chevron blade mist eliminator to ensure that it is dry and there is no breakthrough of chromic acid mist.	
Yes ☐ No ☐	I visually inspect ductwork to ensure there are no leaks.	
Yes ☐ No ☐	I add fresh water to top of the packed bed.[a,b]	As makeup is added.
	Fiber-bed mist eliminator	
Yes ☐ No ☐	I visually inspect fiber-bed unit and pre-filtering device to ensure there is proper drainage, no chromic acid buildup, and no evidence of chemical attack on the structural integrity of the devices.	One time per quarter
Yes ☐ No ☐	I visually inspect ductwork to ensure that there are no leaks.	
Yes ☐ No ☐	I perform washdown of fiber elements in accordance with manufacturer's recommendations.	
	Air pollution control device (APCD) not listed in rule	
Yes ☐ No ☐	I perform an inspection approved by the Administrator.	One time per quarter

[A] If greater than 50 percent of the scrubber water is drained (e.g. for maintenance purposes), makeup water may be added to the scrubber basin.

[B] For horizontal-flow scrubbers, top is defined as the section of the unit directly above the packing media such that the makeup water would flow perpendicular to the air flow through the packing. For vertical-flow units, the top is defined as the area downstream of the packing material such that the makeup water would flow countercurrent to the air flow through the unit.

11. Records of all planned and unplanned excess emissions: (If necessary, attach a separate page or write the information on the back of this form.)

Date	Time	Duration (hours)	Description of excess emissions	Corrective action

12. List any air quality/nuisance complaints received within the last calendar year? How were the complaints addressed? (If necessary, attach a separate page or write the information on the back of this form.)

Date	Time	Complaint	Response

13. List permanent changes made in plant process, production levels, and pollution control equipment that affected air contaminant emissions: (If necessary, attach a separate page or write the information on the back of this form.)

14. List major maintenance performed on pollution control equipment: (If necessary, attach a separate page or write the information on the back of this form.)

15. Certifying Signature

Name of official (Printed or Typed):	Title of official and phone number:
Signature of official:	Date:

SUBMISSION INSTRUCTIONS:

Email this completed form to the Environmental Coordinator at **permitting@lrapa-or.gov**

Call (541) 736-1056 with any questions.