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, State, Zip Code: |

4. Site Contact Person:

| | |
|---|---|
| Name: | Telephone number: |
| Title: | E-mail address: |

5. Non-cyanide electrolytic process tanks controlled using a wetting agent/fume suppressant (see Condition 3.2.a) – Provide the following information about wetting agent/fume suppressant addition(s):

| Process Tank ID | Process Type | Wetting agent/fume suppressant used | Addition Date | Addition was according to manufacturer's specifications and instructions (yes or no) |
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6. Non-cyanide electrolytic process tanks, dry mechanical polishing operations, and thermal spraying operations controlled with an add-on control system (see Conditions 3.2.b, 3.6, and 3.7) – Provide the following information about the control system:

| Process Tank ID | Process/ operation Type | Control system used | Addition Date | Control system operated according to manufacturer's specifications and instructions (yes or no) |
|---|---|---|---|---|
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7. Flash or short-term electroplating tanks controlled by limiting operation time (see Condition 3.3.a):

| Tank ID | Tank Type | Flash or Short term | Is tank operation limited to 1 hour per day? | | Is tank operation limited to 3 minutes per hour? | |
|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No |
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8. Batch electrolytic process tank or flash or short-term electroplating tank controlled with a tank cover (see Conditions 3.2.c and 3.3.b.i) – For each tank, provide the following information and indicate whether tank is operated with the cover in place at least 95 percent of electrolytic process time:

| Tank ID | Tank type | Yes | No |
|---|---|---|---|
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9. Continuous electrolytic process tank controlled with a tank cover (see Condition 3.3.b.ii) – For each tank, provide the following information and indicate whether at least 75 percent of the tank's surface area is covered during periods of electrolytic process operation:

| Tank ID | Tank type | Yes | No |
|---|---|---|---|
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10. Management Practice Compliance – Indicate whether you are implementing the following management practices for each plating and polishing process unit that contains, applies, or emits one or more of the plating and polishing metal hazardous air pollutant (HAP) (see Condition 3.8):

| Management Practice | Yes | No |
|---|---|---|
| Minimize bath agitation when removing any parts processed in the tank, except when necessary to meet part quality requirements | | |
| Maximize the draining of bath solution back into the tank, by extending drip time when removing parts from the tank; using drain boards (also known as drip shields); or withdrawing parts slowly from the tank, as practicable | | |
| Optimize the design of barrels, racks, and parts to minimize dragout of bath solution (such as by using slotted barrels and tilted racks, or by designing parts with flow-through holes to allow the tank solution to drip back into the tank) | | |
| Use tank covers, if already owned and available at the facility | | |
| Minimize or reduce heating of process tanks, when doing so would not interrupt production or adversely affect part quality | | |
| Perform regular repair, maintenance, and preventive maintenance of racks, barrels, and other equipment associated with affected sources | | |
| Minimize bath contamination, such as through the prevention or quick recovery of dropped parts, use of distilled/de-ionized water, water filtration, pre-cleaning of parts to be plated, and thorough rinsing of pretreated parts to be plated | | |

| | | |
|---|---|---|
| Maintain quality control of chemicals, and chemical and other bath ingredient concentrations in the tanks | | |
| Perform general good housekeeping, such as regular sweeping or vacuuming, if needed, and periodic washdowns | | |
| Minimize spills and overflow of tanks | | |
| Use squeegee rolls in continuous or reel-to-reel plating tanks | | |
| Perform regular inspections to identify leaks and other opportunities for pollution prevention | | |

11. Deviations – List of deviations from the compliance requirements of the permit and corrective actions taken (see Condition 6.4):

| Process tank/ Operation ID | Time | What was the compliance requirement (list permit condition)? | What was the deviation? | What corrective action was taken? |
|---|---|---|---|---|
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12. Summary of complaints relating to air quality[1]: List any air quality/nuisance complaints received within the last calendar year and how the complaints were addressed.

| Date | Time | Complaint/What was it about? | Response/What did you do? |
|---|---|---|---|
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13. Please list permanent changes made to processes and equipment that affected air contaminate emissions.

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14. Certifying Signature:

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|---|---|
| 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.