South Carolina DHEC
Department of Health and Environmental Control

Ongoing Compliance Status Report

Applicable Rule: 40 CFR Part 63, Subpart N-National Emission Standards for Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks

1. Print or type the following for each plant in which a chromium electroplating and/or chromium anodizing operations are performed.

Owner/Operator/Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Plant Name: _____

Plant Phone Number: _____

Plant Contact/Title: _____

Plant Address (if different than owner/operator's):

Street Address: _____

City: _____ State: _____ Zip Code: _____

2. Complete the following table. If additional lines are needed, make copies of this page.

Tank ID#	Type of tank	Applicable emission limit	Type of control technique	Control system ID#	Operating parameter monitored to demonstrate compliance	Acceptable value or range of values for monitored parameter(s)	Total operating time during reporting period

Example Response:

Tank ID#	Type of tank	Applicable emission limit	Type of control technique	Control system ID#	Operating parameter monitored to demonstrate compliance	Acceptable value or range of values for monitored parameter(s)	Total operating time during reporting period
1	Hard chrome plating	0.015 mg/dscm	pad/system	10	pressure drop	7 in. w.c. ± 1 in.	1,040 hr
2	Chrome anodizing	45 dynes/cm	fume suppressant	N/A	surface tension	<45 dynes/cm	1,040 hr
3	Hard chrome plating	0.015 mg/dscm	pad/system	10	pressure drop	7 in. w.c. ± 1 in.	1,040 hr

3. Identify the beginning and ending dates of the reporting period: Beginning ___/___/___ Ending ___/___/___

4. For hard chromium electroplating tanks that are limiting their maximum cumulative rectifier capacity in accordance with 40 CFR 63.342(c)(2), complete the following table for this reporting period:

Tank ID#	Ampere-hours consumed by month						Total ampere-hours consumed during reporting period
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	
Total for all tanks							

Example Response

Tank ID#	Ampere-hours consumed by month						Total ampere-hours consumed during reporting period
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	
1	400,000	400,000	400,000	200,000	200,000	200,000	1,800,000
3	300,000	300,000	300,000	300,000	300,000	300,000	1,800,000
Total for all tanks	700,000	700,000	700,000	500,000	500,000	500,000	3,600,000

5. Attach all **Monitoring Data Forms** for the reporting period. Based on the data on excess emissions and the data on operating times, calculate the following hours:

Duration of excess emissions caused by:	**Hours**	**Percent of total operating time**
Process upsets		
Control equipment malfunctions		
Other known causes		
Unknown causes		
Total duration of excess emissions		

6. Check the box that applies.

☐ During this reporting period, the work practices identified in 40 CFR 63.342(f) were followed in accordance with the operation and maintenance plan for this source.

☐ During this reporting period, the work practices identified in 40 CFR 63.342.(f) were not followed in accordance with the operation and maintenance plan for this source.

7. If the operation and maintenance plan was not followed during the reporting period, please provide an explanation of the reasons for not following the provisions in the plan, an assessment of whether any excess emissions and/or parameter monitoring exceedances are believed to have occurred, and a copy of the appropriate records documenting that the operation and maintenance plan was not followed. Please state whether or not the plan is being revised accordingly.

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_____

8. Please describe any changes in monitoring, processes, or controls since the last reporting period.

_____

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

_____

(Name) (Title)

A Responsible Official can be:

- The president, vice-president, secretary, or treasurer of the company that owns the plant;
- The owner of the plant;
- 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.

I certify the information contained in this report to be accurate and true to the best of my knowledge.

_____

(Signature or Responsible Official) (Date)