



# Maricopa County

Air Quality Department

Maricopa County Air Quality Department  
301 W. Jefferson St., Suite 410, Phoenix, AZ 85003  
Phone (602) 506-6010  
AQPermits@maricopa.gov

## METAL FABRICATION MACT NOTIFICATION

**National Emission Standards for Hazardous Air Pollutants (NESHAP)  
INITIAL NOTIFICATION / NOTIFICATION OF COMPLIANCE STATUS  
Area Source Standards for Nine Metal Fabrication and Finishing Source Categories  
Subpart XXXXXX: 40 CFR 63.11514 – 63.11523**

Form must be uploaded into the AQD Online Portal. Instructions for creating your Shared CROMERR Services Electronic Signature account to access the portal and steps for uploading this form can be found on [Maricopa.gov/1820](http://Maricopa.gov/1820). Each owner or operator of a metal fabrication and finishing area source facility is required to submit an initial notification/notification of compliance status no later than 120 calendar days after becoming subject to this subpart.

### 1. Company Information

Company Name: \_\_\_\_\_  
Facility ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### 2. Owner/Operator Information

Name and Title: \_\_\_\_\_  
Please check whether the person listed above is owner or operator of the facility:  Owner  Operator  
Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### 3. Facility Location Information (If different from company information)

Company Name: \_\_\_\_\_  
Facility ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Are the compliance records located at the same location?  Yes  No  
If the Location of compliance records is different please provide street address:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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## METAL FABRICATION MACT NOTIFICATION

### 4. Identification of Affected Operations

a. The following are the operations at this facility subject to Subpart XXXXXX (check all that apply):

<b>i. Dry Abrasive Blasting</b>	
(1) Totally enclosed and unvented blast chambers	<input type="checkbox"/>
(2) Vented enclosures with a filtration control device	<input type="checkbox"/>
(3) Objects over 8 feet in any dimension without a filtration control device (includes outdoor blasting of objects over 8 feet in any dimension)	<input type="checkbox"/>
<b>ii. Dry Machining</b>	<input type="checkbox"/>
<b>iii. Dry Grinding or Dry Polishing with Stationary Machines</b>	<input type="checkbox"/>
<b>iv. Spray Painting</b>	
(1) In a spray booth	<input type="checkbox"/>
(2) Without a spray booth (for fabricated structural metal facilities or any objects over 15 feet)	<input type="checkbox"/>
<b>v. Welding</b>	
(1) Use less than 2,000 pounds of MHAP-containing welding rod or wire annually	<input type="checkbox"/>
(2) Use 2,000 pounds or more of MHAP-containing welding rod or welding wire annually	<input type="checkbox"/>

**Important Note:** These operations are affected sources under subpart XXXXXX only if/when they use materials that contain or have the potential to emit metal fabrication or finishing metal HAP (MFHAP). MFHAP containing/potential is defined to be when the compounds of cadmium, chromium, lead, manganese, and nickel, or any of these metals in the elemental form with the exception of lead, are used or have the potential to be emitted in quantities of 0.1 percent or more, or 1.0 percent or more for elemental or compounds of manganese.



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## METAL FABRICATION MACT NOTIFICATION

4b. The following table lists each **dry abrasive blasting operation** at this facility subject to Subpart XXXXXX  
 (noted previously in item 4.a.i)

Abrasive Blasting Process Description/ID Number	HAP Emitted or Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method(s) (Check all that apply)
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with a control device describe: _____ <input type="checkbox"/> Objects over 8 feet (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with a control device describe: _____ <input type="checkbox"/> Objects over 8 feet (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with a control device describe: _____ <input type="checkbox"/> Objects over 8 feet (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with a control device describe: _____ <input type="checkbox"/> Objects over 8 feet (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with a control device describe: _____ <input type="checkbox"/> Objects over 8 feet (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with a control device describe: _____ <input type="checkbox"/> Objects over 8 feet (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with a control device describe: _____ <input type="checkbox"/> Objects over 8 feet (with no control) <input type="checkbox"/> Management practices



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## METAL FABRICATION MACT NOTIFICATION

4c. The following table lists each **dry machining, dry grinding, or dry polishing operation** subject to subpart XXXXXX (noted previously in items 4.a.ii and 4.a.iii).

Dry Machining, Dry Grinding, or Dry Polishing Process Description ID/Number	HAP Emitted or Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method(s) (Check all that apply)
		<input type="checkbox"/> Control device describe: _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device describe: _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device describe: _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device describe: _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device describe: _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device describe: _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device describe: _____ <input type="checkbox"/> Management practices
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		<input type="checkbox"/> Control device describe: _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device describe: _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device describe: _____ <input type="checkbox"/> Management practices



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4d. The following table lists each **spray painting operation** subject to subpart XXXXXXX (noted previously in item 4.a.iv).

Spray Painting Process Description ID/Number	HAP Emitted or Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method(s) (Check all that apply)
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns only <input type="checkbox"/> Management practices



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## METAL FABRICATION MACT NOTIFICATION

4e. The following table lists each **welding operation** subject to subpart XXXXXX (noted previously in item 4.a.v).

Welding Process Description ID/Number	HAP Emitted or Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method(s) (Check all that apply)
		<input type="checkbox"/> Management Practices <input type="checkbox"/> Fume capture device describe:
		<input type="checkbox"/> Management Practices <input type="checkbox"/> Fume capture device describe:
		<input type="checkbox"/> Management Practices <input type="checkbox"/> Fume capture device describe:
		<input type="checkbox"/> Management Practices <input type="checkbox"/> Fume capture device describe:
		<input type="checkbox"/> Management Practices <input type="checkbox"/> Fume capture device describe:
		<input type="checkbox"/> Management Practices <input type="checkbox"/> Fume capture device describe:
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		<input type="checkbox"/> Management Practices <input type="checkbox"/> Fume capture device describe:
		<input type="checkbox"/> Management Practices <input type="checkbox"/> Fume capture device describe:



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4d. The following applicable management practices are used at this facility, as practicable:

### Dry Abrasive Blasting

- Minimize dust generation during emptying of abrasive blasting enclosure to reduce MFHAP emissions, as practicable.
- Operate all equipment associated with dry abrasive blasting operations according to the manufacturer's instructions.
- Minimize excess dust in the surrounding area to reduce MFHAP emissions, as practicable.
- Enclose dusty abrasive storage areas and holding bins, seal chutes and conveyors that transport abrasive materials.
- Do not re-use dry abrasive blasting media unless contaminants (i.e., any material, such as paint residue, other than the base metal) have been removed by filtration or screening, and the abrasive material conforms to its original size.
- When practicable, switch from high particulate matter (PM) emitting blast media (e.g., sand) to low PM emitting blast media (e.g., crushed glass, specular hematite, steel shot, aluminum oxide).

### Dry Machining, Dry Grinding, Dry Polishing

- Minimize excess dust in the surrounding area to reduce MFHAP emissions, as practicable.
- Operate equipment according to manufacturer's instructions.

### Spray Painting

- Proper cleaning and storage of spray guns, if applicable.
- Training for employees using HVLP spray equipment, with certification as having completed classroom or hands-on training in the proper selection, mixing, and application of coatings, with refresher training repeated at least once every 5 years.

### Welding

- Operate equipment according to manufacturer's instructions.
- Use welding processes with reduced fume generation capabilities (e.g., gas metal arc welding (GMAW)--also called metal inert gas welding (MIG)), if practicable.
- Use welding process variations (e.g., pulsed current GMAW), which can reduce fume generation rates, if practicable.
- Use welding filler metals, shielding gases, carrier gases, or other process materials which are capable of reduced welding fume generation, if practicable.
- Optimize welding process variables (e.g., electrode diameter, voltage, amperage, welding angle, shield gas flow rate, travel speed) to reduce the amount of welding fume generated, if practicable.
- Use a welding fume capture and control system, operated according to the manufacturer's specifications, if practicable.



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### 5. Certification of Compliance Status (please check one)

Compliance Date:  Existing source: July 25, 2011  New source: \_\_\_\_\_  
(Date of startup)

Yes, the referenced facility is operating in compliance with all of the relevant standards and other requirements of 40 CFR Part 63 subpart XXXXXX, National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Plating and Polishing Operations

No, the referenced facility is not operating in compliance with all of the relevant standards and other requirements of 40 CFR Part 63 subpart XXXXXX, National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Plating and Polishing Operations

Reason for noncompliance:

I certify the truth, accuracy and completeness of this notification.

Certifying official (check one):  Owner  Operator

\_\_\_\_\_  
Name of Certifying Official (print or type) Title

\_\_\_\_\_  
Signature of Certifying Official Date