



CONTROL METHOD NOTICE

(Pursuant to subsection 3(2), 3(3) and 3(4) of the *Chromium Electroplating, Chromium Anodizing and Reverse Etching Regulations* (the “Regulations”))

Please note the following information:

- Pursuant to subsections 3(2), and 3(4) of the Regulations, a notice must be submitted to the Minister, indicating, for each tank in a facility, the method used to control the release of hexavalent chromium compounds. Please use this form for all Control Method Notices.

The Control Method Notice must be submitted:

- » 30 days before carrying out any chromium electroplating, chromium anodizing or reverse etching at a facility

Or

- » 30 days before changing the method of controlling the release of hexavalent chromium compounds from a tank or the surface tension measurement method for a tank

- In addition, subsection 3(3) of the Regulations requires the specification of the instrument that is used to measure surface tension (tensiometer or stalagmometer).
- The Regulations and related information can be found at: <http://www.canada.ca/chromium>

- **Please submit this notice to:**

NATIONAL CHROMIUM COORDINATOR
Industrial Sectors and Chemicals Directorate
351 St. Joseph Boulevard, 19th Floor
Gatineau, QC K1A 0H3
E-mail: chrome@ec.gc.ca

CONTROL METHOD NOTICE

(Pursuant to subsections 3(2), 3(3) and 3(4) of the *Chromium Electroplating, Chromium Anodizing and Reverse Etching Regulations* (the "Regulations"))

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

Name of Facility:

Name of Owner/Operator:

Telephone (including area code):

Fax (including area code):

E-mail address:

Civic Address of Facility:

Number and Street:

City:

Province/Territory:

Postal Code:

Postal Address of Facility: Same as Civic Address

PO Box:

City:

Province/Territory:

Postal Code:

Name of Parent Company: Not Applicable

Civic Address of Parent Company:

Number and Street:

City:

Province/Territory:

Postal Code:

Telephone (including area code):

Fax (including area code):

Request for Confidentiality

Pursuant to section 313 of the *Canadian Environmental Protection Act, 1999*, I request that the following parts of the information that I am submitting be treated as confidential.

(Specify the parts [e.g. sections, tables] of the information that you request be treated as confidential and include the reason for your request.)

I do not request that the information I am submitting be treated as confidential, and I consent to its being released without restriction.

Control Method Selected

For each tank, select if it is a point source control or surface tension control or a tank cover

Tank ID (All tanks subject to the Regulations)	Tank description	Point Source Control	Surface Tension Control		Tank Cover*
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank <input type="checkbox"/> Non-operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tensiometer <input type="checkbox"/> Stalagmometer	<input type="checkbox"/>
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank <input type="checkbox"/> Non-operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tensiometer <input type="checkbox"/> Stalagmometer	<input type="checkbox"/>
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank <input type="checkbox"/> Non-operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tensiometer <input type="checkbox"/> Stalagmometer	<input type="checkbox"/>
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank <input type="checkbox"/> Non-operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tensiometer <input type="checkbox"/> Stalagmometer	<input type="checkbox"/>
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank <input type="checkbox"/> Non-operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tensiometer <input type="checkbox"/> Stalagmometer	<input type="checkbox"/>
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank <input type="checkbox"/> Non-operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tensiometer <input type="checkbox"/> Stalagmometer	<input type="checkbox"/>
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank <input type="checkbox"/> Non-operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tensiometer <input type="checkbox"/> Stalagmometer	<input type="checkbox"/>
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank <input type="checkbox"/> Non-operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tensiometer <input type="checkbox"/> Stalagmometer	<input type="checkbox"/>
	<input type="checkbox"/> New tank <input type="checkbox"/> Existing tank <input type="checkbox"/> Non-operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tensiometer <input type="checkbox"/> Stalagmometer	<input type="checkbox"/>

Is this Control Method Notice for a new facility?

No

Yes

If yes, indicate the anticipated start date of the regulated operations (Y-M-D):

Signature of Person Authorized to Sign on Behalf of the Facility (subsection 13(1))

I, _____, represent and warrant that I am duly
(print name of person authorized to sign on behalf of facility)

authorized to bind _____ and
(insert name of facility)

declare that the information provided in this Control Method Notice is accurate and complete.

Signature: _____ Title: _____

E-mail: _____ Date (Y-M-D): _____

* S.8. Every person that controls the release of hexavalent chromium compounds from a tank by using a tank cover must ensure that the cover is closed while chromium electroplating, chromium anodizing or reverse etching is taking place and that the cover has the following characteristics: it completely encloses the open surface area of the tank; it has a seal that joins the cover to the tank; it has a membrane that is inset in the cover, that has a minimum surface area of 0.28 m²/kA of current and that has pore openings not larger than 1 µm; and it has an evacuation device that is attached to the outside of the cover and that has a HEPA filter with pore openings not larger than 0.1 µm.