



## 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**

Chemical Production Division  
351 St. Joseph Boulevard, 19<sup>th</sup> Floor  
Gatineau, QC K1A 0H3  
E-mail: [EC.Chrome@ec.gc.ca](mailto:EC.Chrome@ec.gc.ca)  
Fax: 819-938-4218

## 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): \_\_\_\_\_

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\* 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 m<sup>2</sup>/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.