

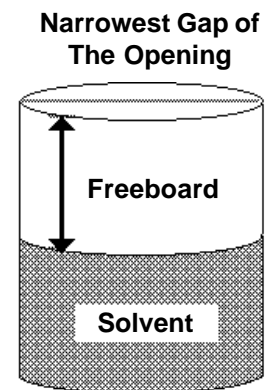


Managing Carburetor Cleaner Containing Chlorinated Solvents

Ways to Comply with the Clean Air Act

For each bucket, use one of the two following control requirements:

- ❶ Cover the solvent with a 2.5 cm (1 inch) layer of water; then cover the bucket with a lid (some vendors sell carburetor cleaners in containers with a layer of water already included); **OR**
- ❷ Ensure that there is a layer of air (*freeboard*) between the surface of the solvent and the rim of the bucket. ***This freeboard must be at least 75% of the distance across the narrowest gap of the opening*** (or 75% of the diameter of a round bucket). To calculate the freeboard, measure the smallest diameter of the opening and multiply by .75. For a 5-gallon bucket with a 12-inch diameter opening, you should maintain a 9-inch freeboard. Then cover the bucket with a lid.



If you choose to use this second control option, you must engage in the following work practices—

- Store solvent waste in closed containers.
- Flush parts in the freeboard area.
- Reduce the pooling of solvent on and in parts.
- Do not fill the cleaning bucket above the fill line.
- Clean up spills immediately.
- Store rags used to wipe off solvent in closed containers.
- Do not agitate solvent to the point of causing splashing.
- When the cover is open, room drafts must be less than 50 feet per minute.
- Do not clean absorbent materials.

(If you choose Control 1, you are exempt from the above work practices.)

Report your control or work practices to the LLCHD, ATTN: Jim Fobben, 3140 "N" Street, Lincoln, NE 68510 or fax (402) 441-8323. Although the deadline was Aug. 29, 1995, the LLCHD encourages you to still report if you have not; there will be *no penalties* for late notification *until December 2, 1997.*

(This will be a onetime only reporting obligation unless you install additional buckets.)

You can avoid this regulatory burden by using alternative solvents. The LLCHD can recommend alternatives and can provide you with a list of vendors if you call (402) 441-8040 and ask about these options.



Lincoln-Lancaster County
Health Department
ATTN: Jim Fobben
3140 "N" Street
Lincoln, NE 68510
441-8040

Notice of Compliance Deadline

Halogenated Solvent Cold Cleaning

Reference: 40 CFR 63.468 (Federal Law)

Do not fill out this form if you currently use or plan to switch to cleaners that do not contain halogenated compounds; these cleaners often contain a solvent commonly called NMP. They can remove carbon varnishes, and they clean carburetors as well as diesel injection motors and pumps. Lower-risk cleaners are available from major suppliers. The LLCHD can put you in contact with other shops that use these nonchlorinated cleaners.

Initial Notification and Statement of Compliance

Complete this form if the total capacity of your cold cleaning bucket(s) is greater than two gallons and if the combined concentration of regulated solvents in your cleaners exceeds five percent (5%) by weight. The six regulated solvents are:

- | | | |
|--|--|---|
| <p>✱ Carbon tetrachloride
(CAS No. 56-23-5)</p> | <p>✱ Methylene chloride
(CAS No. 75-09-2)</p> | <p>✱ 1,1,1-Trichloroethane
(CAS No. 71-55-6)</p> |
| <p>✱ Chloroform
(CAS No. 67-66-3)</p> | <p>✱ Perchloroethylene
(CAS No. 127-18-4)</p> | <p>✱ Trichloroethylene
(CAS No. 79-01-6)</p> |

Use a new form for each address. Photocopy this blank form as needed.

Source Name _____ Address _____

Type of Solvent Used _____

Number of Buckets with greater than Two-Gallon Capacity at this Address _____

Estimated Annual Solvent Consumption _____

Date of Installation _____

Due date: Return this form to the LLCHD as soon as possible, unless you have already submitted notification.

Compliance Deadline: All buckets should be in compliance by December 2, 1997. New buckets must be brought into compliance immediately after you have opened them.

For the bucket(s) described above, I certify that I or my business will comply with one of the following requirements.

_____ *Either a one-inch layer of water on top of the solvent, and a tight-fitting cover at all possible times;*

_____ *Or a freeboard ratio of 0.75 and a tight-fitting cover at all possible times and work practices (described on the opposite side of this form).*

Note: Unless you modify your compliance method or start using additional buckets, no additional reporting is required.

I, (print name) _____, as a responsible official for _____, hereby certify that the information provided is truthful and accurate and that the commitment to comply with the regulations will be maintained.

Signed _____ Date _____

Mail to: LLCHD, ATTN: Jim Fobben, 3140 "N" Street, Lincoln, NE 68510; keep a copy of this form in your files.