



## 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), 3(3) 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.
- For facilities at which chromium electroplating, chromium anodizing or reverse etching is carried out on the coming into force of the Regulations, the completed notice must be submitted to the Minister by **August 3<sup>rd</sup>, 2009**.
- For facilities at which chromium electroplating, chromium anodizing or reverse etching is to be carried out after the coming into force of the Regulations, the completed notice must be submitted to the Minister within **30 days** before beginning to carry out any chromium electroplating, chromium anodizing or reverse etching (paragraph 3(2)(b)).
- Point source method deadline for meeting the 0.03 mg/dscm limit is **January 4<sup>th</sup>, 2012**.
- Surface tension method deadline for meeting surface tension limits is **October 4<sup>th</sup>, 2009**.
- Tank cover method deadline is **January 4<sup>th</sup>, 2010**.
- More information on these Regulations can be found at: <http://www.ec.gc.ca/lcpe-cepa/eng/regulations/>
- A copy of the Regulations can be found at: <http://laws-lois.justice.gc.ca/eng/regulations/SOR-2009-162>

- **Please submit this notice to:**

**NATIONAL CHROMIUM COORDINATOR**

Chemical Production Division  
351 St. Joseph Boulevard, 11<sup>th</sup> Floor  
Gatineau, QC K1A 0H3  
Fax: 819-938-4218  
E-mail: [EC.Chrome-Chromium.EC@Canada.ca](mailto:EC.Chrome-Chromium.EC@Canada.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"))

**Name of Facility:**

**Name of Owner/Operator:**

**Civic Address of Facility:**

Number and Street:

City:

Province/Territory:

Postal Code:

**Postal Address of Facility (if different from civic address):**

PO Box:

City:

Province/Territory:

Postal Code:

**Telephone (including area code):**

**Fax (including area code):**

**E-mail address:**

**Name of Parent Company (if applicable):**

**Civic Address of Parent Company (if applicable):**

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.

Is this a change from a previous Control Method Notice?    **No**       **Yes**

If yes, date of submission for the previous Control Method Notice (Y-M-D):

### Control Method Selected

Tank No. (or other identification)	Point Source Control	Surface Tension Control (indicate measuring instrument used)	Tank Cover	<u>OPTIONAL</u> Activity (chromium electroplating, anodizing or reverse etching)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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