PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.

1. EPA, OC, Mfg., Energy and Transportation division	2. OMB control number b. □ None a_2_0_6_00_1_0_8_
 3. Type of information collection (check one) a. New collection b. Revision of a currently approved collection c. X Extension of a currently approved collection d. Reinstatement, without change, of a previously approved collection for which approval has expired e. Reinstatement, with change, of a previously approved collection for which approval has expired f. Existing collection in use without an OMB control number 	 4. Type of review requested (check one) a. X Regular b. □ Emergency - Approval requested by:/ c. □ Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? □ Yes X No
For b-f, note item A2 of Supporting Statement Instructions	 6. Requested expiration date a. X Three years from approval date b.□ Other Specify:/
 Title 40 CFR Part 60, Subpart SS – NSPS for Large Appliance Surface Coating 	
8. Agency form number(s) (<i>If applicable</i>) EPA No. 0659.08	
9. Keywords Reporting, record keeping, hazardous air pollutants, large appliances, orga	nic coatings, VOCs, control technology.
	compliance with 40 CFR part 60, Subpart SS. Affected facilities will report o report on a regular basis emission exceedences, changes to equipment, and
 Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>) a. Individuals or households b. P Business or other for-profit c. Not-for-profit institutions d. Farms e. X Federal Government f. X State, Local or Tribal Gov. 	 12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. □ Voluntary b. □ Required to obtain or retain benefits c. X Mandatory
13. Annual reporting and record keeping hour burden a. Number of respondents 294 b. Total annual responses 1273 1. Percentage of these responses collected electronically 10 10 % 29,564 d. Current OMB inventory 29,564 e. Difference 52 f. Explanation of difference 1 1. Program Change 22	14. Annual reporting and record keeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs \$83 b. Total annual costs (O&M) \$535 c. Total annualized cost requested \$618 d. Current OMB inventory \$618 e. Difference \$0 f. Explanation of difference 1. Program change 2. Adjustment

 15. Purpose of information collection (Mark Primary With "P" and all others that apply with "X") aApplication for benefits e Program planning or management b. X_ Program evaluation f Research cGeneral purpose statistics g. P_ Regulatory or compliance dAudit 	16. Frequency of record keeping or reporting (check all that apply) a. X Record keeping b. □ Third party disclosure c. X Reporting 1. □ On occasion 2. □ Weekly 3. □ Monthly 4. X Quarterly 5.X Semi-annually 6. □ Annually 7. □ Biannually 8.X Other (describe) Initial Reporting
17. Statistical methodsDoes this information collection employ statistical methods?□ Yes X No	 18. Agency contact (person who can best answer questions regarding the content of this submission) Name: <u>Anthony Raia</u> Phone: <u>202-564-6045</u>

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19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, 1 certify that the collection of information encompassed by this request complies with' 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and record keeping practices;
- (f) It indicates the retention periods for record keeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Office Official	Date
John B. Rasnic Director, Manufacturing, Energy and Transportation Division	
Signature of Senior Official or designee Joseph Retzer, Director Regulatory Information Division Office of Regulatory Management and Information (OP)	Date

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