

NEBRASKA DEPARTMENT OF ENVIRONMENTAL AND ENERGY

Air Compliance Section

**Notification of Compliance Status FORM**

**Applicable Rule:** 40 CFR Part 63, Subpart XXXXXX - National Emission Standards for Hazardous Air Pollutants (NESHAP) for Nine Metal Fabrication and Finishing Source Categories at Area Sources - Promulgated 7/23/08.

**Who is subject to this Rule?**

You are subject to this rule if you meet **both** of the following conditions:

1. **You own or operate an area source of hazardous air pollutants (HAPs) that is primarily engaged\* in one of the nine source categories listed below:**
2. Electrical and electronic equipment finishing operations;
3. Fabricated metal products manufacturing;
4. Fabricated plate work (boiler shops) manufacturing;
5. Fabricated structural metal manufacturing;
6. Heating equipment manufacturing, except electric;
7. Industrial machinery and equipment finishing operations;
8. Iron and steel forging;
9. Primary metal products manufacturing; and
10. Valves and pipe fittings manufacturing.

A facility is an area source of HAPs if it emits or has the potential to emit less than 10 tons/year of any single HAP or less than 25 tons/year of combined HAPs.

\**Primary engaged* means that the manufacture, fabrication, or forging of one or more products listed in one of the nine source categories comprises at least 50% of the production at a facility. Production quantities are established by the volume, linear foot, square foot, or other value suited to the specific industry. The period used to determine production should be the previous continuous 12 months of operation.

1. **You have at least one source that uses materials that contain or have the potential to emit metal fabrication or finishing metal HAP (MFHAP).**

* MFHAP is defined as compounds of cadmium, chromium, lead, manganese, and nickel, or any of these metals in their elemental form except for lead.
* Materials containing MFHAP are defined to be materials that contain ≥ 0.1% by weight of cadmium, chromium, lead or nickel, and materials that contain ≥ 1.0% by weight of manganese.

**If you determine your facility is not “primarily engaged” in any of the affected operations, you must document and retain your rationale for this determination pursuant to 63 Code of Federal Register 63.10(b)(3).**

More information and guidance for this rule is available on the NDEE [Air Toxics Notebook](http://dee.ne.gov/NDEQProg.nsf/AirToxicPage.xsp?databaseName=CN=DEQSER6/O=NDEQ!!AirToxic.nsf&documentId=4355677618F22192862574EC005AF2D3&action=openDocument). You may also contact NDEE’s Air Toxics Coordinator at (402) 471-2186.

**If you are subject to this rule fill out the information below.**

Print or type the following information for each facility for which you are making Notification of Compliance Status:

Facility Name:       Facility ID# (if applicable):

Facility Address:      

City:       State:      ­ Zip:

Responsible Official’s Name/Title:

Responsible Official’s Phone Number:

Responsible Official’s Email Address:

Responsible Official’s Address if different than facility address):

City:       State:       Zip:

**This form must be completed, signed and submitted to the following agencies.**

Existing sources must submit this form by Nov 22, 2011.

New Sources must submit by Nov 20, 2008 or within 120 days of startup, whichever is later.

# NDEE Air Compliance Section **and** Region VII EPA – Air & Waste Management

# PO Box 98922 11201 Renner Blvd

Lincoln, NE 68509-8922 Lenexa, Kansas 66219

If your facility is located in Omaha or in Lancaster County, you must submit a notification to the appropriate local air pollution control agency and Region VII EPA.

**Compliance Dates**

* New sources (i.e., commenced construction or reconstruction on or after April 3, 2008) must comply upon startup or July 23, 2008, whichever is later.
  + - Existing sources (i.e., commenced construction or reconstruction before April 3, 2008) must comply by July 25, 2011.

**Identification of Affected Operations**

**(1) The following are the operations at this facility subjectb to subpart XXXXXX**

**(check all that apply):**

|  |  |  |
| --- | --- | --- |
| **Dry Abrasive Blasting** | | |
|  | (1) Totally enclosed and unvented blast chambers |  |
| (2) Vented enclosures with a filtration control device |  |
| (3) Objects over 8 feet in any dimension without a filtration control device |  |
| **Dry Machining** | |  |
| **Dry Grinding or Dry Polishing with Stationary Machines** | |  |
| **Spray Painting** | |  |
|  | (1) In a spray booth |  |
| (2) Without a spray booth (for Fabricated Structural Metal facilities or any objects over 15 feet) |  |
| **Welding** | | |
|  | (1) Use less than 2,000 pounds of MFHAP-containingb welding rod or wire annually |  |
| (2) Use 2,000 pounds or more of MFHAP-containingb welding rod or welding wire annually |  |

**b *Important Note:*** *These operations are affected sources under subpart XXXXXX* ***only******if/when*** *they use materials that contain or have the potential to emit metal fabrication or finishing metal HAP (MFHAP).* ***MFHAP containing/potential*** *is defined to be when the compounds of cadmium, chromium, lead, manganese, and nickel, or any of these metals in the elemental form with the exception of lead, are used or have the potential to be emitted in quantities of 0.1 percent or more, or 1.0 percent or more for elemental of compounds of manganese.*

**(2) The following table lists each dry abrasive blasting operation at this facility subject to subpart XXXXXX, noted previously in item (1):**

| **Abrasive Blasting**  **Process Description / ID No.** | **HAP**  **Emitted or Used**  **(Cd, Cr, Pb, Mn, Ni)** | **Compliance Method**  **(Check all that apply)** |
| --- | --- | --- |
|  |  | Totally enclosed, unvented  Vented, with control device; describe  Objects over 8 ft (with no control)  Management practices |
|  |  | Totally enclosed, unvented  Vented, with control device; describe  Objects over 8 ft (with no control)  Management practices |
|  |  | Totally enclosed, unvented  Vented, with control device; describe  Objects over 8 ft (with no control)  Management practices |
|  |  | Totally enclosed, unvented  Vented, with control device; describe  Objects over 8 ft (with no control)  Management practices |
|  |  | Totally enclosed, unvented  Vented, with control device; describe  Objects over 8 ft (with no control)  Management practices |
|  |  | Totally enclosed, unvented  Vented, with control device; describe  Objects over 8 ft (with no control)  Management practices |
|  |  | Totally enclosed, unvented  Vented, with control device; describe  Objects over 8 ft (with no control)  Management practices |
|  |  | Totally enclosed, unvented  Vented, with control device; describe  Objects over 8 ft (with no control)  Management practices |
|  |  | Totally enclosed, unvented  Vented, with control device; describe  Objects over 8 ft (with no control)  Management practices |

**(3) The following table lists each dry machining, dry grinding, or dry polishing operation subject to subpart XXXXXX, noted previously in item (1):**

| **Dry Machining, Dry Grinding,**  **or Dry Polishing**  **Process Description / ID No.** | **HAP**  **Emitted or Used**  **(Cd, Cr, Pb, Mn, Ni)** | **Compliance Method**  **(Check all that apply)** |
| --- | --- | --- |
|  |  | Control device;  describe  Management practices |
|  |  | Control device;  describe  Management practices |
|  |  | Control device;  describe  Management practices |
|  |  | Control device;  describe  Management practices |
|  |  | Control device;  describe  Management practices |
|  |  | Control device;  describe  Management practices |
|  |  | Control device;  describe  Management practices |
|  |  | Control device;  describe  Management practices |
|  |  | Control device;  describe  Management practices |
|  |  | Control device;  describe  Management practices |
|  |  | Control device;  describe  Management practices |
|  |  | Control device;  describe  Management practices |
|  |  | Control device;  describe  Management practices |

**(4) The following table lists each spray painting operation subject to subpart XXXXXX, noted previously in item (1):**

| **Spray Painting**  **Process Description / ID No.** | **HAP**  **Emitted or Used**  **(Cd, Cr, Pb, Mn, Ni)** | **Compliance Methods Employed**  **(Check all that apply)** |
| --- | --- | --- |
|  |  | Spray booth, PM filter, HVLP spray guns  HVLP spray guns, only  Management practices |
|  |  | Spray booth, PM filter, HVLP spray guns  HVLP spray guns, only  Management practices |
|  |  | Spray booth, PM filter, HVLP spray guns  HVLP spray guns, only  Management practices |
|  |  | Spray booth, PM filter, HVLP spray guns  HVLP spray guns, only  Management practices |
|  |  | Spray booth, PM filter, HVLP spray guns  HVLP spray guns, only  Management practices |
|  |  | Spray booth, PM filter, HVLP spray guns  HVLP spray guns, only  Management practices |
|  |  | Spray booth, PM filter, HVLP spray guns  HVLP spray guns, only  Management practices |
|  |  | Spray booth, PM filter, HVLP spray guns  HVLP spray guns, only  Management practices |
|  |  | Spray booth, PM filter, HVLP spray guns  HVLP spray guns, only  Management practices |
|  |  | Spray booth, PM filter, HVLP spray guns  HVLP spray guns, only  Management practices |
|  |  | Spray booth, PM filter, HVLP spray guns  HVLP spray guns, only  Management practices |
|  |  | Spray booth, PM filter, HVLP spray guns  HVLP spray guns, only  Management practices |

**(5) The following table lists each welding operation subject to subpart XXXXXX, noted previously in item (1):**

| **Welding Process Description**  **/ ID No.** | **HAP**  **Emitted or Used**  **(Cd, Cr, Pb, Mn, Ni)** | **Compliance Methods Employed**  **(Check all that apply)** |
| --- | --- | --- |
|  |  | Management practices  Fume capture device;  describe |
|  |  | Management practices  Fume capture device;  describe |
|  |  | Management practices  Fume capture device;  describe |
|  |  | Management practices  Fume capture device;  describe |
|  |  | Management practices  Fume capture device;  describe |
|  |  | Management practices  Fume capture device;  describe |
|  |  | Management practices  Fume capture device;  describe |
|  |  | Management practices  Fume capture device;  describe |
|  |  | Management practices  Fume capture device;  describe |
|  |  | Management practices  Fume capture device;  describe |
|  |  | Management practices  Fume capture device;  describe |
|  |  | Management practices  Fume capture device;  describe |
|  |  | Management practices  Fume capture device;  describe |

**(6) The following applicable management practices are used at this facility, as practicable (check all that apply):**

**Dry Abrasive Blasting**

Minimize dust generation during emptying of abrasive blasting enclosure to reduce MFHAP emissions, as practicable.

Operate all equipment associated with dry abrasive blasting operations according to the manufacturer's instructions.

Minimize excess dust in the surrounding area to reduce MFHAP emissions, as practicable.

Enclose dusty abrasive storage areas and holding bins, seal chutes and conveyors that transport abrasive materials.

Minimize excess dust in the surrounding area to reduce MFHAP emissions, as practicable

Do not re-use dry abrasive blasting media unless contaminants (i.e., any material other than the base metal, such as paint residue) have been removed by filtration or screening, and the abrasive material conforms to its original size.

When practicable, switch from high particulate matter (PM)-emitting blast media (e.g., sand) to low PM-emitting blast media (e.g., crushed glass, specular hematite, steel shot, aluminum oxide).

**Dry Machining, Dry Grinding, Dry Polishing**

Minimize excess dust in the surrounding area to reduce MFHAP emissions, as practicable

Operate equipment according to manufacturer's instructions.

**Spray Painting**

Proper cleaning and storage of spray guns, if applicable.

Training for employees using HVLP spray equipment, with certification as having completed classroom or hands-on training in the proper selection, mixing, and application of coatings, with refresher training repeated at least once every 5 years.

**Welding**

Operate equipment according to manufacturer's instructions.

Use welding processes with reduced fume generation capabilities, if practicable. (e.g., gas metal arc welding (GMAW)—also called metal inert gas welding (MIG))

Use welding process variations (e.g., pulsed current GMAW), which can reduce fume generation rates, if practicable.

Use welding filler metals, shielding gases, carrier gases, or other process materials which are capable of reduced welding fume generation, if practicable.

Optimize welding process variables (e.g., electrode diameter, voltage, amperage, welding angle, shield gas flow rate, travel speed) to reduce the amount of welding fume generated, if practicable.

Use a welding fume capture and control system, operated according to the manufacturer’s specifications, if practicable.

**Certification of Compliance Status**

Yes, the facility referenced below **IS** operating in compliance with all of the relevant standards

and other requirements of 40 CFR Part 63 subpart XXXXXX, National Emission Standards

for Hazardous Air Pollutants: Area Source Standards for Nine Metal Fabrication and Finishing

Source Categories

No, the facility referenced below is **NOT** operating in compliance with the relevant standards

And/or other requirements of 40 CFR Part 63 subpart XXXXXX, National Emission Standards

for Hazardous Air Pollutants: Area Source Standards for Nine Metal Fabrication and Finishing

Source Categories

Reason for noncompliance:

**A responsible official must certify below. A Responsible Official can be:**

* The president, vice president, secretary, or treasurer of the company that owns the facility;
* An owner of the facility;
* The plant engineer or supervisor of the facility;
* A government official, if the facility is owned by the Federal, State, City, or County government; or
* A ranking military officer, if the facility is located at a military base.

Pint or type the name and title of the Responsible Official for the facility:

### Name:       Title:

**Telephone no.:**       **Email** (if available):

**I CERTIFY THAT INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Signature of Responsible Official) (Date)***