

NEBRASKA DEPARTMENT OF ENVIRONMENT AND ENERGY

Air Compliance Section

# **INITIAL NOTIFICATION & COMPLIANCE REPORT FORM**

**Applicable Rule:** *40 CFR Part 63, T -* National Emission Standards for Hazardous Air Pollutants (NESHAP) for Halogenated Solvent Cleaning - Promulgated 12/2/94

*All sources subject to NESHAP Subpart T are required to submit an initial notification and statement of compliance to demonstrate compliance with the May 3, 2007 rule amendments. These amendments, found in Subpart T § 63.471, require compliance with a facility-wide emission limit and submission of an initial notification report and initial compliance report. This form satisfies the notification requirements. However, this form is not required. You may submit the information in another form or format.*

Company Name:       Facility ID#:

Owner/Operator/Title:

Mailing Address:

City:       Zip:

Plant Address (if different than owner/operator’s mailing address):

Street:

City:       Zip:

Plant Phone Number:

Plant Contact/Title:

**If using this form to satisfy the notification and compliance requirements, please complete, sign and submit the form to the appropriate air pollution agency by May 3, 2010 or 150 days after startup:**

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

# PO Box 98922 11201 Renner Blvd

Lincoln, NE 68509-8922 Lenexa, KS 66219

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

**Source Classification - Check the box that applies:**

Facility is a major source of hazardous air pollutants (HAPs).\*

Facility is an area source of HAPs.\*

***\*Note:*** *A major source is a facility that has the* ***potential*** *to emit greater than 10 tons per year of any single HAP or 25 tons per year of all HAPs combined. All other sources are area sources.*

**Source Description**

Complete the information in the table for each halogenated cleaning machine.

| **Machine ID** | **Machine Type** | **Installation Date**  **(MM/DD/YY)** | **Halogenated Solvent Used** | **Existing Controls** | **Solvent/air interface area1 (ft2)** | **Estimated Annual Halogenated Solvent Consumption (gal/yr)** |
| --- | --- | --- | --- | --- | --- | --- |
|  | Batch Vapor  Vapor In-line  Batch Cold  Cold In-line |  |  |  |  |  |
|  | Batch Vapor  Vapor In-line  Batch Cold  Cold In-line |  |  |  |  |  |
|  | Batch Vapor  Vapor In-line  Batch Cold  Cold In-line |  |  |  |  |  |
|  | Batch Vapor  Vapor In-line  Batch Cold  Cold In-line |  |  |  |  |  |

1 Solvent/Air interface area for a vapor cleaning machine is the surface area of the solvent vapor zone that is exposed to the air. For an in-line cleaning machine, it is the total surface area of all the sumps. For a cold cleaning machine, it is the surface area of the liquid solvent that is exposed to the air.

**Compliance Requirements**

Identify the solvent(s) utilized for cleaning. Provide the 12-month rolling total emissions calculations to verify compliance with the facility-wide emissions limit for the solvent(s) emitted.

|  |  |  |  |
| --- | --- | --- | --- |
| **Solvents Emitted** | **General facility-wide 12-month rolling total emission limit kg/yr (lb/yr)** | **Military maintenance Facility-wide rolling total emission limit kg/yr (lb/yr)** | **12-month rolling total emissions calculation** |
| **Perchloroethylene only** | 4,800 (10,582) | 8,000 (17,637) |  |
| **Trichloroethylene only** | 14,100 (31,085) | 23,500 (51,809) |  |
| **Methylene Chloride only** | 60,000 (132,277) | 100,000 (220,462) |  |
| **Multiple solvents1** | 60,000 (132,277) | 100,000 (220,462) |  |

1Calculate using weighted emissions. See equation 1 in §63.471(b)(2).

**Certification**

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

### Name:       Title:

A Responsible Official can be:

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

Based upon information and belief formed after a reasonable inquiry, I, as a responsible official of the above-mentioned facility, certify the information contained in this report is accurate and true to the best of my knowledge. The above-mentioned facility,       , (has/has not) complied with the relevant standard and other applicable requirements referenced in the relevant standard.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

***For more information related to NESHAP Subpart T for Halogenated Solvent Cleaning machines, visit the Air Toxics Notebook on our website for*** [***NESHAP Subpart T***](http://dee.ne.gov/NDEQProg.nsf/AirToxicPage.xsp?databaseName=CN=DEQSER6/O=NDEQ!!AirToxic.nsf&documentId=9575F598250C8A35862574E80060DF7F&action=openDocument)***. You may also contact the NDEE Air Toxics Coordinator at (402) 471-2189.***

***For more information related to NESHAP Subpart DDDDDDD (7D) for Prepared Feeds Manufacturing, visit the Air Toxics Notebook on our website at*** [***http://www.deq.state.ne.us/AirToxic.nsf/pages/DDDDDDD***](http://www.deq.state.ne.us/AirToxic.nsf/pages/DDDDDDD)***. If you have questions, contact the NDEQ Air Toxics Coordinator at (402) 471-6624.***