

NEBRASKA DEPARTMENT OF ENVIRONMENT AND ENERGY Air Compliance Section

INITIAL NOTIFICATION FORM

<u>Applicable Rule</u>: 40 CFR Part 63, Subpart XXXXXX - National Emission Standards for Hazardous Air Pollutants (NESHAP) for Nine Metal Fabrication and Finishing Source Categories - 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:
 - (1) Electrical and electronic equipment finishing operations;
 - (2) Fabricated metal products manufacturing;
 - (3) Fabricated plate work (boiler shops) manufacturing;
 - (4) Fabricated structural metal manufacturing;
 - (5) Heating equipment manufacturing, except electric;
 - (6) Industrial machinery and equipment finishing operations;
 - (7) Iron and steel forging;
 - (8) Primary metal products manufacturing; and
 - (9) 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.

- 2. 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 $\geq 0.1\%$ by weight of cadmium, chromium, lead or nickel, and materials that contain $\geq 1.0\%$ 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).

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

Print or type the following information for each facilit	y for which y	ou are making initial notification:		
Facility ID#:				
Owner/Operator Name/Title:				
Owner/Operator Phone Number:				
Owner/Operator Email Address:				
Owner/Operator Address:				
Owner/Operator City:	State:	_Zip:		
Facility Name:				
Facility Address (if different than owner/operator's masteristic of the street:	ailing address	s):		
City:	State:	_Zip:		
Briefly describe the source. Briefly describe your operation (e.g., products produced, processes used, number of workers employed).				

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

If your facility commenced construction or reconstruction before April 3, 2008 you must notify by July 25, 2011. If your facility commenced construction or reconstruction on or after April 3, 2008 you must notify by Nov 20, 2008, or within 120 days of startup, whichever is later.

> NDEE Air Compliance Section PO Box 98922 Lincoln, NE 68509-8922

Region VII EPA – Air & Waste Management and

11201 Renner Blvd Lenexa, KS 66219

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

Print or type the name and title of the Responsible Official for the facility:			
Name:	<u> </u>	Title:	
Telephone	e no.:		
•	Responsible Official can be: The president, vice president, secretary, or transport of the facility; The plant engineer or supervisor of the facility A government official, if the facility is owne or A ranking military officer, if the facility is lower of the facility of the facility is lower or the facility of the facility of the facility is lower or the facility of the facility of the facility is lower or the facility of the facility	ty; and by the Federal, State, City, or ocated at a military base.	County government
	O THE BEST OF MY KNOWLEDGE.		
(Signature of I	Responsible Official)	(Date)	