

## NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY Air Quality Division

## INITIAL NOTIFICATION FORM

<u>Applicable Rule</u>: 40 CFR Part 63, Subpart TTTTTT - National Emission Standards for Hazardous Air Pollutants (NESHAP) for the Secondary Nonferrous Metals Processing Industry - Promulgated 12/27/07

Company Name:	Facility ID#:	
Owner/Operator/Title:		
Mailing Address:		
City:	Zip:	
Plant Address (if different than owner/operator's r	nailing address):	
Street:		
City:	Zip:	
Plant Phone Number:		
Plant Contact/Title:		
This form must be completed, signed, and submitted by April 24, 2008 for sources that started up on or before Dec 26, 2007, or within 120 days of startup for sources that started up after Dec 26, 2007.		
or before Dec 20, 2007, or within 120 days of st	artup for sources that started up after Dec 20, 2007.	
Send the completed form to:		
NDEQ Air Quality Division and	Region VII EPA	
1200 'N' St. Atrium, Suite 400	11201 Renner Blvd	
Lincoln, NE 68509-8922	Lenexa, KS 66219	
If your facility is located in Omaha or Lancaster C local air pollution control agency and Region VII	County, you must submit a notification to the appropriate EPA.	
Provide a brief description of the source (include r	nature, size, design, and method of operation):	

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Identify the emission points applicable to this standard:	
Identify the hazardous air pollutants emitted fro	om the applicable emission points:
<ul> <li>Compliance Dates</li> <li>Existing sources must be in compliance</li> <li>New or reconstructed sources must be in upon startup, whichever is later.</li> </ul>	with this standard by July 16, 2007. In compliance with this standard by July 16, 2007 or
Check the box that applies:	
☐ Facility is a major source of hazardous air p	pollutants (HAPs).
☐ Facility is an area source of HAPs.	
Source classification is unknown.	
	ntial to emit greater than 10 tons per year of any single HAP or 25 are area sources. The major/area source determination is based on all
Print or type the name and title of the Responsib	ole Official for the facility:
Name:	Title:
<ul><li>An owner of the plant;</li><li>The plant engineer or supervisor of the</li></ul>	wned by the Federal, State, City, or County government; or
I CERTIFY THAT INFORMATION CONT TRUE TO THE BEST OF MY KNOWLED	TAINED IN THIS REPORT TO BE ACCURATE AND GE.
(Signature of Responsible Official)	(Date)

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