

Semiannual Compliance Report

NESHAP for Iron and Steel Foundry Area Sources

40 CFR Part 63, Subpart ZZZZZ (§ 63.10880 – 63.10906)

Instructions

1. Who Must Complete This Form?

On January 2, 2008, the U.S. Environmental Protection Agency (U.S. EPA) promulgated a National Emissions Standard for Hazardous Air Pollutants (NESHAP) for iron and steel foundries. Iron and steel foundries that meet the definition of an area source are required to submit Semiannual Compliance Reports to the U.S. EPA and the Michigan Department of Environmental Quality (DEQ).

2. Definitions

An **iron and steel foundry** is a facility or a portion of a facility that melts scrap, ingot, and/or other forms of iron and/or steel, and pours the resulting molten metal into molds to produce final or near final shape products for sale. Research and development facilities, operations that only produce non-commercial castings, and operations associated with nonferrous metal production are not included in this definition.

An **area source** has the potential to emit less than 10 tons per year of a single hazardous air pollutant (HAP) and less than 25 tons per year of any combination of HAPs. If a facility emits more than these amounts, they are "*major sources*" and not subject to this Rule.

An **existing source** means that the foundry startup or reconstruction occurred *on or before* September 17, 2007.

A **new source** means the initial startup of the foundry or reconstruction occurred *after* September 17, 2007.

Reconstruction means that the fixed capital costs exceed 50 percent of the fixed capital cost that would be required to construct a comparable new foundry.

Small and Large Foundries. If your foundry is an existing source, determine your metal melt production for the calendar year 2008. If the production is equal to or less than 20,000 tons, then your foundry is considered *small*. If production is more than 20,000 tons, it is considered *large*. If your foundry is a new source and the annual melt capacity is equal to or less than 10,000 tons, then your foundry is considered *small*. If it is more than 10,000 tons, then your foundry is considered *large*.

Annual metal melt production means the total quantity of metal charged to all metal melting furnaces at the foundry in a given calendar year.

Annual metal melt capacity depends on whether or not the furnace(s) are permitted by the DEQ, Air Quality Division. If not, then the capacity is determined by assuming the furnaces are operating at 8,760 hours per year. If they are permitted, then the capacity is determined by the maximum permitted production rate calculated on an annual basis. If the permit limits the operating hours of the furnaces, then the permitted hours are used in annualizing the maximum permitted metal production rate.

3. What Sections of the Form Must Be Completed and When?

All small and large foundries must complete the facility section, Parts A, B and C and the certification section of this form. Parts D and E are applicable to large new foundries or the large existing foundries that have installed a bag leak detection system to a baghouse as an alternative to the baghouse inspection requirements in §63.10897(a)(1). For your convenience, the relevant sections of the Code of Federal Regulations (CFR) are referenced through out the form. To obtain copies of the CFRs, go to www.michigan.gov/deqair, select "Clean Air Assistance" and then "Iron and Steel Foundry Area Sources" under "Federal Regulations." There is also a fact sheet entitled "Federal Hazardous Air Pollutant Standard: Iron and Steel Foundry Area Sources" at this web page which provides an overview of the regulation.

Existing small and large foundries' first semiannual report is due by July 30, 2009. New small and large foundries were required to submit their first report July 30, 2008 or six months after startup if startup occurs after January 2, 2008. Semiannual reports are then submitted every six months after the initial submittal (30 days following the end of each calendar half).

4. Where Do I Send The Completed Form?

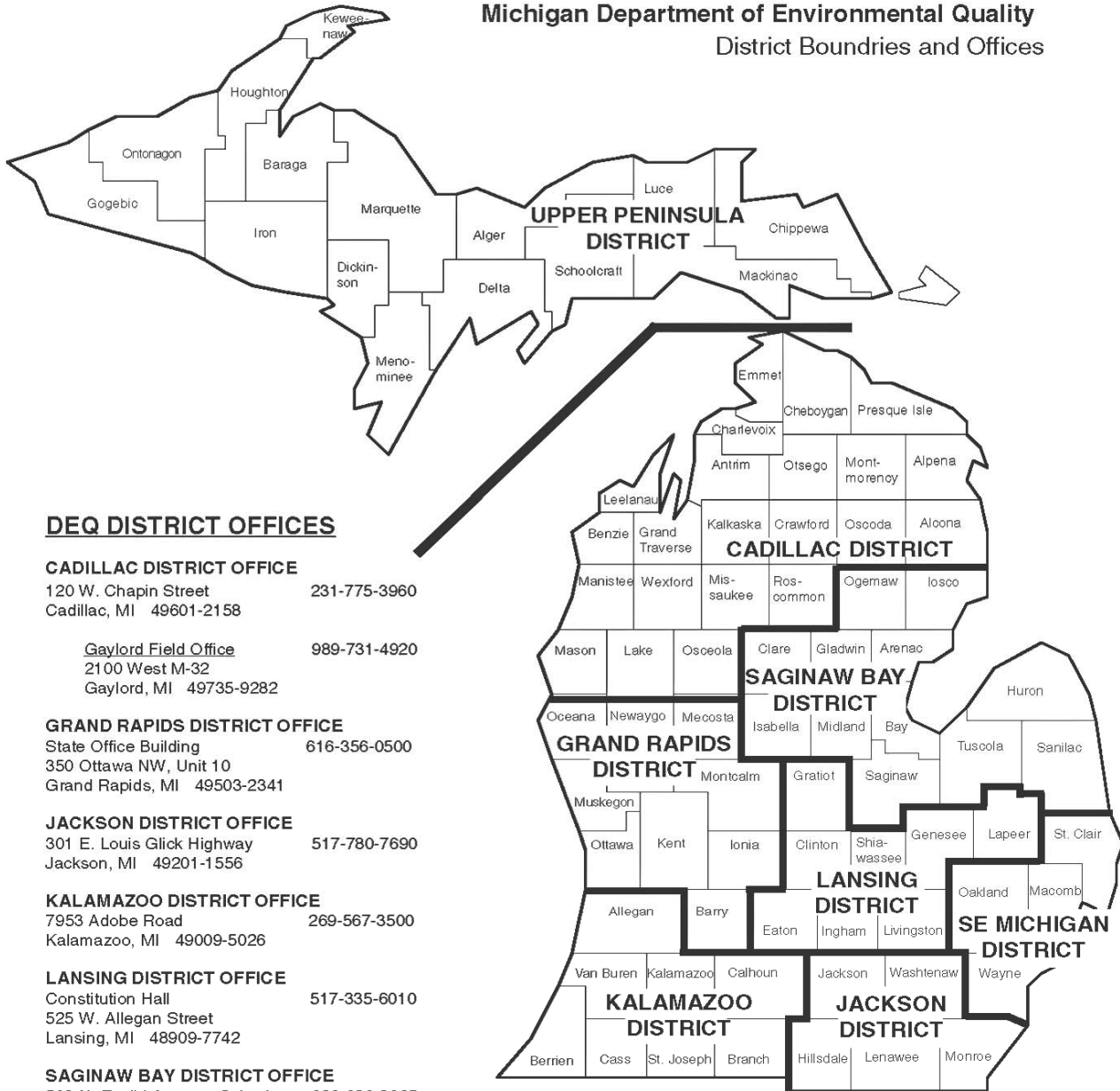
Please make copies of this completed form and submit the original signed copy by U.S. mail, or by another courier, to the appropriate Michigan Department of Environmental Quality, Air Quality Division Office (See Attachment A). Send the form to the attention of the "AQD District Supervisor." In addition, send a copy to the U.S. EPA Region 5 Office at the following address:

George Czerniak, Chief
U.S. EPA Region 5,
Compliance Tracker (AE-17J)
77 West Jackson Blvd.
Chicago, IL 60604

APPENDIX A

Contact Information

Michigan Department of Environmental Quality
District Boundries and Offices



DEQ DISTRICT OFFICES

CADILLAC DISTRICT OFFICE

120 W. Chapin Street 231-775-3960
Cadillac, MI 49601-2158

Gaylord Field Office 989-731-4920
2100 West M-32
Gaylord, MI 49735-9282

GRAND RAPIDS DISTRICT OFFICE

State Office Building 616-356-0500
350 Ottawa NW, Unit 10
Grand Rapids, MI 49503-2341

JACKSON DISTRICT OFFICE

301 E. Louis Glick Highway 517-780-7690
Jackson, MI 49201-1556

KALAMAZOO DISTRICT OFFICE

7953 Adobe Road 269-567-3500
Kalamazoo, MI 49009-5026

LANSING DISTRICT OFFICE

Constitution Hall 517-335-6010
525 W. Allegan Street
Lansing, MI 48909-7742

SAGINAW BAY DISTRICT OFFICE

503 N. Euclid Avenue, Suite 1 989-686-8025
Bay City, MI 48706-2925

SOUTHEAST MICHIGAN DISTRICT OFFICE

27700 Donald Court 586-753-3700
Warren, MI 48092-2793

Detroit Field Office 313-456-4700
Cadillac Place
3058 West Grand Boulevard, Suite 2-300
Detroit, MI 48202-6058

UPPER PENINSULA DISTRICT OFFICE

420 5th Street 906-346-8300
Gwinn, MI 49841

ENVIRONMENTAL ASSISTANCE CENTER

(for general information):
Telephone: 800-662-9278
Fax: 517-241-0673

POLLUTION EMERGENCIES

Telephone: 800-292-4706

DEQ WEB PAGE

www.michigan.gov/deq



**SEMIANNUAL COMPLIANCE REPORT
NESHAP for Iron and Steel Foundry Area Sources**

40 CFR Part 63, Subpart ZZZZZ (§63.10880 – 63.10906)

Please review the instructions before completing this form. Please print or type all information.

FACILITY INFORMATION

Company Information

Company Name: _____
 Mailing Address: _____ Telephone Number: _____
 _____ Fax Number: _____

 City: _____ State: _____ Zip: _____

Owner/Operator Information

Name: _____
 Mailing Address: _____ Telephone Number: _____
 _____ E-mail: _____

 City: _____ State: _____ Zip: _____

Please check whether the person listed above is owner or operator of the area source:

Owner Operator

Facility Location Information (If different from Company Information)

Company Name: _____
 Street Address: _____ County: _____
 City: _____ State: _____ Zip: _____

Identify the beginning and ending dates of the six month reporting period

Beginning: ___ / ___ / ___ Ending: ___ / ___ / ___

Please check whether the area source is a new or existing source (see instructions for definitions):

New Source (Date of Startup: _____)
 Existing Source

If an existing source, facility metal melt production for 2008: _____ (tons)

Check one: Small Foundry (≤20,000) Large Foundry (>20,000)

If a New Source, annual metal melt capacity at startup: _____ (tons)

Check one: Small Foundry (≤10,000) Large Foundry (>10,000)

PART A – MANAGEMENT PRACTICES FOR METALLIC SCRAP

1. During the reporting period, were there any periods during which the facility operated out of compliance with the metallic scrap management requirements? [§ 63.10885(a)]
 - No
 - Yes. Indicate the dates and times when the facility operated out of compliance with the metallic scrap management requirements and explain what corrective actions were taken.

PART B - MANAGEMENT PRACTICES FOR MERCURY SCRAP

1. During the reporting period, were there any periods during which the facility operated out of compliance with the mercury scrap management requirements? [§ 63.10885(b)]
 - No
 - Yes. Indicate the dates and times when the facility operated out of compliance with the mercury scrap management requirements and corrective actions taken.

2. Indicate below which mercury management option(s) the facility is using.
 - Site-specific plan for mercury switches
 - Approved mercury program
 - Specialty metal scrap
 - Scrap that does not contain motor vehicle scrap

3. During the reporting period did the facility conduct periodic inspections or take other actions of corroboration as required under [§63.10885(b)(1)(ii)(c) or [§63.10885(b)(2)(iv)(C)]?
 - No
 - Yes. Indicate the dates and times when the facility conducted inspections or other actions of corroboration.



4. If using a site-specific plan for mercury switches, please complete the following:
- A) Provide the following information for the reporting period: number of switches removed or the weight of mercury recovered from the switches and properly managed, the estimated number of vehicles processed an estimate of the percent of mercury switches recovered, and identify which mercury management option applies to each scrap provider, contact, or shipment (Attach records as needed).
 - B) Were all removed mercury switches recycled at an RCRA permitted facility as required under [§63.10885(b)(1)(iv)]?
 - No
 - Yes

PART C - MANAGEMENT PRACTICES FOR BINDER FORMULATIONS

1. During the reporting period, were there any periods during which the facility operated out of compliance with the management practices for binder formulations? According to Subpart ZZZZZ, the facility shall not use a binder formulation that contains methanol as a specific ingredient of the catalyst formulation for a furfuryl alcohol warm box mold or core making line. [§63.10886]
- No
 - Yes. Indicate the dates and times when the facility operated out of compliance with the management practices for binder formulations and corrective actions taken.

PART D - EXCESS EMISSIONS AND CONTINUOUS MONITORING SYSTEM (CMS) PERFORMANCE REPORT AND SUMMARY REPORT

A. Excess Emissions

1. Have any excess emissions or exceedances of a monitored parameter occurred during this reporting period? Yes No **(if no, go to B.1.)**
[§63.10(e)(3)(v)]
2. If you answered yes, complete Table 1 **for each period** of excess emissions and/or parameter monitoring exceedances, as defined in the relevant standard(s), that occurred **during** startups, shutdowns, and/or malfunctions of your affected source, **or during periods other than** startups, shutdowns, and/or malfunctions of your affected source. [§63.10(c)(7)-(11)]



Table 1 – Excess Emissions and/or Parameter Monitoring Exceedances

Note: Use a separate line for each period of excess emissions and/or parameter monitoring exceedances of your affected source.

Nature of Event or Problem		Excess Emissions and/or Parameter Monitoring Exceedances Occurred:							
Excess Emissions	Parameter Monitoring Exceedance	During Startup	During Shutdown	During Malfunction	During Another Period	Start Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)	Nature and Cause of any Malfunction (if known)	Corrective Action Taken or Preventive Measures Adopted
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B. Continuous Monitoring System Performance

1. Has a CMS been inoperative (except for zero/low-level and high-level checks), out of control (as defined in [§63.8(c)(7)(i)], repaired, or adjusted during this reporting period? Yes No **(if no, go to B.3.)**
[§63.10(e)(3)(v)]

Note: A CMS is out of control if (a) the zero (low-level), mid-level (if applicable), or high-level calibration drift (CD) exceeds two times the applicable CD specification in the applicable performance specification or in the relevant standard; or (b) the CMS fails a performance test audit (e.g., cylinder gas audit), relative accuracy audit, relative accuracy test audit, or linearity test audit; or (c) the COMMS CD exceeds two times the limit in the applicable performance specification in the relevant standard.
[§63.8(c)(7)(i)]

When the CMS is out of control, the owner or operator of the affected source shall take the necessary corrective action and shall repeat all necessary tests which indicate that the system is out-of-control. The owner or operator shall take corrective action and conduct retesting until the performance requirements are below the applicable limits. The beginning of the out-of-control period is the hour the owner or operator conducts a performance check (e.g., calibration drift) that indicates an exceedance of the performance requirements established under this part. The end of the out-of-control period is the hour following the completion of corrective action and successful demonstration that the system is within the allowable limits. During the period the CMS is out-of-control, recorded data shall not be used in data averages and calculations, or to meet any data availability requirement established under this part.
[§63.8(c)(7)(ii)]

2. If you answered yes, complete Table 2 **for each period** a CMS was out of control, repaired, or adjusted: [§63.10(c)(5)-(6), (10)-(12)]; [§63.8(c)(8)]
3. Indicate the total process operating time during the reporting period.
[§63.10(c)(13)]

Total process operating time (days)

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PART E - SUMMARY REPORT: GASEOUS AND OPACITY EXCESS EMISSION AND CONTINUOUS MONITORING SYSTEM PERFORMANCE

Note: One summary report shall be submitted for the hazardous air pollutants monitored at each affected source (unless the relevant standard specifies that more than one summary report is required, e.g., one summary report for each hazardous air pollutant monitored). [§63.10(e)(3)(vi)]

A. Report Date and Submittal Reporting Period

Indicate the reporting period covered by this submittal and the date of this summary report. [§63.10(e)(3)(vi)(C), (M)]

Reporting period beginning date (mm/dd/yyyy)	Reporting period ending date (mm/dd/yyyy)	Summary report date (mm/dd/yyyy)

B. Process Description and Monitoring Equipment Information

Complete the following process description and monitoring equipment information table **for each affected source process unit**. [§63.10(e)(3)(vi)(B), (D), (E), (F), (G), (H)]

Total operating time of affected source during the reporting period (days)

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Process unit name

--

Process unit description

--

Emission and/or operating parameter limitations specified in the relevant standard(s)

--

Monitoring Equipment Information

Type	Latest Certification or Audit Date (mm/dd/yyyy)	Manufacturer	Model	HAPs Monitored



C. Emission Data Summary

Complete the following emission data summary table **for each affected source**: [§63.10(e)(3)(vi)(I)]

Total duration of excess emissions/parameter exceedances (minutes for opacity, hours for gases)

Opacity (minutes):	Gases (hours):
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Total operating time of affected source during the reporting period (days)

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Percent of total source operating time during which excess emissions/parameter exceedances occurred (percent)

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Summary of causes of excess emissions/parameter exceedances (percent of total duration by cause)

Startup/shutdown	%
Control equipment problems	%
Process problems	%
Other known causes	%
Other unknown causes	%
TOTAL	100%

D. CMS Performance Summary

Complete the following CMS performance summary table **for each affected source**:
(§63.10(e)(3)(vi)(J))

Total duration of CMS downtime (minutes for opacity, hours for gases)

Opacity (minutes):	Gases (hours):
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Total operating time of affected source during the reporting period (days)

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Percent of total source operating time during which CMS were down (percent)

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Summary of causes of CMS downtime (percent of downtime by cause)

Monitoring equipment malfunctions	%
Nonmonitoring equipment malfunctions	%
Quality assurance/quality control calibrations	%
Other known causes	%
Other unknown causes	%
TOTAL	100%



E. CMS, Process, or Control Changes

1. Have you made any changes in CMS, processes, or controls since the last reporting period?
Yes No **(if no, end of form)** (§63.10(e)(3)(vi)(K))

2. If you answered yes, please describe the changes below:

Changes in CMS, processes, or controls since the last reporting period

CERTIFICATION

I certify that the statements and information in this report are true, accurate, and complete.

Name of "Responsible Official"* (print or type) Title

Signature of "Responsible Official" Date

*A "Responsible Official" can be:

- The president, vice-president, secretary, or treasurer of the company who owns the facility.
- The owner of the facility.
- The facility engineer or supervisor.
- A government official if the plant is owned by the federal, state city or county government.
- A ranking military officer if the plant is located on a military base.

Please make copies of this completed form and submit the original signed copy by U.S. mail, or by another courier, to the appropriate Michigan Department of Environmental Quality, Air Quality Division Office (see Attachment A of the Instructions). Send the form to the attention of the "AQD District Supervisor." In addition, send a copy to the U.S. EPA Region 5 Office at the following address:

George Czerniak, Chief
U.S. EPA Region 5,
Compliance Tracker (AE-17J)
77 West Jackson Blvd.
Chicago, IL 60604