



INITIAL NOTIFICATION REPORT FOR ALL MACHINES HALOGENATED SOLVENT CLEANING NESHAP

This information is required by Article II, Chapter 1, Part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to provide this information may result in penalties and/or imprisonment.

Applicable Rule: 40 CFR Part 63, Subpart T-National Emission Standards for Halogenated Solvent Cleaning.

Please print or type all information.

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| 1. COMPLETE THIS SECTION FOR EACH MACHINE. MAKE COPIES FOR ADDITIONAL MACHINES AS NECESSARY. | | | | |
| OWNER/OPERATOR | | | | |
| COMPANY NAME | | | | |
| STREET ADDRESS | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | TELEPHONE AREA CODE & NUMBER |
| EQUIPMENT LOCATION ADDRESS (if different from above) | | | | |
| CITY | STATE | ZIP CODE | COUNTRY | STATE REGISTRATION NUMBER (SRN) if known |

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| <p>2. If your facility is not subject to the National Emission Standards for Halogenated Solvent Cleaning, please check one of the following options, fill out Section 1 and Section 8 of this report, and return to the appropriate Air Quality Division district office (see Attachment A). Additionally, Section 4 may be completed. This information is optional and will be useful in updating the current information that the Air Quality Division has on record for your facility.</p> <p><input type="checkbox"/> Our facility does not have any of the following: batch cold cleaning machines, batch vapor degreasers, in-line cold cleaning machines, in-line vapor degreasers.</p> <p><input type="checkbox"/> Our facility has a solvent cleaning machine but does not use five percent or greater of any of the following: methylene chloride, perchloroethylene, trichloroethylene, 1,1,1-trichloroethane, carbon tetrachloride, chloroform, or any combination of these solvents.</p> |
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| 3. CLEANING MACHINE SUMMARY | |
| IDENTIFICATION NUMBER (as you refer to it) | TYPE OF MACHINE (check one) <input type="checkbox"/> Batch Vapor <input type="checkbox"/> Vapor In-Line <input type="checkbox"/> Cold In-Line <input type="checkbox"/> Batch Cold: <input type="checkbox"/> Immersion, or <input type="checkbox"/> Remote-Reservoir |
| DESCRIPTION (include model number) | |
| DATE OF INSTALLATION (attach documentation, if available) | CHECK ONE <input type="checkbox"/> Existing (on or before November 29, 1993) <input type="checkbox"/> New (November 29, 1993 to December 2, 1994) <input type="checkbox"/> New (after December 2, 1994) |
| SOLVENT/AIR INTERFACE AREA _____ square meters (or _____ square inches) | |
| ANNUAL ESTIMATE OF HALOGENATED HAP SOLVENT CONSUMPTION _____ gallons/year (or _____ kilograms/year) | |

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 HALOGENATED SOLVENT CLEANING NESHAP (continued)

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| 4. EMISSION INVENTORY (OPTIONAL) | |
| TYPE OF SOLVENT USED IN MACHINE | |
| SOURCE CLASSIFICATION CODE (SCC) (if known) _____ - _____ - _____ | |
| AIR USE PERMIT NUMBER | AIR USE PERMIT EXEMPTION RULE |
| ANNUAL ESTIMATE OF SOLVENT CONSUMPTION _____ gallons/year (or _____ kilograms/year) | |

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| 5. BATCH VAPOR, IN-LINE VAPOR, AND IN-LINE COLD MACHINES: COMPLIANCE APPROACH | |
| ANTICIPATED COMPLIANCE APPROACH (check one) | |
| <input type="checkbox"/> Basic equipment standard | <input type="checkbox"/> Alternative standard (overall emission limit) |
| <input type="checkbox"/> Idling emission standard | |
| CONTROLS FOR EXISTING MACHINES (installed on or before 11/29/93). CHECK ALL EXISTING CONTROLS. | |
| <input type="checkbox"/> Freeboard ratio of 1.0 | <input type="checkbox"/> Carbon adsorber |
| <input type="checkbox"/> Freeboard refrigeration device | <input type="checkbox"/> Reduced room draft |
| <input type="checkbox"/> Super-heated vapor | <input type="checkbox"/> Dwell |
| <input type="checkbox"/> Working-mode cover | <input type="checkbox"/> Other Control _____ |
| CONTROLS FOR NEW MACHINES (installed after 11/29/93). CHECK ALL INTENDED CONTROLS. (Check existing controls for new machines that have already been constructed, reconstructed, or installed.) | |
| <input type="checkbox"/> Freeboard ratio of 1.0 | <input type="checkbox"/> Carbon adsorber |
| <input type="checkbox"/> Freeboard refrigeration device | <input type="checkbox"/> Reduced room draft |
| <input type="checkbox"/> Super-heated vapor | <input type="checkbox"/> Dwell |
| <input type="checkbox"/> Working-mode cover | <input type="checkbox"/> Other Control _____ |
| PROPOSED CONSTRUCTION OR RECONSTRUCTION COMMENCEMENT DATE (if applicable) | |
| EXPECTED CONSTRUCTION OR RECONSTRUCTION COMPLETION DATE (if applicable) | |
| ANTICIPATED DATE OF INITIAL STARTUP (if applicable) | |

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| 6. BATCH COLD MACHINES: ANTICIPATED EQUIPMENT CONTROL COMBINATION COMPLIANCE APPROACH | |
| CHECK ONE | |
| <input type="checkbox"/> Cover and water layer | <input type="checkbox"/> Cover and work practices |
| <input type="checkbox"/> Cover and 0.75 freeboard ratio or greater with work practices | |

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| 7. TITLE V OPERATING PERMIT INFORMATION (check one) | |
| <input type="checkbox"/> Major Source | <input type="checkbox"/> Area Source |
| <p>NOTE: A major source is a facility that has the potential to emit greater than 10 tons per year of any one hazardous air pollutant (HAP), 25 tons per year of all HAPs combined, or 100 tons per year of any other regulated air contaminant. All other sources are area sources. The major/area source determination is based on all emission points inside the facility fence line, not just the halogenated solvent cleaners.</p> | |

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8. Print or type the name and title of the Responsible Official for the plant:

(Name) (Title)

A Responsible Official can be:

- The president, vice-president, secretary, or treasurer of the company who owns the plant;
- The owner of the plant;
- The plant engineer or supervisor;
- 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 on a military base.

I Certify The Information Contained In This Report To Be Accurate And True To The Best Of My Knowledge.

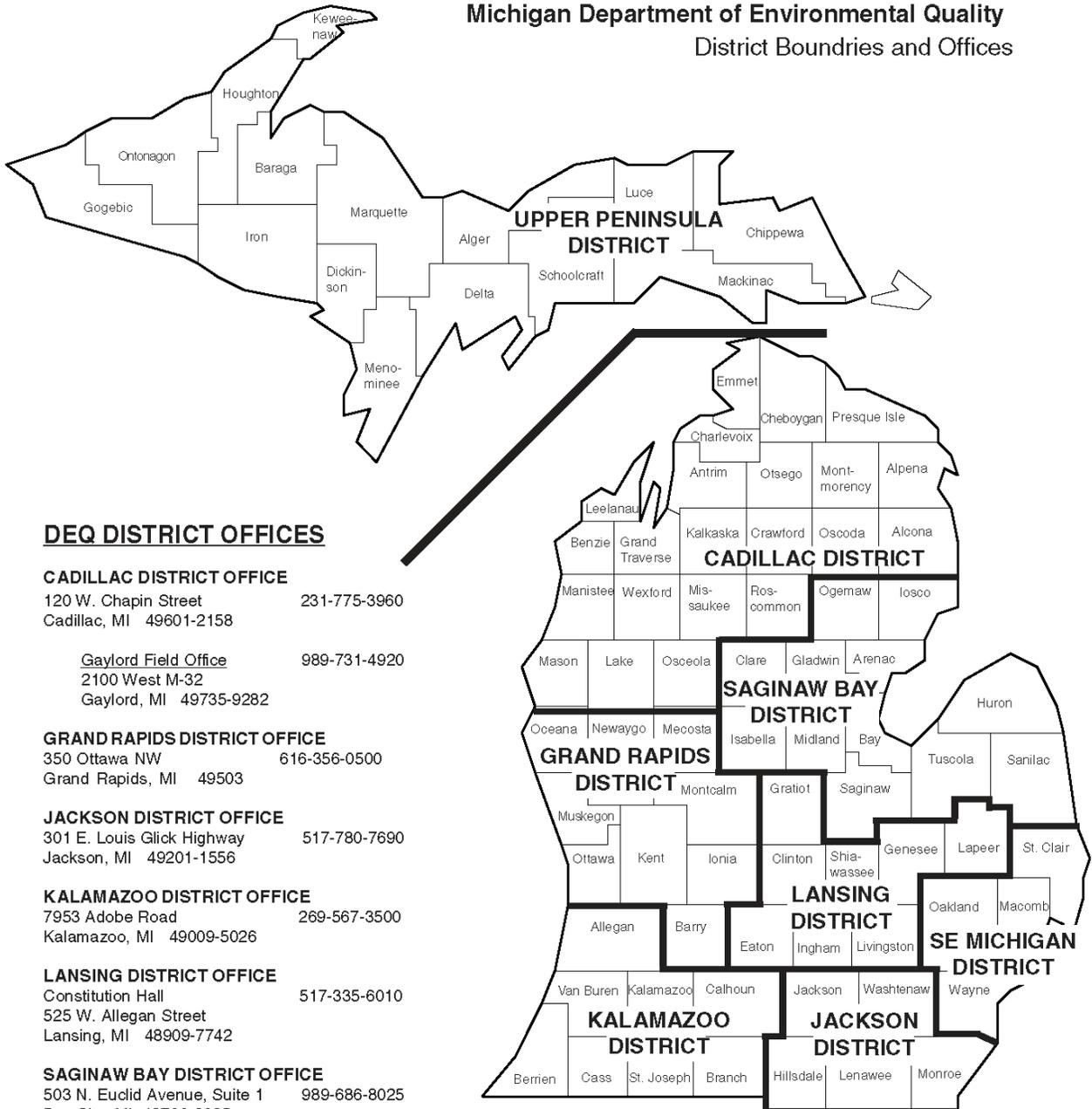
(Signature of Responsible Official) (Date)

| 9. SUBMITTAL DATES OF INITIAL NOTIFICATION REPORT | | |
|---|---|--|
| <u>EXISTING</u> (on or before 11/29/93) August 29, 1995 | <u>NEW</u> (11/29/93 to 12/2/94) January 31, 1995 | <u>NEW</u> (after 12/2/94) As soon as practical before construction. |

Please make a copy of this Initial Notification Report and submit by US mail, fax, or by another courier to the appropriate Air Quality Division district office. See Attachment A on page 4 of this report for mailing addresses.

**INITIAL NOTIFICATION REPORT FOR ALL MACHINES
HALOGENATED SOLVENT CLEANING NESHAP (continued)**

**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

350 Ottawa NW 616-356-0500
Grand Rapids, MI 49503

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