



**Initial Notification Report for all Machines  
Halogenated Solvent Cleaning NESHAP**

40 CFR Part 63, Subpart T

Required under 1994 PA 451, as amended and the Federal Clean Air Act of 1990.

Failure to provide this information may result in penalties and/or imprisonment

**Please print or type all information.**

**1. Complete this section for each machine. Make copies for additional machines as necessary.**

Company Name	Company Telephone Area Code & Number		
Mailing Address	City	State	Zip Code

Owner/Operator Contact Name and Title	Owner Telephone Area Code & Number		
Owner Mailing Address (if different than company)	City	State	Zip Code
Owner/Operator E-Mail Address			

Facility Name (if different than company)	Facility Telephone Area Code & Number		
Facility Address (if different than company)	City	State	Zip Code
State Registration Number (SRN) (if known)			

**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.**

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.

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.

**3. Cleaning Machine Summary**

Identification Number (as you refer to it)	Type of Machine (check one) <input type="checkbox"/> Batch Vapor <input type="checkbox"/> Batch Cold: <input type="checkbox"/> Vapor In-Line <input type="checkbox"/> Immersion, or <input type="checkbox"/> Cold In-Line <input type="checkbox"/> Remote-Reservoir
Description (include model number)	

Date of Installation ( <i>attach documentation, if available</i> )	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)

<b>4. Emission Inventory (Optional)</b>	
Type of Solvent used in Machine	
Source Classification Code (SCC) ( <i>if known</i> )	
Air Use Permit Number	Air Use Permit Exemption Rule
Annual Estimate of Solvent Consumption	
gallons/year	(or kilograms/year)

<b>5. Batch Vapor, In-Line Vapor, and In-Line Cold Machines: Compliance Approach</b>	
Anticipated Compliance Approach ( <i>check one</i> )	
<input type="checkbox"/> Basic equipment standard <input type="checkbox"/> Alternative standard (overall emission limit) <input type="checkbox"/> Idling emission standard	
Controls for Existing Machines ( <i>installed on or before 11/29/93</i> ). <input type="checkbox"/> Freeboard ratio of 1.0 <input type="checkbox"/> Freeboard refrigeration device <input type="checkbox"/> Super-heated vapor <input type="checkbox"/> Working-mode cover	Check All Existing Controls. <input type="checkbox"/> Carbon adsorber <input type="checkbox"/> Reduced room draft <input type="checkbox"/> Dwell <input type="checkbox"/> Other Control
Controls for New Machines ( <i>installed after 11/29/93</i> ). <i>(Check existing controls for new machines that have already been constructed, reconstructed, or installed.)</i> <input type="checkbox"/> Freeboard ratio of 1.0 <input type="checkbox"/> Freeboard refrigeration device <input type="checkbox"/> Super-heated vapor <input type="checkbox"/> Working-mode cover	Check All Intended Controls. <input type="checkbox"/> Carbon adsorber <input type="checkbox"/> Reduced room draft <input type="checkbox"/> Dwell <input type="checkbox"/> Other Control
Proposed Construction or Reconstruction Commencement Date ( <i>if applicable</i> )	
Expected Construction or Reconstruction Completion Date ( <i>if applicable</i> )	
Anticipated Date of Initial Startup ( <i>if applicable</i> )	

<b>6. Batch Cold Machines: Anticipated Equipment Control Combination Compliance Approach</b>	
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	

<b>7. Title V Operating Permit Information (check one)</b>	
<input type="checkbox"/> Major Source	<input type="checkbox"/> Area Source
<p><b>NOTE:</b> 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>	

<b>8. Certification</b>	
<p>I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this report and the supporting enclosures are true, accurate and complete.</p> <p><b>Print or type the name and title of the "Responsible Official" for the plant:</b></p>	
Signature of "Responsible Official"*	Date
Printed Name of "Responsible Official"	Title
<p>*A "Responsible Official" can be:</p> <ul style="list-style-type: none"> <li>• The president, vice-president, secretary, or treasurer of the company who owns the facility.</li> <li>• The owner of the facility.</li> <li>• The facility engineer or supervisor.</li> <li>• A government official if the plant is owned by the federal, state city or county government.</li> <li>• A ranking military officer if the plant is located on a military base.</li> </ul>	

<b>9. Submittal Dates of Initial Notification Report</b>		
<u>Existing</u> (on or before 11/29/93)	<u>New</u> (11/29/93 to 12/2/94)	<u>New</u> (after 12/2/94)
<b>August 29, 1995</b>	<b>January 31, 1995</b>	<b>As soon as practical before construction.</b>

Please make a copy of this Initial Notification Report and submit **the original signed copy** by United States mail, fax, or by another courier to the appropriate Air Quality Division district office (see Attachment A).

For information or assistance on this publication, please contact the Air Quality Division, through EGLE Environmental Assistance Center at 800-662-9278. This publication is available in alternative formats upon request.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.

**ATTACHMENT A**

**Air Quality Division District Office Contact Information**

**Bay City District**

(Central East Michigan)  
 401 Ketchum Street, Suite B  
 Bay City, MI 48708-5430  
 989-894-6200 Fax: 989-891-9237

*Counties: Arenac, Bay, Clare, Gladwin, Huron, Iosco, Isabella, Midland, Ogemaw, Saginaw, Sanilac, and Tuscola*

**Cadillac District**

(Northwest Lower Peninsula)  
 120 West Chapin Street  
 Cadillac, MI 49601-2158  
 231-775-3960 Fax: 231-775-4050

*Counties: Benzie, Grand Traverse, Kalkaska, Lake, Leelanau, Manistee, Mason, Missaukee, Osceola, and Wexford*

**Detroit District**

(Wayne County)  
 Cadillac Place  
 3058 West Grand Boulevard, Suite 2-300  
 Detroit, MI 48202-6058  
 313-456-4700 Fax: 313-456-4692

*County: Wayne*

**Gaylord District**

(Northeast Lower Peninsula)  
 2100 West M-32  
 Gaylord, MI 49735-9282  
 989-731-4920 Fax: 989-731-6181

*Counties: Alcona, Alpena, Antrim, Charlevoix, Cheboygan, Crawford, Emmet, Montmorency, Oscoda, Otsego, Presque Isle, and Roscommon*

**Grand Rapids District**

(Central West Michigan)  
 350 Ottawa Avenue NW, Unit 10  
 Grand Rapids, MI 49503-2316  
 616-356-0500 Fax: 616-356-0201

*Counties: Barry, Ionia, Kent, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, and Ottawa*

**Jackson District**

(South Central Michigan)  
 State Office Building, 4th Floor  
 301 East Louis Glick Highway  
 Jackson, MI 49201-1535  
 517-780-7690 Fax: 517-780-7855

*Counties: Hillsdale, Jackson, Lenawee, Monroe, and Washtenaw*

**Kalamazoo District**

(Southwest Michigan)  
 7953 Adobe Road  
 Kalamazoo, MI 49009-5026  
 269-567-3500 Fax: 269-567-3555

*Counties: Allegan, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren*

**Lansing District**

(Central Michigan)  
 P.O. Box 30242  
 Lansing, MI 48909-7742  
 517-284-6651 Fax: 517-241-3571

*Counties: Clinton, Eaton, Genesee, Gratiot, Ingham, Lapeer, Livingston, and Shiawassee*

**Marquette District**

(Entire Upper Peninsula)  
 1504 West Washington Street  
 Marquette, MI 49855-3118  
 906-228-4853 Fax: 906-228-4940

*Counties: All counties in the Upper Peninsula*

**Warren District**

(Southeast Michigan)  
 27700 Donald Court  
 Warren, MI 48092-2793  
 586-753-3700 Fax: 586-753-3731

*Counties: Macomb, Oakland, and St. Clair*