



**INITIAL NOTIFICATION REPORT**

**NESHAP - OIL AND NATURAL GAS PRODUCTION FACILITIES**

40 CFR Part 63, Subpart HH

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

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

**FACILITY INFORMATION**

**Please print or type all information.**

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)			
Primary SIC Code			
1300 (Oil and Natural Gas production)			
4900 (Oil and Natural Gas generation)			
Air Use Permit Number (if applicable)			

**2. If your facility is not subject to the national emission standards for oil and natural gas production facilities, please check one of the following options, fill out sections 1, 2, 3, and 5 of this report, and return to the appropriate air quality division district office (see Attachment A).**

- Our facility does not process, upgrade, or store hydrocarbon liquid throughput prior to the point of custody transfer and does not process, upgrade, or store natural gas prior to the point at which natural gas enters the natural gas transmission lines and storage facility or is delivered to a final end user.
- Our facility has a hydrocarbon liquid throughput of less than 10,488 gallons (39,700 liters) per day and has a natural gas throughput of less than 649,796 cubic feet (18,400 cubic meters) per day

Does your facility have any of the following production equipment?

Glycol Dehydrator       Yes  No      Storage vessels with flash off       Yes  No

Natural gas compressors       Yes  No      Other ancillary equipment (i.e., pumps, pressure relief devices, sampling connection systems, open-ended valves, line valves, flanges, or other connectors)       Yes  No

**3. Indicate if facility is new or existing source (check one).**

Existing (constructed and reconstructed on or before February 6, 1998)       New (constructed and reconstructed after February 6, 1998)

**4. Equipment list and method of compliance (Only provide information on the number of units operated at your facility. Attach a copy for additional units as needed.)**

4 (A) Dehydrator Information (if applicable)				
Type of Dehydrator Unit	Daily throughput (Gallons/Cubic feet)	Type of Control		
1. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Condenser <input type="checkbox"/> Thermal oxidizer	<input type="checkbox"/> Vapor Recovery <input type="checkbox"/> Flare	<input type="checkbox"/> Other
2. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Condenser <input type="checkbox"/> Thermal oxidizer	<input type="checkbox"/> Vapor Recovery <input type="checkbox"/> Flare	<input type="checkbox"/> Other
3. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Condenser <input type="checkbox"/> Thermal oxidizer	<input type="checkbox"/> Vapor Recovery <input type="checkbox"/> Flare	<input type="checkbox"/> Other
4. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Condenser <input type="checkbox"/> Thermal oxidizer	<input type="checkbox"/> Vapor Recovery <input type="checkbox"/> Flare	<input type="checkbox"/> Other
5. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Condenser <input type="checkbox"/> Thermal oxidizer	<input type="checkbox"/> Vapor Recovery <input type="checkbox"/> Flare	<input type="checkbox"/> Other

**4 (B) Storage with Flash Off Emissions  
(if applicable)**

Storage Vessel ID	Flash Off Emissions	Daily throughput (Gallons/Cubic Feet)	Gas to Oil Ratio (GOR) > 0.31	API Gravity > 40 degrees F
1. ID No.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. ID No.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. ID No.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. ID No.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. ID No.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**4 (C) Compressors (if applicable)**

Compressor ID Number	Compressor in volatile hazardous air pollutant (VHAP) Service?*
1. ID No.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. ID No.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. ID No.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. ID No.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. ID No.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**4 (D) Ancillary Equipment Operating in VHAP Service?\***

Ancillary Equipment used at the Site	Response and Number of Units
Do you have any pumps?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number
Do you have any sampling stations?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number
Do you have any pressure relief valves?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number
Do you have any open-end valves?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number
Do you have any flanges?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number
Do you have a method to clean debris from the transmission lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number
Do you have any other equipment not listed in this section at your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number

\*In VHAP service is any equipment (compressor or ancillary equipment) that comes in contact with a liquid or gas which has a total volatile HAP concentration of 10% or more by weight

**5. Print or type the name and title of the “Responsible Official” for the plant:**

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.

<b>SIGNATURE</b>	
I hereby certify that the information contained in this Initial Notification Report form is true and correct to the best of my knowledge.	
Name of Official (printed or typed)	Title of Official
Telephone Number	Date
Signature of Official	

Please make a copy of this Initial Notification Report and submit the original signed copy by United States Mail or by another courier to the appropriate Air Quality Division district office (See Attachment A) and a copy to the USEPA at the following address:

USEPA Region 5,  
Compliance Tracker (AE-17J)  
77 West Jackson Blvd.  
Chicago, IL 60604

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*