



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Air Quality Division

Semiannual Compliance Report
NESHAP Natural Gas Transmission and Storage Facilities
40 CFR Part 63, Subpart HHH

1. Facility Information

Company Name: _____

Company Phone: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Owner/Operator Contact Name and Title: _____

Owner Phone: _____

Owner Mailing Address (if different than company): _____

City: _____ State: _____ ZIP Code: _____

Owner/Operator Email: _____

Facility Name (if different than company): _____

Facility Phone: _____

Facility Address (if different than company): _____

City: _____ State: _____ ZIP Code: _____

State Registration Number (SRN) if known: _____

Primary SIC Code: _____
4922 (Natural Gas generation)

Air Use Permit Number (if applicable): _____

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

- Our facility does not transport or store natural gas prior to entering the pipeline to a local distribution company or to a final end user.
- Our facility has a natural gas throughput of less than 999,415 cubic feet (28,300 cubic meters) per day.

Does your facility have any of the following production equipment?

Glycol Dehydrator: Yes No

Natural Gas Compressors: Yes No

Storage Vessels with Flash Off: 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 (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.)

Table 1. Dehydrator Information (If applicable)

Type of Dehydrator Unit (Enter Glycol, Sorbead or Other)	Daily Throughput (Gallons/Cubic Feet) and Indicate if Natural Gas	Type of Control (Enter Condenser, Vapor Recovery, Thermal Oxidizer, Flare, or Other)

Type of Dehydrator Unit (Enter Glycol, Sorbead or Other)	Daily Throughput (Gallons/Cubic Feet) and Indicate if Natural Gas	Type of Control (Enter Condenser, Vapor Recovery, Thermal Oxidizer, Flare, or Other)

Certification

I hereby certify that the information contained in this Initial Notification Report form is true and correct to the best of my knowledge.

Signature of "Responsible Official*" Date

Name of "Responsible Official*": _____

Title of "Responsible Official*": _____

Phone of "Responsible Official*": _____

*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 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

Attachment A – Air Quality Division District Office Contact Information

District	Contact Information
Bay City District	<p>401 Ketchum Street, Suite B Bay City, MI 48708-5430</p> <p>Contact: 989-798-0782 or 989-439-2282</p> <p>Counties: Arenac, Bay, Clare, Gladwin, Huron, Iosco, Isabella, Midland, Ogemaw, Saginaw, Sanilac, and Tuscola</p>
Cadillac District	<p>120 West Chapin Street Cadillac, MI 49601-2158</p> <p>Contact: 989-798-0872 or 231-492-5954</p> <p>Counties: Benzie, Grand Traverse, Kalkaska, Lake, Leelanau, Manistee, Mason, Missaukee, Osceola, and Wexford</p>
Detroit District	<p>Cadillac Place, Suite 2-300 3058 West Grand Blvd. Detroit, MI 48202-6058</p> <p>Contact: 313-456-4681</p> <p>Counties: Wayne</p>
Gaylord District	<p>2100 West M-32, Gaylord, MI 49735-9282</p> <p>Contact: 989-798-0872, or 231-492-5954</p> <p>Counties: Alcona, Alpena, Antrim, Charlevoix, Cheboygan, Crawford, Emmet, Montmorency, Oscoda, Otsego, Presque Isle, and Roscommon</p>
Grand Rapids District	<p>350 Ottawa Avenue NW, Unit 10 Grand Rapids, MI 49503-2316</p> <p>Contact: 616-356-0500 (Receptionist), 616-279-8021 or 616-540-1136</p> <p>Counties: Barry, Ionia, Kent, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, and Ottawa</p>
Jackson District	<p>State Office Building, 4th Floor 301 East Louis Glick Highway Jackson, MI 49201-1535</p> <p>Contact: 517-513-9638, 517-416-5992 or 517-416-4631</p> <p>Counties: Hillsdale, Jackson, Lenawee, Monroe, and Washtenaw</p>

District	Contact Information
Kalamazoo District	7953 Adobe Road, Kalamazoo, MI 49009-5026 Contact: 269-243-0954 or 269-312-2535 Counties: Allegan, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren
Lansing District	P.O. Box 30242 Lansing, MI 48909-7742 Contact: 517-294-9288 or 517-275-0439 Counties: Clinton, Eaton, Genesee, Gratiot, Ingham, Lapeer, Livingston, and Shiawassee
Marquette District	1504 West Washington Street Marquette, MI 49855-3118 Contact: 906-241-0086 or 906-202-0013 Counties: All counties in the Upper Peninsula
Warren District	27700 Donald Court, Warren, MI 48092-2793 Contact: 586-412-6145 or 586-606-2572 Counties: Macomb, Oakland, and St. Clair

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