



**Lincoln-Lancaster County Health Department**

Air Quality Program  
3140 N Street  
Lincoln, NE 68510

<b>Date Received</b>
LLCHD use only

**INITIAL NOTIFICATION / NOTIFICATION OF COMPLIANCE STATUS FORM**

**Applicable Rule:** 40 CFR Part 63 – Subpart XXXXXX: National Emission Standards for Hazardous Air Pollutants (NESHAP) for Nine Metal Fabrication and Finishing Source Categories

**Who is subject to this rule?**

In order to be subject to this rule, a facility must meet the following criteria:

1. The facility is 'primarily engaged'<sup>[1]</sup> in one of the nine operations listed in Section 2, and is an area source of hazardous air pollutants (HAP) (i.e. the entire facility has the potential to emit <10 tons per year (tpy) of a single HAP or <25 tpy of a combination of HAP).
2. The facility uses materials that contain, or have the potential to emit metal fabrication or finishing metal HAP (MFHAP). Materials containing MFHAP are defined as containing ≥0.1% (by weight) of Cadmium (Cd), Chromium (Cr), Lead (Pb), or Nickel (Ni), and/or containing ≥1.0% (by weight) of Manganese (Mn).

A copy of the applicable rule, mentioned above, can be found at the following link:

<http://www.epa.gov/ttn/atw/area/fr23jy08.pdf>

**SECTION 1 – General Information**

*Print or type the following information for each facility for which you are making an initial notification and/or notification of compliance status. If you would like to obtain an electronic copy of this document in MS Word format, download a copy at the following address:*

[www.lincoln.ne.gov/city/health/environ/pollu/airforms.htm](http://www.lincoln.ne.gov/city/health/environ/pollu/airforms.htm)

1. Facility Identification Number (optional): \_\_\_\_\_ NAICS Code: \_\_\_\_\_

2. Responsible Official's Name & Title: \_\_\_\_\_

3. Responsible Official's Phone Number:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

4. Responsible Official's Address: \_\_\_\_\_  
Street City State ZIP

5. Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Has your facility already completed the 'Initial Notification'?  Yes  No

- If Yes, skip pages 2 through 4, and return completed pages 1 and 5 through 10, to the addresses shown at the top of page 2.

<sup>[1]</sup> – 'Primarily engaged' is defined in this rule as the manufacturing, fabrication, or forging of one or more of the nine products listed below where this production represents at least 50% of the production at a facility and where production quantities are established by the volume, linear foot, square foot, or other value suited to the specific industry. The period used to determine production should be the previous continuous 12 months of operation.

This Initial Notification must be completed, signed, and submitted to the Lincoln-Lancaster County Health Department along with a cover letter signed by a responsible official certifying that the information contained herein is true, accurate, and complete. If your facility started operation prior to April 3, 2008, the Initial Notification is due no later than July 25, 2011. If your facility started operation on or after April 3, 2008, then the Initial Notification was due November 20, 2008, or within 120 days of start-up. If you intend to use this form as your Notification of Compliance Status, refer to the directions on the following page. Copies of this notification shall be sent to:

**Lincoln-Lancaster County Health Department**  
**Attn: Gary Walsh**  
**3140 N Street**  
**Lincoln, NE 68510**

and

**EPA Region VII**  
**Attn: Chief, APCO**  
**901 N. 5<sup>th</sup> Street**  
**Kansas City, KS 66101-2907**

If you have any questions, or require assistance in completing this form, please call the LLHCD Air Pollution Control Program at (402) 441-8040.

## **SECTION 2 – Applicability Determination**

*In the appropriate box provided below, check the box that corresponds to the activity in which your source is 'primarily engaged'. You are subject to this rule if you are 'primarily engaged' in the following:*

- Electrical and Electronic Equipment Finishing Operations**
- Fabricated Metal Products Manufacturing**
- Fabricated Plate Work (Boiler Shops) Manufacturing**
- Fabricated Structural Metal Manufacturing**
- Heating Equipment Manufacturing, except Electric**
- Industrial Machinery and Equipment Finishing Operations**
- Iron and Steel Forging**
- Primary Metal Products Manufacturing**
- Valves and Pipe Fittings Manufacturing**

- Check this box if you are not primarily engaged in any of the operations listed above. If you check this box, you may skip the remainder of this form, and return pages 1-4 of the completed form to the Lincoln-Lancaster County Health Department at the address given above. You must document and retain your rationale for this determination pursuant to 63 CFR Part 63.10 paragraph (b)(3).***

**Briefly describe the source in the space provided below.**

### **SECTION 3 – Identification of Affected Operations**

The following are the operations at this facility that are subject to Subpart XXXXXX. Only list those operations where materials containing MFHAP are used, or where the operation has the potential to emit MFHAP. Refer to point #2 under “Who is subject to this rule?” on page 1 of this form to determine what materials and operations contain, or have the potential to emit, MFHAP.

<input type="checkbox"/> <b>Dry Abrasive Blasting</b> (check the boxes below that apply to your facility)	
<input type="checkbox"/>	a. Totally enclosed and unvented blast chambers
<input type="checkbox"/>	b. Vented enclosures with a filtration control device
<input type="checkbox"/>	c. Objects over 8-feet in any dimension without a filtration control device (includes outdoor blasting of objects over 8-feet in any dimension)
<input type="checkbox"/> <b>Dry Machining</b>	
<input type="checkbox"/> <b>Dry Grinding or Dry Polishing with Stationary Machines</b>	
<input type="checkbox"/> <b>Spray Painting</b> (check the boxes below that apply to your facility)	
<input type="checkbox"/>	a. In a spray booth
<input type="checkbox"/>	b. Without a spray booth (for Fabricated Structural Metal facilities or any objects over 15-feet in any dimension)
<input type="checkbox"/> <b>Welding</b> (check the boxes below that apply to your facility)	
<input type="checkbox"/>	a. Use less than 2,000 pounds of MFHAP-containing welding rod or wire, annually
<input type="checkbox"/>	b. Use 2,000 pounds, or more, of MFHAP-containing welding rod or wire, annually

### **SECTION 4 – Compliance Dates and Compliance Status**

Refer to the dates below to determine whether your facility is considered a ‘new’ or ‘existing’ source for the purposes of Subpart XXXXXX, and check the applicable box. In addition, indicate whether your facility is already in compliance with Subpart XXXXXX, or whether your facility will be in compliance with the rule at the compliance deadline. If your facility is a ‘new’ source, you must be in compliance with this rule, and should indicate such in the appropriate box.

<b>Compliance Dates (check one)</b>	
Note:	Initial startup is the first time equipment is brought online in a metal fabrication and/or finishing operation, and fabrication/finishing is first performed.
<input type="checkbox"/>	a. <b>This facility is a new source</b> (commenced construction/reconstruction on or after April 3, 2008) <ul style="list-style-type: none"> <li>• Compliance date is July 23, 2008, or the date of start-up (whichever is later)</li> </ul>
<input type="checkbox"/>	b. <b>This facility is an existing source</b> (commenced construction/reconstruction before April 3, 2008) <ul style="list-style-type: none"> <li>• Compliance date is July 25, 2011</li> </ul>
<b>Compliance Status (check one)</b>	
Note:	For metal fabrication and finishing operations, the relevant requirements that you must evaluate in making this determination are specified in 40 CFR Part 63, Subpart 6X, §63.11516, §63.11517, and §63.11519.
<input type="checkbox"/>	a. I am already in compliance with each of the relevant requirements
<input type="checkbox"/>	b. I will be in compliance with each of the relevant requirements by the compliance date

**If your facility is a new source, you MUST certify compliance at this time. Continue to the following pages to complete the Notification of Compliance Status.**

**If your facility is an existing source, and you DO NOT wish to certify compliance with Subpart XXXXXX at this time, sign and date Section 5, below, and return pages 1-4 of this form to the Lincoln-Lancaster County Health Department, and US EPA Region 7.**

**If your facility is an existing source, and you DO wish to certify compliance at this time, skip Section 5 and continue to the following pages.**

### **SECTION 5 – Certification of Accuracy**

*I certify that information contained in this report to be accurate and true to the best of my knowledge.*

\_\_\_\_\_  
(Signature of Responsible Official)

\_\_\_\_\_  
(Date)

\* - A "Responsible Official" can be:

- The president, vice president, secretary, or treasurer of the company that owns the facility;
- The owner of the facility;
- The supervisor or manager of the facility;

## NOTIFICATION OF COMPLIANCE STATUS FORM

**If your source is a new source**, as indicated in Section 4, a responsible official must certify that the source is in compliance with each of the relevant requirements of this subpart by signing in Section 8 (below).

**If your source is an existing source**, the responsible official may certify that the source is already in compliance with each of the relevant requirements of this subpart, or certification of compliance with this subpart may be performed on or before November 22, 2011 in the 'Notification of Compliance Status' as specified in 40 CFR Part 63, Section 63.11519(a)(2). If you choose to certify compliance at this time, this document will act as your 'Notification of Compliance Status'.

### **SECTION 6 – Current Compliance Status**

- Yes, the facility referenced below IS operating in compliance with all of the relevant standards and other requirements of 40 CFR Part 63 Subpart XXXXXX: National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Nine Metal Fabrication and Finishing Source Categories
- No, the facility referenced below is NOT operating in compliance with the relevant standards and/or other requirements of 40 CFR Part 63 Subpart XXXXXX: National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Nine Metal Fabrication and Finishing Source Categories

Reason for noncompliance:

**SECTION 7 – Compliance Methods for Affected Operations**

List all **dry abrasive blasting** operations at the facility, and select the chosen method of compliance.

Dry Abrasive Blasting Process Description / ID No.	HAP Emitted or Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method (Check all that apply)
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with control device; (describe) _____ <input type="checkbox"/> Objects over 8 ft (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with control device; (describe) _____ <input type="checkbox"/> Objects over 8 ft (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with control device; (describe) _____ <input type="checkbox"/> Objects over 8 ft (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with control device; (describe) _____ <input type="checkbox"/> Objects over 8 ft (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with control device; (describe) _____ <input type="checkbox"/> Objects over 8 ft (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with control device; (describe) _____ <input type="checkbox"/> Objects over 8 ft (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with control device; (describe) _____ <input type="checkbox"/> Objects over 8 ft (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with control device; (describe) _____ <input type="checkbox"/> Objects over 8 ft (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with control device; (describe) _____ <input type="checkbox"/> Objects over 8 ft (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with control device; (describe) _____ <input type="checkbox"/> Objects over 8 ft (with no control) <input type="checkbox"/> Management practices
		<input type="checkbox"/> Totally enclosed, unvented <input type="checkbox"/> Vented, with control device; (describe) _____ <input type="checkbox"/> Objects over 8 ft (with no control) <input type="checkbox"/> Management practices

**SECTION 7 – Compliance Methods for Affected Operations (cont'd.)**

List all **dry machining, dry grinding, and dry polishing** operations at the facility, and select the chosen method of compliance.

Dry Machining, Dry Grinding, or Dry Polishing Process Description / ID No.	HAP Emitted or Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method (Check all that apply)
		<input type="checkbox"/> Control device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Control device (describe) _____ <input type="checkbox"/> Management practices

**SECTION 7 – Compliance Methods for Affected Operations (cont'd.)**

List all **spray painting** operations at the facility, and select the chosen method of compliance.

Spray Painting Process Description / ID No.	HAP Emitted or Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method (Check all that apply)
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns, only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns, only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns, only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns, only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns, only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns, only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns, only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns, only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns, only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns, only <input type="checkbox"/> Management practices
		<input type="checkbox"/> Spray booth, PM filter, HVLP spray guns <input type="checkbox"/> HVLP spray guns, only <input type="checkbox"/> Management practices

**SECTION 7 – Compliance Methods for Affected Operations (cont'd.)**

List all **welding** operations at the facility, and select the chosen method of compliance.

Welding Process Description / ID No.	HAP Emitted or Used (Cd, Cr, Pb, Mn, Ni)	Compliance Method (Check all that apply)
		<input type="checkbox"/> Fume capture device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Fume capture device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Fume capture device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Fume capture device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Fume capture device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Fume capture device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Fume capture device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Fume capture device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Fume capture device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Fume capture device (describe) _____ <input type="checkbox"/> Management practices
		<input type="checkbox"/> Fume capture device (describe) _____ <input type="checkbox"/> Management practices

**SECTION 7 – Compliance Methods for Affected Operations (cont'd.)**

Select the following applicable management practices are used at this facility, as practicable (check all that apply)

<b>Management Practices for Dry Abrasive Blasting</b>	
<input type="checkbox"/>	Minimize dust generation during emptying of abrasive blasting enclosure to reduce MFHAP emissions, as practicable.
<input type="checkbox"/>	Operate all equipment associated with dry abrasive blasting operations according to the manufacturer's instructions.
<input type="checkbox"/>	Minimize excess dust in the surrounding area to reduce MFHAP emissions, as practicable.
<input type="checkbox"/>	Enclose dusty abrasive storage areas and holding bins, seal chutes and conveyors that transport abrasive materials.
<input type="checkbox"/>	Minimize excess dust in the surrounding area to reduce MFHAP emissions, as practicable
<input type="checkbox"/>	Do not re-use dry abrasive blasting media unless contaminants (i.e., any material other than the base metal, such as paint residue) have been removed by filtration or screening, and the abrasive material conforms to its original size.
<input type="checkbox"/>	When practicable, switch from high particulate matter (PM)-emitting blast media (e.g., sand) to low PM-emitting blast media (e.g., crushed glass, specular hematite, steel shot, aluminum oxide).
<b>Management Practices for Dry Machining, Dry Grinding, and Dry Polishing</b>	
<input type="checkbox"/>	Minimize excess dust in the surrounding area to reduce MFHAP emissions, as practicable.
<input type="checkbox"/>	Operate equipment according to manufacturer's instructions.
<b>Management Practices for Spray Painting</b>	
<input type="checkbox"/>	Proper cleaning and storage of spray guns, if applicable.
<input type="checkbox"/>	Training for employees using HVLP spray equipment, with certification as having completed classroom or hands-on training in the proper selection, mixing, and application of coatings, with refresher training repeated at least once every 5 years.
<b>Management Practices for Dry Abrasive Blasting</b>	
<input type="checkbox"/>	Operate equipment according to manufacturer's instructions.
<input type="checkbox"/>	Use welding processes with reduced fume generation capabilities, if practicable. (e.g., gas metal arc welding (GMAW)—also called metal inert gas welding (MIG))
<input type="checkbox"/>	Use welding process variations (e.g., pulsed current GMAW), which can reduce fume generation rates, if practicable.
<input type="checkbox"/>	Use welding filler metals, shielding gases, carrier gases, or other process materials which are capable of reduced welding fume generation, if practicable.
<input type="checkbox"/>	Optimize welding process variables (e.g., electrode diameter, voltage, amperage, welding angle, shield gas flow rate, travel speed) to reduce the amount of welding fume generated, if practicable.
<input type="checkbox"/>	Use a welding fume capture and control system, operated according to the manufacturer's specifications, if practicable.

**SECTION 8 – Certification of Compliance**

I certify that this facility is operating in compliance with Subpart XXXXXX, and that all information in this report is accurate and true to the best of my knowledge.

\_\_\_\_\_  
(Signature of Responsible Official)

\_\_\_\_\_  
(Date)

\* - A "Responsible Official" can be:

- The president, vice president, secretary, or treasurer of the company that owns the facility;
- The owner of the facility;
- The supervisor or manager of the facility;