

*Example<sup>a</sup>*

**Initial Notification<sup>b</sup>**  
**National Emission Standards for Hazardous Air Pollutants:**  
**Area Source Standards for Chemical Manufacturing**  
**40 CFR 63 subpart VVVVVV**

**Section 1. Facility Information**

Yes, I am subject to 40 CFR Part 63 subpart VVVVVV National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Chemical Manufacturing <sup>c</sup>

Source category and NAICS code(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Compliance Date:  Existing source: **October 29, 2012**     New source \_\_\_\_\_  
**October 29, 2009** or upon initial startup if startup occurs after October 29, 2009

Company name \_\_\_\_\_

Facility name (if different): \_\_\_\_\_  
\_\_\_\_\_

Facility (physical location) address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner name/title: \_\_\_\_\_

Owner/company address: \_\_\_\_\_  
\_\_\_\_\_

<sup>a</sup> This is an example of the type of information that must be submitted to fulfill the Initial Notification requirement of 40 CFR 63, subpart VVVVVV. You may submit the information in another form or format, or you may use this form. Additionally, an application for approval of construction or reconstruction under §63.5(d) of this subpart, if relevant, may be used to fulfill the initial notification requirements; however, this Initial Notification Form does not include all of the information required under that section, so it is not a substitute for §63.5(d).

<sup>b</sup> Due **February 26, 2010** (existing sources and new sources with 10/29/09 compliance date) or within 120 days of startup (all other new sources).

<sup>c</sup>

- The affected source under 40 CFR 63, subpart VVVVVV, is the facility-wide collection of CMAS CMPUs and each heat exchange system and wastewater system associated with a CMAS CMPU located at an area source.
- A CMAS CMPU uses as feedstocks, generates as byproducts, or produces as products any of the Table I organic HAP or Table 1 metal HAP in concentrations greater than 0.1% for carcinogens or greater than 1% for noncarcinogens, during the production of a product (or isolated intermediate) described by NAICS code 325. .

Owner telephone number \_\_\_\_\_

Owner email address (if available): \_\_\_\_\_

Is the Operator the same person as the Owner? Yes  No

If the Operator information is different from the Owner, please provide the following:

Operator name/title: \_\_\_\_\_

Operator telephone number: \_\_\_\_\_

Operator email address (if available): \_\_\_\_\_

**Section 2. Description of Operation**

Does your facility use, produce or generate a Table 1 Organic HAP?  Yes  No

Does your facility use, produce or generate a Table 1 Metal HAP?  Yes  No

Which of the following types of emissions sources do you have at your facility?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Batch Process Vents                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Continuous Process Vents                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Halogenated Process Vents                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Storage Vessels                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bottoms receivers and/or surge control vessels    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wastewater  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transfer Operations                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Equipment (i.e., valves, pumps, compressors, etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heat Exchange Systems                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please write a brief description of your operation (i.e., nature, size, design, and method of operation of the source, etc.)

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\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
(Name/title)

(\_\_\_\_\_)\_\_\_\_\_  
(Telephone No.)

#### Section 4. Submittal

Submit the initial notification to the following two addresses:

KDHE Bureau of Air  
1000 SW Jackson, Suite 310  
Topeka, KS 66612-1366  
785-296-1570

Joe Terriquez  
USEPA Region 7  
Air Permitting and Compliance Branch  
11201 Renner Blvd.  
Lenexa, KS 66219  
913-551-7105

For free assistance with completing the form, contact

Small Business Environmental Assistance Program  
Kansas State University  
133 Ward Hall  
Manhattan, KS 66506-2508  
800-578-8898  
[www.sbeap.org](http://www.sbeap.org)