



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Air Quality Division

**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

**1. Machine Information**

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

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: \_\_\_\_\_

**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):

- Batch Vapor       Batch Cold: \_\_\_\_\_       Vapor In-Line       Cold In-Line
- Immersion, or       Remote-Reservoir

Description (including model number):

Date of Installation: \_\_\_\_\_

Check one:

- Existing (on or before November 29, 1993)       New (November 29, 1993, to December 2, 1994)
- 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)

**4. Emission Inventory (Optional)**

Type of Solvent used in Machine: \_\_\_\_\_

Source Classification Code (SSC) (if known): \_\_\_\_\_

Air User Permit Number: \_\_\_\_\_

Air Use Permit Exemption Rule: \_\_\_\_\_

Annual Estimate of Solvent Consumption: \_\_\_\_\_ gallons/year

(or \_\_\_\_\_ kilograms/year)

**5. Batch Vapor, In-Line Vapor, and In-Line Cold Machines: Compliance Approach**

Anticipated Compliance Approach (Check one):

- Basic equipment standard       Alternative standard (overall emission limit)
- Idling emission standard

Controls for Existing Machines (installed on or before 11/29/93). Check all existing controls:

- Freeboard Ratio of 1.0                       Carbon Adsorbed
- Freeboard refrigeration device               Reduced room draft
- Super-heated vapor                               Dwell
- Working-mode cover                               Other control: \_\_\_\_\_

Controls for New Machines (installed after 11/29/93). Check all Intended Controls:

- Freeboard Ratio of 1.0                       Carbon Adsorbed
- Freeboard refrigeration device               Reduced room draft
- Super-heated vapor                               Dwell
- Working-mode cover                               Other control: \_\_\_\_\_

Proposed Construction or Reconstruction Commencement Date (if applicable): \_\_\_\_\_

Expected Construction or Reconstruction Completion Date (if applicable): \_\_\_\_\_

Anticipated Date of Initial Startup (if applicable): \_\_\_\_\_

## 6. Batch Cold Machines: Anticipated Equipment Control Combination Compliance Approach

Check one:

- Cover and water layer                       Cover and work practices
- Cover and 0.75 freeboard ratio or greater with work practices

## 7. Title V Operating Permit Information

Check one:

- Major Source                                       Area Source

**NOTE:** 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.

## 8. Certification

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.

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

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Signature of “Responsible Official\*”

Date

Name of “Responsible Official\*”: \_\_\_\_\_

Title 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.

## 9. Submittal Dates of Initial Notification Report

Existing (on or before 11/29/93): **August 29, 1995**

New (11/29/93 to 12/2/94): **January 31, 1995**

New (after 12/2/94): **As soon as practical before construction.**

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).

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People with disabilities may request this material in an alternate format by emailing [EGLE-Accessibility@Michigan.gov](mailto:EGLE-Accessibility@Michigan.gov) or calling 800-662-9278.

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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**

<b>District</b>	<b>Contact Information</b>
<b>Bay City District</b>	<p>401 Ketchum Street, Suite B Bay City, MI 48708-5430</p> <p>Contact: 989-798-0782 or 989-439-2282</p> <p><i>Counties: Arenac, Bay, Clare, Gladwin, Huron, Iosco, Isabella, Midland, Ogemaw, Saginaw, Sanilac, and Tuscola</i></p>
<b>Cadillac District</b>	<p>120 West Chapin Street Cadillac, MI 49601-2158</p> <p>Contact: 989-798-0872 or 231-492-5954</p> <p><i>Counties: Benzie, Grand Traverse, Kalkaska, Lake, Leelanau, Manistee, Mason, Missaukee, Osceola, and Wexford</i></p>
<b>Detroit District</b>	<p>Cadillac Place, Suite 2-300 3058 West Grand Blvd. Detroit, MI 48202-6058</p> <p>Contact: 313-456-4681</p> <p><i>Counties: Wayne</i></p>
<b>Gaylord District</b>	<p>2100 West M-32, Gaylord, MI 49735-9282</p> <p>Contact: 989-798-0872, or 231-492-5954</p> <p><i>Counties: Alcona, Alpena, Antrim, Charlevoix, Cheboygan, Crawford, Emmet, Montmorency, Oscoda, Otsego, Presque Isle, and Roscommon</i></p>
<b>Grand Rapids District</b>	<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><i>Counties: Barry, Ionia, Kent, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, and Ottawa</i></p>
<b>Jackson District</b>	<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><i>Counties: Hillsdale, Jackson, Lenawee, Monroe, and Washtenaw</i></p>

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