



State of Oregon
Department of
Environmental
Quality

Initial Notification

National Emission Standards for Hazardous Air Pollutants:

Area Source Standards for Chemical Manufacturing

Company information:

Legal Name:	Facility name (if different than legal name):
Mailing address:	Facility address (if different than mailing address):
City, state, zip code:	City, state, zip code:
Facility NAICS code(s):	Material(s) produced at facility:

Site Contact Person:

Name:	Telephone number:
Title:	Email address:

- Yes, I am subject to 40 CFR part 63 subpart VVVVVV National Emission Standards for Hazardous Air Pollutants: Chemical Manufacturing Area Source¹
- No, I am NOT subject to 40 CFR part 63 subpart VVVVVV. Reason standards are not applicable to my business:

¹ An affected source under 40 CFR part 63 subpart VVVVVV is a chemical manufacturing process unit that uses as a feedstock, generates as a byproduct, or produces as a product any listed organic HAP or metal HAP (see page 2 for the list of organic HAPs and metal HAPs) in concentrations greater than 0.1% for carcinogens or greater than 1% for non-carcinogens, during the production of a product (or isolated intermediate) described by NAICS code 325.

Compliance Date: Existing source: October 29, 2012
 New source: October 29, 2009 or date of initial startup if startup occurs after October 29, 2009

Description of Operation

Does your facility use, produce or generate one or more organic HAPs (1,3-butadiene, 1,3-dichloropropene, acetaldehyde, chloroform, ethylene dichloride, hexachlorobenzene, methylene chloride, quinoline)?

Yes No

Does your facility use, produce or generate one of the following metal HAPs (arsenic compounds, cadmium compounds, chromium compounds, lead compounds, manganese compounds, nickel compounds)?

Yes No

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

Batch process vent(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continuous process vent(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Halogenated process vent(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Storage vessel(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bottoms receivers and/or surge control vessel(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wastewater:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer operation(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment (ie valves, pumps, compressors, etc):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heat exchange system(s):	<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.):

I hereby certify that the information presented herein is correct to the best of my knowledge.

(Signature)

(Date)

(Name/title)

(Telephone)