

# Sample Initial Notification

## National Emission Standards for Hazardous Air Pollutants:

### Ferrous Alloys Production Facilities

40 CFR 63 subpart YYYYYY

#### Section 1. Facility Information

Yes, I am subject to 40 CFR Part 63 subpart YYYYYY, National Emission Standards for Hazardous Air Pollutants: Ferrous Alloys Production Facilities

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

\_\_\_\_\_

Compliance Date:  Existing source: June 22, 2009  New source: \_\_\_\_\_  
Date of startup

No, I am NOT subject to 40 CFR Part 63 subpart YYYYYY. Reason not applicable:

\_\_\_\_\_  
*If you checked the "No" box above, please complete only Section 1 of this form and then proceed directly to Section 3 of this form (skip Section 2).*

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

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

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

\_\_\_\_\_

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

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

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: \_\_\_\_\_

## Section 2. Identification of Affected Operations

The following are the operations at this facility subject to subpart YYYYYY:

<p>1. Electrometallurgical operations using electric arc furnaces (EAFs) in the production of :</p> <p><input type="checkbox"/> silicon metal, ferrosilicon <input type="checkbox"/> standard ferromanganese, silicomanganese, ferromanganese silicon</p> <p><input type="checkbox"/> calcium carbide <input type="checkbox"/> ferrochrome silicon, high-carbon ferrochrome</p> <p><input type="checkbox"/> other (please specify)_____</p>
<p>2. Electrometallurgical operations using reaction vessels in the production of:</p> <p><input type="checkbox"/> ferrotitanium using the aluminum reduction process <input type="checkbox"/> ferrovanadium</p> <p><input type="checkbox"/> ferromolybdenum <input type="checkbox"/> other (please specify) _____</p>

## Section 3. Certification

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

_____	_____
(Signature)	(Date)
_____	(____)_____
(Name/title)	(Telephone No.)

## Section 4. Submittal

Submit the Initial Notification to the following offices:

Tennessee Small Business Environmental Assistance Program ATTN: Ferroally Rule Contact 401 Church Street, 8 <sup>th</sup> Floor, L & C Annex Nashville, Tennessee 37243	EPA Region IV Director, Air, Pesticides and Toxics Management Division Atlanta Federal Center, 61 Forsyth Street, Atlanta, GA 30303-3104
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