INITIAL NOTIFICATION FORM

Facility Name: ______________ Facility ID: ______________

Facility Owner/Operator: ________________________________________________

Facility Address: ______________________________________________________


Facility Compliance Date: June 22, 2009 (existing sources)/upon startup (new sources)

* Is this facility subject to the Ferroalloy Products Manufacturing NESHAP? (check one)

☐ Yes. If yes, complete the SOURCE INFORMATION table below.

☐ No. If No, please explain why the facility is not subject to Subpart YYYYYY:

_____________________________________________________________________
_____________________________________________________________________

SOURCE INFORMATION:

*Types of Operations: The following operations at this facility are subject to subpart YYYYYY:

1. Electrometallurgical operations using electric arc furnaces (EAFs) in the production of:

☐ silicon metal, ferrosilicon

☐ standard ferromanganese, silicomanganese, ferromanganese silicon

☐ calcium carbide ☐ ferrochrome silicon, high-carbon ferrochrome

☐ other (please specify)__________________________________________________

2. Electrometallurgical operations using reaction vessels in the production of:

☐ ferrotitanium using the aluminum reduction process ☐ ferrovanadium

☐ ferromolybdenum ☐ other (please specify)_________________________________
**SOURCE INFORMATION:**

*Description of Subject Operation(s):* ______________________________________________
_____________________________________________________________________________

*Size:* ______________________________________________________________________

*Design:* ____________________________________________________________________

*Design Operating Capacity:  ____________________________________________________

*Identification of Each HAP Emission Point:

* * 
* * 
* * 

*Attach diagram showing emission points if necessary

* Check the box that applies:

☐ My facility is a major source of HAPs

☐ My facility is an area source of HAPs

*Note: A major source is a facility that emits or had the potential to emit greater than 10 tons per year of any one HAP or 25 tons per year of multiple HAPs. All other sources are area sources.*

Signature of Responsible Person or Company Official:

X________________________________________________________________

Date: ______________________________________________________________________

(Print): ____________________________________________________________________

Title: _____________________________________________________________________

Return this form to BOTH the NC Division of Air Quality and the US Environmental Protection Agency at the following addresses:

**Teresa Colón**
NC Division of Air Quality
1641 Mail Service Center
Raleigh, NC 27699-1641

**Gregg Worley**
Chief Air Toxics Monitoring Branch
U.S. EPA, Region 4
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW
Atlanta, GA 30303-3104

It is recommended that this form be sent by certified mail so that you will have a record that this form was submitted to the regulatory authority.