

Initial Notification of Applicability

National Emission Standards for Hazardous Air Pollutants:
Industrial, Commercial, and Institutional Boilers Area Sources

40 CFR Part 63 Subpart JJJJJJ

SECTION I : GENERAL INFORMATION

Operating Permit Number (IF AVAILABLE)

Facility ID Number (IF AVAILABLE)

Responsible Official's Name

Title

Street Address

City

State

ZIP Code

Facility Name

Facility Street Address (if different than Responsible Official's Street Address listed above)

Street Address

City

State

ZIP Code

Facility Local Contact Name

Title

Anticipated Compliance Date(s) (mm/dd/yy) (§63.9(b)(2)(iii)): _____

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SECTION II: SOURCE DESCRIPTION

1. Please complete the table below for each affected source (boiler and/or process heaters) per §63.9(b)(2)(iv).

Emission Unit Plant ID ^d	Emission Unit Name (design and manufacturer name)	Size: Rated Heat Input Capacity (mmBtu/hr) ^e	Fuels Used ^f

^d If the source has an operating permit, use the IDs that are consistent with those reported in the permit.

^e mmBtu/hr refers to million British thermal units per hour. Boilers often have a nameplate listing the rated heat input capacity on the unit. This rated capacity may have also been reported to the entity insuring the boiler or the state labor and safety inspector.

^f Report all fuels used in each of the units subject to the standard (e.g., bituminous coal, #6 fuel oil, #2 fuel oil, natural gas, bark, lumber, etc.).

3. Optional: Additional notes

4. My facility is a (please choose one): Major source Area source
of hazardous air pollutants.

If your facility is a major source of hazardous air pollutants (HAP), please refer to the National Emission Standards for Hazardous Air Pollutants for Major Sources: Industrial, Commercial, and Institutional Boilers and Process Heaters, 40 CFR Part 63 Subpart DDDDD at <http://www.epa.gov/ttn/atw/boiler/boilerpg.html>.

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SECTION III: CERTIFICATION

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

Signature

Date

Name/title

(_____)_____
Telephone Number

Please Submit This Initial Notification to:

Source Registration
Air Management Services
321 University Avenue
Philadelphia, PA 19104-4543

Copy to:

Director, Air Protection Division,
1650 Arch Street
Philadelphia, PA 19103