

Commonwealth of Kentucky  
Energy and Environment Cabinet  
Department for Environmental Protection  
Division for Air Quality  
200 Fair Oaks Lane, 1<sup>st</sup> Floor  
Frankfort, Kentucky 40601

## Initial Notification/Compliance Certification

<b>DEP 7123</b>
<b>Area Source Rule</b>
<b>Prepared Feeds Manufacturing</b>
<b>40 CFR 63 Subpart DDDDDDD (Parts 63.11619-63.11627)</b>

**Identify the Type of Notification Being Made**  
(please check all that apply)

- Initial Notification       Notification of Compliance Status       Annual Compliance Certification

### Section 1. Facility Information

- Yes, I am subject to 40 CFR Part 63 subpart DDDDDDD National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Prepared Feeds Manufacturing.

SIC or NAICS category: \_\_\_\_\_

SIC or NAICS code: \_\_\_\_\_

Property Area (Acres or Square Feet): \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Compliance Date:  Existing source: January 5, 2012     New source: Upon startup \_\_\_\_\_  
(Date of startup)

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

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

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

Standard Coordinates:

Latitude: degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds \_\_\_\_\_

Longitude: degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds \_\_\_\_\_

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

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

Owner telephone number: \_\_\_\_\_

Owner fax number: \_\_\_\_\_

Owner email address: \_\_\_\_\_

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 address: \_\_\_\_\_

Operator telephone number: \_\_\_\_\_

Operator fax number: \_\_\_\_\_

Operator email address: \_\_\_\_\_

**Section 2. Description of Operation**

Does your facility produce a pelleted feed product?  Yes     No

**If yes:**

A. Facility has average daily feed production level equal to or less than 50 tons per day

B. Facility has average daily feed production level exceeding 50 tons per day

If you checked **box B.** above:

I have installed a cyclone designed to reduce emissions of particulate matter by 95% or greater

Please provide the method used to represent proper operation of the cyclone:

<input type="checkbox"/> Inlet flow rate	<input type="checkbox"/> Inlet velocity
<input type="checkbox"/> Pressure drop	<input type="checkbox"/> Fan amperage range

If you checked **box A.** above:

Initial average daily feed production level: \_\_\_\_\_

Please write a brief description of your operation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 3. Certification of Compliance Status**

*\* Please refer to 40 CFR Part 63.11624(a)(2) for specific requirements*

- I am a new source (commenced construction or reconstruction after July 27, 2009)
- I am an existing source (commenced construction or reconstruction on or before July 27, 2009)

Date of Startup: \_\_\_\_\_

- If you are a **new source**, a responsible official, whose information is provided in Section 1, must certify by signing Section 5 that the source is in compliance with each of the relevant requirements of this statement.
- If you are an **existing source**, a responsible official, whose information is provided in Section 1, must certify in Section 5 that the source is already in compliance with each of the relevant requirements of this subpart **or** certification may be completed by May 4, 2012.

**Section 4. Annual Compliance Certification**

*\* Please refer to 40 CFR Part 63.11624(a)(2)(b) for specific requirements*

- Yes, I am in compliance with the relevant requirements
- No, I am not in compliance with the relevant requirements

Please write a description of deviations from the applicable requirements:

Applicable Requirement	Deviation	Time Period(s) of Deviation	Corrective Action Taken

*\* Please attach a separate sheet if necessary*

Please identify instances when the daily inlet flow rate, inlet velocity, pressure drop or fan amperage has been outside range that constitutes proper operation of the cyclone:

	Method Used	Time Period of Deviation(s)	Corrective Action Taken
<b>Inlet Velocity</b>			
<b>Daily Inlet Flow Rate</b>			
<b>Pressure Drop</b>			
<b>Fan Amperage</b>			

- Yes, my average daily feed production level for the previous year exceeded 50 tpd
- No, my average daily feed production level for the previous year did not exceed 50 tpd
- I no longer need to comply with the requirements of 40 CFR Part 63.11621(e)

**Section 5. Compliance/Initial Notification Certification**

I, the undersigned, hereby certify under penalty of law, that I am a responsible official, and that I have personally examined, and am familiar with, the information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the information is on knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of fine or imprisonment.

\_\_\_\_\_ **Signature of Responsible Official**                      \_\_\_\_\_ **Date**

\_\_\_\_\_ **Printed Name/ Title**

*\*Responsible Official must be the owner or operator of the facility.*

**Section 6. Submittal**

Submit this form by registered mail to the attention of the following regulatory officials:

**Ms. Beverly Banister, Director  
Air, Pesticides, and Toxics Management Division  
U.S. Environmental Protection Agency Region IV  
Atlanta Federal Center  
61 Forsyth Street, S.W.  
Atlanta, Georgia 30303-3104**

**Kentucky Division for Air Quality  
Program Planning Branch  
200 Fair Oaks Lane, 1<sup>st</sup> Floor  
Frankfort, Kentucky 40601  
Phone: (502) 564-3999  
Fax: (502) 564-4666**