



Initial Notification/Notification of Compliance Status/ Exemption Notification

**National Emission Standards for Hazardous Air Pollutants
(NESHAP) for Area Sources: Prepared Feeds Manufacturing**
40 Code of Federal Regulations (CFR) 63.11619 – 63.11627 (Subpart
DDDDDDD)

DNR Use Only
Con 10-1 /
Fac. #:
CO / MA

This is a multi-purpose notification form that may be used to fulfill the requirements for 1) Initial Notification; 2) Notification of Compliance Status; or 3) Exemption Notification. The questions below indicate the information that is required for each type of notification. For more information, please call 515-418-7304 or visit <http://www.iowandr.gov/Environmental-Protection/Air-Quality/Air-Toxics-NESHAP>.

Your facility is subject to the 7D NESHAP if it fits the following descriptions:

- Is a facility that is primarily engaged in manufacturing animal feed*. A facility is *primarily* engaged if the production of animal feed comprises greater than 50 percent of the total production of the facility on an annual basis **AND**
- Is a prepared feeds manufacturing facility that uses a material containing chromium in amounts $\geq 0.1\%$ by weight, or uses a material containing manganese in amounts $\geq 1.0\%$ by weight
- For facilities with both a grain elevator and a feed mill, *total production* means grain loaded out by the grain elevator and animal feed produced by the feed mill

**Please review definition of animal feed in rule, as it includes premixes, supplements, etc.*

Your facility is exempt from the 7D NESHAP and you do not need to complete this notification if:

- A prepared feeds manufacturing facility that does **not** use a material containing chromium in amounts $\geq 0.1\%$ by weight, or a material containing manganese in amounts $\geq 1.0\%$ by weight.
- A facility with both a grain elevator and a feed mill, where the feed mill production is less than 50 percent of the total production of the facility on an annual basis.

1. Facility Information

Facility Name: _____ Facility Number (if known): _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Person to Contact: _____

Phone number: _____ Email (if available): _____

2. Identification of Standard

☐ 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 because this facility fits the following descriptions:

- It is a prepared feeds manufacturing facility that is primarily engaged in manufacturing animal feed. A facility is "primarily engaged" if the production of animal feed comprises greater than 50 percent of the total production of the facility on an annual basis **AND**
- It is a prepared feeds manufacturing facility that uses a material containing chromium in amounts $\geq 0.1\%$ by weight, or a material containing manganese in amounts $\geq 1.0\%$ by weight

☐ No, I am **not** subject to 40 CFR Part 63, Subpart DDDDDDD, National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Prepared Feeds Manufacturing because this facility no longer uses material containing chromium in amounts $\geq 0.1\%$ by weight, or materials containing manganese in amounts $\geq 1.0\%$ by weight and is exempt from the 7D NESHAP.

3. Brief Description of the Operation (required for all notifications):

Does your facility produce a pelleted feed product? ☐ Yes ☐ No

If No, go to Section 4.

If Yes, indicate the daily feed production level:

☐ Facility has an initial average daily feed production level* exceeding 50 tons per day *Complete Section 3.A or 3.B*

☐ Facility has an initial average daily feed production level* equal or less than 50 tons per day *Complete Section 3.C*

*Average daily feed production level is the amount of feed product produced in a one-year period divided by the number of operating days

A. Pelletizing Operation at New Feed Mills (Construction commenced after July 27, 2009). Please indicate the parameter that you will be monitoring and the level that constitutes proper operation of the cyclone:

Parameter	Level that Constitutes Proper Operation of the Cyclone (provide units)
<input type="checkbox"/> Inlet flow rate	
<input type="checkbox"/> Inlet velocity	
<input type="checkbox"/> Pressure drop	
<input type="checkbox"/> Fan amperage range	

Please provide as an attachment the method(s) used to verify that the parameter levels provided above achieve the proper operation of the cyclone:

B. Pelletizing Operations at Existing Feed Mills (Construction commenced on or before July 27, 2009). As an attachment, please provide documentation on what constitutes proper operation of the cyclone (e.g. manufacturer's instructions or standard operating procedures).

C. Please provide information documenting the initial average daily feed production level determination:

4. Certification of Compliance Status, please check one (required for the Notification of Compliance Status):

☐ This facility is a new source (initial startup was after July 27, 2009).

Startup Date: _____

- If the source is a **new source**, a responsible official must certify below that the source is in compliance with each of the relevant requirements of the 7D NESHAP. *NOTE: New facilities must submit the Notification of Compliance Status within 120 days of initial startup.*

☐ This facility is an existing source (initial startup date was on or before July 27, 2009).

Startup Date: _____

Responsible Official Certification		
<input type="checkbox"/>	I certify the truth, accuracy, and completeness of this notification.	
<input type="checkbox"/>	The source has complied with <u>all</u> the relevant standards and other requirements of the 7D NESHAP. This notification also serves as the Notification of Compliance Status.	
Responsible Official Name	Responsible Official Signature	Date

Submit this notification to the following agencies:

- NESHAP Coordinator, **Iowa Department of Natural Resources**, 502 E 9th St, Des Moines IA 50319
- If the facility is located in either Linn County or Polk County, this notification shall also be submitted to the appropriate county office:

Polk County Public Works – Air Quality Division
5885 NE 14th St, Des Moines IA 50313

Linn County Public Health - Air Quality Division
1020 6th St SE, Cedar Rapids IA 52405