

INITIAL STATEMENT OF COMPLIANCE

FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES

New & Existing Machines Complying with the **Alternative Standard** (40 CFR § 63.464)

(Applicable Rule: 40 CFR Part 63, Subpart T)

Owner/Operator/ Title				
Mailing Address				
City		State	Zip	
Facility Name				
Street Address (i.e., Physical Location)				
City		State	Zip	
Contact Person		Title	Phone	
List All Applicable Air Quality Permit/Authorization Number(s)				
Machine ID#	Machine Type ¹	Solvent/Air Interface ² (m ² or in ²)	Cleaning Capacity ² (m ³ or ft ³)	First 3-Month Average Emissions ³ (kg or lbs per month)
¹ For each machine, indicate <u>Machine Type</u> as Batch Vapor or In-Line. ² Give solvent/air interface (in square meters or square inches), or cleaning capacity (in cubic meters or cubic feet), if the machine does not have a solvent/air interface (attach calculation method and results). Indicate units. ³ Indicate units, and attach calculation sheets				
<input type="checkbox"/> The facility is in compliance with the provisions of 40 CFR Part 63, Subpart T.				
<input type="checkbox"/> The facility is not in compliance with the provisions of 40 CFR Part 63, Subpart T.				
Certification: This notification has been submitted as required by 40 CFR § 63.468(e). Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.				
Responsible Official (signature)				
Responsible Official (typed)			Date	
Responsible Official Title			Phone	