Example[a]

REC'D 224

AUG 3 0 2010

APCO

Initial Notification of Applicability[b]

National Emission Standards for Hazardous Air Pollutants:

Stationary Reciprocating Internal Combustion Engines

40 CFR Part 63 Subpart ZZZZ

☒ Yes, I am subject to 40 CFR Part 63 subpart ZZZZ National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines

NAICS code(s): 221112 SIC# 4911

Compliance Date: ☒ Existing source: May 3, 2013 ☐ New/reconstructed source: upon initial startup

Note: The May 3, 2013 compliance date for <u>existing sources</u> applies to the following engine types:

- Existing non-emergency CI stationary RICE with a site rating of more than 500 brake HP located at a major source of HAP emissions
- Existing stationary CI RICE with a site rating of less than or equal to 500 brake HP located at a major source of HAP emissions
- Existing stationary CI RICE located at an area source of HAP emissions

Company name: City of LaCrosse

Facility name (if different): LaCrosse Power Plant

Facility (physical location) address: 202 E. 9th LaCrosse, Ks 67548

My facility is a (please choose one): ☐ Major source ☒ Area source

☐ Synthetic minor

Fairbanks Morse	mo#	38TD8 1/8	1830 Kw	Duel	Fuel	IC
Fairbanks Morse	mo#	38DD8 1/8	1136 Kw	Duel	Fuel	IC
Fairbanks Morse	mo#	38DD8 1/8	1136 Kw	Duel	Fuel	IC
Enterprise	mo#	DGSR36	1500 Kw	Duel	Fuel	IC

[a] This is an example of the type of information that must be submitted to fulfill the Initial Notification of Applicability Status requirement of 40 CFR 63, subpart ZZZZ. You may submit the information in another form or format, or you may use this form.

[b] Initial Notification is due 120 days after the effective date of the rule or 120 days after you become subject to the rule

Example[a]

Owner name/title: Duane Moeder City Manager

Owner/company address: 1119 Main, Box 339 LaCrosse, Ks 67548

Owner telephone number: 785-222-2511

Owner email address (if available): dmlax@gbta.net

If the Operator information is different from the Owner, please provide the following:

Operator name/title: Rollie Holopirek

Operator telephone number: 785-222-2512

Operator email address (if available): _____

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

(Signature) _____ (Date) 8-24-10

(Name/title) Duane Moeder City Manager (Telephone No.) (785) 222-2511