~~70~~
225

Example[a]

Initial Notification of Applicability[b]

National Emission Standards for Hazardous Air Pollutants:

Stationary Reciprocating Internal Combustion Engines

40 CFR Part 63 Subpart ZZZZ

REC'D
AUG 28 2010
APCO

☒ 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

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 OSBORNE KS

Facility name (if different): _____

Facility (physical location) address: 321 N. LOCUST, OSBORNE KS 67473

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

☐ Synthetic minor

A

[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: CITY OF OSBORNE KS

Owner/company address: 128 N. FIRST, OSBORNE KS 67473

Owner telephone number: 785-346-2722

Owner email address (if available): OSBORNEPOWER@RURALTEL.NET

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

Operator name/title: _____

Operator telephone number: _____

Operator email address (if available): _____

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

[signature]	8-25-10
(Signature)	(Date)
L.P. SUPERVISOR	(785) 346-2722
(Name/title)	(Telephone No.)