



INITIAL NOTIFICATION REPORT

NATURAL GAS TRANSMISSION AND STORAGE FACILITIES NESHAP

This information is required by Article II, Chapter 1, Part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to provide this information may result in penalties and/or imprisonment.

Applicable Rule: 40 CFR Part 63, Subpart HHH-National Emission Standards for Natural Gas Transmission and Storage Facilities.

Please print or type all information.

1. COMPLETE THIS SECTION FOR EACH PRODUCTION FACILITY. MAKE ADDITIONAL COPIES AS NECESSARY.			
OWNER/OPERATOR			
COMPANY NAME			
STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PLANT CONTACT, NAME AND TITLE			TELEPHONE AREA CODE & NUMBER
EQUIPMENT LOCATION ADDRESS (if different from above)			
CITY	STATE	ZIP CODE	COUNTRY
Primary SIC Code	AIR USE PERMIT NUMBER (If applicable)		STATE REGISTRATION NUMBER (SRN) if known
<input type="checkbox"/> 4922 (Natural gas generation)			

2. IF YOUR FACILITY IS NOT SUBJECT TO THE NATIONAL EMISSION STANDARDS FOR NATURAL GAS TRANSMISSION AND STORAGE FACILITIES, PLEASE CHECK ONE OF THE FOLLOWING OPTIONS, FILL OUT SECTIONS 1, 2, 3, SECTION 5 OF THIS REPORT, AND RETURN TO THE APPROPRIATE AIR QUALITY DIVISION DISTRICT OFFICE (see Attachment A).	
<input type="checkbox"/> Our facility does not transport or store natural gas prior to entering the pipeline to a local distribution company or to a final end user.	
<input type="checkbox"/> Our facility has a natural gas throughput of less than 999,415 cubic feet (28,300 cubic meters) per day.	
Does your facility have any of the following production equipment?	
Glycol Dehydrator <input type="checkbox"/> Yes <input type="checkbox"/> No	Storage vessels with flash off <input type="checkbox"/> Yes <input type="checkbox"/> No
Natural gas compressors <input type="checkbox"/> Yes <input type="checkbox"/> No	Other ancillary equipment (i.e., pumps, pressure relief devices, sampling connection systems, open-ended valves, line valves, flanges, or other connectors) <input type="checkbox"/> Yes <input type="checkbox"/> No

3. INDICATE IF FACILITY IS NEW OR EXISTING SOURCE (check one).	
<input type="checkbox"/> Existing (constructed and reconstructed on or before February 6, 1998)	<input type="checkbox"/> New (constructed and reconstructed after February 6, 1998)

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4. EQUIPMENT LIST AND METHOD OF COMPLIANCE (Only provide information on the number of units operated at your facility. Attach a copy for additional units as needed.)

Dehydrator Information (if applicable)

Type of Dehydrator Unit	Daily throughput (Gallons/Cubic feet)	Type of Control
1. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other _____	<input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Condenser <input type="checkbox"/> Vapor recovery <input type="checkbox"/> Thermal oxidizer <input type="checkbox"/> Flare <input type="checkbox"/> Other
2. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other _____	<input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Condenser <input type="checkbox"/> Vapor recovery <input type="checkbox"/> Thermal oxidizer <input type="checkbox"/> Flare <input type="checkbox"/> Other
3. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other _____	<input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Condenser <input type="checkbox"/> Vapor recovery <input type="checkbox"/> Thermal oxidizer <input type="checkbox"/> Flare <input type="checkbox"/> Other
4. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other _____	<input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Condenser <input type="checkbox"/> Vapor recovery <input type="checkbox"/> Thermal oxidizer <input type="checkbox"/> Flare <input type="checkbox"/> Other
5. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other _____	<input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Condenser <input type="checkbox"/> Vapor recovery <input type="checkbox"/> Thermal oxidizer <input type="checkbox"/> Flare <input type="checkbox"/> Other

5. Print or type the name and title of the "Responsible Official" for the plant:

(Name) (Title)

A "Responsible Official" can be:

- The president, vice-president, secretary, or treasurer of the company who owns the plant;
- The owner of the plant;
- The plant engineer or supervisor;
- A government official if the plant is owned by the Federal, State, City, or County government; or
- A ranking military officer if the plant is located on a military base.

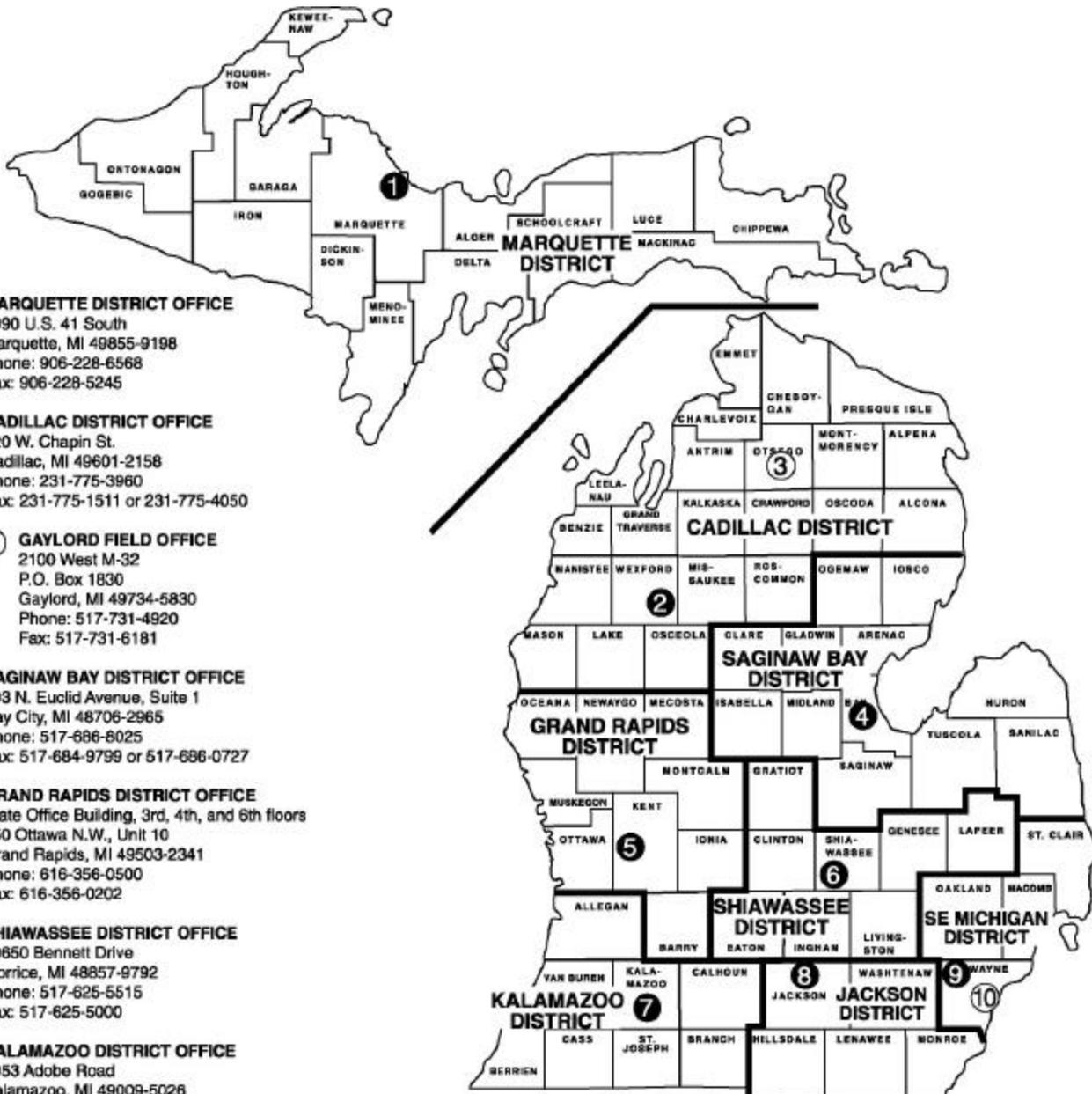
I certify the information contained in this report to be accurate and true to the best of my knowledge.

(Signature of "Responsible Official") (Date)

Please make a copy of this Initial Notification Report and submit the original signed copy by US mail, or by another courier, to the appropriate Air Quality Division district office. See Attachment A on page 3 of this report for mailing addresses.

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 NATURAL GAS TRANSMISSION AND STORAGE FACILITIES NESHA (continued)

ATTACHMENT A
Air Quality District and Office Boundaries



- 1 MARQUETTE DISTRICT OFFICE**
 1990 U.S. 41 South
 Marquette, MI 49855-9198
 Phone: 906-228-6568
 Fax: 906-228-5245
- 2 CADILLAC DISTRICT OFFICE**
 120 W. Chapin St.
 Cadillac, MI 49601-2158
 Phone: 231-775-3960
 Fax: 231-775-1511 or 231-775-4050
- 3 GAYLORD FIELD OFFICE**
 2100 West M-32
 P.O. Box 1830
 Gaylord, MI 49734-5830
 Phone: 517-731-4920
 Fax: 517-731-6181
- 4 SAGINAW BAY DISTRICT OFFICE**
 503 N. Euclid Avenue, Suite 1
 Bay City, MI 48706-2965
 Phone: 517-686-8025
 Fax: 517-684-9799 or 517-686-0727
- 5 GRAND RAPIDS DISTRICT OFFICE**
 State Office Building, 3rd, 4th, and 6th floors
 350 Ottawa N.W., Unit 10
 Grand Rapids, MI 49503-2341
 Phone: 616-356-0500
 Fax: 616-356-0202
- 6 SHIAWASSEE DISTRICT OFFICE**
 10650 Bennett Drive
 Morrice, MI 48857-9792
 Phone: 517-625-5515
 Fax: 517-625-5000
- 7 KALAMAZOO DISTRICT OFFICE**
 7953 Adobe Road
 Kalamazoo, MI 49009-5026
 Phone: 616-567-3500
 Fax: 616-567-9440
- 8 JACKSON DISTRICT OFFICE**
 301 E. Louis B. Glick Highway
 Jackson, MI 49201-1556
 Phone: 517-780-7690
 Fax: 517-780-7855
- 9 SOUTHEAST MICHIGAN DISTRICT OFFICE**
 38980 Seven Mile Road
 Livonia, MI 48152-1006
 Phone: 734-953-8905
 Fax: 734-953-0243 or 734-953-1544
- 10 DETROIT FIELD OFFICE**
 300 River Place, Suite 3600
 Detroit, MI 48207
 Phone: 313-392-6480
 Fax: 313-392-6488

9 denotes district office
10 denotes field office

WAYNE COUNTY DEPARTMENT OF ENVIRONMENT
 Air Quality Management Division
 640 Temple, Suite 700
 Detroit, MI 48201-2558
 313-833-7030

ENVIRONMENTAL ASSISTANCE CENTER
 (for general information)
 Telephone: 800-662-9278
 Fax: 517-241-0673
 Email: deq-ead-env-assist@state.mi.us

Pollution Emergencies: 800-292-4706

DEQ Internet Home Page:

www.deq.state.mi.us