

Form A

Initial Notification and Notification of Compliance Status

National Emission Standards for Hazardous Air Pollutants for Clay Ceramics Manufacturing Area Sources

40 CFR Part 63 Subpart RRRRRR
(<http://www.epa.gov/ttn/atw/area/fr26de07.pdf>)

1. Business Name: _____
2. Owner/Operator Name: _____
3. Mailing Address: _____
4. E-mail Address: _____
5. Address (physical location) of Source: _____
6. Primary SIC and NAICS codes: _____
7. Compliance Date: Existing source: Dec. 26, 2007 New source: _____
(Date of startup)
8. Clay ceramic products (mark all that apply):
pressed tile sanitaryware dinnerware pottery
other materials, please describe: _____

9. A brief description of the type of operation (Include identification of emission points within the affected source and the types of Hazardous Air Pollutants (HAP) emitted:

10. Complete the following table for each kiln firing glazed ceramic ware:

Kiln Name/ID No.	Peak Temperature (°F)	Management practice (e.g., using only natural gas or electric-powered kiln)

11. Total amount of wet glaze used: _____ tons per year (TPY)

(You do not need to include wet glazes containing < 0.1 weight% clay ceramics metal HAP.)

12. If entire facility uses more than 250 TPY of wet glaze, complete the following table for each glaze spray booth:

Spray Booth ID No.	Air Pollution Control Device	Management Practice*

13. If entire facility uses 250 TPY or less of wet glaze, complete the following table for each glaze spray booth:

Spray Booth ID No.	Waste Minimization Practice	Air Pollution Control Device	Management Practice*

* An example management practice would be only using wet glazes containing <0.1 weight % clay ceramics metal HAP.

14. A brief description of the methods that will be used for determining continuous compliance, including a description of monitoring and reporting requirements and test methods:

Keep a copy of this form for your records.

15. Certification:

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this report and the supporting enclosures are true, accurate and complete.

Print the name and title of the “Responsible Official*” for the facility:

Name of Responsible Official	Title	Phone Number
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*A “Responsible Official” can be:

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

Signature of “Responsible Official”

Date

Mail the original to:

Region 10 Office of the EPA
 Director, Office of Air, Waste and Toxics
 1200 6th Ave., Suite 900, OAQ-107
 Seattle, WA 98101

Mail or fax a copy to:

Department of Environmental Quality
 Attn: Jerry Ebersole
 811 SW Sixth Ave
 Portland, OR 97204
 Fax: 503-229-5675

Form B

Exemption Declaration

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(<http://www.epa.gov/ttn/atw/area/fr26de07.pdf>)

1. Business Name: _____
2. Owner/Operator Name: _____
3. Mailing Address: _____
4. E-mail Address: _____
5. Address (physical location) of Source: _____
6. Primary SIC and NAICS codes: _____
7. Clay ceramic products (mark all that apply):
 pressed tile sanitaryware dinnerware pottery
 ___ other materials, please describe:
8. Total amount of clay used per year: _____ tons per year
9. Do you fire wet glaze? Yes No
10. Total amount of wet glaze used: _____ tons per year
(You do not need to include wet glazes containing < 0.1 weight% clay ceramics metal HAP.)

Keep a copy of this form for your records.

Certification

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this report and the supporting enclosures are true, accurate and complete.

Print the name of the "Responsible Official*" for the facility:

Name of Responsible Official	Title	Phone Number
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- The plant engineer or supervisor
- A government official if the facility is owned by the Federal, State, City, or County government
- A ranking military officer if the facility is located on a military base

Signature of "Responsible Official"	Date
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Mail the original to:

Region 10 Office of the EPA
Director, Office of Air, Waste and Toxics
1200 6th Ave., Suite 900, OAQ-107
Seattle, WA 98101

Mail or fax a copy to:

Department of Environmental Quality
Attn: Jerry Ebersole
811 SW Sixth Ave
Portland, OR 97204
Fax: 503-229-5675