

# APPENDIX F

## BATCH VAPOR AND IN-LINE MACHINE REPORTING FORMS

[NOTE: NONE OF THESE FORMS ARE REQUIRED,  
THE USE OF THESE FORMS IS OPTIONAL.]

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# HALOGENATED SOLVENT CLEANER NESHAP

## Initial Notification Report for Existing\* Machines

### PART ONE - General Information

Person Preparing Report: \_\_\_\_\_ Date \_\_\_\_\_  
Last Name, First Name, Middle Initial

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number, Street, City/Town, State, Zip Code

Equipment  
Location Address \_\_\_\_\_  
Number, Street, City/Town, State, Zip Code

### Cleaning Machine Summary

Identification Number

Description

\*Existing cleaning machines are cleaners installed on or before November 29, 1993.



# HALOGENATED SOLVENT CLEANER NESHAP

## Initial Notification Report for New\* Machines (Application for Approval of Construction or Reconstruction)

### PART ONE - General Information

Person Preparing Report: \_\_\_\_\_ Date \_\_\_\_\_  
Last Name, First Name, Middle Initial

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number, Street, City/Town, State, Zip Code

Equipment  
Location Address \_\_\_\_\_  
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary
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Identification Number

Description

\*New cleaning machines are cleaners installed after November 29, 1993.

# HALOGENATED SOLVENT CLEANER NESHAP

## Initial Notification Report for New\* Machines (Application for Approval of Construction or Reconstruction)

PART TWO - Information Required per Machine  
(Make copies for additional machines as necessary)

1. Type of machine intended for construction/reconstruction (check one):  
 Batch vapor                       Cold in-line                       Vapor in-line
2. Solvent/air interface area \_\_\_\_\_ square meters (or square inches)
3. Intended controls  
 Freeboard ratio of 1.0                       Carbon adsorber  
 Freeboard refrigeration device                       Reduced room draft  
 Super-heated vapor                       Dwell  
 Working-mode cover                       Other \_\_\_\_\_  
Control
4. Proposed construction or reconstruction commencement date \_\_\_\_\_
5. Expected construction or reconstruction completion date \_\_\_\_\_
6. Anticipated date of initial startup \_\_\_\_\_
7. Anticipated compliance approach  
 Basic equipment standard                       Idling emission standard  
 Alternative standard
8. Annual estimate of halogenated HAP solvent consumption  
\_\_\_\_\_ kilograms/year (or pounds/year)

\*New cleaning machines are cleaners installed after November 29, 1993.

# HALOGENATED SOLVENT CLEANER NESHAP:

## Initial Statement of Compliance for Machines Complying with the Equipment Standard

### PART ONE - General Information

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Person Preparing Report \_\_\_\_\_ Date \_\_\_\_\_  
Last Name, First Name, Middle Initial

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number, Street, City/Town, State, Zip Code

Intended Equipment  
Location Address \_\_\_\_\_  
Number, Street, City/Town, State, Zip Code

**Cleaning Machine Summary**

Identification Number

Description

