



NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY  
Air Quality Division

**COMPLIANCE EXTENSION REQUEST**

**Applicable Rule:** 40 CFR Part 63, Subpart A - National Emission Standards for Hazardous Air Pollutants (NESHAP) – General Provisions

*This form fulfills the requirements necessary to request an extension of compliance under 112(d) of the Clean Air Act (CAA) as specified in §63.6(i) and §63.9(c) of the Code of Federal Regulations (CFR). The deadline by which a request for an extension of compliance with a relevant standard must be received is **no later than 120 days before the compliance date of the standard\*** [as specified in §63.6(b) and (c)]. The amount of time requested for the extension request cannot exceed one (1) year.*

*\*Please note that emissions standards established under this part may specify an alternative date (e.g., other than 120 days) for the submittal of requests for an extension of compliance if alternatives are appropriate for the source categories affected by those standards. Please check the relevant standard for alternative submittal dates (§63.6(i)(4)(i)(B)).*

Company Name: \_\_\_\_\_ Facility ID#: \_\_\_\_\_

Owner/Operator/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Plant Address (if different than owner/operator's mailing address):

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Plant Phone Number: \_\_\_\_\_

Plant Contact/Title: \_\_\_\_\_

**This form must be completed, signed and submitted to NDEQ or the appropriate air pollution control agency no later than 120 days prior to the compliance date of the standard.**

NDEQ Air Quality Division  
1200 'N' St. Atrium, Suite 400  
Lincoln, NE 68509-8922

If your facility is located in Omaha or Lancaster County, you must submit a notification to the appropriate local air pollution control agency in that area and Region VII EPA.

1. What is the relevant standard from which you are requesting a compliance extension (e.g., NESHAP Subpart ZZZZ for Reciprocating Internal Combustion Engines, etc.)?  
\_\_\_\_\_

Compliance Date of the Relevant Standard (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Identify the reasons why additional time is needed to comply with the standard:

\_\_\_\_\_

Provide the date (mm/dd/yyyy) when you first learned of the issues which led to this compliance extension request (§63.6(i)(4)(i)(C)): \_\_\_\_/\_\_\_\_/\_\_\_\_

3. What controls are being installed at your facility to ensure compliance with the relevant standard (§63.6(i)(6)(i)(A))?

\_\_\_\_\_

4. Provide a compliance schedule by identifying which of the following activities will be initiated and/or completed and the expected dates of completion **as a part of the process of achieving compliance with the applicable standard** (§63.6(i)(6)(i)(B)(1)-(2)):

Activities	Part of your compliance process	Expected date of completion (mm/dd/yyyy)	Comments (Optional)
On-site construction	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____/____	
Installation of emission control equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____/____	
Process change	Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____/____	

5. Specify the date (mm/dd/yyyy) by which final compliance with the applicable standard is to be achieved (§63.6(i)(6)(i)(B)(2)): \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Has your facility been issued an Air Quality Operating Permit? Yes  No

- If yes, what type of permit were you issued and what was the most recent date of issuance?

Class I Operating Permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date issued (mm/dd/yyyy)? ____/____/____
Class II Operating Permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date issued (mm/dd/yyyy)? ____/____/____

## Source Classification - Check the boxes that apply:

Facility is a major source of hazardous air pollutants (HAPs).\*

Facility is an area source of HAPs.\*

*\*Note: A major source is a facility that has a potential to emit greater than 10 tons per year of any single HAP or 25 tons per year of all HAPs combined. All other sources are area sources. The major/area source determination is based on all HAP emission points inside the facility fence line.*

Affected unit/source is classified as an existing source under the relevant standard.\*\*

Affected unit/source is classified as a new source under the relevant standard.\*\*

*\*\*Note: To determine if your unit/source is new or existing, please consult the relevant standard or contact the NDEQ.*

## Certification

Print or type the name and title of the Responsible Official\* for the facility:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**I CERTIFY THAT INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.**

By signing this form, I am providing official notification that I am unable to comply with the relevant standard and require additional time for the reasons specified in this form (§63.6(i)(4)(i)(A)).

\_\_\_\_\_  
**(Signature of Responsible Official)**

\_\_\_\_\_  
**(Date)**

\*A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the plant;
- An owner of the plant;
- A plant engineer or supervisor of the plant;
- 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 at a military base.