



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

BUREAU OF AIR

NSPS NOTIFICATION for ENGINES

Date: _____

- 1) Source ID #: _____
2) Company Name: _____
3) Station Name: _____
4) Source Address (Location of station): _____
5) Contact Person(s): _____
6) 40 CFR 60 Subpart: IIII or JJJJ (circle one)
7) Subject Equipment: Engine Certified: Yes or No (circle one)
8) Horsepower: _____
9) Serial Number: _____
10) Date of Manufacture: _____
11) C #: _____

ACTION AND REQUIRED TIME PERIOD DATE OF ACTION

Table with 2 columns: ACTION AND REQUIRED TIME PERIOD, DATE OF ACTION. Rows include: Actual equipment start-up (within 15 days after), Maximum production achieved (within 15 days after), Scheduled performance test (30) days prior, Date of Actual Performance Test, Performance test report submitted (within 30 days (IIII)), Performance test report submitted (within 60 days (JJJJ)).

Comments: _____

Return completed forms to: Air Compliance and Enforcement Section
1000 SW Jackson, Suite 310
Topeka, Kansas 66612-1366