



# Reciprocating Internal Combustion Engines

Air Quality Control Division  
5600 South 10<sup>th</sup> Street  
Omaha NE 68107-3501  
Phone: (402) 444-6015  
Fax: (402) 444-3904

## ANNUAL EMERGENCY ENGINE NOTIFICATION OF COMPLIANCE

**Applicable Rule:** 40 CFR Part 63, Subpart ZZZZ –  
National Emission Standards for Hazardous Air Pollutants  
(NESHAP) for Stationary Reciprocating Internal  
Combustion Engines (RICE)

This form must be completed, signed and submitted to the following agency by March 31<sup>st</sup> of each year:

City of Omaha- Air Quality Control, 5600 S. 10<sup>th</sup> Street, Omaha, NE 68107

### Who is subject to this reporting requirement?

Sources with the following stationary engines are subject to this annual notification requirement:

- All sources that own or operate an emergency stationary RICE with a site rating of more than 100 brake HP that operates or is contractually obligated to be available for more than 15 hours per calendar year for the purposes specified in 40 CFR 63.6640(f)(2)(ii) and (iii) or that operates for the purpose specified in §63.6640(f)(4)(ii).

### SECTION I – GENERAL INFORMATION

Print or type the following information for each facility for which you are making initial notification:

Facility Name	
Facility Address	City, State, Zip
Responsible Official's Name/ Title	Responsible Official's Phone Number
Responsible Official's Mailing Address/Billing Address (if different than above)	City, State, Zip

Reporting Period (Start and End Dates): \_\_\_\_\_

### SECTION II – ENGINE INFORMATION

Provide the following information for each applicable stationary engine. Add additional sheets as needed.

RICE #1:

- Unit Name & Number: \_\_\_\_\_
- Engine Model Year: \_\_\_\_\_
- Engine Site Rating (Horsepower): \_\_\_\_\_
- Engine Latitude & Longitude (in decimal degrees to 5<sup>th</sup> decimal place): \_\_\_\_\_
- Hours operated under true emergency conditions: \_\_\_\_\_
- Hours operated for maintenance or testing: \_\_\_\_\_

For official use only: City ID#  
  
State ID#

7. Does this engine operate or is it contractually obligated to operate for more than 15 hours for the purposes described in §63.6640(f)(2)(ii) and (iii) or does it operate for the purpose specified in §63.6640(f)(4)(ii)? (i.e. Is this engine under a curtailment contract with a local utility, or does it operate in periods of voltage or frequency deviation of 5 percent or greater below standard voltage or frequency?)

- Yes  
 No

***If you answered "No" to question 7, you may skip to Section IV – Certification. If you answered "Yes", please complete Section III before proceeding to Section IV.***

**SECTION III – INFORMATION REQUIRED UNDER 40 CFR 63.6650(h)**

8. Hours operated due to Energy Emergency Alert Level 2 declared by the NERC Reliability Coordinator: \_\_\_\_\_  
a. List the dates, start times, and end times for each operation of engine due to an EEA Level 2:

9. Hours operated due to a deviation of voltage or frequency of 5 percent or greater below standard voltage or frequency: \_\_\_\_\_  
a. List the dates, start times, and end times for each operation of engine due to a voltage or frequency deviation:

10. Number of hours engine is contractually obligated to operate annually under scenarios in #8 and 9 above:  
\_\_\_\_\_

11. Hours operated under terms of a financial contract that meet the definition in 40 CFR 63.6640(f)(4)(ii) (Note: OPPD curtailment contract meets these conditions): \_\_\_\_\_  
a. List the dates, start times, and end times for each such operation, as well as which entity dispatched the engine and the situation that necessitated the dispatch:

12. Were there deviations from the fuel requirements in 40 CFR 63.6604 that apply to this engine during the reporting period?

- Yes  
 No

If Yes, list the number, duration, and cause of deviations, and the corrective action taken:

**SECTION IV - CERTIFICATION**

**The Responsible Official must certify below. The Responsible Official can be:**

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

*(Print or type the following information.)*

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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