



August 1, 2023

Michigan Department of EGLE
Air Quality Division
Grand Rapids District Office
350 Ottawa Avenue NW, Unit 10
Grand Rapids, MI 49503
EGLE-ROP@michigan.gov

cc: Chris Hare; MI Dept. of EGLE; Air Quality Division; Saginaw Bay District Office; 401 Ketchum Street Suite B; Bay City, MI 48708; harec@michigan.gov
Caryn Owens; MI Dept. of EGLE; Air Quality Division; Cadillac District Office; 120 West Chapin Street; Cadillac, MI 49601-2158; Owensc1@michigan.gov

DOW SILICONES CORPORATION RULE 216(2) CHANGE NOTIFICATION: EU601-01

Please find attached the notification forms required by Rule 216(2) for changes to Dow Silicones Corporation Renewable Operating Permit number MI-ROP-A4043-2019b.

On April 27, 2023, the Alkoxylation Process (EU601-01) received special conditions associated with permit to install application no. 534-771. Dow Silicones Corporation requests that these special conditions be included in the renewable operating permit.

Attached are the M-001 and C-001 forms. If you have questions regarding this submittal, please contact Jim Alger at (989) 615-1901.

A handwritten signature in black ink that reads "Kristan Soto".

Kristan Soto
EH&S Responsible Care Leader
1790 Building, Washington Street
Midland, MI 48674
(989) 633-1809

Enclosures

**RENEWABLE OPERATING PERMIT
M-001: RULE 215 CHANGE NOTIFICATION
RULE 216 AMENDMENT/MODIFICATION APPLICATION**

This information is required by Part 55, Air Pollution Control, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and the Federal Clean Air Act of 1990. Failure to obtain a permit required by Part 55 may result in penalties and/or imprisonment.

1. SRN A4043	2. ROP Number MI-ROP-A4043-2019b	3. County Midland
4. Stationary Source Name Dow Silicones Corporation		
5. Location Address 3901 S. Saginaw Road		6. City Midland
<p>7. Submittal Type - <i>The submittal must meet the criteria for the box checked below. Check only one box. Attach a mark-up of the affected ROP pages for applications for Rule 216 changes.</i></p> <p><input type="checkbox"/> Rule 215(1) Notification of change. Complete Items 8 – 10 and 14</p> <p><input type="checkbox"/> Rule 215(2) Notification of change. Complete Items 8 – 10 and 14</p> <p><input type="checkbox"/> Rule 215(3) Notification of change. Complete Items 8 – 11 and 14</p> <p><input type="checkbox"/> Rule 215(5) Notification of change. Complete Items 8 – 10 and 14</p> <p><input type="checkbox"/> Rule 216(1)(a)(i)-(iv) Administrative Amendment. Complete Items 8 – 10 and 14</p> <p><input type="checkbox"/> Rule 216(1)(a)(v) Administrative Amendment. Complete Items 8 – 14. Results of testing, monitoring & recordkeeping must be submitted. See detailed instructions.</p> <p><input checked="" type="checkbox"/> Rule 216(2) Minor Modification. Complete Items 8 – 12 and 14</p> <p><input type="checkbox"/> Rule 216(3) Significant Modification. Complete Items 8 – 12 and 14, and provide any additional information needed on ROP application forms. See detailed instructions.</p> <p><input type="checkbox"/> Rule 216(4) State-Only Modification. Complete Items 8 – 12 and 14</p>		
8. Effective date of the change. (MM/DD/YYYY) <i>See detailed instructions.</i> 08/04/2023		9. Change in emissions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Description of Change - <i>Describe any changes or additions to the ROP, including any changes in emissions and/or pollutants that will occur. If additional space is needed, complete an Additional Information form (AI-001).</i></p> <p>On April 27, 2023, the Alkoxylation Process (EU601-01) received special conditions associated with permit to install application no. 534-771. Dow Silicones Corporation requests that these special conditions be included in the renewable operating permit.</p>		
11. New Source Review Permit(s) to Install (PTI) associated with this application? If Yes, enter the PTI Number(s) 534-771 - - - - -		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Compliance Status - <i>A narrative compliance plan, including a schedule for compliance, must be submitted using an AI-001 if any of the following are checked No.</i></p> <p>a. Is the change identified above in compliance with the associated applicable requirement(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Will the change identified above continue to be in compliance with the associated applicable requirement(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. If the change includes a future applicable requirement(s), will timely compliance be achieved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
13. Operator's Additional Information ID - <i>Create an Additional Information (AI) ID for the associated AI-001 form used to provide supplemental information.</i>		AI
14. Contact Name Jim Alger	Telephone No. (989) 615-1901	E-mail Address james.s.alger@dow.com
15. This submittal also updates the ROP renewal application submitted on ___/___/___ <i>(If yes, a mark-up of the affected pages of the ROP must be attached.)</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A

NOTE: A CERTIFICATION FORM (C-001) SIGNED BY A RESPONSIBLE OFFICIAL MUST ACCOMPANY ALL SUBMITTALS

For Assistance
Contact: 800-662-9278

www.michigan.gov/egle



RENEWABLE OPERATING PERMIT APPLICATION C-001: CERTIFICATION

This information is required by Article II, Chapter 1, part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to provide this information may result in civil and/or criminal penalties. Please type or print clearly.

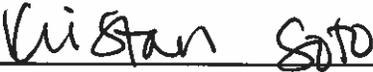
This form is completed and included as part of Renewable Operating Permit (ROP) initial and renewal applications, notifications of change, amendments, modifications, and additional information.

Form Type C-001	SRN A4043
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Stationary Source Name Dow Silicones Corporation	
City Midland	County Midland

SUBMITTAL CERTIFICATION INFORMATION	
1. Type of Submittal <i>Check only one box.</i>	
<input type="checkbox"/> Initial Application (Rule 210)	<input checked="" type="checkbox"/> Notification / Administrative Amendment / Modification (Rules 215/216)
<input type="checkbox"/> Renewal (Rule 210)	<input type="checkbox"/> Other, describe on AI-001
2. If this ROP has more than one Section, list the Section(s) that this Certification applies to _____	
3. Submittal Media <input type="checkbox"/> E-mail <input type="checkbox"/> FTP <input type="checkbox"/> Disk <input checked="" type="checkbox"/> Paper	
4. Operator's Additional Information ID - Create an Additional Information (AI) ID that is used to provide supplemental information on AI-001 regarding a submittal. AI EU601-01	

CONTACT INFORMATION	
Contact Name Jim Alger	Title Air Specialist
Phone number 989-616-1901	E-mail address james.s.alger@dow.com

This form must be signed and dated by a Responsible Official.				
Responsible Official Name Kristan Soto			Title EH&S Responsible Care Leader	
Mailing address 1790 Building, Washington Street				
City Midland	State MI	ZIP Code 48674	County Midland	Country USA
As a Responsible Official, I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this submittal are true, accurate and complete.				
 _____ Signature of Responsible Official			08/01/2023 _____ Date	