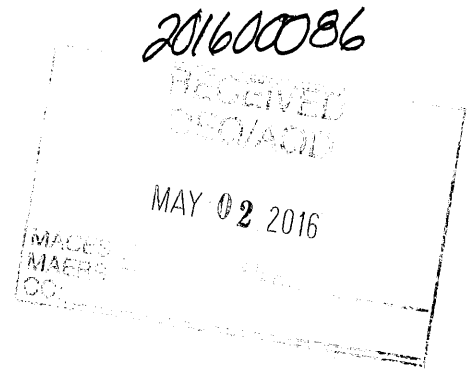




**Great Lakes Works**  
 Environmental Dept.  
 No. 1 Quality Drive  
 Ecorse, Michigan 48229



April 29, 2016

Michigan Department of Environmental Quality  
 Air Quality Division  
 120 West Chapin Street  
 Cadillac, MI 49601-2158

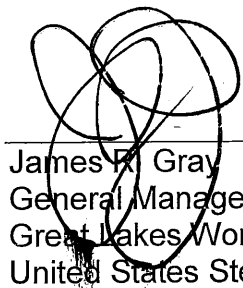
**Re: UNITED STATES STEEL CORPORATION – GREAT LAKES WORKS  
 ROP 199600132, PTI 219-06B, SRN A7809**

**Subject: Submittal of Administrative Modification to add PTI 219-06B to the ROP**

This document has been reviewed and approved for the General Manager's signature.

  
 Alexis Piscitelli  
 Manager - Environmental Department  
 Great Lakes Works  
 United States Steel Corporation

29 April 16  
 Date

  
 James R. Gray  
 General Manager  
 Great Lakes Works  
 United States Steel Corporation

4/29/16  
 Date

201600086



**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    A7809   | 2. ROP Number    199600132    | 3. County    Wayne  |
| 4. Stationary Source Name    United States Steel Corporation Great Lakes Works  |                               |   |
| 5. Location Address    1 Quality Drive  |                               | 6. City    Ecorse   |
| <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"/> <b>Rule 215(1) Notification of change.</b>    <i>Complete Items 7 – 10.</i></p> <p><input type="checkbox"/> <b>Rule 215(2) Notification of change.</b>    <i>Complete Items 7 – 10.</i></p> <p><input type="checkbox"/> <b>Rule 215(3) Notification of change.</b>    <i>Complete Items 7 – 11.</i></p> <p><input type="checkbox"/> <b>Rule 216(1)(a)(i)-(iv) Administrative Amendment.</b>    <i>Complete Items 7 – 10.</i></p> <p><input checked="" type="checkbox"/> <b>Rule 216(1)(a)(v) Administrative Amendment.</b>    <i>Complete Items 7 – 13. Results of testing, monitoring &amp; recordkeeping must be submitted. See detailed instructions.</i></p> <p><input type="checkbox"/> <b>Rule 216(2) Minor Modification.</b>    <i>Complete Items 7 – 12.</i></p> <p><input type="checkbox"/> <b>Rule 216(3) Significant Modification.</b>    <i>Complete Items 7 – 12 and provide any additional information needed on ROP application forms. See detailed instructions.</i></p> <p><input type="checkbox"/> <b>Rule 216(4) State-Only Modification.</b>    <i>Complete Items 7 – 12.</i></p> |                               |   |
| 8. Effective date of the change. (MM/DD/YYYY)<br><i>See detailed instructions.</i> <u>04/29/2016</u>  |                               | 9. Change in emissions? <input type="checkbox"/> Yes <input checked="" 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>ROP Administrative Amendment to incorporate PTI 219-06B into ROP.</p>   |                               |   |
| <p>11. New Source Review Permit(s) to Install (PTI) associated with this application?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p>If Yes, enter the PTI Number(s)    _____ - _____ - _____ - _____ - _____</p>   |                               |   |
| <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>   |                               | <b>AI</b>   |
| 14. Contact Name<br>Melinda Keillor   | Telephone No.<br>313-749-3855 | E-mail Address<br>makeillor@uss.com   |
| 15. This submittal also updates the ROP renewal application submitted on ____/____/____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A<br><i>(If yes, a mark-up of the affected pages of the ROP must be attached.)</i>   |                               |   |

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

20160086



Michigan Department Of Environmental Quality - Air Quality Division

**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.*

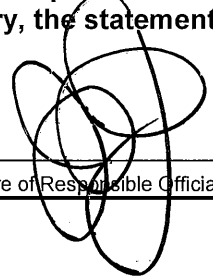
**This form is completed and included as part of Renewable Operating Permit (ROP) initial and renewal applications, notifications of change, amendments, modifications, and additional information.**

|                        |              |
|------------------------|--------------|
| Form Type <b>C-001</b> | SRN<br>A7809 |
|------------------------|--------------|

|  |                 |
|--|-----------------|
| Stationary Source Name<br>United States Steel Corporation, Great Lakes Works |                 |
| City<br>Ecorse   | County<br>Wayne |

|  |  |
|--|--|
| <b>SUBMITTAL CERTIFICATION INFORMATION</b>   |  |
| 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 <u>1 &amp; 5</u>  |  |
| 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   |  |

|                                 |                                     |
|---------------------------------|-------------------------------------|
| <b>CONTACT INFORMATION</b>      |                                     |
| Contact Name<br>Melinda Keillor | Title<br>Environmental Engineer     |
| Phone number<br>313-749-3855    | E-mail address<br>makeillor@uss.com |

|  |             |                   |                                 |                |
|--|-------------|-------------------|---------------------------------|----------------|
| <b>This form must be signed and dated by a Responsible Official.</b>   |             |                   |                                 |                |
| Responsible Official Name<br>James R. Gray   |             |                   | Title<br>General Manager        |                |
| Mailing address<br>1 Quality Drive   |             |                   |                                 |                |
| City<br>Ecorse   | State<br>MI | ZIP Code<br>48202 | County<br>Wayne                 | Country<br>USA |
| <b>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.</b> |             |                   |                                 |                |
| <br>_____<br>Signature of Responsible Official  |             |                   | <u>4/29/16</u><br>_____<br>Date |                |