

**Title V Operating Permit
ANNUAL COMPLIANCE CERTIFICATION FORM**
(Due each March 31)

Part 1C - Facility Information and Certification

This form, or the equivalent information, is required with all Annual Compliance Certification submittals.

Facility Name: _____

Facility Location (street address and city): _____

Permit Issuance Date: _____

**Operating Permit
Number:** _____

Facility File Number: _____

Reporting Period Start Date: _____ End Date: _____

	Responsible Official	Permit Contact Person
Name		
Title		
Mailing Address		
Phone Number		

Is the above information **different** from what is indicated on your most recent Title V Report (i.e. last Semi-Annual Monitoring Report, Annual Emissions Inventory, etc)? **Yes** **No**
[If "Yes," please contact the DNR Air Quality Bureau at 515-242-5100 or your Linn or Polk County local program office. You may need to submit additional forms to update your Title V Permit]

Are you submitting this Annual Compliance Certification to also fulfill the reporting requirements for the **Title V Semi-Annual Monitoring Report**? **Yes** **No**
*[If "No," by **March 31**, you must submit a separate Semi-Annual Monitoring Report. Remember that a Semi-Annual Monitoring Report is also due by **September 30** of each year]*

Please mail a signed copy of this report to **each** of these offices: **Air Quality Bureau** ;
DNR Field Office (or **local air program office**) ; **and EPA Region VII** .

*Please **check** the appropriate box above to indicate the **addressee** for each copy submitted. You can find the addresses in the DNR Instructions and at the end of your Title V Permit.*

STATEMENT OF CERTIFICATION OF COMPLIANCE [As required by 567 IAC 22.107(4). The **Responsible Official**, as defined under 567 IAC 22.100, must sign each copy of this report]

"I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS DOCUMENT ACCURATELY REFLECT THE COMPLIANCE STATUS OF THIS FACILITY FOR THIS REPORTING PERIOD TO DATE, AND ARE TRUE, ACCURATE, AND COMPLETE."

Signature of Responsible Official

Title of Responsible Official

Print Name of Responsible Official

Date Signed

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Part 3C-1 – Compliance Report [By Emission Unit]

This form, or the equivalent information, is required with all Annual Compliance Certification submittals.

Facility Name: _____ **Operating Permit Number:** _____
Reporting Period - Start Date: _____ **End Date:** _____

Please see the DNR Instructions for details on completing this form. An example is included in Appendix B of the DNR Instructions.

(1) EP#	(2) EU#	(3) Pollutant (If appl.)	(4) Permit Term, Condition or Applicable Requirement	(5) Monitoring Method* (if appl.)	(6) Other Method Used to Determine Compliance (if appl.)	(7) Deviations? (Y) or (N)**	(8) If Deviations, note which form(s) contain information ⁺	(9) In Compliance? (Y) or (N)**

Attach additional pages, as needed. [If more than one page is submitted, indicate **Page** ____ **of** ____]

* **Monitoring Method Abbreviations (#5):** Recordkeeping (RR), Source Testing (ST), Continuous Emissions Monitoring (CEMS), Continuous Opacity Monitoring (COMS), No Visible Emissions (NVE), Method 9 Opacity Observations (OP), and Operation & Maintenance Plans (OMP).

** **Deviations (#7)?:** Indicate (Y) for Yes, or (N) for No. If you indicate (Y), you **must** complete **Part 4C** and/or **Part 5C**.

⁺ **If Deviations...(#8):** If you marked (Y) for #7, note which form describes the deviations by indicating (4C), (5C), or (4C & 5C).

⁺⁺ **In Compliance (#9)?:** If you indicate (N), you must complete **Part 6C**.

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Part 3C-2 – Compliance Report [By Permit Requirement]

This form is optional. Use this form to describe the compliance status of emission units that are subject to an identical applicable requirement.

Facility Name: _____ **Operating Permit Number:** _____
Reporting Period - Start Date: _____ **End Date:** _____

Any emission units listed on this form must:

- ◆ Be subject to the **same** applicable requirement; AND
- ◆ Be subject to the **same** monitoring requirement (or have **no** monitoring requirements); AND
- ◆ Have experienced **no** deviations from the requirement listed, AND
- ◆ Be currently **in compliance** with the listed requirement.

[Use **Part 3C-1** for all emission units that do **not** meet this criteria]

Pollutant (If appl.)	Permit Term, Condition or Applicable Requirement	Monitoring Method* (if appl.)

List emission unit numbers as indicated in the Permit

Emission Unit #										

***Monitoring Method Abbreviations:** Recordkeeping Requirements (RR), Source Testing (ST), Continuous Emissions Monitoring (CEMS), Continuous Opacity Monitoring (COMS), No Visible Emissions (NVE), Method 9 Opacity Observations (OP), and Operation & Maintenance Plans (OMP).

[Attach additional pages, as needed. [If more than one page is submitted, indicate Page ____ of ____]

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Part 4C – Deviation Report

*This form, or the equivalent information, is required **only** if deviations occurred during the reporting period.*

Facility Name: _____ **Operating Permit Number:** _____
Reporting Period - Start Date: _____ **End Date:** _____

You may be able to use Part 5C to report some or all of your deviations. Please see the DNR Instructions, and Part 5C, for details.

(1) EP# (if appl.)	(2) EU# (if appl.)	(3) Pollutant (if appl.)	(4) Deviation Description	(5) Deviation Date	(6) Deviation Duration	(7) Suspected Cause of Deviation	(8) Corrective Action Taken

Attach additional pages, as needed. [If more than one page is submitted, indicate Page ____ of ____]

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Part 5C – Additional Reports Summary

This form is optional. Use this form to reference other deviation or exceedance reports submitted for this reporting period.

Facility Name: _____ **Operating Permit Number:** _____
Reporting Period - Start Date: _____ **End Date:** _____

If you use this form to note deviations, please complete the table below to summarize other reports submitted to DNR Air Quality Bureau (or the Linn or Polk County air program) for this reporting period.

NOTE: The other reports referenced below should include, at a minimum, the information required in **Part 4C** for each deviation. If these reports do **not** contain this information, you must report the deviation on **Part 4C**.

Emission Unit Description	Emission Unit #	Reporting Requirement*	Date Report Submitted

Attach additional pages, if needed. [If more than one page is submitted, indicate **Page _____ of _____**]

**Other deviation or exceedance reports submitted to AQB may include, but are not limited to, the following:*

- ◆ **Title V Semi-Annual Monitoring Reports;**
- ◆ **CEMS and/or COMS reports;**
- ◆ **Written reports of excess emission incidents;**
- ◆ **NSPS, NESHAP and/or MACT reports;**
- ◆ **PSD reporting requirements; or**
- ◆ **DNR Construction Permit reporting requirements**

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Part 6C – Compliance Schedule

*This form, or the equivalent information, is required **only** if your facility is currently **out of compliance** with the Title V Permit.*

Facility Name: _____ **Operating Permit Number:** _____
Reporting Period - Start Date: _____ **End Date:** _____

If you are currently **out of compliance** with your Title V Operating Permit, you **must** submit a compliance schedule. There is no specific format for your compliance schedule. You must, however, submit the minimum information as specified for an Annual Compliance Certification under the General Conditions (Part IV) section of your Permit.

Section G4 of the Title V Permit states:

For sources determined not to be in compliance at the time of compliance certification, a compliance schedule shall be submitted which provides for periodic progress reports, dates for achieving activities, milestones, and an explanation of why any dates were missed and preventive or corrective measures.

Please provide the following information for **each** compliance schedule you submit:

- ◆ **Term, condition, or applicable requirement** with which your facility is currently out of compliance;
- ◆ **Date** non-compliance with the Permit requirement began;
- ◆ **Description** of the non-compliance;
- ◆ **Cause** of non-compliance;
- ◆ **Corrective actions** taken to bring your facility back into compliance;
- ◆ **Schedule**, with specific dates, for submitting progress reports; and
- ◆ **Date** by which your facility will be **back in compliance** with this requirement.