

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): _____

Facility Number (##-##-###): _____

TV Operating Permit Number: _____ **Issuance Date:** _____

Reporting Period Start Date: _____ **End Date:** _____

	Responsible Official	Permit Contact Person
Name		
Title		
Mailing Address		
Phone Number		

Responsible Official and Permit Contact changes must be made in SLEIS and EASYAir. For links and guidance please visit [eAir Services](#) webpage.

Is this Annual Compliance Certification submission intended to fulfill the requirement to submit a Title V Semi-Annual Monitoring Report (SAMR) by March 31? ☐ Yes ☐ No

This form must be saved as a PSF file and submitted electronically or mailed to the Air Quality Bureau (AQB), Field Office or local program, and EPA Region VII.

If submitting electronically, this form does not need a wet ink signature. Electronic certification and submission options:

- Iowa DNR and Field Office - [Air Quality Records and Reporting \(AQRR\)](#)
- EPA Region VII - [CDX/CEDRI](#)

If mailing, the Responsible Official must complete the Statement of Certification of Compliance below. Each copy mailed must include a wet ink signature. Please visit [DNR Staff and Offices](#) webpage for current Field Office and AQB mailing address information.

STATEMENT OF CERTIFICATION OF COMPLIANCE (As required by 567 IAC 24.107(4). The Responsible Official, as defined under 567 IAC 24.100, 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 2C – Compliance Summary

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

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

1. Emission Point Specific Conditions (Title V Permit - Part III)

- a. Is the facility currently **in compliance** with all Emission Point Specific Conditions (Part III) of the Title V Permit?
☐ Yes ☐ No (If **No**, complete **Part 6C** Compliance Schedule)
- b. Did the facility experience **any** deviations during the reporting period from the Emission Point Specific Conditions of the Title V Permit? ☐ Yes ☐ No (If **Yes**, complete Part 4C Deviation Report and/or **Part 5C** Additional Reports Summary.)

2. Plant-wide Conditions (Title V Permit - Part II)

- a. Is the facility currently **in compliance** with all Plant-wide Conditions (Part II) of the Title V Permit?
☐ Yes ☐ No (If **No**, complete **Part 6C** Compliance Schedule)
- b. Did the facility experience **any** deviations during the reporting period from the Plant-Wide Conditions of the Title V Permit? ☐ Yes ☐ No (If **Yes**, complete **Part 4C** Deviation Report and/or **Part 5C** Additional Reports Summary.)

3. General Conditions (Title V Permit - Part IV)

- a. Is the facility currently **in compliance** with all General Conditions (Part IV) of the Title V Permit?
☐ Yes ☐ No (If **No**, complete **Part 6C** (Compliance Schedule)
- b. Did the facility experience **any** deviations during the reporting period from any of the General Conditions of the Title V Permit? ☐ Yes ☐ No (If **Yes**, complete **Part 4C** Deviation Report and/or **Part 5C** Additional Reports Summary.)

4. Statement of Compliance Status

Based on the information provided above and throughout this Certification, indicate the facility's compliance status with the Title V Operating Permit during this reporting period.

Continuous Compliance ☐

Intermittent Compliance ☐

(If there were no deviations, check Continuous Compliance. If the facility is not currently in compliance or experienced **any** deviations during the reporting period, check Intermittent Compliance.)

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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. See SAMR and ACC instruction for more information.

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.

NOTE: Plant-Wide Conditions that require monitoring, must be include in **Part 3C-1** (indicate “plant-wide” under the EP# and EU# columns).

1. EP #	2. EU #	3. Pollutant (if appl.)	4. Permit Term, Condition or Applicable Requirement	5. Monitoring Method* of other method used to determine compliance	6. Deviations during reporting period? (If Yes, complete Column 7)	7. Form deviation is reported on (ACC Part 4C and/or 5C)	8. Currently in compliance? (If No, complete Part 6C)
					<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
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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).

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

This form, or the equivalent, may be used in place of Part 3C-1 to describe the compliance status of emission units that are subject to an identical applicable requirement. See SAMR and ACC instruction for more information.

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

Every emission units listed on a Part 3C-2 must meet all the criteria below:

- 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 #										
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Attach additional pages, as needed. (If more than one page is submitted, indicate Page _____ of _____)

***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).

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Part 4C – Deviation Report

This form, or the equivalent, must be completed if the deviation has not been reported to the Department in an Excess Emissions, NESHAP, NSPS, CEMs/COMs or other report.
This form should also be used if the previously submitted report did not include all information requested on this form. See SAMR and ACC instruction for more information.

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, or the equivalent, may be used instead of Part 4C to reference deviation and/or exceedance reports previously submitted to the Department for this reporting period. Part 4C should be used if the previously submitted report did not include all information requested on Part 4C. See SAMR and ACC instruction for more information.

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

Please complete the table below to summarize reports submitted to DNR Air Quality Bureau (or the Linn or Polk County air program) for this reporting period.

NOTE: The 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, report the deviation on **Part 4C**.

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

Attach additional pages, as 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 if the facility is currently out of compliance with any requirement of the Title V Permit.

Facility Name: _____ **Operating Permit Number:** _____

Reporting Period Start Date: _____ **End Date:** _____

If the facility is currently **out of compliance** with the Title V Operating Permit, a compliance schedule must be submitted. There is no specific format for the compliance schedule but it must include the minimum information as specified for an Annual Compliance Certification under the General Conditions (Part IV) section of the Title V 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. The compliance schedule should provide 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 submitted:

- **Term, condition, or applicable requirement** with which the 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 the facility back into compliance;
- **Schedule**, with specific dates, for submitting progress reports; and
- **Date** by which the facility will be back in compliance with this requirement.