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| **TITLE V ANNUAL COMPLIANCE CERTIFICATION FORM****PART 1 – FACILITY INFORMATION AND CERTIFICATION** |
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| FACILITY INFORMATION |
| Period Covered By Report:  |        to       |
| Facility Name: |       | AIRS Number: |       |
| Facility Physical Address: |       |
| City: |       | State: |  GA | ZIP Code: |       |
| Facility Mailing Address: |       |
| City: |       | State: |  GA | ZIP Code: |       |
| Responsible Official: |       | Phone: |       | FAX: |       |
| Environmental Contact: |       | Phone: |       | FAX: |       |
| Permit and Amendment Number(s): |       | Permit and Amendment Effective Date(s): |       |
|  |
| TRUTH, ACCURACY, AND COMPLETENESS CERTIFICATION BY RESPONSIBLE OFFICIAL |
| I certify that, based on information and belief formed after reasonable inquiry, the statements and information contained in the attached annual compliance certification are true, accurate, and complete. |
| Signature: |  | Date: |  |
| Responsible Official Title: |       |
|  |
| Number of Attached Pages: |       |  |
|  |
| For the purposes of this form, the term “deviation” includes any excess emissions, exceedance, or excursion identified in the permit or any non-compliance with any term or condition of the Title V Operating Permit including those attributable to equipment malfunction, breakdown, or upset condition. The acknowledgement of deviations from the specific permit requirements is not necessarily an acknowledgement of a violation. However, failure to report any and all deviations may constitute a violation of the Title V Operating Permit. |

The Title V Annual Compliance Certification must be submitted to both the Georgia EPD and US EPA Region IV.

Georgia EPD

Air Protection Branch

Stationary Source Compliance Program

4244 International Parkway, Suite 120

Atlanta, GA 30354

Enforcement and Compliance Assurance Division

Air Enforcement Branch

U. S. EPA Region 4

Sam Nunn Atlanta Federal Center

61 Forsyth Street, SW

Atlanta, Georgia 30303-3104If your facility is inspected by the Cartersville District Office, please also send a copy to:

Georgia EPD

Mountain District Office – Cartersville

P. O. Box 3250, 16 Center Road

Cartersville, GA 30120

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| **TITLE V ANNUAL COMPLIANCE CERTIFICATION FORM** |
| **PART 2 – COMPLIANCE STATUS** |
| Facility Name: |       |
| AIRS Number: |       | For Reporting Period: |       to       |
|  |
| Permit Number & Condition Number | Compliance Status | Monitoring Method | Identification of Deviations |
| Previously Reported  | Not Previously Reported(See Part 3) | Total |
|       | [ ]  Continuous [ ]  Intermittent[ ]  Not Applicable |       |       |       |       |
|       | [ ]  Continuous [ ]  Intermittent[ ]  Not Applicable |       |       |       |       |
|       | [ ]  Continuous [ ]  Intermittent[ ]  Not Applicable |       |       |       |       |
|       | [ ]  Continuous [ ]  Intermittent[ ]  Not Applicable |       |       |       |       |
|       | [ ]  Continuous [ ]  Intermittent[ ]  Not Applicable |       |       |       |       |
|       | [ ]  Continuous [ ]  Intermittent[ ]  Not Applicable |       |       |       |       |
|       | [ ]  Continuous [ ]  Intermittent[ ]  Not Applicable |       |       |       |       |
|       | [ ]  Continuous [ ]  Intermittent[ ]  Not Applicable |       |       |       |       |
|       | [ ]  Continuous [ ]  Intermittent[ ]  Not Applicable |       |       |       |       |
|       | [ ]  Continuous [ ]  Intermittent[ ]  Not Applicable |       |       |       |       |
|       | [ ]  Continuous [ ]  Intermittent[ ]  Not Applicable |       |       |       |       |
|       | [ ]  Continuous [ ]  Intermittent[ ]  Not Applicable |       |       |       |       |

Monitoring Method Abbreviations: RR = Recordkeeping Requirement; ST = Source Testing; CEMS = Continuous Emissions Monitoring System; COMS = Continuous Opacity Monitoring System; CFM = Continuous Fuel Monitoring; VE = Visible Emissions Monitoring; PEMS = Predictive Emissions Monitoring System; CERMS = Continuous Emission Rate Monitoring System; PMS = Parametric Monitoring System; OMP = Operations and Maintenance Plan; IN = Inspection; Other = Method not listed, provide description.

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| **TITLE V ANNUAL COMPLIANCE CERTIFICATION FORM** |
| **PART 3 – DEVIATION REPORT****(Report only deviations that have not been previously reported)** |
| Facility Name: |       |
| AIRS Number: |       | For Reporting Period: |       to       |
|  |
| Permit Number &Condition Number | Deviation Number | Deviation | Emission Unit(s) |
| Start – Date & Time | End – Date & Time |
|       |       |       |       |       |
| Basis of Deviation | Cause and Corrective Action |
|       |       |
|  |
| Permit Number & Condition Number | Deviation Number | Deviation | Emission Unit(s) |
| Start – Date & Time | End – Date & Time |
|       |       |       |       |       |
| Basis of Deviation | Cause and Corrective Action |
|       |       |
|  |
| Permit Number & Condition Number | Deviation Number | Deviation | Emission Unit(s) |
| Start – Date & Time | End – Date & Time |
|       |       |       |       |       |
| Basis of Deviation | Cause and Corrective Action |
|       |       |
|  |
| Permit Number & Condition Number | Deviation Number | Deviation | Emission Unit(s) |
| Start – Date & Time | End – Date & Time |
|       |       |       |       |       |
| Basis of Deviation | Cause and Corrective Action |
|       |       |
|  |
| Permit Number & Condition Number | Deviation Number | Deviation | Emission Unit(s) |
| Start – Date & Time | End – Date & Time |
|       |       |       |       |       |
| Basis of Deviation | Cause and Corrective Action |
|       |       |
|  |
| Permit Number & Condition Number | Deviation Number | Deviation | Emission Unit(s) |
| Start – Date & Time | End – Date & Time |
|       |       |       |       |       |
| Basis of Deviation | Cause and Corrective Action |
|       |       |