

TITLE V ANNUAL COMPLIANCE CERTIFICATION FORM PART 1 – FACILITY INFORMATION AND CERTIFICATION

FACILITY INFORMATION							
Period Covered By Report:	to						
Facility Name:	ame:			AIRS Number:			
Facility Physical Address:							
City:		State:	GA	ZIP Co	ZIP Code:		
Facility Mailing Address:							
City:		State:	GA ZIP Code:				
Responsible Official:		Phone:			FAX:		
Environmental Contact:		Phone:			FAX:		
Permit and Amendment		Permit and Amendment					
Number(s):		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 <u>this form</u>, 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 and acknowledgement of a violation. However, failure to report any and all deviations may constitute a violation of the Title V Operating Permit and the underlying emission standard.

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 30303-3104 If 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