

Title V – ANNUAL COMPLIANCE CERTIFICATION FORM

INSTRUCTIONS (MDAQMD T5 FORM 19A)

Follow these instructions for filling out the Annual Compliance Certification Form Table, Section IV, Columns #1 through Column #5, for the requirements for each T-V subsection, including at the minimum Part II – Facility-wide Requirements and Part III – Equipment Specific Requirements plus additional subsections as required.

Column 1. PERMIT NUMBER - Reference the T-V subsection AND, in Part III - District permit number. [i.e. up to 3 levels – Part II, A, 2 or Part III, A, 2 / B001234 for examples]

Column 2. CITE DISTRICT PERMIT CONDITION NUMBER or District Rule Number or federal code citation (MACT/NESHAP) to identify each term or condition of the permit that is the basis of the certification. (i.e. up to 3 levels - Part II, B, 13 or Rule 461(A)(2) or Part IV, A, 8 for examples)

Column 3. COMPLIANCE STATUS - Give the compliance status of the permitted unit with respect to the condition.

Continuous - If the permitted unit has been in full compliance with the permit condition for the entire certification period, write Continuous in this column.

Intermittent - If the permitted unit has only been in compliance with the permit condition for a portion of the certification period, write Intermittent in this column.

Not in Compliance - If the permitted unit was not in compliance with the permit condition during the entire certification period, write Not in Compliance in this column.

Column 4. Method of Determining Compliance - Describe how compliance with the condition was determined (e.g. Opacity Measured by EPA Method 9 weekly, Opacity recorded weekly). For monitoring, recordkeeping, and reporting requirements, describe the monitoring, recordkeeping and reporting practices utilized.

Column 5. NOTES – Include or reference any additional information (e.g. breakdown reports, etc) that the District may require for determining compliance status. For example - cite the corresponding Deviation Report by date-range – “See Deviation Report for January 12 – July 11/year” for the incident explanation. Include any historic notes if desired such as major equipment modification dates, monitoring equipment recertification dates, changes to the T-V permit conditions with effective date, etc.

Mojave Desert Air Quality Management District

TITLE V ANNUAL COMPLIANCE CERTIFICATION

I. CHANGE OF OWNER – IF APPLICABLE

NEW OWNER/COMPANY NAME:
Former Owner Company name:
Certification Period (12 months prior to change of ownership): _____ through _____

II. FACILITY INFORMATION

1. FACILITY NAME:
2. FACILITY ADDRESS:
3. COMPANY NAME:
4. COMPANY ADDRESS:
5. FACILITY ID:
6. TITLE V PERMIT #:
7. THIS REPORT IS DUE:
8. THIS REPORT COVERS THE PERIOD FROM: _____ TO: _____

III. ANNUAL COMPLIANCE CERTIFICATION REPORT

9. COMPLIANCE STATUS SUMMARY FOR THE REPORTING PERIOD

- a. This facility has been in continuous compliance with all terms and conditions in the Title V permit
- b. This facility has been in intermittent compliance with terms and conditions in the Title V permit due to noncompliance with the following permit conditions or rules:

Permit Condition or Rule Number(s)	Device Number(s)	Date	Deviation Notice Submitted?
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached
			<input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No, form is attached

10. THE METHODS USED FOR DETERMINING COMPLIANCE STATUS ARE:

- a. Entirely consistent with the Title V permit
- b. Partially consistent with the Title V permit, with the exception of: (Describe in detail how the methods used are different from those listed in the permit and to what extent the devices or operations at the facility are impacted. Attach additional pages as necessary).

11. Are there any other facts or circumstances that have been required to determine the compliance status of the facility (e.g. compliance plans, terms of a variance, or order of abatement)?

- a. No
- b. Yes (Explain)

IV. COMPLIANCE STATUS DETAIL FOR THE REPORTING PERIOD : In numerical order list all permitted units that are subject to one or more applicable requirements. List all requirements for a permit, each in a separate box, before moving on to the next permit number. Attach additional sheets as necessary. Refer to the attached instructions for more information.

Company Name:				Permit #:
Certification Period: _____ through _____				Page ____ of ____
<u>COLUMN 1</u>	<u>COLUMN 2</u>	<u>COLUMN 3</u>	<u>COLUMN 4</u>	<u>COLUMN 5</u>
T-V Subsection Number	Permit Condition No. or District Rule No. or federal code citation for (MACT/NESHAP)	Compliance Status during Period: “CONTINUOUS”; “INTERMITTENT”; OR “NOT IN COMPLIANCE”	Method for determining Compliance Status.	NOTES - Additional Information

V. RESPONSIBLE OFFICIAL SIGNATURE STATEMENT

I declare, under penalty of perjury under the laws of the state of California, that, based on information and belief formed after reasonable inquiry, all information provided in this certification package is true, accurate, and complete.

Signature of Responsible Official

Date _____

Name of Responsible Official (please print)

Title of Responsible Official (please print)

Mail to:
MDAQMD, 14306 Park Avenue.
Victorville, CA 92392
And mail to:
EPA Region IX
Air Division
75 Hawthorne Street
San Francisco, CA 94105-3901