



# FORM V-K1 COMPLIANCE CERTIFICATION REPORT

## I. FACILITY INFORMATION

1. Company Name: \_\_\_\_\_
2. Facility Name \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Street Address or Source Location: \_\_\_\_\_
5. Facility Permit Number: \_\_\_\_\_

## II. GENERAL INFORMATION

1. Reporting period (specify dates): \_\_\_\_\_
2. Due date for submittal of report: \_\_\_\_\_
3. Type of submittal:      Monitoring Report (complete Section III below)  
                                   Compliance Schedule Progress Report (complete Section IV)  
                                   Compliance Certification (complete Section V)  
                                   Annual                    Semi-Annual

## III. MONITORING REPORT INFORMATION

1. Were deviations from permit requirements encountered during the reporting period?  
 Yes                    No

If Yes, explain any deviation(s) from permitting or monitoring requirements for each applicable permitted unit, including the cause of deviation(s) and any actions taken to correct deviation(s):



**IV. COMPLIANCE SCHEDULE PROGRESS INFORMATION**

1. Dates the activities, milestones, or compliance required by schedule of compliance was achieved/will be achieved:

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2. Provide explanation of why any dates in schedule of compliance were not/will not be met: \_\_\_\_\_

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3. Describe in chronological order preventive or corrective action taken: \_\_\_\_\_

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**V. COMPLIANCE CERTIFICATION**

1. Was source in compliance with applicable federal requirements and permit conditions during the reporting period specified in Section II?

Yes                       No

If No, explain any non-compliance for each applicable permitted unit including but not limited to the date(s) of non-compliance, the cause(s) of non-compliance, and any action(s) taken to correct non-compliance (attach supplemental sheets as necessary):



**I hereby certify based on information and belief formed after reasonable inquiry that the above statement(s) and information in this document and supplements are true, accurate, and complete.**

\_\_\_\_\_  
Signature of Responsible Official Date

\_\_\_\_\_  
Print Name of Responsible Official

\_\_\_\_\_  
Title of Responsible Official

\_\_\_\_\_  
Telephone Number of Responsible Official