

COMPLIANCE PLAN (FORM V-12)

DISTRICT: NORTH COAST UNIFIED AQMD	> DISTRICT USE ONLY <
COMPANY NAME:	DISTRICT ID:
	FACILITY NAME:

III. COMPLIANCE CERTIFICATION

Under penalty of perjury, I certify the following:

- Based on information and belief formed after reasonable inquiry, the source identified in this application will continue to comply with the applicable federal requirement(s) with which the source is in compliance identified in form V-II;*
- Based on information and belief formed after reasonable inquiry, the source identified in this application will comply with the future-effective applicable federal requirement(s) identified in form V-II, on a timely basis¹;*
- Based on information and belief formed after reasonable inquiry, the source identified in this application is not in compliance with the applicable federal requirement(s), identified in form V-II, and I have attached a compliance plan schedule.²*

Signature of Responsible Official

Date

1. Unless a more detailed schedule is expressly required by the applicable federal requirement.
2. At the time of expected permit issuance, if the source expects to be out of compliance with an applicable federal requirement, the applicant is required to provide a compliance schedule with this application, with the following exception. A source which is operating under a variance that is effective for less than 90 days need not submit a Compliance Schedule. For sources operating under a variance, which is in effect for more than 90 days, the Compliance Schedule is the schedule that was approved as part of the variance granted by the hearing board.

The compliance schedule shall contain a schedule of remedial measures, including an enforceable sequence of actions with milestones, leading to compliance with this applicable federal requirement. For sources operating under a variance, the compliance schedule is part of the variance granted by the hearing board. The compliance schedule shall resemble, and be at least as stringent as that contained in any judicial consent decree or administrative order to which the source is subject. For sources not operating under a variance, consult the Air Pollution Control Officer regarding procedures for obtaining a compliance schedule.

(FORM V-J1)

DISTRICT: NORTH COAST UNIFIED AQMD	> DISTRICT USE ONLY < DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

I. CERTIFICATION STATUS

1. Indicate the dates the applicant intends to submit the **COMPLIANCE CERTIFICATION REPORT** to the district during the entire permit term. The district federal operating permits rule requires the applicant to submit this report at least annually.

2. For sources required to have a schedule of compliance to remedy a violation, indicate the dates the applicant intends to submit **CERTIFIED PROGRESS REPORTS** to the district during the permit term. The district federal operating permits rule requires the applicant to submit this report at least semiannually.

3. Describe the compliance status of the source with respect to applicable enhanced monitoring, and compliance certification requirements of Section 114(a)(3) of the Clean Air Act:

COMPLIANCE PLAN CERTIFICATION (FORM V-J2)

DISTRICT: NORTH COAST UNIFIED AQMD	> DISTRICT USE ONLY <
COMPANY NAME:	DISTRICT ID:
	FACILITY NAME:

II. CERTIFICATION INFORMATION

EMISSION UNIT or PERMIT NUMBER: _____	APPLICABLE FEDERAL REQUIREMENT: _____	
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METHOD	DESCRIPTION OR REFERENCE METHOD
Monitoring	
Reporting	
Record Keeping	
Test Methods	

EMISSION UNIT or PERMIT NUMBER: _____	APPLICABLE FEDERAL REQUIREMENT: _____	
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METHOD	DESCRIPTION OR REFERENCE METHOD
Monitoring	
Reporting	
Record Keeping	
Test Methods	

DEVIATION REPORT (FORM V-L)

DISTRICT: NORTH COAST UNIFIED AQMD	> DISTRICT USE ONLY <
COMPANY NAME:	DISTRICT ID:
	FACILITY NAME:

I. DEVIATION INFORMATION

1. Permit number(s) of emission unit or control unit affected:

2. Description of deviation:

3. Description and identification of permit condition(s) deviated:

4. Associated equipment and equipment operation (if any):

5. Date and time when deviation was discovered:

6. Date, time and duration of deviation:

7. Probable cause of deviation:

8. Preventive or corrective action taken:

CERTIFICATION STATEMENT (FORM V-M)

DISTRICT: NORTH COAST UNIFIED AQMD	> DISTRICT USE ONLY <
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

Identify, by checking off below, the forms and attachments that are part of your application. If the application contains forms or attachments that are not identified below, please identify these attachments in the blank space provided below. Review the instructions if you are unsure of the forms and attachments that need to be included in a complete application.

Forms included with application

Stationary Source Summary Form

Total Stationary Source Emission Form

Compliance Plan Form

Compliance Plan Certification Form

Exempt Equipment Form

Certification Statement Form

List other forms or attachments

check here if more forms listed on back

Attachments included with application

Description of Operating Scenarios

Sample emission calculations

Fugitive emission estimates

List of Applicable requirements

Discussion of units out of compliance with applicable federal requirements and, if required, submit a schedule of Compliance

Facility schematic showing emission points

NSR Permit

PSD Permit

Enhanced monitoring protocols

Risk management verification per 112(r)

I certify under penalty of law, based on information and belief formed after reasonable inquiry, that the information contained in this application, composed of the forms and attachments identified above, are true, accurate, and complete.

I certify that I am the responsible official, as defined in (title of district Title V permitting rule).

Signature of Responsible Official Date

Print Name of Responsible Official

Title of Responsible Official and Company Name