



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
 DIVISION OF AIR POLLUTION CONTROL
 COMPLIANCE AND SYSTEMS MANAGEMENT SECTION
 1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276
 SPRINGFIELD, ILLINOIS 62794-9276

CAAPP ANNUAL COMPLIANCE CERTIFICATION	FOR AGENCY USE ONLY
	ID NUMBER:
	PERMIT #:
	DATE:

THE CLEAN AIR ACT PERMIT PROGRAM (CAAPP) REQUIRES THAT EACH CAAPP PERMIT HOLDER SUBMIT AN ANNUAL COMPLIANCE CERTIFICATION FOR ALL EMISSION UNITS AT THE SOURCE AS REQUIRED BY 40 CFR 70.6 (c) (5), 39.5 (7) (p) (v) OF THE ENVIRONMENTAL PROTECTION ACT AND CAAPP PERMIT CONDITION 9.8. THE COMPLIANCE CERTIFICATION REPORTING PERIOD IS JANUARY 1 TO DECEMBER 31 AND IS DUE ON OR BEFORE MAY 1 FOR THE PRECEDING CALENDAR YEAR. THIS CERTIFICATION FORM CAN BE USED BY FACILITIES TO SATISFY THIS REQUIREMENT.

SOURCE INFORMATION		
1) SOURCE NAME:		
2) SOURCE ADDRESS:		
3) CITY:	4) COUNTY:	
5) TOWNSHIP:	6) STATE:	7) ZIP CODE:
8) DATE FORM PREPARED:		9) SOURCE ID NO. :
10) CAAPP PERMIT NO.:		
11) CALENDAR YEAR OR REPORTING PERIOD COVERED BY THIS REPORT:		

SOURCE COMPLIANCE INFORMATION
12) CHECK EITHER (a) OR (b) BELOW:
(a) _____ During the entire reporting period, this source was in continuous compliance with ALL terms and conditions contained in its CAAPP permit. The method used to determine compliance for each term and condition is the method specified in the permit.

(b) _____ With the exception of the items identified in Table 1 and Table 2, this source was in continuous compliance with all terms and conditions contained in the permit. The method used to determine compliance for each term and condition is the method specified in the permit, unless otherwise indicated.
NOTE: Table 1 must be completed for all units and activities regardless of compliance status. Table 2 must be completed for all sources of intermittent or continuous noncompliance with any permit condition.

ATTACHMENTS

13) Are you submitting any attachments with this report? Yes No

If yes, please list the attachments below:

COMPLIANCE CERTIFICATION REPORT MAILING

14) In addition to submitting the Compliance Certification report to the Compliance and Systems Management Section (CASM), a copy of the Compliance Certification report must also be submitted to the USEPA Region 5 and the appropriate IEPA regional field office. Addresses are listed in condition 8.6 of your CAAPP permit.

Please check the appropriate boxes.

A copy of the Compliance Certification report has been submitted to USEPA.

Yes No

A copy of the Compliance Certification report has been submitted to the appropriate IEPA regional field office.

Yes No

SOURCE CONTACT PERSON

15) NAME OF TECHNICAL CONTACT PERSON FOR THIS REPORT:

16) TECHNICAL CONTACT PERSON TITLE:

17) CONTACT PERSON'S TELEPHONE NUMBER:

COMPLIANCE STATEMENT AND SIGNATURE BLOCK

NOTE: A RESPONSIBLE OFFICIAL MUST SIGN THIS COMPLIANCE CERTIFICATION. UNSIGNED COMPLIANCE CERTIFICATIONS WILL BE RETURNED AS INCOMPLETE.

18) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

AUTHORIZED SIGNATURE:

BY:

AUTHORIZED SIGNATURE

TITLE OF SIGNATORY

TYPED OR PRINTED NAME OF SIGNATORY

DATE

