



WV Division of Air Quality

601 57th Street SE

Charleston, WV 25304

Telephone Number: (304) 926-0475

Fax Number: (304) 926-0478

TITLE V OPERATING PERMIT ANNUAL COMPLIANCE CERTIFICATION¹

Name of Permittee:		Name of Facility:	
Permit Number: R30- -		AFS Plant ID Number: 03-54-	
Mailing Address:		Contact Person: Title: Telephone: () -	
For the reporting period beginning / / and ending / /			
Based upon the specific test methods, monitoring, recordkeeping and/or reporting required under the permittee's Title V Operating Permit and any other information reasonably available, I, the undersigned, hereby certify for the reporting period stated above:			
<p>a. The permittee has been in compliance with all General Conditions 2.3.2, 2.3.3, 2.5.1.a and b, 2.10, 2.11.2, 2.12, 2.13.1, 2.14, 2.15, 2.19, 2.20, and 2.25 of the permittee's Title V Operating Permit, except to the extent that the permittee's Title V Operating Permit and underlying rules explicitly provide for exception periods or where deviations have been identified in either the 1st Half Semi-annual Monitoring Report previously submitted or the 2nd Half Semi-annual Monitoring Report attached to this certification.</p> <p>b. I have reviewed all facility-wide and source specific requirements of the permittee's Title V Operating Permit, and certify compliance of all air pollutant emitting equipment and processes subject to facility-wide and source specific requirements of the permittee's Title V Operating Permit with all such requirements including all emission limitations and standards set forth in the referenced permit, except to the extent that the permit and underlying rules explicitly provide for exception periods or where deviations have been identified in either the 1st Half Semi-Annual Monitoring Report previously submitted or the 2nd Half Semi-Annual Monitoring Report attached to this certification.</p> <p>c. Based on information and belief formed after reasonable inquiry, the statements and information in this document and attachments are true, accurate, and complete.¹</p>			
Responsible Official ²			
Name:		Title:	
Signature:		Date:	
Note: Please check all <u>required</u> attachments included with this Annual Compliance Certification.			
DAQ	<input type="checkbox"/> Form A – Annual Compliance Certification <input type="checkbox"/> Semi-Annual Monitoring Report for the 2 nd Half (July 1st through December 31 st) <i>Submit signed electronic copy by e-mail to: DEPAirQualityReports@wv.gov</i>		
EPA	<input type="checkbox"/> Form A – Annual Compliance Certification <input type="checkbox"/> Semi-Annual Monitoring Report for the 1 st Half (January 1 st through June 30 th) <input type="checkbox"/> Semi-Annual Monitoring Report for the 2 nd Half (July 1 st through December 31 st) <i>Submit signed electronic copy by e-mail to: R3 APD Permits@epa.gov</i>		
¹ Please note that the West Virginia Code states that any person who knowingly misrepresents any material fact in an application, record, report, plan or other document filed or required to be maintained is guilty of a misdemeanor and may be subject to fines and/or imprisonment in accordance with W.V.A. Code §22-5-6(b). ² A Responsible Official as defined by 45CSR§30-2.38. must sign this certification.			

Note: Print and scan or print to a PDF file. E-mail the completed PDF form to the addresses above.

Form A - Annual Compliance Certification

Permittee:	Facility:	Permit Number: R30- -
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For the reporting period beginning / / and ending / /

Emission Unit ID	Condition Number of Permit Requirement	Term or Condition that is the Basis for Certification	Method or Means of Determining Compliance Status ¹	Was the source in compliance for the reporting period?	If no, how many deviations occurred during the reporting period?	If deviations occurred, indicate when deviations were reported?
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 st Half (January 1 st through June 30 th) <input type="checkbox"/> 2 nd Half (July 1 st through December 31 st)
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 st Half (January 1 st through June 30 th) <input type="checkbox"/> 2 nd Half (July 1 st through December 31 st)
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 st Half (January 1 st through June 30 th) <input type="checkbox"/> 2 nd Half (July 1 st through December 31 st)
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 st Half (January 1 st through June 30 th) <input type="checkbox"/> 2 nd Half (July 1 st through December 31 st)
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 st Half (January 1 st through June 30 th) <input type="checkbox"/> 2 nd Half (July 1 st through December 31 st)

¹Include any other information reasonably available or otherwise known relating to the status of compliance.