

Air Operation Permit Compliance Certification & Deviation Summary Report

Notice: Under ss. NR 407.09(4)(a)3. and 439.03(1)(c), Wis. Adm. Code, all sources issued an air operation permit by the Wisconsin Department of Natural Resources (DNR) must submit an annual (or more frequent) certification of compliance with all operation permit terms and conditions over the reporting period specified in the permit. This form may be used to submit your compliance certification to the DNR. Note that compliance certifications must be signed by a responsible official, as defined in NR 400.02(136), Wis. Adm. Code. Retain records and all other material information used to certify compliance with your air operation permit for DNR review. Use of this Form is voluntary. Personally identifiable information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law (ss. 19.31-19.39, Wis. Stats.).

A. Facility Information

1) Facility Name

2) FID:

3) a. Permit Number

b. Permit Issue Date

4) Reporting Period Covered by this Certification

B. Facility Compliance Information

5) Check either (a) "CONTINUOUS COMPLIANCE" or (b) "INTERMITTENT COMPLIANCE" below
(Terms "continuous" and "intermittent" compliance are defined on pages 9 and 10 of the instructions titled Compliance Certification Electronic Submittal Guidebook found on the DNR web link: <https://dnr.wi.gov/files/pdf/pubs/am/AM536.pdf>)

- a) **Facility Was in Continuous Compliance** (During the entire reporting period identified in this compliance certification, this facility was in continuous compliance with **all** conditions specified in the permit identified in this compliance certification. The method used to determine compliance for each condition is the method specified in the permit identified in this compliance certification).
- b) **Facility Was in Intermittent Compliance** (During the entire reporting period identified in this compliance certification, this facility was in continuous compliance with all conditions specified in the permit identified in this compliance certification, EXCEPT for the conditions listed as an attachment to this Form. The method used to determine compliance for each condition is the method specified in the permit identified in this compliance certification, unless otherwise indicated and described in the attachment).

NOTE: If you select this option, the department requests under s. NR439.03(1)(a), you include an attachment with this certification form listing those operation permit conditions which were found to have a compliance status of "intermittent" for the reporting period covered by this Compliance Certification.

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C. Alternative Permit Requirements

In certain circumstances where the underlying applicable requirement allows, permits may include a choice of limits and/or standards, alternate operating scenarios, alternate monitoring methods, alternate recordkeeping, and the like. Where the permit includes such options or alternate requirements, the source must specifically identify the permit terms and conditions which applied over the entire reporting period. Many federal MACT standards provide a choice of emission standards and associated monitoring requirements. For example, the pulp and paper MACT (40 CFR part 63 subpart S) requires certain control devices to either reduce total hazardous air pollutant emissions by weight, or by volume, or through the use of a thermal oxidizer operating under certain parameters, or through other specified means.

6) If the facility operated under alternative permit requirements for all or part of the reporting period covered by this compliance certification, please identify the permit condition that describes the alternative permit requirements, list the emission unit operated according to these requirements, and list the begin and end dates during which the emission unit was operated according to these requirements: (Add additional pages if necessary)

a) <u>Permit Condition Reference:</u>	b) <u>Emission Unit:</u>	c) <u>Alternative Requirement Begin and End Date:</u>

D. Facility Compliance Certification

NOTE: A responsible official, **as defined in s. NR 400.02 (136), Wis. Adm. Code**, must sign this compliance certification. Compliance certifications that are not signed by a responsible official will be returned as incomplete.

I have reviewed this facility's compliance status with respect to *ALL* air operation permit conditions for the reporting period specified in this compliance certification. Based on information and belief formed after reasonable inquiry, I certify that the statements and information in this document are true, accurate and complete.

Signature of Responsible Official

Typed or Printed Name of Signatory

Title

Date

For questions concerning compliance certification, contact the Air Management assigned Compliance Staff for your facility by phone, email, or facsimile.

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Deviation Summary: Complete items E-G to report deviations. Provide information on each deviation in a separate row of the table. Copy this page as needed to list all deviations for the reporting period specified for this Form. This form may also be used to supplement monitoring requirements in NR 439.03(1)(b), Wis. Adm. Code.

E. Facility Information	
1) Facility Name	2) FID:
3) a. Permit Number	b. Permit Issue Date
4) Reporting Period Covered by this Certification	

F. Deviation Summary Report				Additional deviations may be added to the report at [+].		
1.) Permit Condition Reference	2.) Emission Unit	3.) Deviation Period Start and End Dates	4.) Date Deviation Previously Reported to DNR	5.) Deviation Description	6.) Method Used to Identify Deviation	7.) Reason for Deviation and Corrective Action Taken



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G.) Responsible Official Certification

NOTE: A responsible official, **as defined in s. NR 400.02(136), Wis. Adm. Code**, must sign this deviation summary report. Deviation summary reports that are not signed by a responsible official will be returned as incomplete.

I have reviewed this facility's Deviation Summary Report. Based on information and belief formed after reasonable inquiry, I certify that the statements and information in this document are true, accurate and complete.

Signature of Responsible Official

Typed or Printed Name of Signatory

Title

Date