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| **7 DE Admin. Code 1130****Title V State Operating Permit Program****COMPLIANCE MONITORING DEVICES AND ACTIVITIES****Division of Air Quality** | **AQM-1001X** |

EMISSION POINT #:

SOURCE NAME:       EMISSIONS UNIT #:

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| TESTING, MONITORING, RECORDKEEPING AND REPORTING |
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| PARAMETER |
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| FREQUENCY |
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1. List the parameters on which records are being maintained and the frequency of such records (e.g., hourly, daily, weekly) so that compliance can be demonstrated: |
| 2. Briefly describe the method by which records will be created and maintained. For each recorded parameter, include the method of measurement, responsible for maintenance, method of recording, and responsible person:       |
| 3. Is compliance of the emissions unit readily demonstrated by review of the records?   If No, Explain:       |
| 4. Are all records readily available for inspection, copying and/or submittal to the Department upon request:   If No, Explain:       |
| 5. Describe any emission monitors used, included any opacity and oxygen/CO2 analyzers:       |
| 6. What operating parameter(s) is(are) being monitored for emission control (e.g., *combustion chamber temperature*)?        |
| 7. Describe the location of each monitor used for emission control:       |
| 8. Is each monitor used for emission control equipped with a recording device?  If No, list all monitors without a recording device:       |

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| **COMPLIANCE MONITORING DEVICES AND ACTIVITIES*****(Continued)*** | **AQM-1001X** |
| ***(Continued)*** |

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| 9. Is each emission control monitor reviewed for accuracy at least quarterly:  If No, explain:       |
| 10. Is each emission control monitor operated at all times the associated emissions unit is operated?  If No, explain:       |

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| **Test Date** | **Test Method** | **Firm** | **Operating Conditions** | **Summary of Results** |
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11. Describe any tests which have been performed in the past to quantify emissions. Include the date of the test, methods and procedures used, testing company, operating conditions existing during the test, and a summary of the results. If additional space is needed, attach and label as *EXHIBIT AQM-1001X*. |

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| **Reporting Requirements** | **Title of Report** | **Frequency** |
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12. Describe all reporting requirements and provide the title and frequency of report submittals to the Department: |

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