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| **7 DE Admin. Code 1130****(Title V) State Operating Permit Program****Division of Air Quality** | **AQM-1001DD** |
| **SEMI-ANNUAL REPORT** | **FOR DEPARTMENT USE, ONLY** |
| **DATE RECEIVED:** |
| **DATE REVIEWED:** |
| **REVIEWD BY:** |

The Company shall submit to the Department and EPA Region III a report of any required monitoring and a report of any deviation(s) from permit requirements. This report shall be submitted no later than August 1 (covering the period from January 1 through June 30) and February 1 (covering the period from July 1 through December 31) of each calendar year. [Reference 7 **DE Admin. Code** 1130 (Title V) State Operating Permit Condition 3.3.2 and 7 **DE Admin. Code** 1130 Sections 6.1.3.3.1, 6.1.3.3.2, and 6.1.3.3.3.4 dated 12/11/00] Refer to the Instructions for Completing Semi-Annual Reports and Form AQM-1001DD dated July 27, 2001 and revised November 22, 2004 for questions concerning the use of this form.

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| **Part A FACILITY INFORMATION** |
| 1. Facility Name:       |
| 2. Facility Street Address:       |
| 3. City:       | 4. State:       | 5. Zip Code:       |
| 6. Permit No.: **AQM-****/**       | 7. Facility ID No.:       (9 digits) | 8. Date Permit Issued:   /  /      |
| 9. What is the Reporting Period?   /  /     TO   /  /     | 10. Date Form Prepared:   /  /     |
| 11. Technical Contact:       Title:       Phone Number:       Fax Number:       E-Mail Address:       |
| 12. Has any of the information contained in Items 1 through 5 of Part A and/or Part E, Responsible Official, changed from that in the issued 7 **DE Admin. Code** 1130 Operating Permit? [ ]  YES [ ]  NO If YES, submit a request for an Administrative Permit Amendment per the requirements of 7 **DE Admin. Code** 1130 Section 7.3 |
| **Part B REPORT OF ANY REQUIRED MONITORING** |
| 1. Are you submitting an Initial Report of Monitoring? [ ]  YES [ ]  NO If YES, complete Table 1 – Report of Any Required Monitoring. If NO, go to Question No. 2.2. Are you submitting a Revised Report of Monitoring? [ ]  YES [ ]  NO If YES, complete Table 1 – Report of Any Required Monitoring. If NO, Complete Part C; Part D, if applicable; Part E; and Part F. *Reference 7* ***DE Admin. Code*** *1130 Section 6.1.3.3.1 dated 12/11/00 and the 7* ***DE Admin. Code*** *1130 (Title V) State Operating Permit Condition 3.3.2.1* |
| **Part C IDENTIFICATION OF DEVIATIONS** |
| 1. Do you have any deviations that you are reporting? [ ]  YES [ ]  NO If YES, complete Part C – Identification of Deviations – Table 2. If NO, complete Part D, if applicable; Part E; and Part F. *Reference 7* ***DE Admin. Code*** *1130 Section 6.1.3.3.2 and Section 6.1.3.3.3.4 dated 12/11/00 and the 7* ***DE Admin. Code*** *1130 (Title V) State Operating Permit Condition 3.3.2.2* |

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| 7 **DE Admin. Code** 1130**(Title V) State Operating Permit Program****Division of Air Quality****SEMI-ANNUAL REPORT** | **AQM-1001DD** |
| **Part D ADDITIONAL INFORMATION** |
| 1. Does the Company possess any additional information that demonstrates compliance and/or non-compliance with any applicable requirement contained in the issued Title V permit? [ ]  YES [ ]  NO If YES, complete Table 3 – Additional Information *Reference Condition No. 3.3.2.3* |
| 2. Is the Company submitting any attachments with the Semi-Annual Report? [ ]  YES [ ]  NO If YES, please identify all attachments. If additional space is needed, please use Table 4 of this Form |
| **Part E CERTIFICATION BY RESPONSIBLE OFFICIAL** |
| I, the undersigned, hereby certify under penalty of law that I am a Responsible Official and that I have personally examined and am familiar with the information submitted in this document and all of its attachments as to truth, accuracy, and completeness of information. I certify based on information and belief formed after reasonable inquiry the statements and information in this document are true, accurate, and complete. By signing this form, I certify that I have not changed, altered, or deleted any portions of this form.Responsible Official Signature: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:   /  /    Responsible Official Name:       Phone Number:      Responsible Official Title:       |
| **Part F SUBMITTAL INFORMATION** |
| 1. The Semi-Annual Report is due February 1 and August 1 of each calendar year.2. The Semi-Annual Report shall be submitted to the following locations: |
|  **Submit One (1) Original and One (1) Copy:** **State of Delaware – DNREC** **Division of Air Quality** **100 W. Water Street, Suite 6A** **Dover, DE 19904** **Attn: Director** |  **Submit One (1) Copy:** **United States Environmental Protection Agency** **Associate Director of Enforcement (3AP20)** **1650 Arch Street** **Philadelphia, PA 19103** |
| *Reference 7* ***DE Admin. Code*** *1130 (Title V) State Operating Permit Condition 2.1.3 and 3.3.3.1 and 7* ***DE Admin. Code*** *1130 Sections 6.3.5.1 and 6.3.5.4 dated 12/11/00.* |

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| **7 DE Admin. Code 1130 (Title V) State Operating Permit Program****Division of Air Quality****Semi-Annual Report (continued)** | **AQM-1001DD** |

**Facility Name:**       **Operating Permit Number: AQM-   /** **Reporting Period:**   /  /     **TO**   /  /

**Table 1 – Report of Any Required Monitoring**

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| **COLUMN A** | **COLUMN B** | **COLUMN C** | **COLUMN D** |
| **Emission Unit/Point** | **Applicable Requirement****Emission Limitation, Standard, Work Practice Standard or Other Requirement for which monitoring is used to assure compliance** | **Monitoring** | **Separate Monitoring Report Required?** | **If Yes, Date of Separate Report Submittal or Attachment ID** |
|       |       |       |       |       |
|       |       |       |       |       |
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| **7 DE Admin. Code 1130** **(Title V) State Operating Permit Program****Division of Air Quality****Semi-Annual Report (continued)** | **AQM-1001DD** |

**Facility Name:**       **Operating Permit Number: AQM-   /** **Reporting Period:**   /  /     **TO**   /  /

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| **Table 2 – Identification of Deviations** |
| 1. Permit Term or Condition for which there is a deviation | 2. Emission Unit Identification | 3. Deviation Description |
|        |        |        |
| 4. Deviation Duration |
| 4.1 Date (mm/dd/yyyy) Beginning:   /  /     Ending:   /  /     | 4.2 Time (hr:min) Start:      :      End:      :      | 4.3 Duration (hr:min):      :      |
| 5. Probable Cause of Deviation | 6. Corrective Action |
|        |        |
| 7. Deviation Reporting |
| 7.1 Did your Permit require that this Deviation be reported previously? [ ]  YES [ ]  NO7.2 Was this Deviation reported previously? [ ]  YES [ ]  NO [ ]  NOT APPLICABLE 7.2(a) If YES, provide the date the written report was submitted:   /  /     |

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| **7 DE Admin. Code 1130 (Title V) State Operating Permit Program****Division of Air Quality****Semi-Annual Report (continued)** | **AQM-1001DD** |

**Facility Name:**       **Operating Permit Number: AQM-   /** **Reporting Period:**   /  /     **TO**   /  /

**Table 3 – Additional Information**

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| **Emission Unit/Point** | **Deviation** | **Additional Information** |
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| **7 DE Admin. Code 1130** **(Title V) State Operating Permit Program****Division of Air Quality****Semi-Annual Report (continued)** | **AQM-1001DD** |

**Facility Name:**       **Operating Permit Number: AQM-   /** **Reporting Period:**   /  /     **TO**   /  /

**Table 4 – Additional Information – List of Attachments**

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| **Attachment #** | **Description/Document Title** |
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