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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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
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| 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  NO  7.2 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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