

**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.

**Part A FACILITY INFORMATION**

1. Facility Name:		
2. Facility Street Address:		
3. City:	4. State:	5. Zip Code:
6. Permit No.: <b>AQM-</b> /	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 <b>DE Admin. Code 1130</b> Operating Permit? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, submit a request for an Administrative Permit Amendment per the requirements of 7 <b>DE Admin. Code 1130</b> Section 7.3		

**Part B REPORT OF ANY REQUIRED MONITORING**

1. Are you submitting an Initial Report of Monitoring? If YES, complete Table 1 – Report of Any Required Monitoring. If NO, go to Question No. 2.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you submitting a Revised Report of Monitoring? If YES, complete Table 1 – Report of Any Required Monitoring. If NO, Complete Part C; Part D, if applicable; Part E; and Part F. <i>Reference 7 <b>DE Admin. Code 1130</b> Section 6.1.3.3.1 dated 12/11/00 and the 7 <b>DE Admin. Code 1130</b> (Title V) State Operating Permit Condition 3.3.2.1</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Part C IDENTIFICATION OF DEVIATIONS**

1. Do you have any deviations that you are reporting? If YES, complete Part C – Identification of Deviations – Table 2. If NO, complete Part D, if applicable; Part E; and Part F. <i>Reference 7 <b>DE Admin. Code 1130</b> Section 6.1.3.3.2 and Section 6.1.3.3.3.4 dated 12/11/00 and the 7 <b>DE Admin. Code 1130</b> (Title V) State Operating Permit Condition 3.3.2.2</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**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.*



**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 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)			4.2 Time (hr:min)		4.3 Duration (hr:min):       :	
Beginning:   /   /			Start:         :			
Ending:       /   /			End:           :			
5. Probable Cause of Deviation			6. Corrective Action			
7. Deviation Reporting						
7.1 Did your Permit require that this Deviation be reported previously? <input type="checkbox"/> YES <input type="checkbox"/> NO						
7.2 Was this Deviation reported previously? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE						
7.2(a) If YES, provide the date the written report was submitted:       /   /						



