

7 DE Admin. Code 1130 (Title V) State Operating Permit Program Air Quality Management Section	AQM-1001DD
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SEMI-ANNUAL REPORT	FOR DEPARTMENT USE, ONLY
	DATE RECEIVED:
	DATE REVIEWED:
	REVIEWED 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.: <u>AQM-___/___</u>	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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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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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
655 South Bay Road Suite 5N
Dover, DE 19901
Attn: Program Administrator**

Submit One (1) Copy:

**United States Environmental Protection Agency
Associate Director of Enforcement (3AP12)
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.

