



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
 DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION
 P.O. BOX 19506
 SPRINGFIELD, ILLINOIS 62794-9506

FOR APPLICANT'S USE

Revision #: _____
 Date: ____ / ____ / ____
 Page _____ of _____
 Source Designation: _____

CERTIFIED PROGRESS REPORT REPORTING PERIOD ____ / ____ / ____ TO ____ / ____ / ____	FOR AGENCY USE ONLY
	ID NUMBER: _____
	PERMIT #: _____
DATE: _____	

THIS FORM MUST BE COMPLETED FOR EACH ITEM OF EQUIPMENT BEING CONSTRUCTED OR MODIFIED TO MEET COMPLIANCE WITH APPLICABLE RULES AND FILED IN CONJUNCTION WITH A FORM 293-CAAPP, COMPLIANCE PLAN/SCHEDULE OF COMPLIANCE, PURSUANT TO SUBSECTION 39.5(5) OF THE ACT. THIS FORM MUST BE SUBMITTED NO LESS FREQUENTLY THAN EVERY 6 MONTHS.

SOURCE INFORMATION	
1) SOURCE NAME: _____	
2) DATE FORM PREPARED: _____	3) SOURCE ID NO. (IF KNOWN): _____
4) CONSTRUCTION PERMIT NO. (IF APPLICABLE): _____	

GENERAL INFORMATION
5) IDENTIFY THE EMISSION UNIT BEING CONSTRUCTED OR MODIFIED: _____
6) IDENTIFY THE UNIQUE DESIGNATION OF THIS EMISSION UNIT AS SHOWN ON THE APPROPRIATE PROCESS FLOW DIAGRAM IN THE CAAPP APPLICATION ON FILE WITH THE AGENCY: _____
7) DESCRIBE ACTIVITIES DURING THE REPORTING PERIOD LEADING TO COMPLIANCE, INCLUDING DATES WHEN ACTIVITIES WERE COMPLETED: _____

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

APPLICATION PAGE _____

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 295-CAAPP

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8a) MILESTONES IDENTIFIED IN CAAPP APPLICATION TO BE COMPLETED, OR WHICH HAVE BEEN COMPLETED DURING THIS REPORTING PERIOD:

MILESTONE	SCHEDULED COMPLETION DATE DAY/MONTH/YEAR			ACTUAL COMPLETION DATE, IF COMPLETED DAY/MONTH/YEAR		

b) IF APPLICABLE, PROVIDE REASONS WHY SCHEDULED DATES FOR MILESTONES WERE NOT MET INCLUDING PREVENTIVE OR CORRECTIVE MEASURES ADOPTED:

9a) FUTURE MILESTONES IDENTIFIED IN CAAPP APPLICATION WHICH WILL NOT OR MAY NOT BE MET, IF ANY:

MILESTONE	SCHEDULED COMPLETION DATE DAY/MONTH/YEAR			ANTICIPATED COMPLETION DATE DAY/MONTH/YEAR		

b) PROVIDE AN EXPLANATION WHY SCHEDULED DATES FOR MILESTONES MAY OR WILL NOT BE MET, INCLUDING ANY PREVENTIVE OR CORRECTIVE MEASURES ADOPTED:

Empty space for providing an explanation why scheduled dates for milestones may or will not be met, including any preventive or corrective measures adopted.

SIGNATURE BLOCK

NOTE: THIS CERTIFICATION MUST BE SIGNED BY A RESPONSIBLE OFFICIAL. APPLICATIONS WITHOUT A SIGNED CERTIFICATION WILL BE RETURNED AS INCOMPLETE.

10) I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.

AUTHORIZED SIGNATURE:

BY:

AUTHORIZED SIGNATURE

TITLE OF SIGNATORY

TYPED OR PRINTED NAME OF SIGNATORY

_____/_____/_____

DATE