



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: _____

COMPLIANCE AND GENERAL REPORTING FORM	FOR AGENCY USE ONLY
	ID NUMBER: _____
	PERMIT #: _____
	DATE: _____

THIS FORM IS USED FOR EITHER OF THE FOLLOWING:

- TO REPORT AND CERTIFY COMPLIANCE OF AN ENTIRE SOURCE OR SPECIFIC ITEMS OF EQUIPMENT WITH ALL APPLICABLE REQUIREMENTS DURING A REPORTING PERIOD, OR
- TO IDENTIFY AND ENSURE PROPER PROCESSING OF A SUBMITTED REPORT. THIS FORM SHOULD BE USED AS THE COVER SHEET OF THE SUBMITTED REPORT.

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

GENERAL INFORMATION
4) INDICATE FOR WHICH OF THE FOLLOWING THIS FORM IS BEING COMPLETED:
<input type="checkbox"/> TO REPORT AND CERTIFY COMPLIANCE OF THE SOURCE OR SPECIFIC ITEMS OF EQUIPMENT WITH ALL APPLICABLE REQUIREMENTS
<input type="checkbox"/> TO IDENTIFY AND ENSURE PROPER PROCESSING OF A SUBMITTED REPORT
5) PERIOD COVERED BY THIS REPORT:
FROM: ____ / ____ / ____ TO: ____ / ____ / ____
6) NAME AND PHONE NUMBER OF PERSON TO CONTACT FOR QUESTIONS REGARDING THIS REPORT:
NAME: _____ TITLE: _____
PHONE#: (_____) _____ - _____ EXT: _____

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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400-CAAPP

FOR APPLICANT'S USE

COMPLIANCE OF SOURCE OR EQUIPMENT DURING REPORTING PERIOD

- COMPLETE ITEM 7 BELOW IF THIS FORM IS BEING USED TO REPORT AND CERTIFY COMPLIANCE OF THE ENTIRE SOURCE.
- COMPLETE ITEM 8 BELOW IF THIS FORM IS BEING USED TO REPORT AND CERTIFY COMPLIANCE OF SPECIFIC ITEMS OF EQUIPMENT ONLY.

7) WAS THE SOURCE IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS FOR THE ENTIRE REPORTING PERIOD? YES NO

IF YES, THEN THE "REPORT INFORMATION" SECTION ON PAGE 3 OF THIS FORM DOES NOT NEED TO BE COMPLETED.

IF NO, THEN COMPLETE AND SUBMIT FORM CAAPP-405 -"EXCESS EMISSIONS, MONITORING EQUIPMENT DOWNTIME, AND MISCELLANEOUS REPORTING FORM."

8a) LIST THE EMISSION UNIT(S) AND CONTROL EQUIPMENT FOR WHICH THIS FORM IS BEING COMPLETED TO REPORT AND CERTIFY COMPLIANCE WITH (IF ADDITIONAL SPACE IS NEEDED FOR ITEM 10, ATTACH AND LABEL AS EXHIBIT 400-A):

b) IDENTIFY THE APPLICABLE REQUIREMENT(S) FOR WHICH THIS FORM IS BEING USED TO REPORT AND CERTIFY COMPLIANCE WITH:

c) IDENTIFY THE APPLICABLE REQUIREMENT(S) WHICH REQUIRE THAT THIS REPORT OR CERTIFICATION BE SUBMITTED:

d) WERE THE ABOVE REFERENCED ITEMS IN 8(a) IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS FOR THE ENTIRE REPORTING PERIOD?

YES

NO

IF YES, THEN THE "REPORT INFORMATION" SECTION ON PAGE 3 OF THIS FORM DOES NOT NEED TO BE COMPLETED.

IF NO, THEN COMPLETE AND SUBMIT FORM CAAPP-405 - "EXCESS EMISSIONS, MONITORING EQUIPMENT DOWNTIME, AND MISCELLANEOUS REPORTING FORM."

REPORT INFORMATION

9) TITLE OF REPORT BEING SUBMITTED:

10) IDENTIFY THE APPLICABLE REQUIREMENT(S) WHICH REQUIRES THIS REPORT (IF APPLICABLE):

11) BRIEFLY EXPLAIN WHAT THIS REPORT COVERS:

12) ATTACH THE REPORT TO THIS FORM.

SIGNATURE BLOCK

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

13) 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