

Illinois Environmental Protection Agency

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Clean Air Act Permit Program (CAAPP) Semi-Annual Monitoring Report Form

Section 39.5(7)(f)(i) of the Clean Air Act Permit Program (CAAPP), 415 ILCS 5/39.5(7)(f)(i), requires that each CAAPP permittee shall submit reports of required monitoring and identify all instances of deviation(s) from permit conditions, as specified by the CAAPP permit, to the Illinois EPA every six months (unless more frequent monitoring is requested).

This report form should be used to meet the Section 39.5(7)(f)(i) reporting requirement unless the submittal otherwise contains all information requested herein.

Source Information				
1) Source Name				
2) Source Address				
2) Source Address				
3) City	4) State	5) ZIP Code		
	,			
6) Township	7) County			
8) Date Form Prepared	9) Source ID Number			
40) CAADD Daweit North an				
10) CAAPP Permit Number				
11) Reporting Period Covered by This Report				
, 1 3 - , , 1				
0 7.1.	10 1 15			
	cal Contact Person			
12) Name of Contact Person for this Report				
13) Title	14) Telephone Number			
15) Email Address				
Attac	chments			
16) Are you submitting any attachments with this report?				
If yes, please list the attachments below:				

Note: The use of this form for submitting semi-annual reporting of monitoring required by a CAAPP permit is voluntary for purposes of 20 ILCS 435/5 (Forms Notice Act). However, the use of this form is encouraged because it may avoid potential oversights in agency review.

Compliance Statement and Signature Block						
Note: Pursuant to Section 39.5(7)(f)(i) of the Act, a <u>responsible official</u> must sign this certification.						
17) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						
Typed or Printed Name of Signatory	Title of Signatory					
Authorized Signature	Date					

Table 1. Listing of all Required Monitoring.					
Source Name				Source ID Num	
(1) Permit Condition Reference of Required Monitoring		(2) Description of Required N	Nonitoring		(3) Compliance Status for Condition Reference C - Continuous I - Intermittent N - Noncompliance

Table 2. De	viation Summary	Report					
Source Name				Source ID Number			
(1) Permit Condition Reference	(2) Description of Permit Condition	(3) Deviation Period Start Date	(4) Deviation Period End Date	(5) Description and Cause of Deviation	(6) Corrective Action(s) Taken to Remedy Deviation		(7) Measure(s) Taken to Prevent Future Deviations