



MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
COMPLIANCE CERTIFICATION AND MONITORING REPORT
INTERMEDIATE OPERATING PERMIT

FIPS NO.		PLANT NO.	
INSTALLATION NAME			
INSTALLATION LOCATION (STREET ADDRESS AND CITY)			
OPERATING PERMIT NUMBER		DATE OPERATING PERMIT ISSUED	
TYPE OF REPORT <input type="checkbox"/> ANNUAL COMPLIANCE CERTIFICATION <input type="checkbox"/> EXCEEDANCE REPORT			
REPORTING PERIOD START DATE		REPORTING PERIOD END DATE	
	RESPONSIBLE OFFICIAL		PERMIT CONTACT PERSON
NAME			
TITLE			
MAILING ADDRESS			
TELEPHONE NUMBER WITH AREA CODE			
HAS THE ABOVE INFORMATION CHANGED SINCE THE ISSUANCE OF THE OPERATING PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SUMMARY			
1. IS THE INSTALLATION IN COMPLIANCE WITH ALL OPERATING PERMIT CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. DID THE INSTALLATION DEVIATE FROM THE OPERATING PERMIT CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. IF THE RESPONSE TO #2 IS "YES," DID THE INSTALLATION NOTIFY THE DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. IF THE RESPONSE TO #3 IS "YES," WHEN WAS THE DEPARTMENT NOTIFIED?			
5. IF THE RESPONSE TO #3 IS "NO," COMPLETE A DEVIATION REPORT USING PAGE 2 OF THIS FORM OR EQUIVALENT INFORMATION USING SOME OTHER REPORT FORMAT.			
CERTIFICATION STATEMENT			
I certify, based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate and complete.*			
SIGNATURE OF RESPONSIBLE OFFICIAL			DATE SIGNED
PRINT NAME OF RESPONSIBLE OFFICIAL			
*This certification means that the signatory has verified compliance with all applicable regulations and operating permit conditions, and that the installation has complied with all monitoring, record keeping, reporting and testing conditions specified in the operating permit unless specified differently in a deviations report. For information concerning administrative and civil penalties, please consult Section 643.085 of the Revised Statutes of the State of Missouri (RSMo) and Section 643.151 RSMo, respectively.			



MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
COMPLIANCE CERTIFICATION AND MONITORING REPORT
INTERMEDIATE OPERATING PERMIT

FIPS NO.		PLANT NO.		INSTALLATION NAME				
REPORT PERIOD START DATE				REPORT PERIOD END DATE				
PERMIT CONDITION	POLLUTANT	MONITORED LEVEL	MONITORING METHOD	DEVIATION DESCRIPTION	DEVIATION DATE	DEVIATION DURATION	CAUSE OF DEVIATION	CORRECTIVE ACTION