

Allegheny County Health Department
 Division of Air Quality
 301 39th Street, Building #7
 Pittsburgh, PA 15201 - 1811



Tel: 412-578-8103
 Fax: 412-578-8144
 www.achd.net
 AQReports@alleghenycounty.us

**TITLE V ANNUAL COMPLIANCE CERTIFICATION FORM
 PART 1 – FACILITY INFORMATION AND CERTIFICATION**

FACILITY INFORMATION					
Period Covered By Report:	to				
Facility Name:					
Facility Physical Address:					
City:		State:	PA	ZIP Code:	
Facility Mailing Address:					
City:		State:		ZIP Code:	
Responsible Official:		Phone:		Email:	
Environmental Contact:		Phone:		Email:	
Permit Number:		Permit Issuance Date:			

TRUTH, ACCURACY, AND COMPLETENESS CERTIFICATION BY RESPONSIBLE OFFICIAL	
I certify that, based on information and belief formed after reasonable inquiry, the statements and information contained in the attached annual compliance certification are true, accurate, and complete.	
Signature:	Date:
Responsible Official Title:	

For each term and condition of your Title V Operating Permit include the information stated in Article XXI Section 2103.12.h.5.C. This should be done by using the attached parts 2 and 3.

Compliance Statement (Check only one of the following options):

- This facility was in continuous compliance with all terms and conditions identified in the Title V Operating Permit.
- This facility was in intermittent compliance with some terms and conditions identified in the Title V Operating Permit and continuous compliance with some terms and conditions identified in the Title V Operating Permit.
- This facility was in intermittent compliance with all terms and conditions identified in the Title V Operating Permit.

For the purposes of this form, the term “deviation” includes any excess emissions, exceedance, or excursion from the permit or any non-compliance with any term or condition of the Title V Operating Permit including those attributable to equipment malfunction, breakdown, or upset condition. The acknowledgement of deviations from the specific permit requirements is not necessarily an acknowledgement of a violation. However, failure to report any and all deviations may constitute a violation of the Title V Operating Permit.

The Title V Annual Compliance Certification must be submitted to both the Allegheny County Health Department at AQReports@alleghenycounty.us or the address listed below **and** US EPA Region III at [R3 APD Permits@epa.gov](mailto:R3_APD_Permits@epa.gov) or the address listed below.

Enforcement Chief
 Allegheny County Health Department
 301 39th Street, Building #7
 Pittsburgh, PA 15201-1811

Enforcement Programs Section (3AP12)
 USEPA Region III
 1650 Arch Street
 Philadelphia, PA 19103-2029



TITLE V ANNUAL COMPLIANCE CERTIFICATION FORM
PART 2 – COMPLIANCE STATUS (repeat sheet as needed)

Facility Name:	
Period Covered by Report:	

Permit Condition	Compliance Status	Monitoring Method	Identification of Deviations	
			Previously Reported	Not Previously Reported (See Part 3)
	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not Applicable			
	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not Applicable			
	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not Applicable			
	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not Applicable			
	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not Applicable			
	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not Applicable			
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	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not Applicable			
	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not Applicable			
	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not Applicable			
	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not Applicable			

Monitoring Method Abbreviations: RR = Recordkeeping Requirement; ST = Stack Testing; CEMS = Continuous Emission Monitoring System; COMS = Continuous Opacity Monitoring System; CFM = Continuous Fuel Monitoring; VE = Visible Emissions Monitoring; PEMS = Predictive Emissions Monitoring System; CERMS = Continuous Emission Rate Monitoring System; PMS = Parametric Monitoring System; OMP = Operations and Maintenance Plan; IN = Inspection; BMP = Best Management Practices; or Other = Method not listed, provide description.

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TITLE V ANNUAL COMPLIANCE CERTIFICATION FORM
PART 3 – DEVIATION REPORT (repeat sheet as needed)
(Report only deviations that have not been previously reported)

Facility Name:	
Period Covered by Report:	

Permit Condition	Deviation		Emission Unit(s)
	Start – Date & Time	End – Date & Time	
Basis of Deviation		Cause and Corrective Action	

Permit Condition	Deviation		Emission Unit(s)
	Start – Date & Time	End – Date & Time	
Basis of Deviation		Cause and Corrective Action	

Permit Condition	Deviation		Emission Unit(s)
	Start – Date & Time	End – Date & Time	
Basis of Deviation		Cause and Corrective Action	

Permit Condition	Deviation		Emission Unit(s)
	Start – Date & Time	End – Date & Time	
Basis of Deviation		Cause and Corrective Action	

Permit Condition	Deviation		Emission Unit(s)
	Start – Date & Time	End – Date & Time	
Basis of Deviation		Cause and Corrective Action	

Permit Condition	Deviation		Emission Unit(s)
	Start – Date & Time	End – Date & Time	
Basis of Deviation		Cause and Corrective Action	