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South Carolina Department of Health
and Environmental Control

BUREAU OF AIR QUALITY
TITLE V ANNUAL COMPLIANCE CERTIFICATION

Facility Name:_____

Permit Number: TV-__ __ __ __- __ __ __ __

Reporting Period: __ __ / __ __ / __ __ to __ __ / __ __ / __ __
(month, day, year) *(month, day, year)*

COMPLIANCE STATEMENT (Check *one* of the following)

____ This facility was in compliance during the reporting period with all terms and conditions contained in the Title V Operating Permit including emission limitations, standards, and work practices as identified by the compliance methods specified in the permit.

____ This facility was in compliance during the reporting period with all terms and conditions contained in the Title V Operating Permit including emission limitations, standards, and work practices as identified by the compliance methods specified in the permit **EXCEPT** those identified in an attachment to this report. For each instance of non-compliance the following information is included:

1. Emissions unit identification number;
2. Specific permit condition number(s);
3. Description of each deviation from the conditions of this permit;
4. Basis for the determination of non-compliance, and, if applicable, subsequent compliance;
5. All dates and times of non-compliance; and
6. Identification of the probable cause for non-compliance deviation and any corrective action or preventative measures taken.

[Periodic reports previously submitted to the Department identifying instances of non-compliance may be cross-referenced provided all the information contained in numbers one through six above is included.]

CERTIFICATION BY RESPONSIBLE OFFICIAL

The undersigned certifies under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information herein (including any attachments), are true, accurate, and complete.

_____ _____

(Signature of Responsible Official) *(Date)*

Name: _____ Title: _____

(Type or print) *(Type or print)*

Note: This report shall be submitted to the Environmental Protection Agency (EPA) and the South Carolina Department of Health and Environmental Control - Bureau of Air Quality (SC DHEC - BAQ) **postmarked no later than 45 days after the end of the reporting period. The reporting period is based on the effective date of the permit**. Certifications shall be sent to the following addresses:

US EPA, Region 4
Air Enforcement Branch
61 Forsyth Street
Atlanta, GA 30303

SC DHEC - BAQ
Technical Management Section
2600 Bull Street
Columbia, SC 29201