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| All sources that are subject to section 25.70 of the Knox County Air Quality Management Regulations are required to certify compliance with all applicable requirements by including a statement within the permit application of the methods used for determining compliance. This statement must include a description of the monitoring, recordkeeping, and reporting requirements and test methods. In addition, the application must include a schedule for compliance certification submittals during the permit term. These submittals must be no less frequent than annually and may need to be more frequent if specified by the underlying applicable requirement or the Division Director. |
| 1. **General Identification and Description**
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| Facility name:  |
| Process emission source, fuel burning installation, or incinerator (identify): |
| Stack ID or flow diagram point identification(s): |
| 1. **Methods of Determining Compliance**
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| This source as described under Item #1 of this application will use the following method(s) for determining compliance with applicable requirements (and special operating conditions from an existing permit). Check all that apply and attach the appropriate form(s). |
| [ ]  | Continuous Emission Monitoring (CEM) (APCV-20) for Pollutant(s): |
| [ ]  | Emission Monitoring Using Portable Monitors (APCV-21) for Pollutant(s): |
| [ ]  | Monitoring Control System Parameters or Operating Parameters of a Process (APCV-22) for Pollutant(s):  |
| [ ]  | Monitoring Maintenance Procedures (APCV-23) for Pollutant(s): |
| [ ]  | Stack Testing (APCV-24) for Pollutant(s): |
| [ ]  | Fuel Sampling & Analysis (FSA) (APCV-25) for Pollutant(s): |
| [ ]  | Recordkeeping (APCV-26) for Pollutant(s): |
| [ ]  | Other (please describe) (APCV-27) for Pollutant(s): |
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| Compliance certification reports will be submitted to Air Quality according to the following schedule:Start date: |
| And every |  | months thereafter. |
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| Compliance monitoring reports will be submitted to Air Quality according to the following schedule:Start date: |
| And every |  | months thereafter. |
|  |
| **Page number:** | **Revision number:** | **Date of revision:** |