



WV Division of Air Quality

601 57th Street SE

Charleston, WV 25304

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TITLE V OPERATING PERMIT SEMI-ANNUAL MONITORING REPORT

Name of Permittee:	Name of Facility:
Permit Number: R30-#####-YYYY	AFS Plant ID Number: 03-54-#####
Mailing Address:	Contact Person: Title: Telephone: () -
For the reporting period beginning MM / DD / YYYY and ending MM / DD / YYYY	
Based upon the specific test methods, monitoring, record keeping and/or reporting required under the permittee's Title V Operating Permit and any other information reasonably available, I, the undersigned, hereby certify for the reporting period stated above that based on information and belief formed after reasonable inquiry, the statements and information in this document and attachments are true, accurate, and complete. ¹	
Responsible Official ²	
Name:	Title:
Signature:	Date:
Note: Please check all required attachments included with this Semi-Annual Monitoring Report.	
<input type="checkbox"/> Form B - Semi-Annual Monitoring Report	<input type="checkbox"/> Form C - Deviation Report
¹ Please note that the West Virginia Code states that any person who knowingly misrepresents any material fact in an application, record, report, plan or other document filed or required to be maintained is guilty of a misdemeanor and may be subject to fines and/or imprisonment in accordance with W.V.A. Code §22-5-6(b). ² A Responsible Official as defined by 45CSR§30-2.38. must sign this certification.	

Form B - Semi-Annual Monitoring Report

Permittee:		Facility:		Permit Number: R30-#####-YYYY
For the reporting period beginning MM/ DD/ YYYY and ending MM/ DD/YYYY				
Emission Unit ID	Monitoring, Data, or Analysis Required by the Permit	Separate Monitoring Report?		Date of Separate Report Submittal or Attachment ID
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	MM / DD / YYYY Attachment ID:
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	MM / DD / YYYY Attachment ID:
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	MM / DD / YYYY Attachment ID:
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	MM / DD / YYYY Attachment ID:
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	MM / DD / YYYY Attachment ID:
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	MM / DD / YYYY Attachment ID:
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	MM / DD / YYYY Attachment ID:
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	MM / DD / YYYY Attachment ID:
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	MM / DD / YYYY Attachment ID:

All sources must complete this section. Use the table above to summarize all required monitoring, data, or analyses for the 6-month period. In the first column, list the emission units upon which the monitoring was performed. Use any Emission Unit ID's assigned in the permit, if no ID's in permit, generally describe. In the second column, describe the monitoring, data, or analysis and cross-reference the relevant permit term. In the third column indicate whether a separate monitoring report is required. Lastly, complete the fourth column only if you are required to submit a separate monitoring report. If submitted previously, indicate the date you submitted it; if submitted for the first time as an attachment to this form, assign an attachment identification (ID), mark the attachment with that ID, and attach the separate monitoring report to this form.

Form C – Deviation Report¹

Permittee:		Facility:			Permit Number: R30-#####-YYYY	
For the reporting period beginning MM/ DD/ YYYY and ending MM/ DD/YYYY						
Emission Unit ID	Condition Number of Permit Requirement	Term or Condition that is the Basis for Certification	What was the deviation ² from the Term or Condition?	What was the cause for the deviation ² And what type of corrective measures were taken?	Deviation Time Period Date (mo/day/yr) Time (hr:min)	
					Beginning	MM / DD / YY HH:MM <input type="checkbox"/> am <input type="checkbox"/> pm
					Ending	MM / DD / YY HH:MM <input type="checkbox"/> am <input type="checkbox"/> pm
					Beginning	MM / DD / YY HH:MM <input type="checkbox"/> am <input type="checkbox"/> pm
					Ending	MM / DD / YY HH:MM <input type="checkbox"/> am <input type="checkbox"/> pm
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					Ending	MM / DD / YY HH:MM <input type="checkbox"/> am <input type="checkbox"/> pm
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					Ending	MM / DD / YY HH:MM <input type="checkbox"/> am <input type="checkbox"/> pm
					Beginning	MM / DD / YY HH:MM <input type="checkbox"/> am <input type="checkbox"/> pm
					Ending	MM / DD / YY HH:MM <input type="checkbox"/> am <input type="checkbox"/> pm

¹If there are no deviations to report for this period, place “None” in the first row on the form.

²A deviation is defined as any period when the permittee failed to meet the terms or conditions of their permit. A deviation is not necessarily a violation. Violations will be determined by DAQ and/or EPA.