



STATE OF CONNECTICUT
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Bureau of Air Management
 Compliance Analysis & Coordination Unit
 79 Elm Street
 Hartford, Connecticut 06106-5127

Client #:
Sequence #:
Town #:
Premises #:
CADIS Tracking #:

Title V Semi-Annual Monitoring Report

Part 1: FACILITY INFORMATION

Corporation Name			
Facility Name			
Corporation Address			
Premises Address			
Corporate Contact Person			
Contact Phone/FAX/e-mail			
Permit Number(s)			
Reporting Period Dates	From:	To:	
Are there any deviations being reported during this reporting period? (Yes/No - provide details in report)			<u>Attachments:</u> <input type="checkbox"/> CEM Excess Emissions Summary <input type="checkbox"/> CEM Performance Report <input type="checkbox"/> Applicable NSPS, NESHAPS, MACT report
Were there any monitoring system failures during this reporting period? (Yes/ No - provide details in report)			

Part 2: CERTIFICATION

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, under section 22a-175 of the Connecticut General Statutes, under section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.

Today's Date: _____

Signature: _____

Print (or type)
 Name and Title: _____

Part 3: Monitoring System Failure Details

EMU#	Permit Cond. ID	Monitoring System Failure Period				Description and Cause of Monitoring System Failure	Corrective Actions Taken to Remedy Monitoring System Failure	Measures Taken to Prevent Future Monitoring System Failures
		Start		End				
		Date	Time	Date	Time			

Part 4: Title V Monitoring Report Deviation Details (Other than Monitoring System Failures)

EMU#	Permit Cond. ID	Deviation Period				Description, Cause or Likely Cause of Deviation	Measured Value of Deviation	Description and Date(s) of Actions Taken to Correct Deviation	Description and Date(s) of Measures Taken to Prevent Future Deviations
		Start		End					
		Date	Time	Date	Time				