



**TITLE V ANNUAL COMPLIANCE CERTIFICATION REPORT**  
**NORTH DAKOTA DEPARTMENT OF HEALTH**  
**DIVISION OF AIR QUALITY**  
**SFN52738 (06-10)**

**PART 1. General Information:**

Name of Company and Facility: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**PART 2. Compliance Status of Monitored Emission Units (Emission units listed under Monitoring Requirements and Conditions section of the permit): Complete for each emission unit for which monitoring, recordkeeping and reporting is required (use additional sheets if necessary):**

Emission Unit (EU)	Contaminant/Parameter Monitored	Emission/Parameter Limit	Emission/Parameter Limit Cond. No.	Method of Compliance	Monitoring Cond. No.	Recordkeeping & Reporting Cond. Nos.	Compliance Status (Indicate 1, 2 or 3)*



**\*Compliance Status:**

**1 = Continuous Compliance:** Continuous compliance means collection of all monitoring data required by the permit under the data collection frequency required by the permit, with no permit deviations, and no other information that indicates permit deviations.

**2 = Intermittent Compliance:** Intermittent compliance means continuous compliance, except for the permit deviations and possible exceptions to compliance noted in the two Title V Semi-Annual Monitoring Report forms covering this period. (NDAC 33-15-14-06.5.c(5)(c)[3])

**3 = Unknown** (e.g., waiting for test results.)

**PART 3. Compliance Status of Facility Wide and General Conditions:**

For the reporting period, the facility was in compliance with the Facility Wide and General Conditions listed in the permit, except for those permit deviations and possible exceptions to compliance listed in the semi-annual monitoring reports covering this period.

Yes, to the above statement  No, to the above statement  If no, explain:

**PART 4. Other Permit Terms and Conditions:**

For the reporting period, the facility was in compliance with all other permit terms and conditions listed in the permit not addressed in Parts 2 and 3 of this report, except for those permit deviations and possible exceptions to compliance listed in the semi-annual monitoring reports covering this period.

Yes, to the above statement  No, to the above statement  If no, explain:

**PART 5. Certification of Truth, Accuracy and Completeness:**

I certify that, based on information and belief formed after reasonable inquiry, the statements and information contained in this report are true, accurate and complete.

\_\_\_\_\_  
Print Name of Responsible Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date

Send this report to both of the following:

ND Department of Health  
Division of Air Quality  
918 E Divide, 2nd Floor  
Bismarck, ND 58501-1947

Air & Toxics Technical Enforcement Program (8ENF-AT)  
Office of Enforcement, Compliance & Environmental Justice  
US EPA Region 8  
1595 Wynkoop Street  
Denver, CO 80202-1129