FORM V-K1
COMPLIANCE CERTIFICATION REPORT

I. FACILITY INFORMATION

1. Company Name: ____________________________________________________________

2. Facility Name: ____________________________________________________________

3. Mailing Address: _________________________________________________________

4. Street Address or Source Location: __________________________________________

5. Facility Permit Number: __________________________________________________

II. GENERAL INFORMATION

1. Reporting period (specify dates): ____________________________________________

2. Due date for submittal of report: ____________________________________________

3. Type of submittal:

   [ ] Monitoring Report (complete Section III below)

   [ ] Compliance Schedule Progress Report (complete Section IV)

   [ ] Compliance Certification (complete Section V)

     [ ] Annual       [ ] Semi-Annual

III. MONITORING REPORT INFORMATION

1. Were deviations from permit requirements encountered during the reporting period?

   [ ] Yes       [ ] No

   If Yes, explain any deviation(s) from permitting or monitoring requirements for each applicable permitted unit, including the cause of deviation(s) and any actions taken to correct deviation(s):
IV. COMPLIANCE SCHEDULE PROGRESS INFORMATION

1. Dates the activities, milestones, or compliance required by schedule of compliance was achieved/will be achieved:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Provide explanation of why any dates in schedule of compliance were not/will not be met: ________________

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Describe in chronological order preventive or corrective action taken: ________________________________

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

V. COMPLIANCE CERTIFICATION

1. Was source in compliance with applicable federal requirements and permit conditions during the reporting period specified in Section II?

   [ ] Yes  [ ] No

   If No, explain any non-compliance for each applicable permitted unit including but not limited to the date(s) of non-compliance, the cause(s) of non-compliance, and any action(s) taken to correct non-compliance (attach supplemental sheets as necessary):
I hereby certify based on information and belief formed after reasonable inquiry that the above statement(s) and information in this document and supplements are true, accurate, and complete.

________________________________________________________________________

Signature of Responsible Official                                      Date

________________________________________________________________________

Print Name of Responsible Official

________________________________________________________________________

Title of Responsible Official

________________________________________________________________________

Telephone Number of Responsible Official