

Texas Commission on Environmental Quality
 Federal Operating Permit Form
 Permit Compliance Certification - PCC (Part 1)

AIR CO/ /RP

Permit Holder Name

Customer Number /CN

CN

Area Name

Account Number

Operating Permit Number

Report Submittal Date

Certification Period Start Date

End Date

I. Certification of Continuous Compliance with Permit Terms and Conditions **Response:**
 (Indicate response by placing a 'x' in the appropriate column for each of the following questions)

With the possible exception of those permit terms and conditions identified in the 'Summary of Deviations' found using, at a minimum, but not limited to, the continuous or intermittent compliance method data from monitoring, recordkeeping, reporting, or testing required by the permit and any other credible evidence or information, was the permit holder in continuous compliance with all the terms and conditions of the permit over the Certification Period?

Yes No

II. Summary of Deviations **Response:**
 (Indicate response by placing a 'x' in the appropriate column for each of the following questions)

A. Were there any deviations from any permit requirements during the Certification Period that have *previously* been reported to the agency?

If the answer to this question is 'Yes', please complete and attach Part 2 to this submittal.

Important Note: If previously submitted reports did not contain specific information on monitoring methods, frequency and the total number of deviations experienced over the entire certification period, then use form DevRep to provide that information.

Yes No

B. Were there any deviations from any terms or conditions of the permit during the Certification Period that are *currently* being submitted to the agency?

If the answer to this questions is 'Yes', please include the relevant reports along with this page.

Yes No

Texas Commission on Environmental Quality
 Federal Operating Permit Form
 Permit Compliance Certification - PCC (Part 2)

AIR CO/ /RP

Permit Holder Name

Customer Number /CN

Area Name

Account Number

Operating Permit Number

Report Submittal Date

Certification Period Start Date

End Date

Identification of Deviation Reports Submitted During the Certification Period
 (Note: All reports must be certified to truth, accuracy, and completeness by the Responsible Official)

Report Date	Report Description (Name of Unit, Name of Rule, Driver for Report, etc.)	Report Submitted To	Report Previously Certified?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Texas Commission on Environmental Quality
 Federal Operating Permit Form
 PCC - Monitoring Options Selected (Part 3)

AIR CO/ /RP

Permit Holder Name

Customer Number

CN

Area Name

Account Number

Operating Permit Number

Report Submittal Date

Certification Period Start Date

End Date

ID Number		Regulatory Requirement (Rule or Permit No. and Prov.)	Pollutant Monitored	SOP or GOP Index Number	Monitoring Option Used	Date		Description/Comments
Unit ID	Group ID GRPXXXXXX				Specification Citation	Begin	End	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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