Antelope Valley Air Quality Management District

TITLE V SEMI-ANNUAL MONITORING REPORT

| I. FACILIT | YINFORMATION | | | | | | | |
|------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|-------------------------------------|---------------|-----------------------------------|--|
| 1. FACILITY NAME: | | | | | 2. FACILITY ADDRESS: | | | |
| 3. COMPANY NAME: | | | | | 4. COMPANY ADDRESS: | | | |
| 5. FACILITY ID: | | | | | 6. TITLE V PERMIT #: | | | |
| 7. THIS REP | PORT IS DUE: | | | | | | | |
| 8. THIS REP | ORT COVERS THE | PERIOD FROM: | | TO: | | | | |
| a. □ This fa b. □ This fa | cility has not expe | erienced any deviation and the erienced any deviation and the erienced one or more de extach additional page 11. Parameters | ons. viations as indic | | ole below: 14. Actual Emissions or | 15. Deviation | 16. Notes (e.g. cause, corrective | |
| Unit # | Condition # | Monitored | of Deviation | Limit | Operating Condition | or Excess | action, etc.) | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Was all moni | itoring as require | d by the permit cond | ducted? | | | | | |
| a. \square Yes | | <i>j</i> p 30110 | | | | | | |
| a. 🗆 165 | | | | | | | | |
| b. 🗆 No | | | | | | | | |
| | | 25 | 51 West Δνο H | Suite 102 Lan | ncaster CA 93536 Tel·(661)7 | 23-8070 | | |

| If no, please explain: | |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| | |
| | |
| | |
| III. RESPONSIBLE OFFICIAL SIG | NATURE STATEMENT |
| provided in this certification pa | ury under the laws of the state of California, that, based on information and belief formed after reasonable inquiry, all information ckage is true, accurate, and addresses all deviations during the reporting period. |
| Signature of Responsible Office | al Date |
| Name of Responsible Official (| please print)Title of Responsible Official (please print) |
| | |
| Mail to: | And Mail to: |

Mail to: AVAQMD, 2551 West Ave H, Suite 102, Lancaster, CA 93536 And Mail to: EPA Region IX, Air Division, 75 Hawthorne Street San Francisco, CA 94105-3901

Antelope Valley Air Quality Management District

TITLE V MONITORING REPORT Instructions

I. FACILITY INFORMATION

- 1. Enter the name of the facility
- 2. Enter the address of the facility
- 3. Enter the name of the owner
- 4. Enter the address of the owner
- 5. Enter the AVAQMD Facility ID
- 6. Enter the Title V permit number
- 7. Enter the due date of the report
- 8. Enter the date range that the report covers

II. SUMMARY OF DEVIATIONS

- 9. Permit Number: Reference the District permit unit by permit number.
- 10. Cite the permit condition number to identify each term or condition that contains the monitoring requirement
- 11. Identify the parameters monitored (e.g. ppm NO_x, exhaust temperature, etc.)
- 12. Periods of Deviation Identify all periods of deviation by date and time.
- 13. Limit Identify the limit for the parameter being monitored (e.g. 30ppm NO_x, 100 °F, etc.)
- 14. Actual Identify the highest actual result for the parameter being monitored for each period of deviation (e.g. 25 ppm NO_x, 110 °F, etc.)
- 15. Deviation or Excess Identify the difference between the actual result for the parameter being monitored and the limit for each period of deviation (e.g. +5ppm NO_v, +10 °F, etc.)
- 16. Notes Identify any probably cause of deviations, and any corrective actions or preventative measures taken.

2551 West Ave H, Suite 102, Lancaster, CA 93536 | Tel: (661)723-8070