



**TITLE V SEMI-ANNUAL MONITORING REPORTING
FORM / COMPLIANCE ASSURANCE MONITORING
REPORTING FORM**

This form may be submitted to report all deviations from the conditions in a Virginia DEQ Title V Permit. All Prompt Deviation Reports and/or any supporting information should be submitted as an attachment and listed below. If subject to Compliance Assurance Monitoring (CAM), this form may be submitted to report all deviations from the CAM conditions in a Virginia DEQ Title V Permit.

Date: _____

To: [Click Here to Select Regional Office, Regional Director](#)

Source Name: _____ Registration Number: _____

Source Address: _____ City: _____ State: VA Zip: 0

This report satisfies our requirement for the **Title V Semi-Annual Monitoring Report (SAMR)** and the **Compliance Assurance Monitoring (CAM) Report** (if applicable). This report identifies all deviations and periods of non-compliance for the reporting period indicated. All deviations and periods of non-compliance, for the reporting period indicated, have been addressed in this Semi-Annual Monitoring Report and Compliance Assurance Monitoring Report.

Please contact **Contact Name, Contact Title at Phone Number**, ext. **000000** with questions or concerns regarding this report.

(Check All Applicable Boxes)

	Reporting Period Dates: _____ through _____	Title V Permit Effective Date: _____
SAMR	<input type="checkbox"/> 1. During the reporting period, ALL monitoring and associated record keeping requirements in the Title V Permit were met and no deviations from these requirements or any other conditions occurred.	
	<input type="checkbox"/> 2. During the reporting period, all monitoring and associated recordkeeping requirements in the Title V Permit were met and no deviations from these requirements or any other terms or conditions occurred, EXCEPT for the deviations identified below:	
	<input type="checkbox"/> A. Deviations were addressed in CEM Excess Emission Report(s) Dated: _____	
	<input type="checkbox"/> B. Deviations were addressed in Fuel Reports Dated: _____	
	<input type="checkbox"/> C. Deviations were addressed in MACT/NSPS Reports Dated: _____	
	<input type="checkbox"/> D. Deviations were addressed in Malfunction Reports Dated: _____	
	<input type="checkbox"/> E. Deviations were addressed in Prompt Deviation Reports Dated: _____	
	<input type="checkbox"/> F. " Other Deviations " not previously reported are described in the Attachment(s) to this report.	
CAM	<input type="checkbox"/> 1. During the reporting period, ALL CAM requirements in the Title V permit were met and no excursions, exceedances, or monitor downtime incidents occurred.	
	<input type="checkbox"/> 2. During the reporting period, all CAM requirements in the Title V permit were met and no excursions, exceedances, or monitor downtime incidents occurred, EXCEPT as addressed in the attached report(s).	
	<input type="checkbox"/> 3. A Quality Improvement Plan (QIP) was required as addressed in the attached report.	

Comments: _____

Attachments: _____

Certification (in accordance with 9 VAC 5-20-230): I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering and evaluating the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Responsible Official: _____ Title: _____

(Signature)

(Date)