

**ANNUAL COMPLIANCE CERTIFICATION**

**Registration No.** \_\_\_\_\_ **Page** \_\_\_\_\_ **of** \_\_\_\_\_

**Reporting Period:** \_\_\_\_\_ **to** \_\_\_\_\_

<b>Condition Number</b>	<b>TERMS &amp; CONDITIONS CONTAINED IN THE PERMIT</b> <i>(list in order)</i>	<b>MEANS OF DETERMINING COMPLIANCE STATUS</b>	<b>COMPLIANCE<sup>1</sup></b>
			<input type="checkbox"/> <b>Continuous</b> <input type="checkbox"/> <b>Intermittent</b>
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			<input type="checkbox"/> <b>Continuous</b> <input type="checkbox"/> <b>Intermittent</b>

<sup>1</sup>Select "Intermittent" if there were periods of deviation or gaps in required monitoring or recordkeeping. See Form Instructions for definitions of these terms as well as guidance in selecting appropriate box.