

Form 2
Notification of Compliance Status - General

Company Name:			
Source Address (physical location):			
Completed By:		Date:	
Definition of Source Operating Day: (For purpose of determining daily average values.)			
Start of Operating Day (time):			
End of Operating Day (time):			
Source Status: Include the analysis using maximum throughput that demonstrates whether the source is Major or Area.			
<input type="checkbox"/> Major Source <input type="checkbox"/> Area Source			

Method(s) Used to Determine Compliance

Source ID	Method

Have the following been attached?

Results from performance tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Results from opacity or visible emissions observations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Results from any continuous monitoring system performance evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Results from any other monitoring procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Equipment Leak Inspection List	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Form 2 (continued)
Notification of Compliance Status - General

Method(s) Used for Determining Continuing Compliance
(Include monitoring, reporting, and test methods)

Source	Compliance Method(s)

For each performance test report, have the following been included?

Complete test reports for each test method used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sampling site descriptions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sampling procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Analysis procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Quality assurance procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Operating conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Records of preparation of standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Records of calibration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Field sampling raw data sheets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Field and laboratory analyses raw data sheets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Calculations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required test method information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Form 2 (continued)
Notification of Compliance Status - General

Hazardous Air Pollutant (HAP) Emissions

Source	HAP Type	HAP Quantity (in units of _____)	HAP Quantity (for averaging times)

Air Pollution Control Device(s)

Source	Description of Control Device (by HAP)	Control Efficiency (%)

Have the following been attached?

An analysis prepared demonstrating the conditions by which the facility is operating to achieve an overall HAP emission reduction of 95.0%.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
---	---

**Form 2 (continued)
Notification of Compliance Status - General**

The National Emission Standard for Equipment Leaks (Fugitive Emission Sources) 40 CFR 61, Subpart V applies:	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

For equipment subject to 40 CFR 61, Subpart V:

Equipment ID #	Equipment Type ^a	Process Unit ID	% VHAP in Fluid at Equipment	Process Fluid State (gas/vapor or liquid)	Method of Compliance ^b

^a For example, valves, pumps, etc.

^b For example, “monthly leak detection and repair” or “equipped with dual mechanical seals.”

Equipment Type *	Number

* Excluding equipment in vacuum service.

I certify that the facility represented in this Notification of Compliance Status is in compliance with the _____.

Name (printed): _____

Signature: _____

Title: _____

Date: _____