

CERTIFICATION REPORT (FORM 1101-K1)

DISTRICT: Butte County Air Quality Management District	➤ DISTRICT USE ONLY ◀
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

I. FACILITY INFORMATION

1. Company Name: _____
2. Facility Name (if different than Company Name): _____
3. Mailing Address: _____
4. Street Address or Source Location: _____
5. Facility Permit Number: _____

II. GENERAL INFORMATION

1. Reporting period (specify dates): _____
2. Due date for submittal of report: _____
3. Type of submittal: Monitoring Report (complete Section III below)
 Compliance Schedule Progress Report (complete Section IV of Form 1101-K2)
 Compliance Certification (complete Section V of Form 1101-K2)

III. MONITORING REPORT INFORMATION

1. Were deviations from monitoring requirements encountered during the reporting period?
 No Yes (If Yes, complete Form 1101-L)

IV. COMPLIANCE SCHEDULE PROGRESS INFORMATION

1. Dates the activities, milestones, or compliance required by schedule of compliance was achieved/will be achieved:

2. Provide explanation of why any dates in schedule of compliance were not/will not be met: _____

3. Describe in chronological order preventive or corrective action taken: _____

CERTIFICATION REPORT

(FORM 1101-K2)

V. COMPLIANCE CERTIFICATION

1. Was source in compliance during the reporting period specified in Section II of Form 1101-K1 and is source currently in compliance with all applicable federal requirements and permit conditions.

Yes

No (If no, re-submit Forms 1101-I and 1101-J)

I certify based on information and belief formed after reasonable inquiry, the statement and information in this document and supplements are true, accurate, and complete.

Signature of Responsible Official

Date

Print Name of Responsible Official

Title of Responsible Official and Company Name

Telephone Number of Responsible Official: (_____) _____ - _____