

# Annual & Semi-Annual Reporting (Title V “Class I” Sources)



**Our Mission: To protect and improve the health and environment of all Kansans**



# Semi-annual Reports

- Semi-annual report is due 30 days after the first 6-month period following Title V permit issuance.
  - Title V issued on January 1, 2017
    - Reporting periods are Feb 16 – Aug 15 & Aug 16 – Feb 15
    - Reports due September 14 & March 17 (16<sup>th</sup> on Leap Years)

# Semi-annual Reports

- Report should include:
  - Cover letter signed by the Responsible Official
  - Section by section description of compliance status corresponding to each section of the operating permit
    - Fuel usages, recordkeeping, testing, maintenance, etc
  - List of any deviations from the operating permit
    - Upsets, malfunctions, etc

# Annual Report (CR-02)

- Annual report is due 30 days after the first year following Title V permit issuance
  - Title V issued on February 16, 2017
    - Reporting period is Feb 16, 2017 – Feb 15, 2018
    - Report due March 17, 2018

# Annual Reports

- Report should include:
  - Cover letter
  - CR-02 form signed by the Responsible Official
    - Official certification of compliance
    - In, Out/In, Out/Out declarations
  - Most submit the two semi-annual reports along with the CR-02 to complete the report.

# Annual Report (CR-02)

Kansas Department of Health and Environment Bureau of Air	CLASS I OPERATING PERMIT ANNUAL CERTIFICATION CR-02
Source ID No.: _____	Source Name: _____
The period of time for which compliance is certified began at 12:01 a.m. on _____, _____ and ended at 11:59 p.m. on _____, _____.	
Certifications of compliance are required to be submitted at least annually. The period of time covered by each certification document can not exceed one year and there can be no period of time during the term of the permit for which compliance is not certified.	
The terms or conditions of the permit that is the basis for this certification are those specified in the Class I Operating Permit issued and/or renewed by the Secretary of Health and Environment on _____, _____.	
<b>Compliance status of each term or condition of the permit during the certification period:</b>	
1. <input type="checkbox"/> In continuous compliance with all applicable requirements during the entire certification period.	
2. <input type="checkbox"/> Not in continuous compliance with all applicable requirements during the entire certification period. <b><i>If not in continuous compliance with all applicable requirements during the entire certification period, mark the applicable description below.</i></b> <input type="checkbox"/> One or more instances of non-compliance with any applicable requirement during the certification period. <input type="checkbox"/> Continuous non-compliance with any applicable requirement during the certification period. <b><i>Provide a summary of the nature, duration, and frequency of the non-compliance that occurred, including the applicable requirement(s) and emission unit(s).</i></b>	
<b>Compliance status of each term or condition of the permit at the time the certification is signed:</b>	
1. <input type="checkbox"/> In compliance with all applicable requirements at the time of certification.	
2. <input type="checkbox"/> Not in compliance with all applicable requirements at the time of certification. <b><i>Provide a description of the nature, duration, and frequency of the non-compliance that occurred, including the applicable requirement(s) and emission unit(s).</i></b>	

01/24/13                      DUPLICATE THIS FORM AS NECESSARY                      Form CR-02                      Page 1 of 2

Kansas Department of Health and Environment Bureau of Air	CLASS I OPERATING PERMIT ANNUAL CERTIFICATION CR-02
<b>Methods used to determine compliance during the certification period and at the time of signing the certification:</b>	
1. <input type="checkbox"/> In accordance with compliance demonstration methods specified in the Class I Operating Permit.	
2. <input type="checkbox"/> Other - In accordance with attachments.	
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 information and belief formed after reasonable inquiry, including the person or persons who manage the system, or those persons directly responsible for gathering the information, the stated information in this document is true, accurate, and complete.	
Name of Responsible Official (print or type): _____	
Title: _____	
Signature: _____ Date: ____ / ____ / ____	
*Responsible official* means one of the following (From K.A.R. 28-19-200 General provisions; definitions): (1) For a corporation, a president, secretary, treasurer or vice-president in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production or operating facilities applying for or subject to permit or other relevant regulatory requirement and either: (A) the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million, in second quarter, 1980 dollars; or (B) the delegation of authority to such representative is approved in advance by the department; (2) for a partnership or sole proprietorship, a general partner or the proprietor, respectively; (3) for a municipality, or a state, federal or other public agency, a principal executive officer or ranking elected official. For purposes of this definition, a principal executive officer of a federal agency shall include the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency; or (4) for affected sources, the designated representative under title IV, acid deposition control, of the federal clean air act, 42 USC 7401 et seq.	
Send certification with original signatures to: Air Compliance & Enforcement Section Bureau of Air Kansas Department of Health and Environment 1000 SW Jackson, Suite 310 Topeka, KS 66612-1366	Send a copy of certification to: Kansas Compliance Officer Air Permitting and Compliance Branch U.S. EPA, Region 7 11201 Renner Blvd. Lenexa, KS 66219

01/24/13                      DUPLICATE THIS FORM AS NECESSARY                      Form CR-02                      Page 2 of 2

**MINOR MODIFICATION APPLICATION FOR REPORTING SCHEDULE CHANGE**

1) Source ID No.: \_\_\_\_\_ 2) Site Name: \_\_\_\_\_

3) Location: \_\_\_\_\_

4) Current Reporting Schedule:

Current semi-annual summary report covers compliance period:  
\_\_\_\_\_ to \_\_\_\_\_ ; Due \_\_\_\_\_  
**AND**  
\_\_\_\_\_ to \_\_\_\_\_ ; Due \_\_\_\_\_

Annual Certification (CR-02) Report covers compliance period:  
\_\_\_\_\_ to \_\_\_\_\_ ; Due \_\_\_\_\_

5) Proposed Reporting Schedule: (Choose One)

Calendar Year Schedule:

Semi-annual summary reports cover the compliance periods:  
**January 1 to June 30; Due July 31 AND July 1 to December 31 ; Due January 31**  
Annual Certification (CR-02) Report covers the compliance period:  
**January 1 to December 31; Due January 31**

Alternate Schedule (Subject to Approval by KDHE):

Semi-annual summary reports cover the compliance periods:  
\_\_\_\_\_ to \_\_\_\_\_ ; Due 30 days after end of compliance period  
**AND**  
\_\_\_\_\_ to \_\_\_\_\_ ; Due 30 days after end of compliance period  
Annual Certification (CR-02) Report covers the compliance period:  
\_\_\_\_\_ to \_\_\_\_\_ ; Due 30 days after end of compliance period

6) Contact person for this minor modification:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

7) CERTIFICATION

I certify that the proposed modification meets the criteria for use of minor permit modification procedures and request that procedures be used to revise this permit as a minor permit modification.

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 the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Name of Responsible Official (print or type) \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR BOA USE ONLY	Minor Modification Application Received		Minor Modification Application Complete	
Interim Reports Required:		Notice Submitted to EPA		
Notice Submitted to Neighboring state(s): Check all that apply				
Arkansas	Colorado	Iowa	Missouri	Nebraska
			Oklahoma	Texas

## Calendar Year Reporting

- Due at the end of the next month, instead of 30 days.

Questions?

