

**NEW YORK STATE
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Division of Air Resources**

***ANNUAL CAPPING CERTIFICATION FORM
INSTRUCTIONS***

As required by 6 NYCRR Part 201-7.2(e), facilities that have been issued a federally enforceable emissions cap must certify compliance with that cap on an annual basis. The Division of Air Resources has developed the enclosed forms which may be used to comply with this requirement.

Please complete each section of the forms as follows:

I. CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS

Facility Information:

Enter the report type and the beginning and ending dates for the reporting period covered by this form. The dates shall be assumed to begin and end at midnight local time.

Enter the DEC identification number (DECID) of the facility.

Enter the facility name as printed on the permit. Do not use a colloquial or abbreviated name.

Enter the complete mailing address for the facility.

Enter the name, telephone number, and facsimile number (if desired) for the contact person. The contact person should be a person most familiar with the day-to-day operation of the facility and the details included in the submission, such as a plant site manager or other individual who is available to be contacted by a Department representative.

Certification by Responsible Official:

This section should be completed once and submitted with each set of documents (forms and attachments) sent to the Department. By signing the certification, the responsible official certifies that the information submitted on the form (and attachments) is true, accurate, and complete.

Provide the name, title, address, telephone number, and, if desired, the facsimile machine number for the responsible official. This should be done after all forms are complete and the responsible official has reviewed the information. The definition of a responsible official can be found in 6NYCRR Part 201 (see 201-2.1(b)(28)).

The responsible official named on the Certification of Truth and Accuracy form must also sign and date each capping form submitted.

II. ANNUAL CAPPING CERTIFICATION FORM

Enter the facility name and facility DECID number.

Enter the reporting period as stated in the permit. In the case where a reporting period is not specified in the permit, this report should cover the 12 month period following the anniversary date of the permit issuance (see 6 NYCRR Part 201-7.2(e)). The permit holder may request an alternative reporting period duration, so long as the length of such period does not exceed twelve consecutive months.

Enter the regulation for which the cap has been implemented. The regulation should be entered as stated in the permit.

Enter the name and Chemical Abstract Series number (CAS #) for the capped contaminant. A separate sheet must be filled out for each individual contaminant capped at the facility.

Enter the capping parameter and limit, as stated in the permit. Include the units of measurement applicable to the limit (i.e. "NO_x emissions/ 24 tons per year"; "residual oil burned/ 1 million gallons per year"; etc.)

Enter the permit level where the cap applies (i.e. Facility, Emission Unit, Emission Source, Emission Point, Process, or combination). For a level other than Facility, please indicate the ID number(s) involved. For facilities that have caps under valid Certificates to Operate, the permit level will be either Facility or Emission Point.

Enter the method used to determine compliance with the cap (i.e., CEMS data, fuel analysis, coating VOC analysis, etc). Note: emissions from all periods of operation must be accounted for when determining compliance with an emissions cap. For emission units where a CEMS is used to measure emissions, a secondary method must be used to estimate emissions during periods when the CEMS did not operate.

Enter the monthly total and 12 month rolling total of the required parameter for each calendar month during the reporting period. For caps that involve a monthly limit rather than an annual limit, the 12 month rolling data would not be required. For limits other than monthly or annual, contact the appropriate regional Air Resources office for instructions on what format is acceptable for reporting.

Include any formulas and/or calculations that are required to verify compliance with the cap as an attachment to the Capping Certification form.

The responsible official named on the Certification of Truth and Accuracy form must also sign and date each capping form submitted.

This report must be submitted to the Regional Air Pollution Control Engineer for the NYSDEC Region in which the facility is located. It is due within 30 days of the end of the designated reporting period. If you have any questions concerning this form please contact the appropriate DEC regional Air Resources office.

CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS

Report Type: _____ Reporting Period: _____ To _____

DECID: _____

Facility Name: _____

Address: _____

FACILITY CONTACT:

Name: _____

Title: _____

Telephone/Facsimile Number: _____ / _____

RESPONSIBLE OFFICIAL:

Name: _____

Title: _____

Address: _____

Telephone/Facsimile Number: _____ / _____

The Responsible Official must sign this statement after the applicable report form is completed.

I certify, under penalty of law, that based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.

Signature of Responsible Official: _____

Date: _____

