











# Mandatory e-Reporting for Title V

December 12, 2019 Walter Barozi, CACU SIPRAC



### TV Prompt Deviation & Semi-Annual Monitoring Reports

#### Tasks

- » Inventory
- » Fees
- » Reporting Period
- >> Administration
- » Compliance Reports
- » Title V Compliance Certification
- » Title V Prompt
- Deviation Report
- » Title V Semi-Annual Monitoring Report
- » GPLPE Annual Compliance Certification
- » GPLPE Notification of
- Exceedance
- » GPLPE Annual Emissions Summary

- Prompt Deviation Reports
  - Deviations required to be reported prior to the Semi-Annual Monitoring Report
  - Complete table in EMIT for each emission based deviation
- Semi-Annual Monitoring Reports
  - Should include all deviations from permit terms and conditions that occurred during the monitoring period
  - Deviations reported in EMIT should populate in Semi-Annual Report



# TV Compliance Certifications

- An annual Title V Compliance Certification is completed every calendar year
- Certifies a facility's compliance status and compliance method for each permit term and condition
- Must be submitted on or before March 1 of each year and covers the previous calendar year
- Fillable PDF will be provided to each facility

## TV Compliance Certification - Fillable



n	EEP USE ONLY
Client No:	ELI OUL ONE!
Town No:	
Premises No:	
CADIS Tracking No:	

#### **Title V Compliance Certification**

Title V Compliance Certification									
art 1: Facility Information									
Corporation Name									
Corporation Mailing Address									
Corporation City/Town			State		Zip Code				
Premise Name									
Premise Mailing Address									
Premise City/Town			State		Zip Code				
Contact Name					Contact Title				
Contact Telephone Number					Contact Email				
ītle V Permit Number					Issue Date				
Reporting Period Dates	From				То				
Attachment(s)	22a-174-19a Certification Signatory Authorization Form								
-ttacriment(3)	22a-174-38 Annual Report Other (specify):								
Compliance Status	Yes, the source was in continuous compliance with all permit terms or conditions during the certification period.								
Sompliance Glatus	No, the source was not in continuous compliance with all permits term or conditions during the certification period.								
		<u> </u>							

#### Part 2: Certification

'I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and compilete to the best of my knowledge and belief. I understand that any false statement made in the submitted information may be punishable as a criminal offense under section 22a-175 of the Connecticut General Statutes, under section 53-157b of the Connecticut General Statutes, and in accordance with any apolicable statute.

I certify that the signature of the registrant, permittee, or duly authorized representative, being submitted herewith complies with Section

22a-174-2a(a) of the Reg	ulations of Connecticut State Agencies."		
Signature of Permittee		Date	
Name of Permittee		Title	
Signature of Preparer		Date	
Name of Preparer		Title	
DEEP-AIR-TVCC	Page 1 of 60	•	Permit No : 034-0004-TV

Premise Name: Algonquin Gas Transmission Company-Chaplin Permit Rev. Date: 11-05-2019

- Use Adobe Acrobat or Reader
- 3<sup>rd</sup> party PDF software may show the message below

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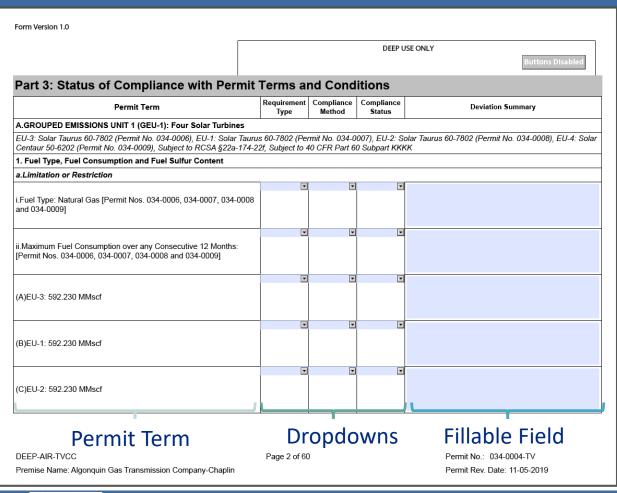
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# Fillable PDF Example







### Attach PDF in EMIT

### Tasks » Inventory » Fees » Reporting Period » Administration » Compliance Reports » Title V Compliance Certification » Title V Prompt **Deviation Report** » Title V Semi-Annual Monitoring Report » GPLPE Annual Compliance Certification » GPLPE Notification of Exceedance » GPLPE Annual **Emissions Summary**

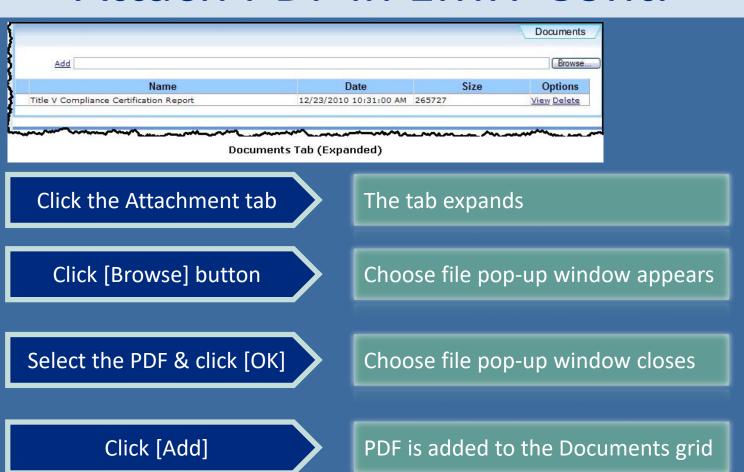
Corporation Name	XYZ CORPORA	ATION			
Premises Name	XYZ CORPORA	ATION			
Corp. Address Line 1	1234 344TH S	TREET			
Corp. Address Line 2					
Corp. City	new york				
Zip Code	06492				
Premises Address Line 1	662 COFFERD	ALE PARKWAY			
Premises Address Line 2					
Premises City	WALLINGFOR	D	State	Connecticut	
Zip Code					
Contact First Name	DANNY	Middle Nm	Co	nact Last Name	NOONAN
Contact Title	ASS.DIR.EHS				
Contact Phone	2031234567	Ext.	Fax	2037654321	mail
Title V Number	000	Issue	e Date		
Compliance Period	From Date	12/08/2010		To Date	12/15/2010
Was intermittent complia	nce reported w	ith any permit term	or condition	in this Annual Co	mpliance Certification
<b>⊚</b> Yes					
O No					
O No Corporation name, facility	name, owner	or contact changes	in previous y	ear? Please expla	ain.
1000	, name, owner (	or contact changes	in previous y	ear? Please expla	ain.
Corporation name, facility	, name, owner (	or contact changes	in previous y	rear? Please expla	ain.
Corporation name, facility  Yes	, name, owner o	or contact changes	in previous y	ear? Please expla	ain.
Corporation name, facility  Yes  No	, name, owner o	or contact changes	in previous y	ear? Please expla	ain.
Corporation name, facility  Yes  No  Explanation  Attachment(Optional)		or contact changes			ain.
Corporation name, facility  Yes  No  Explanation  Attachment(Optional)	tus of Compliar				ain.
Corporation name, facility  Yes  No  Explanation  Attachment(Optional)	tus of Compliar				ain.
Corporation name, facility  Yes  No  Explanation  Attachment(Optional)  Part 3:Star  File Nam  Attachments(Optional)	tus of Compliar		ns and Condi	tions	}

Check the attachment checkbox



Part 1: Facility Information & Part 2: Certification Information Panel

### Attach PDF in EMIT Cont.



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# Walter Barozi CACU



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