



Form 500-SAM

Title V Semi-Annual Monitoring Report

Section I: Facility Information

1. Permit issued to (Business name of operator that appears on permit):

2. Valid AQMD Facility ID (Available on Permit or Invoice Issued by AQMD):

3. This report is based on the applicable rules, permit terms and requirements as specified in Sections A through K and Appendices A and B inclusive, and any compliance plans, variances, and alternative operating conditions in effect during the permit term of the Title V Facility Permit to Operate issued on: (mo/day/year)

4. This report is due: (mo/day/year) and covers the period from: (mo/day/year) to: (mo/day/year)

5. This report supersedes a semi-annual monitoring report previously submitted on: (mo/day/year)

Section II: Reference Summary of Deviations, Emergencies & Breakdowns Reported

1. Indicate the status of Deviations, Emergencies & Breakdowns during this reporting period:

a. This facility has not experienced any deviations, emergencies or breakdowns.

b. This facility has experienced one or more deviations, emergencies or breakdowns as indicated in the table below*:

Type of Incident Indicate Deviation (D), Breakdown (B), or Emergency (E)			Notification Number	Was Form 500-N previously submitted for the deviation? (Attach additional sheets as necessary)	
				Date:	
D	B	E		Yes, on:	No, Form 500-N is attached to this report
D	B	E		Yes, on:	No, Form 500-N is attached to this report
D	B	E		Yes, on:	No, Form 500-N is attached to this report
D	B	E		Yes, on:	No, Form 500-N is attached to this report
D	B	E		Yes, on:	No, Form 500-N is attached to this report
D	B	E		Yes, on:	No, Form 500-N is attached to this report

* For each deviation, emergency or breakdown that occurs, in most cases, your facility should have already verbally reported the incident. A notification number is assigned when the incident is verbally reported or Form 500-N is submitted. You will need this number to avoid submitting a duplicate Form 500-N with this report.

Section III: Semi-Annual Monitoring Report

1. Was all monitoring as required by the permit conducted?

a. Yes

b. No

If No, Please Explain

Section IV: Responsible Official Signature Statement

I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attached application forms and other materials are true, accurate, and complete.

Signature of Responsible Official

Date (mo/day/year)

Type or Print Name of Responsible Official

Phone

Title of Responsible Official

Fax

Address of Responsible Official

City

State

Zip Code

Mail Original to: Cher Snyder, Sr. Enforcement Manager
South Coast AQMD
P.O. Box 4941
Diamond Bar, CA 91765