



## SOIL VAPOR EXTRACTION – ANNUAL CERTIFICATION REPORT

**Important:** This form must be completed and mailed, e-mailed or faxed back to the SMAQMD within 30 days following the end of each calendar year.

Calendar Year:

Permit Number:

Company Name:

Facility Location:

Check the following statements and indicate non-compliance in space provided below each statement:

Yes No

 

**EMISSIONS LIMITS WERE EXCEEDED FOR THIS PERIOD.**

*If emissions were exceeded, indicate the following:*

1. Date(s) of exceeded emissions:

2. Date exceedance was reported to the SMAQMD:

3. Estimated lbs/day emitted for each pollutant sampled:

4. Estimated VOC control efficiency:

5. Description of any procedure that was implemented to stop the emissions from exceeding the permitted limits:

6. Attach applicable Field Data Sheets.

7. Attach applicable laboratory analysis reports with laboratory detection limits listed for each pollutant sampled.

8. Attach applicable Chain of Custody (COC) documents.

9. Date returned to compliance:



Yes  No

**VOC CONTROL EFFICIENCY REQUIREMENTS WERE EXCEEDED FOR THIS PERIOD.**

*If VOC control efficiency requirements were exceeded, indicate the following:*

1. Date(s) of exceeded emissions:
2. Date exceedance was reported to the SMAQMD:
3. Estimated lbs/day emitted for each pollutant sampled:
4. Estimated VOC control efficiency:
5. Description of any procedure that was implemented to stop the emissions from exceeding the permitted limits:
6. Attach applicable Field Data Sheets.
7. Attach applicable laboratory analysis reports with laboratory detection limits listed for each pollutant sampled.
8. Attach applicable Chain of Custody (COC) documents.
9. Date returned to compliance:

Yes  No

**1-HOUR AVERAGES OF COMBUSTION TEMPERATURES WERE ABOVE THE MINIMUM TEMPERATURE REQUIREMENTS FOR THIS PERIOD.**

*If 1-hour averages of combustion temperatures were below the minimum temperature requirements, indicate the following:*

1. Date(s) of 1-hour average combustion temperatures below the minimum temperature requirement:
2. Date exceedance was reported to the SMAQMD:
3. Number of hours of non-compliance for each date:
4. Attach applicable continuous combustion temperature recorder data.
5. Date returned to compliance:



Yes  No

**CARBON BREAKTHROUGH OCCURRED FOR THIS PERIOD.**

*If carbon breakthrough occurred, indicate the following:*

1. Attach completed SOIL VAPOR EXTRACTION – CARBON BREAKTHROUGH MONITORING FORM.
2. Date exceedance was reported to the SMAQMD:
3. Date returned to compliance:

Yes  No

**BREAKDOWN CONDITION(S) OCCURRED FOR THIS PERIOD.**

*If a breakdown condition occurred, indicate the following:*

1. Description of the breakdown condition(s) meeting the definition in SMAQMD Rule 602, Section 201:
2. Date and time **each** breakdown condition was reported to the SMAQMD:
3. Date **each** breakdown condition returned to compliance:

**Certification:**

The information you are providing is subject to provisions of the California Health and Safety Code Sections 42303.5 and 42402.4:

42303.5 "No person shall knowingly make any false statement in any application for a permit, or in any information, analyses, plans, or specifications submitted in conjunction with the application or at the request of the air pollution control officer." 42402.4 "..., any person who knowingly and with intent to deceive, falsifies any document ..., is liable for a civil penalty of not more than thirty-five thousand dollars (\$35,000)."

I hereby certify that the information provided is true.

**Name of owner/operator:**

**Title:**  **Phone:**

**Signature of owner/operator:** \_\_\_\_\_ **Date:**

**Mail to:** SMAQMD  
ATTN: SVE Program  
777 12<sup>th</sup> Street, Ste. 300  
Sacramento, CA 95814-1908

**E-Mail to:** [sve@airquality.org](mailto:sve@airquality.org)