



AIR QUALITY REPORTING FORM

Checklist For Routine Submittals

-Typical Annual, Semiannual and Quarterly Submittals for Air Quality Permits

Minnesota Pollution Control Agency

520 Lafayette Road, St. Paul, MN 55155-4194 (651) 296-6300

Form AQRF

8/01/05

Facility Name: _____

Facility ID #: _____

County Facility is located in: _____

Facility Address: _____

Zip Code: _____

Mailing Address: _____

Zip Code: _____

Facility Contact Person (Print Name): _____

Facility Contact Person's Title: _____

Contact Person's Phone # (Include Area Code): _____

THE FOLLOWING REPORTS ARE INCLUDED IN THIS SUBMITTAL (CHECK ALL THAT APPLY):

ANNUAL REPORTS

- ☐ Compliance Certification Report (CR-04)
☐ NESHAP Submittal
☐ Waste Combustor Report for Class IV Waste Combustors
☐ Equipment List
☐ Relative Accuracy Test Audit (RATA) Results Summary (CEMS) Date(s) Completed: _____

SEMIANNUAL REPORTS

- ☐ NESHAP Submittal
☐ Deviations Report (DRF-1 or DRF-2)

Year: _____

☐ 1st Half ☐ 2nd Half

- ☐ Calibration Error Audit Results Summary (COMS) Date(s) Completed: _____
☐ Cylinder Gas Audit (CGA) Summary (CEMS) Date(s) Completed: _____

QUARTERLY REPORTS

- ☐ Waste Combustor Quarterly Report (Class I, II, III, A, C, or D Waste Combustors)
☐ NESHAP Quarterly Submittal
☐ Direct Heating Units Combusting Solid Waste Report
☐ Excess Emissions Report (EER) (CEMS or COMS) (DRF-1 or DRF-2)

Year: _____

☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

- ☐ Indirect Heating Units Combusting Solid Waste Report
☐ Linearity Check Results Summary (CEMS) Date(s) Completed: _____

OTHER REPORTS

- ☐ Please Specify: _____ Date(s) Completed (if applicable) _____