



Minnesota Pollution Control Agency

AIR QUALITY
520 LAFAYETTE ROAD
ST. PAUL, MN 55155-4194

REPORTING FORM **CS-01**
COMPLIANCE SCHEDULE PROGRESS REPORT
6/14/99

Submit this form only if you are subject to a compliance schedule (in Table C of your permit). Compliance schedule progress reports must be submitted to the MPCA at least semiannually, or as otherwise specified in Table C. All progress reports must be certified by a responsible official, defined in Minn. Rules 7007.0100, subp. 21 (see reverse).

If you prefer, you may submit this form in another format, such as a computer-generated spreadsheet. However, make sure to provide all required information in the same order in which it appears on this form.

1a) AQ Facility ID No.: _____

1b) AQ File No.: _____

2) Facility Name: _____

3) Fill in the following table, using Table C of your permit as a reference:

| 3a) Corrective Action (Include all corrective actions from Table C.) | 3b) Date Corrective Action Scheduled to Be Achieved | 3c) Date Corrective Action Actually Achieved | 3d) If the deadline in column 3b) has not yet passed, or if the deadline in column 3b) has passed and the corrective action has yet to be achieved, describe the current status of all activities related to the required corrective action. | 3e) If the deadline in column 3b) was not met (or will not be met), indicate: i) why the deadline was not (or will not be) met; and ii) any preventative measures you have taken (or will take) as a result. |
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CERTIFICATION:

I certify under penalty of law that the enclosed documents and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

Permittee Responsible Official:**Co-Permittee Responsible Official (if applicable):**

Mr./Ms.: _____

Mr./Ms.: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Send this form to:

Air Quality Compliance Tracking Coordinator
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155-4194