



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): _____
Permit # in which the PAL is established: _____
This Report is being submitted for what period

1 st Half	2 nd Half	Year
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<u>Total Annual Emissions</u>	Pollutant:	Total emissions - (12-month rolling sums)	Month 1: Month 2: Month 3: Month 4: Month 5: Month 6:
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Attach all data relied upon in calculating the 12-month rolling sums of total emissions, including, but not limited to, any Quality Assurance or Quality Control data, in calculating the monthly and annual PAL pollutant emissions.

TABLE 1 Emission Units modified or added

Did you begin to add or modify equipment within the period for which this report is being submitted in which you compared pounds per hour of emissions to the applicable PAL AND determined that major NSR does not apply for the project? ☐ Yes ☐ No. If the answer is yes, please complete Table 7 for each project:

Equipment Name	Manufacturer	Model #	Serial #	Date Modified (MM/DD/YY)	Date Added (MM/DD/YY)	Is this equipment subject to NSPS? (Y or N) Attach a copy of the notifications	Is this equipment subject to a NESHAP? (Y or N) Attach a copy of the notifications	My Facility still qualifies under the PAL (Y or N)

TABLE 2 CMS Malfunctions

Were there any CMS Malfunctions within the period for which this report is being submitted? ☐ Yes ☐ No. If yes, complete Table 2

Monitor ID #	EU# or SV#	Pollutant or Parameter	Emission Limit and Averaging Period	Total CMS Downtime	Monitor Malfunction	Non-Monitor Malfunction	QA Calibration	Other Known Causes	Total Duration of Downtime	% CMS Downtime	Corrective actions taken*

* Provide detailed explanation of corrective actions taken for each CMS malfunction.

TABLE 3 CMS Shutdown

Were there any CMS shutdowns within the period for which this report is being submitted? ☐ Yes ☐ No. If yes, complete Table 3

Monitor ID #	EU# or SV#	Pollutant or Parameter	Is Shutdown temporary or permanent?	Reason for the shutdown*	To be Repaired or Replaced?	Date anticipated to be Repaired or Replaced	Did EU continue to operate?	Calculated emissions during shutdown

*Provide detailed explanation of reason for the CMS shutdown.

TABLE 4 PAL Deviations

Were there any deviations from the PAL within the period for which this report is being submitted? ☐ Yes ☐ No. If yes, complete Table 4

Monitor ID #	EU# or SV#	Pollutant or Parameter	Emission Limit and Averaging Period	Total CMS Deviation Time	Startup Shutdown	Control Equipment	Process Problems	Soot Blowing	Fuel Problems	Other Known Causes	Unknown Causes	Total Duration	% Total Deviations	Corrective Actions Taken *	Calculated emissions during deviation

* Provide detailed explanation of corrective actions taken for each PAL deviation.

CERTIFICATION PAGE FOR PRF-1 FORM

I, the Responsible Official, certify that this document has identified all noncompliance with applicable requirements and/or a permit condition for the reporting period and that the statements and information in the document are true, accurate and complete.

Responsible Person's Name (please print):

Responsible Person's Title (please print):

Responsible Person's Signature:

Reporting Period: 1st Half 2nd Half _____ (Year)

Date:

This report must be signed by a responsible official as described in Minn. R. 7007.0100, subpart 21; must have an original signature (not photocopy); and must be postmarked or received by applicable Due Date (refer to the table below). Submit Report(s) to:

**Compliance Tracking Coordinator
Minnesota Pollution Control Agency
Fifth Floor
520 Lafayette Road North
St. Paul, Minnesota 55155-4194**

For Assistance call:

**Customer Assistance Center
(651) 297-2274 (metro)
1-800-646-6427 (greater Minnesota)**