

C-1: Compliance Plan

The Responsible Official shall submit a Compliance Plan as indicated in the Instructions for Applying for an Air Pollution Control Permit and at such other times as requested by the Director of Health (hereafter, Director).

Use separate sheets of paper if necessary.

1. Compliance status with respect to all Applicable Requirements:

Will your facility be in compliance, or is your facility in compliance, with all applicable requirements in effect at the time of your permit application submittal?

YES {If YES, complete items a and c below}

NO {If NO, complete items a, b, and c below}

a. Identify all applicable requirement(s) for which compliance is achieved.

Provide a statement that the source is in compliance and will continue to comply with all such requirements.

b. Identify all applicable requirement(s) for which compliance is NOT achieved.

Provide a detailed Schedule of Compliance Schedule and a description of how the source will achieve compliance with all such applicable requirements.

<u>Description of Remedial Action</u>	<u>Expected Date of Completion</u>
_____	_____
_____	_____
_____	_____
_____	_____

- c. Identify any other applicable requirement(s) with a future compliance date that your source is subject to. These applicable requirements may take effect AFTER permit issuance:

<u>Applicable Requirement</u>	<u>Effective Date</u>	<u>Currently in Compliance?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the source is not currently in compliance, provide a Schedule of Compliance and a description of how the source will achieve compliance with all such applicable requirements:

<u>Description of Proposed Action/Steps to Achieve Compliance</u>	<u>Expected Date of Achieving Compliance</u>
_____	_____
_____	_____
_____	_____
_____	_____

Provide a statement that the source on a timely basis will meet all these applicable requirements:

If the expected date of achieving compliance will NOT meet the applicable requirement's effective date, provide a more detailed description of each remedial action and the expected date of completion:

<u>Description of Remedial Action and Explanation</u>	<u>Expected Date of Completion</u>
_____	_____
_____	_____
_____	_____
_____	_____

2. Compliance Progress Reports:

- a. If a compliance plan is being submitted to remedy a violation, complete the following information:

Frequency of Submittal: _____ Beginning Date: _____
(less than or equal to 6 months)

b. Date(s) that the Action described in (1)(b) was achieved:

<u>Remedial Action</u>	<u>Date Achieved</u>
_____	_____
_____	_____
_____	_____

c. Narrative description of why any date(s) in (1)(b) was not met, and any preventive or corrective measures taken in the interim:

RESPONSIBLE OFFICIAL

(as defined in HAR §11-60.1-1)

Name (Last): _____ (First): _____ (MI): _____

Title: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Certification by Responsible Official

(pursuant to HAR §11-60.1-4)

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by the Department of Health as public record. I further state that I will assume responsibility for the construction, modification, or operation of the source in accordance with the Hawaii Administrative Rules, Title 11, Chapter 60.1, Air Pollution Control, and any permit issued thereof.

Name (Print/Type): _____

(Signature): _____ Date: _____

Facility Name: _____

Location: _____

Permit Number: _____

FOR AGENCY USE ONLY	
File/Application No.:	_____
Island:	_____
Date Received:	_____