FIGURE XSE

QUARTERLY EXCESS EMISSIONS AND MONITORING REPORT FOR SIP-ONLY STANDARDS

Company: _____ Plant Name: _____

Address: _____

Emissions Unit ID No. ____ Description: _____

Pollutant (check one): ___ CO ___ NOx Emission Limitation: _____

Reporting period: ___ Q1 (Jan. - March) ___ Q2 (April - June) ___ Q3 (July - Sept.) ___ Q4 (Oct. - Dec.)
Year: _____

Monitor Manufacturer: _____

Model No.: _____

Date of Latest CEMS Certification or Audit: _____

Total emissions unit operating time in reporting period[1]: _____ hours

Excluded Emission Data Summary[1]	**CEMS Performance Summary**[1, 5]
1. Duration of excluded emissions due to: a. ST Cold Startup[2]….....____ b. GT/HRSG Cold Startup[2]….....____ c. GT/HRSG Warm Startup[2]….....____ d. Shutdown….....____ e. Fuel Switching….....____ f. Documented Malfunction….....____ g. Tuning….....____ h. Total Authorized Data Excluded….……..____ 2. Total duration of excluded emissions x (100%) / [Total source operating time]…….…….....____% 3. Number of Compliance Averages > Limit[3].....____	1. CEMS downtime due to: a. Monitor equipment malfunctions……..____ b. Non-Monitor equipment malfunctions …….……____ c. Quality assurance calibration…….……...____ d. Other known causes…….……____ e. Unknown causes…….……____ 2. Total CEMS Downtime…..…….……...____ 3. Total CEMS Downtime x (100%) / [Total source operating time]…….……____%[4]

[1] For the reporting period, record all times in hours.

[2] "ST" means steam turbine. "GT/HRSG" means gas turbine/heat recovery steam generator.

[3] If an exceedance occurs after excluding data as authorized by permit, identify the number of non-compliant averages for the quarter. In addition, provide the hour-by-hour data for each non-compliant average and describe the circumstances causing the exceedance and the corrective actions taken.

[4] If the total CEMS downtime is 5% or greater of the total operating time, the permittee shall also submit a report identifying the problems with maintaining a monitor availability of at least 95% and the corrective actions planned for the next quarter.

[5] On a separate page, describe any changes in the CEMS, process equipment or control equipment since the last quarterly report.

I certify that the information contained in this report is true, accurate, and complete.

Name: _____

Title: _____

Signature: _____ *Date*: _____