

## Annual Compliance Certification - Permit Requirements Certification Table

| Annual Compliance Certification Data for Title V Permit No. <span style="color: blue;">P999-R9</span>  |  |            |          |  |
|--|--|------------|----------|--|
| Was this facility <i>continuously</i> in compliance with <i>all conditions</i> of this <i>permit</i> during the reporting period? (Did you check either “Yes” or “N/A” for every condition in response to question 3?)   |  |            |          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 1. Provide <i>Method(s)</i> or other information or other facts used to determine the compliance status in the “Methods:” row beneath each permit condition.<br>2. If you answered <i>No</i> to question 3, list <i>all</i> deviations in the <i>Deviations</i> section.<br>For all Deviations that <i>produced</i> excess emissions, provide <i>only a)</i> the AQBCR EER Tracking Number.<br>For all Deviations that <i>did not produce</i> excess emissions, provide <i>a)</i> The Unit ID, <i>b)</i> The Cause of and a Description of the Deviation, and <i>c)</i> the Start & End Dates of the deviation.<br>Please indicate in <i>b)</i> , your <i>Description</i> , whether each deviation has been previously reported to NMED. |  |            |          | 3. Was this facility <i>continuously</i> in compliance with <i>all</i> requirements of this condition during the reporting period? |
| <b>FACILITY SPECIFIC REQUIREMENTS</b>  |  |            |          |  |
| <b><u>A101 Permit Duration (expiration)</u></b>  |  |            |          |  |
| A. The term of this permit is five (5) years. It will expire five years from the date of issuance. Application for renewal of this permit is due twelve (12) months prior to the date of expiration. (20.2.70.300.B.2 and 302.B NMAC)  |  |            |          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Methods:</b> Company will submit a renewal application at least 12 months prior to the expiration of Permit P999-R9   |  |            |          | <input type="checkbox"/> N/A   |
| <b>Deviations:</b> Unit ID   | Cause & Description of Deviation <b>or</b> Tracking number | Start Date | End Date |  |
|  |  |            |          |  |
| <b><u>A101 Permit Duration (expiration)</u></b>  |  |            |          |  |
| B. If a timely and complete application for a permit renewal is submitted, consistent with 20.2.70.300 NMAC, but the Department has failed to issue or disapprove the renewal permit before the end of the term of the previous permit, then the permit shall not expire and all the terms and conditions of the permit shall remain in effect until the renewal permit has been issued or disapproved. (20.2.70.400.D NMAC)   |  |            |          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Methods:</b> The renewal permit was issued prior to expiration  |  |            |          | <input type="checkbox"/> N/A   |
| <b>Deviations:</b> Unit ID   | Cause & Description of Deviation <b>or</b> Tracking number | Start Date | End Date |  |
|  |  |            |          |  |
| <b><u>A102 Facility: Description</u></b>   |  |            |          |  |
| B. This facility is located approximately 2.2 miles northwest of Cedar Hill in San Juan County, New Mexico. (20.2.70.302.A(7) NMAC)  |  |            |          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Methods:</b> The compressor station is located at 123 ABC Street, City, New Mexico 87555  |  |            |          | <input type="checkbox"/> N/A   |
| <b>Deviations:</b> Unit ID   | Cause & Description of Deviation <b>or</b> Tracking number | Start Date | End Date |  |
|  |  |            |          |  |
| <b><u>A103 Facility: Applicable Regulations</u></b>  |  |            |          |  |
| A. The permittee shall comply with all applicable sections of the requirements listed in Table 103.A   |  |            |          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Methods:</b> Company is complying with all the requirements listed in Table 103.A   |  |            |          | <input type="checkbox"/> N/A   |
| <b>Deviations:</b> Unit ID   | Cause & Description of Deviation <b>or</b> Tracking number | Start Date | End Date |  |
|  |  |            |          |  |

|   |   |                       |   |
|---|---|-----------------------|---|
| <p>1. Provide <i>Method(s)</i> or other information or other facts used to determine the compliance status in the “Methods:” row beneath each permit condition.</p> <p>2. If you answered <i>No</i> to question 3, list <i>all</i> deviations in the <i>Deviations</i> section.<br/>         For all Deviations that <i>produced</i> excess emissions, provide <i>only a)</i> the AQBCR EER Tracking Number.<br/>         For all Deviations that <i>did not produce</i> excess emissions, provide <i>a)</i> The Unit ID, <i>b)</i> The Cause of and a Description of the Deviation, and <i>c)</i> the Start &amp; End Dates of the deviation.<br/>         Please indicate in <i>b)</i>, your <i>Description</i>, whether each deviation has been previously reported to NMED.</p> |   |                       | <p>3. Was this facility <i>continuously</i> in compliance with <i>all</i> requirements of this condition during the reporting period?</p> |
| <p><b><u>A107 Facility: Allowable Startup, Shutdown, &amp; Maintenance (SSM) and Malfunction Emissions</u></b></p> <p><b>A.</b> The maximum allowable SSM and Malfunction emissions limits for this facility are listed in Table 107.A and were relied upon by the Department to determine compliance with applicable regulations.</p>  |   |                       |   |
| <p><b>Methods:</b> Company was in compliance with the SSM and Malfunction limits listed in table A107.A. Unit FL-01 was disabled due to lightning strike from 12/5-12/7/2018 (See EER below). Conditions for emergency affirmative defense were met.</p> <p>Company failed to accurately report SSM and Malfunction limits in the 1/1/18-6/30/18 semiannual report.</p>   |   |                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> N/A                                       |
| <b>Deviations: Unit ID</b>  | <b>Cause &amp; Description of Deviation or Tracking number</b>  | <b>Start Date</b>     | <b>End Date</b>   |
| FL-01<br>All Units  | EER tracking number 099999-12082018-01<br>Company incorrectly estimated VOC emissions due to blow-downs in previous semi-annual report dated 8/10/2018. Corrected in current semi-annual, to be submitted prior to 2/14/2019. This did not result in excess emissions and did not lead company to exceed SSM or Malfunction limits. | 12/5/2018<br>1/1/2018 | 12/7/2018<br>6/30/2018  |

## PART B General Conditions

|  |  |
|--|--|
| <b>1. Have these General Conditions been met during this reporting period?</b><br><u>Check only one box per subject heading.</u><br><u>Explain answers in remarks row under subject heading.</u>   | <b>2. Was this facility <i>continuously</i> in compliance with this requirement during the reporting period?</b>                             |
| <b><u>B101 Legal</u></b>   | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> – <i>Explain Below</i> |
| <b>REMARKS:</b> Company understands the terms of this section and complies as required.  |  |
| <b><u>B102 Authority</u></b>   | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> – <i>Explain Below</i> |
| <b>REMARKS:</b> Company believes it is in compliance with all terms of its Title V operating Permit  |  |
| <b><u>B103 Annual Fee</u></b>  | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> – <i>Explain Below</i> |
| <b>REMARKS:</b> Company shall pay the annual fee consistent with the fee schedule.   |  |
| <b><u>B104 Appeal Procedures</u></b>   | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> – <i>Explain Below</i> |
| <b>REMARKS:</b> Company acknowledges its right to appeal.  |  |
| <b><u>B105 Submittal of Reports and Certifications</u></b>   | <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> – <i>Explain Below</i> |
| <b>REMARKS:</b> Company submitted their previous semi-annual monitoring report on-time and intends to submit the current Semi-annual monitoring report prior to the 2/14/19 deadline.<br><br>This annual compliance certification report is being submitted on 2/4/2019, five (5) days after the statutory deadline. |  |
| <b><u>B106 NSPS and/or MACT Startup, Shutdown, and Malfunction Operations</u></b>  | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> – <i>Explain Below</i> |
| <b>REMARKS:</b> Company has developed and implemented a plan to minimize SSM and Malfunction operations, available onsite and to the department upon request.  |  |
| <b><u>B107 Startup, Shutdown, and Maintenance Operations</u></b>   | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> – <i>Explain Below</i> |
| <b>REMARKS:</b> Company has developed and implemented a plan to minimize SSM and Malfunction operations, available onsite and to the department upon request.  |  |
| <b><u>B108 General Monitoring Requirements</u></b>   | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> – <i>Explain Below</i> |
| <b>REMARKS:</b> Company believes it was in compliance with all monitoring requirements during the reporting period.  |  |
| <b><u>B109 General Recordkeeping Requirements</u></b>  | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> – <i>Explain Below</i> |
| <b>REMARKS:</b> Company believes it was in compliance with all recordkeeping requirements during the reporting period.   |  |
| <b><u>B110 General Reporting Requirements</u></b>  | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> – <i>Explain Below</i> |
| <b>REMARKS:</b> Company believes it was in compliance with all reporting requirements during the reporting period. Company submitted one semi-annual monitoring report and will submit this report on 2/4/19 and the second semi-annual monitoring report on or prior to 2/14/19.                                    |  |
| <b><u>B111 General Testing Requirements</u></b>  | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> – <i>Explain Below</i> |