



SOUTHERN UTE INDIAN TRIBE - RESERVATION AIR PROGRAM  
 APPLICATION FOR TRIBAL OPERATING PERMIT, 40 CFR PART 70



**APPLICATION FORM SIXMON - 6-MONTH MONITORING REPORT**

INSTRUCTIONS: Complete sections A and B once for each complete SIXMON form submission. Sections C, D, and E may be copied as many times as is necessary to fully report all the required information.

**A. General Information**

Part 70 Permit No.: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Email: \_\_\_\_\_

**B. Reporting Period**

Instructions: The reporting period should be the 6-month period, or shorter period, required by your part 70 permit.

Period Beginning: \_\_\_\_\_ Period Ending: \_\_\_\_\_

**C. Monitoring Report**

Instructions: Use the table below to summarize all required monitoring, data, or analyses for the reporting period. In the first column, describe the monitoring, data, or analysis and cross-reference the relevant permit term. In the second column, list the emission units (Unit IDs) upon which the monitoring was performed. You may list multiple units if all are subject to the same monitoring requirements. In the third column indicate whether a separate monitoring report is required. If the required monitoring report was submitted previously, indicate the date you submitted it; if submitted for the first time as an attachment to this form, assign attachment identification (ID), mark the attachment with that ID, and attach the separate monitoring report to this form.

Monitoring, Data, or Analysis (Describe and cite)	Emission Units (Unit IDs)	Separate Monitoring Report?
		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Attachment ID: _____
		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Attachment ID: _____
		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Attachment ID: _____
		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Attachment ID: _____
		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Attachment ID: _____
		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Attachment ID: _____
		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Attachment ID: _____
		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Attachment ID: _____
		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Attachment ID: _____
		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Attachment ID: _____
		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Attachment ID: _____
		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Attachment ID: _____

**D. Previously Submitted Prompt Deviation Reports**

Instructions: Use the table below to summarize all deviations from permit terms required to be reported previously (prior to this report). In the first column, describe and cross-reference the permit terms for which there is a deviation. In the second column, list the emission units IDs where the deviation occurred, if no IDs are listed in the permit describe them instead. When reporting the beginning and ending times for deviations, use the 24-hour clock (MST). In the fourth column, specify the date when the written deviation report was submitted to the Tribe. If a written deviation report was required but was not submitted by the required deadline, leave this field blank. Failure to submit a required deviation report (including those required to be submitted by telephone or fax), or late submittal of such reports is a deviation from permit terms that must be reported in section E of this form.

Permit Term for Which There is a Deviation (Describe and cite)	Emission Units (Unit IDs)	Deviation Time Period	Written Report Submittal Date
		Beginning: _____ Ending: _____	_____
		Beginning: _____ Ending: _____	_____
		Beginning: _____ Ending: _____	_____
		Beginning: _____ Ending: _____	_____
		Beginning: _____ Ending: _____	_____
		Beginning: _____ Ending: _____	_____
		Beginning: _____ Ending: _____	_____
		Beginning: _____ Ending: _____	_____
		Beginning: _____ Ending: _____	_____
		Beginning: _____ Ending: _____	_____

**E. Deviations Subject only to Semiannual Reporting Requirements**

Instructions: Complete one set of sections 1 through 5 for each deviation required to be reported for the first time in this form. Copy this page as many times as necessary to include all such deviations. Report the beginning and ending times for each deviation, using the 24-hour clock (MST). If any corrective actions or preventative measures were taken to avoid future similar deviations, briefly describe them. If known, include dates when such measures were taken or will be taken in the future.

1. Permit term or Condition (Cite and Describe)	2. Emission Units (Unit IDs)	3. Time Period: (Date and Time)
		Beginning: _____ Ending: _____
<b>4. Probable Cause of Deviation</b>		<b>5. Corrective Actions or Preventative Measures Taken</b>
Emergency Situation: <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Permit term or Condition (Cite and Describe)	2. Emission Units (Unit IDs)	3. Time Period: (Date and Time)
		Beginning: _____ Ending: _____
<b>4. Probable Cause of Deviation</b>		<b>5. Corrective Actions or Preventative Measures Taken</b>
Emergency Situation: <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Permit term or Condition (Cite and Describe)	2. Emission Units (Unit IDs)	3. Time Period: (Date and Time)
		Beginning: _____ Ending: _____
<b>4. Probable Cause of Deviation</b>		<b>5. Corrective Actions or Preventative Measures Taken</b>
Emergency Situation: <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Permit term or Condition (Cite and Describe)	2. Emission Units (Unit IDs)	3. Time Period: (Date and Time)
		Beginning: _____ Ending: _____
<b>4. Probable Cause of Deviation</b>		<b>5. Corrective Actions or Preventative Measures Taken</b>
Emergency Situation: <input type="checkbox"/> Yes <input type="checkbox"/> No		