

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
AIR DIVISION**

**INSTRUCTIONS FOR COMPLETION OF ADEM FORM-437
COMPLIANCE SCHEDULE**

All applicable portions of this form should be completed by printing or typing. When any item is not applicable, the letters "NA" should be placed in the left margin beside the item. If the entire Form ADEM-437 is not applicable to your plant or facility, items 1 through 4 and the signature block should be completed and the words "NOT APPLICABLE" should be inserted beneath the signature block. At least one copy of this Form must be included in the group of initial permit applications for each facility or plant.

A separate copy of this Form is to be completed for each process, operation, machine or other source which is not in compliance with an applicable air pollution control regulation.

- Item 1: Self-explanatory**
- Item 2: Type in the unit for which the compliance schedule is being completed.**
- Item 3: Describe the schedule for achieving compliance for the unit. Include in the schedule the time when any major event is to be completed. This would include design, construction and installation of any air pollution control devices that are needed to achieve and maintain compliance.**
- Item 4: The method of determining compliance should be entered here. Types of compliance techniques include stack tests, continuous emission monitors and visible emissions tests.**
- Item 5: Self-explanatory**

**PERMIT APPLICATION
FOR
COMPLIANCE SCHEDULE**

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Do not write in this space

1. Name of firm or organization: _____

2. Compliance schedule for: _____

3. Compliance schedule (include schedule of remedial measures leading to compliance) and schedule for submittal of progress reports (must be at least once every six months):

4. Describe method(s) to be used to determine compliance: _____

5. Date by which item will be in complete compliance with all applicable air pollution control rules and regulations:

_____ month/day/year

Name of person preparing schedule: _____

Signature: _____ Date: _____