

**APPENDIX B
COMPLIANCE SCHEDULE PROGRESS REPORT***

Permit No. : _____

Facility Name: _____

Address: _____

Date due: _____ Authorized Representative: _____

Increment of Progress on Event	Scheduled completion date	Event Report Deadline	Event on schedule	If No, anticipated completion date.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.				
State reason for delay, if applicable.				
What action has been initiated to return project to original schedule?				
What is the probability of meeting the next scheduled completion date?				

*** Report is to be submitted no later than 14 business days after the indicated increment of progress on the compliance schedule.**