

**ALASKA DEPARTMENT OF ENVIRONMENTAL
CONSERVATION**

**Standard Permit Condition IV – Notification Form for
Excess Emissions and Permit Deviation**

Permit Condition for Air Quality Permits

Adopted by Reference in 18 AAC 50.346

April 1, 2002

Revised July 22, 2020

**Notification Form for
Excess Emissions and Permit Deviation Reporting**
State of Alaska Department of Environmental Conservation
Division of Air Quality

Stationary Source Name _____

Air Quality Permit Number _____

Company Name _____

When did you discover the Excess Emissions/Permit Deviation?

Date: / / Time: :

When did the event/deviation occur?

Begin: Date: / / Time: : (please use 24-hr clock)

End: Date: / / Time: : (please use 24-hr clock)

What was the duration of the event/deviation? : (hrs:min) or days
(total # of hrs, min, or days, if intermittent then include only the duration of the actual emissions/deviation)

Reason for notification (Please check only 1 box and go to the corresponding section.):

Excess Emissions - Complete Section 1 and Certify

Note: All "excess emissions" are also "permit deviations." However, use only Section 1 for events that involve excess emissions.

Deviation from Permit Conditions - Complete Section 2 and Certify

Note: Use only Section 2 for permit deviations that do not involve excess emissions.

Deviation from COBC¹, CO², or Settlement Agreement - Complete Section 2 and Certify

Section 1. Excess Emissions

(a) **Was the exceedance** Intermittent or Continuous

(b) **Cause of Event** (Check one that applies. Complete a separate form for each event, as applicable.):

Start Up/Shut Down Natural Cause (weather/earthquake/flood)

Control Equipment Failure Scheduled Maintenance/Equipment Adjustments

Bad fuel/coal/gas Upset Condition Other _____

¹ Compliance Order By Consent

² Compliance Order

(c) Description:

Describe briefly what happened and the cause. Include the parameters/operating conditions exceeded, limits, monitoring data and exceedance. Attach supporting information if necessary.

(d) Emissions Units (EU) Involved:

Identify the emissions units involved in the event, using the same identification number and name as in the permit. Identify each emission standard potentially exceeded during the event and the exceedance.

<u>EU [UNIT] ID</u>	<u>EU [EMISSION UNIT] Name</u>	<u>Permit Condition Exceeded/Limit/Potential Exceedance</u>

(e) Type of Incident (Please check all that apply and provide the value requested, if any):

- Opacity _____%
- Fugitive Emissions
- Flaring
- Venting _____(gas/scf)
- Emission Limit Exceeded
- Other:
- Control Equipment Down
- Marine Vessel Opacity

(f) Corrective Actions:

Describe actions taken to restore the system to normal operation and to minimize or eliminate chances of a recurrence. Attach supporting information if necessary.

(g) Unavoidable Emissions:

Do you intend to assert that these excess emissions were unavoidable? YES NO

Do you intend to assert the affirmative defense of 18 AAC 50.235? YES NO

Certify Report (go to end of form)

Section 2. Permit Deviations

(a) **Permit Deviation Type** (Check all boxes that apply per event. Complete a separate form for each event, as applicable.):

- Emissions Unit-Specific Requirements
- Stationary Source-Wide Specific Requirements
- Monitoring/Recordkeeping/Reporting Requirements
- General Source Test Requirements
- Compliance Certification Requirements
- Standard/Generally Applicable Requirements
- Insignificant Emissions Unit Requirements
- Other: _____

(b) **Emissions Units (EU) Involved:**

Identify the emissions units involved in the event, using the same identification number and name as in the permit. List the corresponding permit condition and the deviation.

EU ID	EU Name	Permit Condition /Potential Deviation

(c) **Description of Potential Deviation:**

Describe briefly what happened and the cause. Include the parameters/operating conditions and the potential deviation. Attach supporting information if necessary.

(d) Corrective Actions:

Describe actions taken to correct the deviation or potential deviation and to prevent future recurrence. Attach supporting information if necessary.

Certification:

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.

Printed Name: _____ Title _____ Date _____

Signature: _____ Phone number _____

NOTE: *This document must be certified in accordance with 18 AAC 50.345(j). Read and sign the certification in the bottom of the form above. (See Condition <insert cross reference to SPC XVII – Reporting Requirements>).*

Submit this report in accordance with the submission instructions on the Department’s Standard Permit Conditions web page at <webpage>.

If submitted online, report must be submitted by an authorized E-signer for the stationary source (according to Condition <insert Condition 1.1 (under Certification) of Standard Permit Condition XVII – Reporting Requirements >).

[18 AAC 50.346(b)(3)]