

DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Standard Permit Condition IV – Notification Form

**Permit Condition for Air Quality Permits
Adopted by Reference in 18 AAC 50.346**

April 1, 2002

REVISED August 25, 2004

ADEC Notification Form

Excess Emissions and Permit Deviation Reporting
State of Alaska Department of Environmental Conservation
Division of Air Quality

Stationary Source (Facility) Name

Air Quality Permit Number

Company Name

When did you discover the Excess Emissions/Permit Deviation?

Date: / / Time: :

When did the event/deviation?

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

End: Date: / / Time: : (please use 24hr 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

Deviation from Permit Conditions Complete Section 2 and Certify

Deviation from COBC, CO, 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):

Start Up/Shut Down

Natural Cause (weather/earthquake/flood)

Control Equipment Failure

Scheduled Maintenance/Equipment Adjustments

Bad fuel/coal/gas

Upset Condition Other

(c) Description

Describe briefly what happened and the cause. Include the parameters/operating conditions exceeded, limits, monitoring data and exceedance.

(d) Sources Involved:

Identify the emission source 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.

| Source ID | Source Name | Permit Condition Exceeded/Limit/Potential Exceedance |
|-----------|-------------|--|
| | | |

(e) Type of Incident (please check only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Opacity % | <input type="checkbox"/> Venting (gas/scf) | <input type="checkbox"/> Control Equipment Down |
| <input type="checkbox"/> Fugitive Emissions | <input type="checkbox"/> Emission Limit Exceeded | <input type="checkbox"/> Record Keeping Failure |
| <input type="checkbox"/> Marine Vessel Opacity | <input type="checkbox"/> Failure to monitor/report | <input type="checkbox"/> Flaring |
| <input type="checkbox"/> Other: | | |

(f) Unavoidable Emissions:

- | | | |
|---|------------------------------|-----------------------------|
| Do you intend to assert that these excess emissions were unavoidable? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you intend to assert the affirmative defense of 18 AAC 50.235? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Certify Report (go to end of form)

Section 2. Permit Deviations

(a) Permit Deviation Type (check one only) (check boxes correspond with sections in permit)

- Source Specific
 General Source Test/Monitoring Requirements
 Recordkeeping/Reporting/Compliance Certification
 Standard Conditions Not Included in Permit
 Generally Applicable Requirements
 Reporting/Monitoring for Diesel Engines
 Insignificant Source
 Facility Wide
 Other Section: (title of section and section # of your permit)

(b) Sources Involved:

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

| Source ID | Source 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.

(d) Corrective Actions:

Describe actions taken to correct the deviation or potential deviation and to prevent future recurrence.

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 50.3454(j)*

To Submit this report:

1. Fax this form to: **907-451-2187**

Or

2. E-mail to: airreports@dec.state.ak.us
if faxed or e-mailed,

Or

3. Mail to: **ADEC**
Air Permits Program
610 University Avenue
Fairbanks, AK 99709-3643

Or

4. Phone notifications: **907-451-5173.**
Phone notifications require written follow up report.

Or

5. Submission of information contained in this report can be made electronically at the following website:

(web site is not yet available)

if submitted online, report must be submitted by an authorized E-Signer for the Stationary Source.