# 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 September 27, 2010**

**ADEC Notification Form**

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

Division of Air Quality

|  |
| --- |
| Click here to enter text. |
| **Stationary Source (Facility) Name** |
| Click here to enter text. |
| **Air Quality Permit Number** |
| Click here to enter text. |
| **Company Name** |

|  |  |  |
| --- | --- | --- |
| When did you discover the Excess Emissions/Permit Deviation? | | |
| Date: Click date. | Time: Click here to enter text. (please use 24hr clock) | |
|  |  | |
| When did the event/deviation? | | | |
| Begin Date: enter a date. | | Time: enter text. (please use 24hr clock) | |
| End Date: enter a date. | | Time: enter text. (please use 24hr clock) | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What was the duration of the event/deviation | text | (hrs:min) or | text | 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

1. Was the exceedance  Intermittent or  Continuous
2. 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.

Click here to enter text.

1. Emission Units Involved:

Identify the emission 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.

|  |  |  |
| --- | --- | --- |
| Unit ID | Emission Unit Name | Permit Condition Exceeded/Limit/Potential Exceedance |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Type of Incident (please check only one):

Opacity %

Venting (gas/scf)

Control Equipment Down

Fugitive Emissions

Emission Limit Exceeded

Record Keeping Failure

Marine Vessel Opacity

Flaring

Other

1. Unavoidable Emissions

Do you intend to assert that these excess emission 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

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

Source Specific

Failure to monitor/report

General Source Test/Monitoring Requirements

Recordkeeping/Reporting/Compliance Certification

Standard Condition 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)

1. Emission Units Involved:

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

|  |  |  |
| --- | --- | --- |
| Unit ID | Emission Unit Name | Permit Condition /Potential Deviation |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

### (c) Description of Potential Deviation:

Describe briefly what happened and the cause. Include the parameters/operating conditions and the potential deviation.

Click here to enter text.

(d) Corrective Actions:

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

Click here to enter text.

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 Click here to enter text. Title Click here to enter text.

Date Click here to enter a date.

Signature: Phone number Click here to enter text.

**NOTE:** *This document must be certified in accordance with 18 AAC 50.345(j)*

**To Submit this report**:

1. Fax this form to: 907-451-2187 Or
2. E-mail to: [DEC.AQ.airreports@alaska.gov](mailto:DEC.AQ.airreports@alaska.gov)

*if faxed or e-mailed,*

Or

1. Mail to: ADEC

Air Permits Program 610 University Avenue

Fairbanks, AK 99709-3643

Or

1. Phone notifications: 907-451-5173.

*Phone notifications require written follow up report*.

Or

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

[***https://myalaska.state.ak.us/dec/air/airtoolsweb/***](https://myalaska.state.ak.us/dec/air/airtoolsweb/)

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