

# **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 {adoption date of these regulations}[AUGUST 20, 2008]**

# 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) Emission Units Involved:

Identify the emission units 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.

<u>Unit ID</u>	<u>Emission Unit Name</u>	<u>Permit Condition Exceeded/Limit/Potential Exceedance</u>

(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"/> Flaring                  | <input type="checkbox"/> Other:                 |

(f) 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 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 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) Emission Units 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.

<u>Unit ID</u>	<u>Emission Unit Name</u>	<u>Permit Condition /Potential Deviation</u>

(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 50.345(j)*

**To Submit this report:**

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

Or

2. E-mail to: **DEC.AQ.airreports@alaska.gov**  
*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:

**<https://myalaska.state.ak.us/dec/air/airtoolsweb/>**  
**[HTTPS://MYALASKA.STATE.AK.US/DECA/AIR/AIRTOOLSWEB/]**

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