

# **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.

<u>Source ID</u>	<u>Source 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"/> 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?

☐ 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  
☐ 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 \_\_\_\_\_

**To Submit this report:**

Fax this form to: 907-451-2187

Or

Email to: [DEC.AQ.Airreports@alaska.gov](mailto:DEC.AQ.Airreports@alaska.gov)

*if emailed, report must be certified in Facility Operating Report*

Or

Mail to: ADEC

Air Permits Program  
610 University Avenue  
Fairbanks, AK 99709-3643

Or

Phone notifications: 907-451-5173.

*Phone notifications require written follow up report.*

Or

Online submission of this report can be made at the following website:

*(Website is not yet available)*

*if submitted online, report must be certified in Facility Operating Report*