



**AIR OPERATING PERMIT FACILITY  
PERMIT DEVIATION/EXCESS EMISSIONS REPORT**

Pursuant to Excess Emissions Rules  
WAC 173-400-107 through 109  
ORCAA Rule 8.7

Facility Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Reported By: \_\_\_\_\_ Event Start Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Initial Notification: \_\_\_\_\_ Event End Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Excess emissions that are an emergency condition or that could endanger public health must be reported within 12 hours of the event. Other deviations must be submitted to ORCAA no later than 30 days after the end of the month in which it occurred, unless another time period is specified by a permit condition. An upset log must be kept of all planned and unplanned excess emissions in accordance with WAC 173-400-108.*

Emissions unit:

Description of incident:

Immediate steps taken to limit the duration and/or quantity of excess emissions:

Estimated Excess Emissions: (include all calculations as attachments)

Pollutant(s):	Pounds (estimate):	Incident was result of following:
<input type="checkbox"/> CO	_____ lb.	<input type="checkbox"/> Scheduled Equipment Start-up/Shut-down
<input type="checkbox"/> SO <sub>x</sub>	_____ lb.	<input type="checkbox"/> Upset/Malfunction
<input type="checkbox"/> NO <sub>x</sub>	_____ lb.	<input type="checkbox"/> Emergency Situation
<input type="checkbox"/> VOC	_____ lb.	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other	_____ lb. _____	

Did the facility receive any complaints from the public?  No  Yes (Provide details below)

- Identified for the first time
- Identified as a recurrence (explain previous incident(s) below and provide dates)

Analyses of measures available to reduce likelihood of recurrence (evaluate possible design, operational, and maintenance changes; discuss alternatives, probable effectiveness, and cost):

Description of corrective action to be taken (include commencement and completion dates):

If correction not required, explain basis for conclusion:

\*Attach reports, reference documents, and other backup material as necessary.

Is the investigation continuing?

- No
- Yes

Is the source requesting additional time for completion of the report?

- No
- Yes

Based upon information and belief formed after reasonable inquiry, I certify that the statements and information in this document and all referenced documents and attachments are true, accurate and complete.

\_\_\_\_\_  
Signature— Responsible Official or Designee

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_