



PERMIT DEVIATION

Facility Name: _____ Date: _____

ORCAA will determine if enforcement action is warranted based on the information provided below.

Describe permit deviation:	
Permit deviation determined through: <input type="checkbox"/> Source testing (attach results) <input type="checkbox"/> Visual opacity testing (attach results) <input type="checkbox"/> Monitoring (attach logs) <input type="checkbox"/> Other:	Associated permit condition(s):
	Date and time permit deviation discovered:
	Status of deviation: <input type="checkbox"/> Resolved Date: _____ <input type="checkbox"/> On-going
Possible causes of deviation:	
Corrective measures/maintenance taken:	
Corrective measures/maintenance planned:	
Additional monitoring or testing planned (provide dates):	

Signature: _____ Date: _____

Printed Name: _____

Title: _____