Antelope Valley Air Quality Management District

TITLE V DEVIATION REPORT

I.   FACILITY INFORMATION

1. FACILITY NAME:
2. FACILITY ADDRESS:
3. COMPANY NAME:
4. COMPANY ADDRESS:
5. FACILITY ID:
6. TITLE V PERMIT #:
7. ADDRESS WHERE INCIDENT OCCURRED: _____
8. PERSON TO CONTACT FOR FURTHER INFORMATION Name: _____ Title: _____ Phone number: _____

II.   REPORT OF DEVIATION

This written notification is to report a deviation with excess emissions. Notification of the deviation is due to AVAQMD within 10 days of the occurrence of excess emissions, or within 10 days of the time a person knew of reasonably should have known of the excess emissions. The written report is due within 60 days of the date the excess emission was reported to the District.

9. This incident was first discovered by: _____
10. Date of incident discovery: _____
11. Date the incident was reported to AVAQMD: _____
12. Date/time of the actual incident: _____
13. Has the incident stopped?   a. ☐ Yes, on: _____   b. ☐ No
14. Describe the incident and identify each piece of equipment (by permit number) affected.

15. The incident may have resulted in a:

   a. ☐ Violation of Permit Condition(s): _____

   b. ☐ Violation of AVAQMD Rule(s): _____

   c. ☐ Violation of other requirement: _____

16. Complete the following and attach calculations for all excess emissions

   ☐ VOC _____ lbs ☐ NO$_x$ _____ lbs ☐ CO _____ lbs ☐ PM _____ lbs

   ☐ SO$_x$ _____ lbs ☐ H$_2$S _____ lbs ☐ Other _____ lbs _____ pollutant

17. Describe the steps taken to correct the problem and the preventative measures employed to avoid future incidents.

18. Has the facility returned to compliance?

   a. ☐ No, because: _____

   b. ☐ Yes, on: _____

III. RESPONSIBLE OFFICIAL SIGNATURE STATEMENT

I declare, under penalty of perjury under the laws of the state of California, that, based on information and belief formed after reasonable inquiry, all information provided in this certification package is true, accurate, and complete.

Signature of Responsible Official

_____   **Date_____**

Name of Responsible Official (please print)

_____

Title of Responsible Official (please print)

_____

Mail to:
AVAQMD, 43301 Division St., Suite 206
Lancaster, CA 93535-4649