

Date: _____

NC DAQ Excess Emissions Form

Based on the information that the facility submits, the Division will determine if a malfunction has occurred. This reporting requirement does not allow the operation of the facility in excess of Environmental Management Commission Regulations. Continuing to operate the facility in this manner is at the facility's own risk.

As required by 15A NCAC 2D .0535, "Excess Emissions Reporting and Malfunctions" (f), "The owner or operator of a source of excess emissions which last for more than four hours and which results from a malfunction, a breakdown of process or control equipment or any other abnormal conditions, shall: (1) notify the director or his designee of any such occurrence by 9am of the next business day of becoming aware of the occurrence."

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"

Complete this Information :

(A) Name and location of the facility: _____

(B) Equipment involved and the nature and cause of the excess emissions / malfunction / deviation:

(C) The time/date the event was first observed: _____

(D) The expected duration: _____

(E) An estimated rate of emissions (if known): _____

(F) A written report is required to be submitted to the Regional Supervisor. In accordance with 15A NCAC 2D .0535(f)(3) the report is to include the following information:

- (1) name and location of the facility,
- (2) identification or description of the processes and control devices involved in the malfunction or breakdown,
- (3) the cause and nature of the event,
- (4) time and duration of the violation or the expected duration of the excess emission if the malfunction or breakdown has not been fixed,
- (5) estimated quantity of pollutant emitted,
- (6) steps taken to control the emissions and to prevent recurrences and if the malfunction or breakdown has not been fixed, steps planned to be taken, and
- (7) any other pertinent information requested by the director.

For DAQ use:

Name of Notifier:	Telephone Number:
Received by:	Date/Time Received:

Comments: _____

Follow-up Written Notification Received: _____

and reviewed by: _____

Comments: _____

Final review by Supervisor: _____ **Date :** _____

Decision: **Malfunction approved for these circumstances:** _____ **Yes** _____ **No**

Comments : _____

cc: Regional Facility File
IBEAM