EL DORADO COUNTY AIR QUALITY MANAGEMENT DISTRICT

330 Fair Lane

530-621-7501 Fax: 530-295-2774



UPSET/BREAKDOWN & EMISSION EXCEEDANCE PART I: EVENT NOTIFICATION

(Notification to the AQMD required within 2 hours of event detection)

COMPANY:				
EVENT:	☐ Emission Exceedance Type: ☐ NOx ☐ SOx ☐ PM/PM ₁₀ ☐ CO ☐ TOG ☐ Opacity			
	☐ Upset/Breakdown Type: ☐ CEMS ☐ Other:			
	Cite Affected Limiting Permit Condition or Rule:			
IMMEDIATE ACTION TAKEN: KNOWN OR PROB CAUSE:	Event Detection: Date: Time: Non-Complying O All Permitted Ope Variance Applicati Investigation and Other:	erations Terminated ion Filed	Actual/Planned Corre Within 24 hours Within 48 hours Within 96 hours Exceeds 96 hours	ection:
NOTIFICATION:	□ By Fax	☐ By Telephone	☐ Hand Delivered	□ Email
By:		Title:		
Telephone #:		Date:	Time:	
FOR AQMD USE ONLY				
Received By:	Date: Time:			