



FOR APPLICANT'S USE

Revision #: _____
 Date: ____ / ____ / ____
 Page _____ of _____
 Source Designation: _____

EXCESS EMISSIONS, MONITORING EQUIPMENT DOWNTIME, AND MISCELLANEOUS REPORTING FORM	FOR AGENCY USE ONLY
	ID NUMBER: _____
	PERMIT #: _____
DATE: _____	

THIS FORM IS TO BE USED TO REPORT THE FOLLOWING:

- EXCESS EMISSIONS. I.E., THE AMOUNT OF EMISSIONS EXCEEDS THAT OF AN EMISSION STANDARD, PERMIT LIMIT OR OTHER APPLICABLE REQUIREMENT
- DOWNTIME OF EMISSIONS MONITORING OR OTHER COMPLIANCE MONITORING EQUIPMENT IS NOT SPECIFIED IN THE PERMIT
- MISCELLANEOUS INCIDENTS OF POSSIBLE NONCOMPLIANCE TO AN APPLICABLE REQUIREMENT

SOURCE INFORMATION	
1) SOURCE NAME: _____	
2) DATE FORM PREPARED: _____	3) SOURCE ID NO. (IF KNOWN): _____

GENERAL INFORMATION
4) INDICATE WHICH OF THE FOLLOWING THIS FORM IS BEING USED TO REPORT:
<input type="checkbox"/> EXCESS EMISSIONS <input type="checkbox"/> DOWNTIME OF EMISSIONS MONITORING OR OTHER COMPLIANCE MONITORING EQUIPMENT NOT SPECIFIED IN THE PERMIT <input type="checkbox"/> MISCELLANEOUS INCIDENT OF POSSIBLE NON COMPLIANCE
5) PERIOD COVERED BY THIS REPORT:
FROM: ____ / ____ / ____ TO: ____ / ____ / ____
6) NAME AND PHONE NUMBER OF PERSON TO CONTACT FOR QUESTIONS REGARDING THIS REPORT:
NAME: _____ TITLE: _____
PHONE#: (_____) _____ - _____ EXT: _____

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

APPLICATION PAGE _____

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EXCESS EMISSIONS

7) IDENTIFY THE EMISSION UNIT(S) AND ASSOCIATED CONTROL EQUIPMENT WHICH EXCEEDED AN EMISSION STANDARD, PERMIT CONDITION LIMIT, OR OTHER APPLICABLE REQUIREMENT (IF ADDITIONAL SPACE IS NEEDED FOR THIS SECTION, ATTACH AND LABEL AS EXHIBIT 405-1):

8) IDENTIFY THE EMISSION STANDARD(S) OR LIMIT(S) THAT WAS EXCEEDED:

9a) PROVIDE THE TYPE(S) AND AMOUNT(S) OF EMISSIONS THAT OCCURRED DURING THE EXCEEDANCE IN UNITS IDENTICAL TO THAT OF EACH EMISSION STANDARD OR LIMIT THAT WAS EXCEEDED:

b) ATTACH THE CALCULATIONS, TO THE EXTENT THEY ARE AIR EMISSIONS RELATED, ON WHICH THESE EMISSIONS WERE BASED AND LABEL AS EXHIBIT 405-1.

10) DURATION OF EXCEEDANCE (E.G., 1 HOUR & 50 MINUTES):

11) DATE OF OCCURRENCE OF EXCEEDANCE:

_____ / _____ / _____

12) DESCRIBE THE EXCEEDANCE INCIDENT, INCLUDING THE SUSPECTED OR KNOWN CAUSE OF THE EXCEEDANCE:

13) DESCRIBE CORRECTIVE ACTIONS TAKEN AT THE TIME OF THE EXCEEDANCE INCIDENT:

14) DESCRIBE SUBSEQUENT ACTIONS TAKEN TO PREVENT FUTURE EXCEEDANCES:

UNPERMITTED DOWNTIME OF MONITORING EQUIPMENT

15) IDENTIFY THE MONITORING EQUIPMENT WHICH WAS NONFUNCTIONAL, INCLUDING THE MONITORED PARAMETER AND THE EMISSION UNIT(S) AND/OR CONTROL EQUIPMENT BEING MONITORED:

16) DATE MONITOR WAS DOWN: _____ / _____ / _____
17) DURATION OF MONITOR DOWNTIME (E.G., 1 HOUR & 50 MINUTES):
18) DESCRIBE THE SUSPECTED OR KNOWN CAUSE OF THE MONITOR FAILURE:
19) DESCRIBE CORRECTIVE ACTIONS TAKEN AT THE TIME OF MONITOR FAILURE:
20) DESCRIBE SUBSEQUENT ACTIONS TAKEN TO PREVENT FUTURE FAILURES:

MISCELLANEOUS INCIDENT
21) DESCRIBE THE INCIDENT AND IDENTIFY THE EMISSION UNIT(S) AND CONTROL EQUIPMENT INVOLVED:
22) PROVIDE THE RULE(S) OR PERMIT CONDITION(S) WHICH MAY HAVE BEEN VIOLATED (IF APPLICABLE):
23) DATE OF OCCURRENCE OF THE INCIDENT: _____ / _____ / _____
24) DURATION OF THE INCIDENT (E.G., 1 HOUR & 50 MINUTES):
25a) PROVIDE THE TYPE AND AMOUNT OF EMISSIONS THAT OCCURRED DURING THE INCIDENT IN UNITS IDENTICAL TO THAT OF EACH EMISSION STANDARD OR LIMIT (IF APPLICABLE):
b) ATTACH THE CALCULATIONS, TO THE EXTENT THEY ARE AIR EMISSIONS RELATED, ON WHICH THESE EMISSIONS WERE BASED AND LABEL AS EXHIBIT 405-3.

26) DESCRIBE THE SUSPECTED OR KNOWN CAUSE OF THE INCIDENT:

27) DESCRIBE CORRECTIVE ACTIONS TAKEN AT THE TIME OF THE INCIDENT:

28) DESCRIBE SUBSEQUENT ACTIONS TAKEN TO PREVENT FUTURE INCIDENTS:

29) PROVIDE ANY OTHER PERTINENT INFORMATION:

SIGNATURE BLOCK

NOTE: THIS CERTIFICATION MUST BE SIGNED BY A RESPONSIBLE OFFICIAL. APPLICATIONS WITHOUT A SIGNED CERTIFICATION WILL BE RETURNED AS INCOMPLETE.

30) I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.

AUTHORIZED SIGNATURE:

BY:

AUTHORIZED SIGNATURE

TITLE OF SIGNATORY

TYPED OR PRINTED NAME OF SIGNATORY

_____/_____/_____

DATE