



STATE OF CONNECTICUT
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Bureau of Air Management
 Compliance Analysis & Coordination Unit
 79 Elm Street
 Hartford, Connecticut 06106-5127
 FAX to 860-424-4082

Client #:
Sequence #:
Town #:
Premises #:
CADIS Tracking #:

Title V Prompt Deviation Report

Part 1: FACILITY INFORMATION

Corporation Name			
Facility Name			
Corporation Address			
Premises Address			
Corporate Contact Person			
Contact Phone/FAX/e-mail			
Permit Number(s)			
Type of Notification(s)	<input type="checkbox"/> Title V 24 Hour Notification (HAP deviation, § 22a-174-33(p)(1)(A)) <input type="checkbox"/> Title V 2 Day Notification <input type="checkbox"/> Title V 10 Day Notification (Other regulated air pollutants, § 22a-174-33(p)(1)(B))		
Supplemental Data Attachments			

Part 2: CERTIFICATION

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense under 22a-175 of the Connecticut General Statutes, under section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.

Today's Date:

Signature:

Print (or type)

Name and Title: _____

Part 3: Deviation Report—Deviation Details

EMU ID	Permit Cond. #	Deviation Start/ End Time				Description, Cause or Likely Cause of Deviation	Measured Value of Deviation	Description and Date(s) of Actions Taken to Correct Deviation	Description and Date(s) of Measures Taken to Prevent Future Deviations
		Start		End					
		Date	Time	Date	Time				