



TITLE V PROMPT DEVIATION REPORTING FORM

This form may be submitted to report each deviation required to be reported in accordance with a Virginia DEQ Title V Permit. Any supporting information should be submitted as an attachment and listed below.

To: _____ **Regional Office, Regional Director** **Date:** _____

Source Name: _____ **Registration Number:** _____

Source Address: _____ **City:** _____ **State:** _____ **Zip:** _____

This report satisfies our requirement for the written follow-up **Title V Prompt Deviation Report (PDR)** and confirms the deviation initially reported to the _____ Regional Office at approximately _____ **AM / PM** on _____. The deviation **WAS / WAS NOT** initially reported within 4-hours. The details of the deviation are described below. This deviation may have caused excess emissions for more than one hour (consistent with specified averaging times) and was not related to a malfunction.

Please contact the following individual with questions or concerns regarding this report.

Name: _____ **Title:** _____ **Phone:** _____ **Ext.:** _____

(Each Field Below Must Be Completed)

Title V Permit Date:	Title V Condition #:	Brief description of permit condition:		
Start Date:	Start Time:	End Date:	End Time:	Duration of event: __ hrs __ minutes
Description of deviation:				
Description of monitoring requirements for affected unit(s):				
Probable cause of deviation:				
Corrective measures taken demonstrating timely & appropriate response:				
Preventative measures taken to minimize the probability of the deviation occurring in the future:				

Comments: _____

Attachments: _____

Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering and evaluating the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Responsible Official: _____ **Title:** _____

(Signature)

(Date)