**CEMS Report - Excess Emissions**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility:** Please complete the following information and fax or email to your District Inspector. | | | | | | | | | | | | | |
| The following excess emission report is submitted as required by Health and Safety Code Section 42706: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Source Name: | | | |  | | | | | | | | | |
| Permit Number: | | | |  | | | | | Unit ID: | | |  | |
| Source Location: | | | |  | | | | | | | | | |
| City/State/Zip: | | | |  | | | | | | | | | |
| Emission Point: | | | |  | | | | | | | | | |
| Rule(s) Violated: | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Date | | Hour | | | Pollutant | Units | Ave. Time | | Limit | | Measured | | Excess |
|  | |  | | |  |  |  | |  | |  | |  |
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|  | | | | | | | | | | | | | |
| Cause: | | |  | | | | | | | | | | |
| Action Taken: | | |  | | | | | | | | | | |
| Follow-Up: | | |  | | | | | | | | | | |
| District Contact: | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **FOR DISTRICT USE ONLY** | | | | | | | | | | | | | | |
| **EMAIL TRANSMITTAL** | | | | | | | | | | | | | | |
| **TO:** | | CARB – Enforcement Division | | | | | | | **FROM:** | |  | | | |
| **ATTN:** | | Excess Emissions Coordinator | | | | | | | **PHONE:** | |  | | | |
| **EMAIL:** | | [district.support@arb.ca.gov](mailto:district.support@arb.ca.gov) | | | | | | | **EMAIL:** | |  | | | |
| **RE:** | | CEMS Report - Excess Emissions | | | | | | | **DATE:** | | December 19, 2019 | | | |