



# South Coast Air Quality Management District

## NON-EMISSIONS-RELATED ENFORCEMENT DISCRETION REQUEST

### For Regulated Entities Impacted by COVID-19

Facility Information			
Facility Name:		Facility ID:	
Facility Address:			
Contact Name:		Title:	
Contact Phone Number:		Contact Email:	

1. Type of relief:

South Coast AQMD Rule or Permit Condition  Source Tests or Calibrations

Equipment Installations/Upgrades  Routine Reports or Plan Submittals

Other: \_\_\_\_\_

2. IS YOUR OPERATION PART OF AN ESSENTIAL CRITICAL INFRASTRUCTURE SECTOR (as defined in Executive Order N-33-20)?

YES (describe below)  NO (skip to question #3)

IF YES, PLEASE SPECIFY SECTOR:

\_\_\_\_\_

3. DOES YOUR OPERATION SUPPORT AN ESSENTIAL CRITICAL INFRASTRUCTURE SECTOR?

YES (describe below)  NO

IF YES, PLEASE SPECIFY THE SECTOR THAT YOU SUPPORT:

\_\_\_\_\_

4. RECLAIM Program?  Yes  No / Title V Permit?  Yes  No

5. List all South Coast AQMD rule(s), permit condition(s), and/or other requirement(s) that cannot be fully or timely met, including indicating the specific section(s) and subsection(s) of any rule, condition, or other requirement. Briefly explain how you are or will be in violation of each rule, condition, or requirement.

Requirement	Explanation

6. What is the date that you are requesting the enforcement discretion to begin? \_\_\_\_\_  
What is the date that you expect to achieve full compliance? \_\_\_\_\_

7. **EXPLANATION:** Provide a succinct but complete and verifiable explanation of: (a) why full or timely compliance is not possible due to COVID-19 and/or any related public health directives or guidance, and (b) efforts already made to date to comply.

8. Briefly describe the type of business and processes at your facility or site.

9. List the equipment and/or any activity that is the subject of this petition. **Attach copies of any Permit to Construct and/or Permit to Operate for the subject equipment. For RECLAIM or Title V facilities, attach *only* the relevant sections of the Facility Permit showing the equipment or process and conditions that are subject to this petition.**

Equipment/Activity	Application/ Permit No.	RECLAIM Device No.	Date Application/Plan Denied (if relevant)*

\*Attach copy of denial letter

10. When and how did you first become aware that you were not or would not be in compliance with the rule(s), permit condition(s), and/or other requirement(s)? Identify specific event(s) and date(s) as appropriate.

11. List date(s) and action(s) you have taken since that time to achieve compliance.

12. Briefly describe any action you will take in the future in lieu of full and timely compliance to fulfill the rule, permit, and/or other requirements as nearly as possible.

Pursuant to the Public Records Act, part or all of this document may be subject to public disclosure unless the company claims that the information contained within is “proprietary,” “confidential,” or a “trade secret.”

If this document contains or references any information that is “proprietary,” “confidential,” or a “trade secret,” please indicate it in the text above or include that information in a separate attachment designated accordingly.

Responsible Facility Official			
Signature:		Date:	
Print Name:		Title:	