



YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT

1947 Galileo Court, Suite 103; Davis, CA 95618

Phone: (530)757-3650 • Fax: (530)757-3670

BREAKDOWN FOLLOW-UP REPORT – FORM 1020

This Breakdown Follow-up Report must be submitted subsequent to submitting an Initial Breakdown Report (Form 1015) and after corrections/repairs are completed. Refer to District Rule 5.2. Section 401 for additional information/requirements or call the District office.

BREAKDOWN INFORMATION

Company: _____

Address: _____

Name or person submitting this report: _____ Phone: (____) ____ - _____

Equipment involved: _____ Permit to Operate #: _____

CAUSE OF BREAKDOWN CONDITION

CORRECTIVE MEASURES TAKEN

ESTIMATED EMISSIONS DURING BREAKDOWN CONDITION (not required for Phase II Vapor Recovery Systems)

I, _____ (*print name*) hereby certify that the breakdown condition described above was corrected at _____:____ [] AM [] PM on ____/____/____ and that the facility is now in compliance with Yolo-Solano AQMD Rules.

(*Signature*)

(*Date*)

FOR DISTRICT USE ONLY: (Insert date and time if fax doesn't include date and time stamp)

Breakdown#: _____ Initials _____ Date Received: _____ Time: _____ [] AM [] PM