STATE OF CALIFORNIA
CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY
CALIFORNIA AIR RESOURCE BOARD

CALIFORNIA STATE EXCEPTIONAL EVENT INITIAL NOTIFICATION FORM

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Date of Submission to CARB:	Submitting Agency:
Agency Contact:	Agency Contact Telephone Number:
Agency Contact Email Address:	Designation Area Name:
Current State Area Designation Status: Select the Area Designation Status	Designation 3-Year Period:

Affected Designation Value without EE approval:	Affected Designation Value with EE fully approved:

Event Date	Site AQS ID	POC	Site Name	Pollutant Type	Concentration	Event Type	If Ozone, Start Hour	If Ozone, End Hour	Notes and Comments
				Select Pollutant Type		Select Event Type			
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