

# Notice of Relocation of Portable Equipment

## Plant Information

Today's Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Person to Contact regarding this relocation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

On-site Contact person (operating the plant): \_\_\_\_\_

Phone Number: \_\_\_\_\_

DNR Air Quality Plant Number (this is your PP-###-000 number): \_\_\_\_\_

Type of Air Pollution Control Equipment: \_\_\_\_\_

List of **all** Equipment being moved and the corresponding LCPH Air Permit to Operate Number

(\*\*Permits for equipment listed below shall be kept on site).

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |
| 7. _____ | 7. _____ |
| 8. _____ | 8. _____ |

## Relocation Information

Anticipated Relocation Date: \_\_\_\_\_

(at least 7 days after submittal date of this notice, unless moving into an area currently classified as nonattainment or under a maintenance plan for ambient air quality standards- LCCO 10.5(6)"a" and "b"

Anticipated Duration at New Site: \_\_\_\_\_

Present Location (where plant is currently located): \_\_\_\_\_

Moving to: County: Linn Nearest City: \_\_\_\_\_

Distance from Site to Nearest Dwelling Unit: \_\_\_\_\_

Field Office/Local Air Program move is occurring in:  #1  #2  #3  #4  #5  #6  Polk  Linn

Exact Plant Location (give plant coordinates and/or attach map of new location): \_\_\_\_\_