

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): _____