

Attn: □Air Program or □ NPDES Permits
PO Box 98922
Lincoln, NE 68509-8922

P: 402-471-2186 F: 402-471-2909 http://dee.ne.gov

## **Relocation Notice Form**

- a. This form is intended for use by portable facilities subject to Air Program and/or NPDES Storm Water reporting requirements.
- b. This notification form is to be submitted 20 days prior to a proposed relocation. Relocation Notices are subject to review and proposed relocation sites may be rejected based upon air quality (NDEE <u>Title 129 Chapter 6</u>) or water quality (NPDES Permit <u>#NER920000</u>, <u>Section 1.8</u>) concerns.
- c. The completed and signed form should be sent to the Department. Please indicate if the form should be sent to the attention of the Air Program, and/or the NPDES Program.

Facility Information							
NDEE ID	Permit ID						
Facility Legal Name							
Ourte Allere (first and lest)		T:41 -					
Contact Name (first and last)		Title					
Phone number	Email address						
Facility Type							
Air Pollution Control Equipment							
All 1 Gliddolf Control Equipment					□ N/A		
Facility Operator Information (If different than above)							
Contact Name (first and last):		Title					
Company Name							
Mailing Address (Street or PO Box)							
Mailing Address (Girect of 1 G Box)							
	<del>_</del>						
City or Town		State		Zip Code			
Phone number	Email address			L			

Relocation Information  a. Relocation onto Indian Counti b. Include a brief narrative described and proximity to the nearest of adjacent surroundings. A site	ription of the site locat dwelling or occupied b	ion. Regarding the uildings, and a nar	Air Program, pro rative descriptio				
Street Address (or brief description of the fa	acility location)						
City or Town			County				
Facility Latitude (decimal degrees)	ity Latitude (decimal degrees)		Facility Longitude (decimal degrees)				
Relocation Schedule  a. Provide the dates requested a	as best known at time	of submittal. If the :	start or finish da	tes change by more			
than two weeks, a follow-up r Start of Site Development	•	Start of Facility Operations		End of Facility Operations			
Certification: I certify that I am familiar with the information in this report, and that to the best of my knowledge and belief such information is true, complete, and accurate.  a. For NPDES permitted facilities, the form must be signed by the Certifying Official or Authorized Representative, per NDEE Title 119, Chapter 13, or the SWPPP contact provided on NOI.  b. For Air Program permitted facilities, the form must be signed by the Responsible Official, per NDEE Title 129, Chapter 1, Section 002.89.  Name/Title							
Signature				Date			
Phone number	Email address						