

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 Title 129 Chapter 10) or water quality (NPDES Permit # NER920000, Section 1.8) 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							
Contact Name (first and last)		Title					
Phone number	Email address						
Facility Type							
A's Bellet's a Control Facility and							
Air Pollution 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)							
City or Town		State		Zip Code			
Phone number	Email address						

Relocation Information							
<ul> <li>a. Relocation onto Indian Country land requires EPA and/or tribal approval.</li> <li>b. Include a brief narrative description of the site location. Regarding the Air Program, provide the direction and proximity to the nearest dwelling or occupied buildings, and a narrative description of the site and adjacent surroundings. A site map may be attached to facilitate processing.</li> </ul>							
Street Address (or brief description of the	facility location)						
City or Town		County					
Facility Latitude (decimal degrees)		Facility Longitude (decimal degrees)					
Site Description							
Relocation Schedule  a. Provide the dates requested as best known at time of submittal. If the start or finish dates change by more than two weeks, a follow-up notification should be provided							
Start of Site Development	Start of Facility Opera		End of Facility Operations				
<b>Certification:</b> 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.							
<ul> <li>a. For NPDES permitted facilities. Representative, per NDEE Tits.</li> <li>b. For Air Program permitted factoring 129, Chapter 1.089.</li> </ul>	tle 119, Chapter 13, or	the SWPPP conta	ct provided on N	IOI.			
Name/Title							
Signature				Date			
Phone number	Email address						