



Lincoln-Lancaster County Health Department
Environmental Public Health Division – Air Quality Program
3131 O Street, Lincoln, NE 68510

AIR QUALITY RELOCATION NOTICE

This form is intended for use by facilities subject to Air Quality Program reporting requirements. Sources subject to regulation under the Air Quality Program are required to notify the Lincoln-Lancaster County Health Department when they intend to relocate equipment to operate within Lancaster County, NE. Questions concerning the completion of this form should be directed to the Air Quality Program at (402) 441-8040. Return the completed form to the address above.

See Page 2 for instructions to follow in completing this application.

OWNER AND BUSINESS INFORMATION

| | | | |
|---|-------------|----------------|-----------------|
| Owner/Operator Name & Telephone #: | | | |
| Name: | | Tel. #: | - - |
| Contact Person Name & Telephone #: | | | |
| Name: | | Tel. #: | - - |
| Business Mailing Address: | | | |
| <hr/> | | | |
| <i>Address or P.O. Box</i> | <i>City</i> | <i>State</i> | <i>ZIP Code</i> |

FACILITY INFORMATION

| | |
|---|--|
| Facility Name/Number: _____ | |
| NAICS Code: _____ | Facility Type: _____ <i>(e.g. asphalt plant, concrete plant, portable crusher, etc.)</i> |
| Air Program ID #: <u>31-109</u> _____ <i>(if this equipment has not been previously operated in Lancaster county, leave blank)</i> | |
| Air Pollution Control Equipment: _____ | |

RELOCATION SITE INFORMATION

| |
|---|
| Provide the street address, legal description, or a brief narrative description of the location of the property where the equipment will be located: |
| |
| Proximity to nearest occupied structure: _____ feet |

RELOCATION SCHEDULE AND DURATION

| | |
|---|--|
| Start of Site Preparation: _____ | Finish of Site Preparation: _____ |
| Start of Operations: _____ | Anticipated Finish of Operations: _____ |

CERTIFICATION AND SIGNATURE *(see instructions for signatory requirements)*

| | |
|--|---------------------|
| By signing below, you certify that you have examined and are familiar with the information submitted on this application, and that, to the best of your knowledge, the information supplied is true and accurate. | |
| Signature: _____ | Date: _____ |
| Printed Name: _____ | Title: _____ |

INSTRUCTIONS

This is a form that is to be used for notifying the Lincoln-Lancaster County Health Department (LLCHD) of the relocation of portable air emission sources. Portable facilities that have been issued an operating permit, or a construction permit from the LLCHD or the State of Nebraska Department of Environmental Quality will need to use this form.

This notification form is to be submitted 20 days prior to a proposed relocation for sources subject to Air Quality Program regulations and permits. Relocation Notices are subject to review and proposed relocation sites may be rejected based upon air quality concerns or conflicts (Lincoln-Lancaster County Air Pollution Control Program Regulations and Standards Article 2, Section 10).

Owner/Operator Name & Telephone #: Provide the name and phone number of the facility owner and/or operator.

Contact Person Name & Telephone #: Provide the name and phone number of the person to be contacted concerning any questions the Department may have on the application or the relocation site. This contact need not be a 'Responsible Official' (See below).

Business Mailing Address: Provide the mailing address of the business's main headquarters, or the address to which all correspondence regarding this relocation notice should be directed.

Facility Name/Number: The descriptive designation used by the owner to identify the facility.

NAICS Code: Provide the 6-digit North American Industry Classification System code that corresponds to this type of facility.

Facility Type: The type of facility being relocated, e.g. asphalt plant, concrete plant, rock crusher, asphalt reclaim, concrete reclaim, etc.

Air Program ID #: If the facility you wish to relocate currently holds a construction or operating permit that was issued by the LLCHD Air Quality Program, please enter the LLCHD source number for this facility.

Air Pollution Control Equipment: Provide a description of the equipment used by the facility.

RELOCATION SITE INFORMATION: Provide either the physical address, legal description, or a narrative description of the proposed relocation site. Also provide the distance (in feet) to the nearest occupied structure.

- If you are providing the legal description, be sure to provide the section number, the descriptive portion of the section (quarter, half, etc.), the township, and the range. The county is assumed to be 'Lancaster'.
- If you are providing a narrative description, provide the distance and direction to the nearest road, highway, intersection, and/or municipality, e.g. 3.5 miles west of Hickman on highway 55-G.

RELOCATION SITE INFORMATION: Provide the anticipated dates, as requested.

CERTIFICATION AND SIGNATURE: This application must be signed by a "responsible official". A "responsible official", in accordance with the Lincoln-Lancaster County Air Pollution Control Program Regulations and Standards, means one of the following:

- (1) For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:
 - (a) The facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or
 - (b) The delegation of authority to such representatives is approved in advance by the permitting authority;
- (2) For a partnership or sole proprietorship: a general partner or the proprietor, respectively;
- (3) For a municipality, State, Federal, or other public agency: either a principal executive officer or ranking elected official. For the purposes of this part, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA); or
- (4) For affected sources:
 - (a) The designated representative in so far as actions, standards, requirements, or prohibitions under Section 2 of these Regulations and Standards are concerned; and
 - (b) The designated representative for any other purposes under title V of the Act.