

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY FEDERAL MINOR NEW SOURCE REVIEW PROGRAM IN INDIAN COUNTRY

Change in Facility Location Notification

(Form LOC)

This form applies to portable sources that have been approved to operate in more than one location.

Use of this information request form is voluntary and not yet approved by the Office of Management and Budget. The following is a check list of the type of information that Region 8 will use to process information on your facility location change. While submittal of this form is not required, it does offer details on the information we will use to complete your requested approval and providing the information requested may help expedite the process. Use of application forms for this program is currently under Office of Management and Budget review and these information request forms will be replaced/updated after that review is completed.

Please submit information to following two entities:

Federal Minor NSR Permit Coordinator Air and Radiation Division U.S. EPA, Region 8 1595 Wynkoop Street, 8ARD-PM Denver, CO 80202-1129 R8airpermitting@epa.gov The Tribal Environmental Contact for the specific reservation:

If you need assistance in identifying the appropriate Tribal Environmental Contact and address, please contact R8airpermitting@epa.gov

For more information, visit: http://www.epa.gov/caa-permitting/tribal-nsr-permitting-region-8

A. COMPANY INFORMATION Company Name (Who owns this facility?)

| Company Contact (Who is the <u>primary</u> contact for the company that owns this facility?) | | Title | |
|--|------------------|-------|--|
| Mailing Address | | | |
| Email Address | | | |
| Telephone Number | Facsimile Number | | |
| B. OPERATOR INFORMATION | | | |
| Operator Name (Is the company that operates this facility different than the company that owns this facility? What is the name of the company?) | | | |
| Operator Contact Who is the <u>primary</u> contact for the company that operates this source?) | | Title | |
| Mailing Address | | | |
| Email Address | | | |
| Telephone Number | Facsimile Number | | |

C. FACILITY INFORMATION

D. NEW LOCATION

| Reservation | County | Latitude | Longitude |
|-------------------------|---------|----------|-----------|
| 1/4 Section 1/4 Section | Section | Township | Range |