Form 1: Relocation Notification (Application Addendum)

Report any facility relocation according to the schedule of Condition 2.

Facility Informat	ion:		
Permittee Name: _		Permit No.: AC	Q
Facility Name:			
Contact Person: _		Telephone:	
Make & Model of	the Equipment/Stationary So	ource to be relocated:	
Attach a complete	list of equipment to be oper	rated at the new location.	
Relocation Type:	Pre-Approved Location (C	ondition 2.1)	
	New Location (Condition 2	2.2)	
	Unexpected Breakdown or	Repair (Condition 2.3)	
Location name as	recorded on Table B:		
Estimated Opera	ting Dates:		
Estimated start-up	date:	Estimated shut-down date	te:
Location Informa	ation:		
New Plant Location	on (street address, milepost n	umber, etc. – Include site	maps):
Distance from Pla Nearest inhabited If this distance is vaddendum a dust of	Longitudent boundary to nearest inhabitations are on (check on within 2,000 ft. (for rock crust control plan that is specific to the ded (MG3 Condition 11, MG9).	ited structure:ee:	ft. vated terrain
If the plant is to b	•	h with zoning restrictions,	please attach the location or
Comments:			
	ation and belief formed after	¥ •	rtify that the statements and omplete.
Printed Name:		Title:	Date:
Signature:		Phone Number:	·
Submit Report usi	ng the electronic methods ou	utlined in Condition 5.1 or	by mail to Compliance

Submit Report using the electronic methods outlined in Condition 5.1 or by mail to Compliance Technician, ADEC Air Permits Program, 610 University Avenue, Fairbanks, AK 99709-3643.