



**Division of Air Pollution Control
Request for Approval to Relocate a Portable Source**

Complete and submit this form in order for Ohio EPA Division of Air Pollution Control (DAPC) to evaluate if approval can be granted to relocate a portable air contaminant source. This form must be submitted via mail or fax to the Ohio EPA District Office or local air agency indicated on your permit, OR by using "Air Services" in the Ohio EPA eBusiness Center. If you need assistance completing this form, you may contact the Office of Compliance Assistance and Pollution Prevention (OCAPP) at 1-800-329-7518 or the applicable Ohio EPA District Office or local air agency (see Attachment A).

To expedite review you should do the following:

- Complete this form and answer all questions to the best of your ability.
- Attach a diagram of the proposed site; include distances to adjacent buildings or residences.
- Call the applicable Ohio EPA District Office or local air agency given on your permit (see Attachment A).

APPROVAL TYPE

Please indicate which type of relocation approval you are requesting by checking the box. For either option, approval must be granted and a public notice issued prior to relocating the source to a new location. The owner/operator must submit a notification within 21 days after relocating to the site.

- Request for one-time approval to relocate to a site(s) not preapproved by Ohio EPA** – The request must be submitted 21 days prior to the owner’s/operator’s expected start-up date. Approval to relocate one time to the site expires 365 days after issuance.
- Request for pre-approval of site(s) for future relocation** – This option should be chosen if the proposed site(s) are known in advance and/or the owner/operator anticipates needing to revisit the site. Approval expires three years after issuance; during that time the equipment may relocate to the approved site at any time.

OWNER/OPERATOR AND SITE INFORMATION

Please complete the following information.

Plant Information

Facility Name:	DAPC Facility ID (10 digits):
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Contact Information for this Request

Contact Name:	
Contact Phone Number:	Contact Email Address:

Current Location

Site Name:	County:
Address:	City, State, Zip Code:
Latitude Coordinate (Optional):	Longitude Coordinate (Optional):

Proposed Location

Site Name:	County:	
Address:	City, State, Zip Code:	
Latitude Coordinate (Optional):	Longitude Coordinate (Optional):	
Estimated distance to nearest dwelling:	Expected Start-up Date:	Expected Duration of Operation:

Equipment Description - List all permitted emissions units to be relocated. Attach an additional sheet if needed.

DAPC Emissions Unit ID:	DAPC Emissions Unit ID:
DAPC Permit Number:	DAPC Permit Number:
Type and Capacity:	Type and Capacity:
Make/Model:	Make/Model:
Serial or ID#:	Serial or ID#:
DAPC Emissions Unit ID:	DAPC Emissions Unit ID:
DAPC Permit Number:	DAPC Permit Number:
Type and Capacity:	Type and Capacity:
Make/Model:	Make/Model:
Serial or ID#:	Serial or ID#:
DAPC Emissions Unit ID:	DAPC Emissions Unit ID:
DAPC Permit Number:	DAPC Permit Number:
Type and Capacity:	Type and Capacity:
Make/Model:	Make/Model:
Serial or ID#:	Serial or ID#:

APPROVAL CRITERIA

Please answer the following questions by checking the appropriate box. Answering these questions will assist in expediting your request.

<input type="checkbox"/> Yes* <input type="checkbox"/> No	1. Are there any compliance issues (e.g., pending notices of violation) currently outstanding that pertain to this facility?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2. Was the source subject to modeling at the time of permit issuance (state criteria pollutant and/or air toxics modeling)?
<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	3. If the answer to 2 is yes, do the modeled parameters at the proposed location fall below the state acceptable incremental impact and/or below 80% of the MAGLC for the subject air toxic contaminants? (For expedited review, please attach modeling summary).
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Will the portable source be co-located on contiguous or adjacent property with other sources under common ownership?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Will the portable source be co-located on contiguous or adjacent property with other sources and be operated in a support capacity for those sources?
<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Unknown	6. If the answer to either 4 or 5 above is yes, will the combined potential to emit of all criteria pollutants and greenhouse gases be below Major source thresholds (as defined in OAC rule 31-01(LLL)? (For expedited review, please attach potential to emit analysis)
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Will the portable source be located in a residential area, within city limits, or a high traffic area?
<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A	8. If this is a fugitive dust portable source, (e.g., crusher, screen, conveyer, roadways, storage piles, material handling, etc.) will an adequate water supply be available on site to minimize the emissions of fugitive dust?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Has the portable source previously operated at the proposed location?
<input type="checkbox"/> Yes* <input type="checkbox"/> No	10. Will the portable source contribute to a significant increase in vehicular traffic at or near the proposed location?

* Please contact the District Office or local air agency (see Attachment A) to discuss your relocation request.

The undersigned hereby requests approval to relocate a portable source, certifies that he/she will operate the equipment consistent with the installation and/or operating permit, and certifies that the statements contained herein are true and correct. The undersigned also agrees that the equipment will not be relocated until approval is obtained in writing from the Director of the Ohio EPA, and a public notice of the intended relocation is published in the appropriate newspaper.

Signature of Authorized Official	Date
Print Name of Authorized Official	Title

Request for Approval to Relocate a Portable Source

Attachment A - Ohio EPA District Office and Local Air Agency

A list of the Ohio EPA District Offices and local air agencies is given below. For portable sources of air pollution, the applicable Agency is determined based on the location of the home office for the equipment. Look up the county where the home office is located on the right side and determine which Agency to contact on the left.

AGENCY

- 01** Ohio EPA, Central District Office
50 W. Town St., PO Box 1049
Columbus, Ohio 43216-1049
Phone: (614) 728-3778; Fax: (614) 728-3898
- 02** Ohio EPA, Northeast District Office
2110 E. Aurora Rd.
Twinsburg, Ohio 44087
Phone: (330) 963-1200; Fax: (330) 487-9171
- 03** Ohio EPA, Northwest District Office
347 N. Dunbridge Rd., PO Box 466
Bowling Green, Ohio 43402
Phone: (419) 352-8461; Fax: (419) 352-8468
- 04** Toledo Dept. of Environmental Services
348 S. Erie St.
Toledo, Ohio 43602
Phone: (419) 936-3015; Fax: (419) 936-3959
- 05** Ohio EPA, Southwest District Office
401 E. Fifth St.
Dayton, Ohio 45402-2911
Phone: (937) 285-6357; Fax: (937) 285-6357
- 06** Ohio EPA, Southeast District Office
2195 Front St.
Logan, Ohio 43138
Phone: (740) 385-8501; Fax: (740) 385-6490
- 07** Portsmouth Local Air Agency
605 Washington St., 3rd Floor
Portsmouth, Ohio 45662
Phone: (740) 353-5156; Fax: (740) 353-3638
- 08** Regional Air Pollution Control Agency
117 S. Main St.
Dayton, Ohio 45422-1280
Phone: (937) 225-4435; Fax: (937) 225-3486
- 13** Cleveland Division of Air Quality
75 Erievue Plaza, Suite 200
Cleveland, Ohio 44114
Phone: (216) 664-2297; Fax: (216) 420-8047
- 14** Southwest Ohio Air Quality Agency
250 William Howard Taft Rd
Cincinnati, Ohio 45219
Phone: (513) 946-7777; Fax: (513) 946-7778
- 15** Canton Local Air Agency
420 Market Ave. N.
Canton, Ohio 44702-1544
Phone: (330) 489-3385; Fax: (330) 489-3335
- 16** Akron Regional Air Quality Management District
1867 West Market St.
Akron, Ohio 44313
Phone: (330) 375-2480; Fax: (330) 375-2402

COUNTY TO AGENCY LOOKUP

County	AGENCY #	County	AGENCY #
Adams County	07	Licking County	01
Allen County	03	Logan County	05
Ashland County	03	Lorain County	02
Ashtabula County	02	Lucas County	04
Athens County	06	Madison County	01
Auglaize County	03	Mahoning County	02
Belmont County	06	Marion County	03
Brown County	07	Medina County	16
Butler County	14	Meigs County	06
Carroll County	02	Mercer County	03
Champaign County	05	Miami County	08
Clark County	08	Monroe County	06
Clermont County	14	Montgomery County	08
Clinton County	05	Morgan County	06
Columbiana County	02	Morrow County	01
Coshocton County	06	Muskingum County	06
Crawford County	03	Noble County	06
Cuyahoga County	13	Ottawa County	03
Darke County	08	Paulding County	03
Defiance County	03	Perry County	06
Delaware County	01	Pickaway County	01
Erie County	03	Pike County	06
Fairfield County	01	Portage County	16
Fayette County	01	Preble County	08
Franklin County	01	Putnam County	03
Fulton County	03	Richland County	03
Gallia County	06	Ross County	06
Geauga County	02	Sandusky County	03
Greene County	08	Scioto County	07
Guernsey County	06	Seneca County	03
Hamilton County	14	Shelby County	05
Hancock County	03	Stark County	15
Hardin County	03	Summit County	16
Harrison County	06	Trumbull County	02
Henry County	03	Tuscarawas County	06
Highland County	05	Union County	01
Hocking County	06	Van Wert County	03
Holmes County	02	Vinton County	06
Huron County	03	Warren County	14
Jackson County	06	Washington County	06
Jefferson County	06	Wayne County	02
Knox County	01	Williams County	03
Lake County	02	Wood County	03
Lawrence County	07	Wyandot County	03