Moving Your Portable Crushing Plant

Instructions for Advance Notification, as Required by your Permit.

Your air quality permit contains a requirement (usually condition 7.2 of your permit) that you supply advance written notification when you move your crushing plant to another location. The condition says that the notification is to be submitted to "the Division", which means the Georgia Environmental Division (EPD). Please read Condition 7.2 to make sure you understand when the written notification must be submitted.

As specified in your permit condition, your notification must include:
(1) the present location,
(2) the new location,
(3) the anticipated date of startup,
(4) the expected period of time the plant will remain at the new location,
(5) a description of the crushing required at the new location, and
(6) a map with sufficient information to allow Division personnel to locate the plant for inspection.

Notification Form
Attached you will find a blank, notification form. Please complete the notification form every time you plan to move your crushing operation to another location.

Attached you will also find an example of a completed notification form for Company XYZ that is considered acceptable to satisfy your permit condition.

Submittal of Notification Form
Submit the completed notification form by mail or by Fax to the EPD District Office that serves the county in which the crushing plant will be located. Page 2 of this document identifies the District Offices and the counties served.
Statewide District Offices and the Counties Served

Mountain District (Cartersville)

P.O. Box 3250
16 Center Rd.
Cartersville, GA 30120
Ph: 770.387.4900
Fax: 770.387.4906

Mountain District (Atlanta)

4244 International Parkway, Suite 114
Atlanta, GA 30354
Ph: 404.362.2671
Fax: 404.362.2712

West Central District (Macon)
Bibb, Bleckley, Chattahoochee, Crawford, Dooly, Harris, Houston, Jones, Lamar, Macon, Marion, Meriwether, Monroe, Muscogee, Peach, Pike, Pulaski, Schley, Talbot, Taylor, Troup, Twiggs, Upson counties.

2640 Shurling Dr.
Macon, GA 31211
Ph: 478.751.6612
Fax: 478.751.6660

Northeast District (Athens)
Baldwin, Banks, Barrow, Butts, Clarke, Elbert, Franklin, Greene, Hall, Hancock, Hart, Jackson, Jasper, Lincoln, Madison, Morgan, Newton, Oconee, Oglethorpe, Putnam, Stephens, Taliaferro, Walton, Wilkes counties.

745 Gaines School Rd.
Athens, GA 30605
Ph: 706.369.6376
Fax: 706.369.6398

Southwest District (Albany)

2024 Newton Rd.
Albany, GA 31701
Ph: 229.430.4144
Fax: 229.430.4259

East Central District (Augusta)

3525 Walton Way Ext.
Augusta, GA 30909
Ph: 706.667.4343
Fax: 706.667.4376

Coastal District (Brunswick)
Appling, Atkinson, Bacon, Brantley, Bryan, Bulloch, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Effingham, Evans, Glynn, Jeff Davis, Liberty, Long, McIntosh, Pierce, Tattnall, Toombs, Ware, Wayne counties.

400 Commerce Center Dr.
Brunswick, GA 31523
Ph: 912.264.7284
Fax: 912.262.3160

[Map of Georgia with district boundaries and locations]
CRUSHING PLANT OPERATION
RELOCATION NOTIFICATION
Air Protection Branch

Permit Number: [ ]

Submit to the Georgia EPD District Office that serves the location of the proposed new crushing plant.

Current Crushing Plant Location

1. Current Street Address or Location Description (do not enter a post office box number):

2. City/ZIP:  
3. County:  

4. Proposed Shutdown Date at This Location:

Proposed New Crushing Plant Location (District Office: please update the IAIP facility location)

1. Street Address or Location Description (do not enter a post office box number):

2. City/ZIP:  
3. County:  

4. Anticipated Date of Startup at the New Location:  

5. The Expected Period of Time (weeks) at the New Location:  

6. A Description of the Crushing Required at the New Location (material, screens, shipment of product, etc)
**Relocation Notification Map**: please provide a scale map showing the proposed new location of the crushing plant in relationship to roads and other features of the surrounding area. *Sketch the map below or attach a map.*

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**Owner/Authorized Representative or Responsible Official**

<table>
<thead>
<tr>
<th>Name and Title of Owner/Authorized Representative or Responsible Official:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/Firm:</td>
</tr>
<tr>
<td>Street Address or P. O. Box:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
</tbody>
</table>

**Certification**

**Statement by Owner/Authorized Representative or Responsible Official:**

*I hereby certify that the information given in this report is correct to the best of my knowledge.*

____________________________  ________________  
Signature  Date