



CHANGE REQUEST FORM

READY-MIX CONCRETE GENERAL PERMIT COVERAGE NUMBER MSG11 _ _ _ _



Instructions: For the following changes, notification must be provided to the DEQ at least 30 days prior to the change:

- **Part A** – Any planned changes in facility operations that may affect air emissions and/or water discharges.
- **Part B** – Any planned changes of ownership.
- **Part C** – Any changes in information previously submitted in the NOI or Recoverage Form.

Complete each Part of the Form, marking "N/A" if the section does not apply to the change requested.

Company Name: _____ Facility Name: _____
Facility Street Address: _____ City: _____ County: _____
Contact Person: _____ Phone No.: _____ Email: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

PART A – CHANGE TO FACILITY OPERATIONS ☐ YES ☐ N/A

1. Is the change a Major Modification (defined in ACT 7, Condition T-9)? ☐ YES ☐ NO
- a. If yes to 1, have you completed the public notice requirements in ACT 2, Condition S-3?
(See Public Notice Instructions for more information.) ☐ YES ☐ NO ☐ N/A
- b. If yes to 1, have you notified the contiguous landowners per ACT 2, Condition S-2? ☐ YES ☐ NO ☐ N/A
2. Will the change result in additional outfalls? ☐ YES ☐ NO
- a. If yes to 2, have you notified the contiguous landowners per ACT 2, Condition S-2? ☐ YES ☐ NO ☐ N/A
3. Does the change impact the design of the wastewater treatment facility? ☐ YES ☐ NO
- a. If yes to 3, have you attached revised plans and specifications per ACT 2, Condition S-4? ☐ YES ☐ NO ☐ N/A

For all changes to facility operations, update the most recent version of the NOI or Recoverage Form, as needed, and attach it to this Form. Changes should also be outlined in a cover letter accompanying this form.

PART B – CHANGE OF OWNERSHIP ☐ YES ☐ N/A

Is the Request for Transfer Form complete and attached? ☐ YES ☐ NO

PART C – CHANGE OF INFORMATION PREVIOUSLY SUBMITTED ☐ YES ☐ N/A

Is the revised NOI or Recoverage Form attached reflecting any changes? ☐ YES ☐ NO

(The most recent NOI or Recoverage Form should be revised and completed in its entirety, with any updates made as needed to reflect changes to the facility. Changes should also be outlined in a cover letter accompanying this form.)

Based on my inquiry of the person or persons responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Authorized Signature of Responsible Official*

Date

Printed Name

Title

**A responsible official must be a corporate officer or facility manager delegated authorization to sign documents.*