FORM 616-11M	_		RELOCATION FOR MOBILE CONCRETE BATCH PLANTS THAT HAVE AUTHORIZATION UNDER GENERAL PERMIT NO. OKG11MT							
A. EQUIPMENT IDENTIFICATION (Applies to all applicants)										
1. Permit Number 2. Equipment Serial Number										
B. FACILITY CONTACT (Applies to all applicants)										
1. Name & Title				2. Phone (area code & number) 3		3. Em	3. Email Address			
C. FACILITY MAILING ADDRESS (Applies to all applicants)							<u> </u>			
1. Street or P.O. Bo			City or Town			ate	4. Zip Code			
D. TEMPORARY JOB SITE LOCATION (applies to all applicants)										
1. Street, Route No.							2. County			
				v			·			
3. City or Town							4. State		5. Zip Code	
								•		
6. Legal Description (1/4, 1/4, 1/4, Section, Township, Range)										
E. SIC and NAICS CODES (Applies only if the facility has activities in addition to concrete batching)										
SIC Code Number	Description									
3273	Ready-Mixed Concrete									
NAICS Code Number		Description								
327320		Ready-Mix Concrete Manufacturing								
		<u> </u>								
E STODAWATED	DEDMITTING			4.2)						
F. STORMWATER			applican	its)						
Does the temporary job site facility hav multi-sector general permit?		Yes No If Yes, p				If Yes, per	ermit Number:			
G. SOURCES OF WATER SUPPLY AND AMOUNT USED (Applies to all applicants)										
Identify all sources of facility water by entering the appropriate letter(s) in the boxes below and then providing the appropriate										
description(s), as indicated in parentheses. List each source on a separate line. If you have more than one source of a given type,										
indicate this by entering the letter, followed by two digits (e.g., if your water comes from three wells, the sources would be indicated										
as G01, G02 and G03). For each source, estimate of the average daily use. Continue on additional sheets if needed.										
	G = Groundwater Well (legal description of well location)									
	S = Surface Water(name of stream, river, lake, etc., and legal description of intake)P = Public Water Supply(name of entity from which water is obtained)							iption of intake)		
	W = Wastewater Treatment Plant (name of entity from which water is obtained)									
	O = Other	/ 110u011011011011	unit		rce of supply				able)	
1. Source	2. Description					U		<u> </u>	Daily Use (GPD)	

H. INVENTORY OF CHEMICALS AND RAW MATERIALS (Applies to all applicants)

H. INVENIORY OF CHEMICALS AND KAW MA	ATERIALS (Applies to all applicants)							
1. List all chemical compounds and raw materials in containers of 55 gallons or more, used in plant operations and stored outside a								
building (e.g., solvents, cleaning compounds, water treatment chemicals). Describe the storage location and the purpose for which								
each chemical is used. Continue on additional sheets if needed.								
2. Attach Safety Data Sheets (SDS) for any additives, detergents, spray oils or treatment chemicals used that you have not previously								
submitted.	cergents, spray ons or treatment enemicars used t	hat you have not previously						
I. DEQ LANDOWNER NOTIFICATION AFFIDAVIT (Applies to all applicants)								
1. Does applicant own all land subject to the application:		No						
11 5 11		No						
If yes, proceed to section J. If no, proceed to part 2 of this section.								
2. Application(s) for which the applicant does not own all the land subject to the application must certify by affidavit that they (1) have a								
current lease or easement which is given to accomplish the permitted purpose or (2) have provided legal notice to the landowner. The								
basis for this requirement is Title 27A of the Oklahoma Statutes, § 2-14-103(9), as described in OAC 252:004-7-13(c). DEQ Form								
100-810 may be used for this purpose and is available on the DEQ web page.								
J. CERTIFICATION (Applies to all applicants)								
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with								
a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the								
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted								
is, to the best of my knowledge and true belief, true, accurate and complete. I am aware that there are significant penalties for submitting								
false information, including the possibility of fine and imprisonment for knowing violations.								
1. Name & Official Title (Type or Print)	2. Signature	3. Date Signed						