

PORTABLE ROCK CRUSHER RELOCATION FORM

This form must be submitted 48 hours before plant is relocated.

COMPANY NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL _____

CONTACT: NAME: _____ PHONE NO: _____

SIGNATURE _____ DATE _____

ROCK CRUSHER:

Make _____

Model# _____

Serial# _____

WCDOH Permit # _____

WCDOH expiration _____

POWER SCREENER:

Make _____

Model# _____

Serial# _____

WCDOH Permit # _____

WCDOH expiration _____

CURRENT LOCATION _____

NEW LOCATION _____

ESTIMATED START-UP DATE _____

ESTIMATED END-UP DATE _____

WET SUPPRESSION SYSTEM CONNECTED TO: *(must be checked)*

PUBLIC WATER SUPPLY PORTABLE WATER TANK

Mail/Email/Fax to:

Westchester County Health Department -BEQ

25 Moore Avenue

Mount Kisco, NY 10549

Attn: Natasha Court, PE

nac1@westchestercountyny.gov

Phone (914) 864-7278 or 864-7299

Fax (914) 813-4288 or (914) 813-5003