

Notice of Construction Completion

Form R1004

NC Application Number:	Permit Number:
Facility Name:	
Application submittal date or construction approval date:	:
Construction commencement date:	
Construction completion date:	Initial operation date:
Description and identification numbers or labels of the dev	vice(s)/process(s):
Location of the constructed facility/equipment:	
Make, model, and identification name or number of the	constructed facility/equipment:
Exhaust parameters (e.g., stack height, diameter, temper	rature, flowrate, volume or area source dimensions):
	the application or approved plans and specifications? Yes \square No \square
If no, the owner or operator must submit any changes in co Statement of Certification:	onstruction or modification plans that affect emissions with this form.
Statement of Certification:	
Statement of Certification: Based on information and belief formed after reasonable in	onstruction or modification plans that affect emissions with this form.
Statement of Certification: Based on information and belief formed after reasonable in true, accurate and complete.	onstruction or modification plans that affect emissions with this form. Inquiry, the statements and information in this document and any attachments are
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Statement of Certification: Based on information and belief formed after reasonable in true, accurate and complete. Name of Responsible Official Signature of Responsible Official Submit completed form within 30 days of completion of the complete of t	Title of Responsible Official Date Of construction to LRAPA at the email address below: Regional Air Protection Agency 1010 Main Street
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