

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@westchestergov.com
Phone (914) 864-7278 or (914) 864-7279
Fax (914) 813-4288