

Name:

Signed:

| January | 19, 2000: | Version 1.3 |
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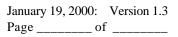
PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF AIR QUALITY

Request for State Only/Title V Operating Permit Administrative Amendment (in accordance with 25 Pa. Code §§ 127.450)

| Feder | Federal Tax ID: | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| Street Address or Route Number of Source: | | | | | | |
| Coun | County: | | | | | |
| 2. Mark appropriate box(es) regarding the basis for this request. | | | | | | |
| Corrects typographical errors | | | | | | |
| Identifies a change in the name, address or phone number of the Responsible Official identified in the permit or provides a similar change | | | | | | |
| Requires more frequent monitoring or reporting by the permittee | | | | | | |
| Allows for a change in ownership or an operational control of a source in accordance with § 127.450(a)(4) (complete the Change of Ownership addendum and a Compliance Review Form) | | | | | | |
| Incorporates plan approval requirements into an operating permit in accordance with § 127.450(a)(5) | | | | | | |
| 3. Operating Permit/Plan Approval No(s): | | | | | | |
| 4. Describe in detail the reasons for submission of this request. Attach additional sheet(s) if necessary. | | | | | | |
| Γitle: | e: | | | | | |
| Telep | phone Number: | | | | | |
| Fax N | Number: | | | | | |
| Certification by Responsible Official | | | | | | |
| Subject to the penalties of Title 18 Pa. C.S. Section 4904 and 35 P.S. Section 4009 (b) (2), I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this form are true, accurate, and complete. | | | | | | |
| an a | Country Countr | | | | | |

Title:

Date:





ADDENDUM - (CHANGE OF OWNERSHIP FORM)

| 1. REASON FOR TRANSFER | | | | | | | |
|--|--|-----------|--------------------------------------|------|--|--|--|
| Sale Other (explain): | | | Effective Date: | | | | |
| 2. DESCRIPTION OF SOU | JRCE / FACILITY | | | | | | |
| Type of Source: | | | | | | | |
| | | | | | | | |
| Owner/Operator's designation of source: | | | | | | | |
| 3. OWNER/OPERATOR STATUS | | | | | | | |
| | ns the source also operates it? erator have different Employer ID nun | nham?). [| | | | | |
| (i.e., do the owner &ope | | | Yes | No | | | |
| | Owner | 0 | perator | Both | | | |
| This change is for: | | | | | | | |
| 4. NEW OWNER/OPERATOR | | | | | | | |
| Firm Name: | | | Employer ID Number : (IRS Number) | | | | |
| Contact Person: | | | Title: | | | | |
| | | | | | | | |
| Mailing Address: | | | Telephone Number: | | | | |
| 5. PREVIOUS OWNER/OPERATOR | | | | | | | |
| D' N. | | T | Lanca ID Manulana | | | | |
| Firm Name: | | | Employer ID Number : (IRS Number) | | | | |
| Mailing Address: | | | | | | | |
| | | | | | | | |
| Certification | | | | | | | |
| I, being duly sworn according to law depose and state, under penalty of law as provided in 18 Pa. C.S.§4904 and Section 9(b)(2) of the Air Pollution Control Act, 35 P.S. §4009(b)(2), that I am the representative of the Permittee identified above, authorized to make this certification. I further state that information provided in the Change of Ownership form is true and correct based on information and belief formed after reasonable inquiry. I understand that all conditions of the previous owner's plan approval or operating permit will not change and are transferable to the new plan approval or operating permit. | | | | | | | |
| Name: Title | | | Title: | | | | |
| Signed: | | | Date: | | | | |