Louisville Metro Air Pollution Control District

COMPLETION NOTICE – DECOMMISSION STAGE II CONTROLS AND DECOMMISSION PLAN FORM
Form APG-E

Deliver application to:
701 West Ormsby Avenue
Suite 303
Louisville, KY 40204

(502) 574-6000
FAX: (502) 574-5137
www.louisvilleky.gov/apcd
airpermits@louisvilleky.gov

Section 1	**Facility Information**	
Facility name:		Plant ID:
Facility address:		
City:		ZIP + 4:
KY Secretary of State Organization number:		
Owner:	Operator or Check Box:	Same as Owner ☐
Phone:	Email:	

Section 2	**Decommissioning Information**
Check One:	☐ Decommissioning has been completed (Complete Section 3 of this form) ☐ Decommissioning was not completed after 60 days after commencing (Complete Section 4 of this form)
Decommissioning Contractor:	
Address:	Phone:
City, State, ZIP:	Email:

Section 3 — Notice of Completion

Decommissioning commenced on _____ (date) and completed on _____ (date), including required testing pursuant to LMAPCD Regulation 6.40, by the above-listed contractor. A summary of the decommissioning is included below (or attached to this form):

Section 4 — Notice of Non-Completion

Decommissioning commenced on Click here to enter a date. by the above-listed contractor, but was not completed pursuant to LMAPCD Regulation 6.40 within 60 days for the reasons below (or attached to this form):

Responsible Official Certification

The "Responsible Official" is the person in charge of a principal business function, or other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of that person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit. See District regulation 1.02, section 1.71 for a complete, detailed definition of Responsible Official.

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in this document and all associated attachments are true, accurate, and complete.

BY: _____ _____

Typed or Printed Name of Signatory

_____ _____

Authorized Signature | Title of Signatory