

Notice of Approved Construction Completion

*Return this form within 30 days of completion of approved construction.

NC Application Number:	
Permit Number (if applicable):	
Company Name:	
Street Address:	
City, State, Zip Code:	
County (Required)	
Contact Person:	
Phone Number:	
Brief description of installed facility/equipment:	
Date construction completed:	
Date placed in operation:	

Certification

I certify that the information contained in this notice, including any schedules and exhibits attached to the notice, are true and correct to the best of my knowledge and belief.

_____ Name of Responsible Official	_____ Title of Responsible Official
_____ Signature of Responsible Official	_____ Date

Submit completed Notice of Approved Construction Completion Form to the appropriate Regional Office by selecting the County where the facility is located.

Select County:
Oregon Department of Environmental Quality