



**FACILITY/ OWNER/OPERATOR  
INFORMATION UPDATE FORM  
(Multimedia)**

The purpose of this form is to gather updated facility/owner/operator information pertaining to the subject facility that is regulated by more than one media (air, waste, water or has more than one facility in the Commonwealth of Virginia). To update the legal owner/operator and/or facility name, the facility must submit this completed "Facility/Owner/Operator Information Update Form (Multimedia)" and supporting documentation to the appropriate DEQ Regional Office. Applicable regulations and/or permits require notification of these changes for each media and facility. Failure to notify DEQ of these changes within the appropriate timeframes may constitute a violation on behalf of the facility. If this form has been sent in error, please contact your DEQ Regional Office for assistance:  
<http://www.deq.virginia.gov/Locations.aspx>

Facility Name Change  Owner Name Change  Operator Name Change  All   
 (Please check applicable items above)

Please complete the following listing all permits, facility contact information, registrations or notifications for your facility(ies) in the Commonwealth of Virginia, and return with the appropriate signature and documentation. Addresses should be those to which permits, inspection reports and other types of DEQ correspondence are sent. If the facility contact is the same for all media, just write "same for all media." Space is provided for two separate facilities. If you need to add more, you may copy these pages or follow the same format and place them on a separate attachment.

*(Please Print Clearly or Type)*

<b>Former Facility/Owner/Operator Name</b>	
<b>New Facility/Owner/Operator Name &amp; Mailing Address</b> (As Registered with the State Corporation Commission – <b>Include a Copy of your Registration or Business License if Applicable. If not Registered, provide the Legal Name of the Facility</b> )	

	FACILITY NO. 1	FACILITY NO. 2
<b>Physical Location (your 911 Address)</b> Include Street Address, City & Zip Code	<b>Street Address:</b> _____ <b>City:</b> _____ <b>Zip Code:</b> _____	<b>Street Address:</b> _____ <b>City:</b> _____ <b>Zip Code:</b> _____

Current Virginia Environmental Excellence Program Status:  E2  E3  E4/EPA Performance Track  N/A

<b>FACILITY NO. 1 MAILING ADDRESS</b>  <b>City:</b> _____  <b>Zip Code:</b> _____	<b>FACILITY NO. 2 MAILING ADDRESS</b>  <b>City:</b> _____  <b>Zip Code:</b> _____
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**\*\*Please complete all information for all media that apply to your facility:**

**AIR**

<b>AIR REGISTRATION(S)</b>	<b>Air Registration Number:</b> _____	<b>Air Registration Number:</b> _____
<b>Facility Contact</b>  <i>(Complete and attach first 3 pages of DEQ Form 7 to provide additional information, available at: <a href="http://www.deq.virginia.gov/Programs/Air/Forms.aspx">www.deq.virginia.gov/Programs/Air/Forms.aspx</a>)</i>	<b>Name:</b> _____	<b>Name:</b> _____
	<b>Title:</b> _____	<b>Title:</b> _____
<b>Phone, Fax &amp; E-mail</b>		

**WATER**

<b>Water Permit(s): (VPDES, VPA, VWPP* &amp; GP)</b>	<b>Water Permit Number:</b> _____	<b>Water Permit Number:</b> _____
<b>Water Facility Contact:</b>  	<b>Name:</b> _____	<b>Name:</b> _____
	<b>Title:</b> _____	<b>Title:</b> _____
<b>Phone, Fax &amp; E-mail</b>		

<b>Regulated Tanks:</b>	<b>Tank Registration Number(s):</b> _____	<b>Tank Registration Number(s):</b> _____
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<b>All Underground Storage Tanks (UST); Leaking Underground Storage Tanks (LUST); and Above-Ground Storage Tanks (AST)</b> (For USTs complete and attach DEQ Form 7530-2B or 7530-2; For ASTs complete and attach DEQ Form 7540-AST (04/04)) see: <a href="http://www.deq.virginia.gov/Programs/LandProtection/Revitalization/PetroleumProgram/FilesForForms.aspx">www.deq.virginia.gov/Programs/LandProtection/Revitalization/PetroleumProgram/FilesForForms.aspx</a>		
	<b>Pollution Complaint Number(s):</b> _____ _____	<b>Pollution Complaint Number(s):</b> _____ _____
<b>Tanks/ Remediation Contact:</b>	<b>Name:</b> _____	<b>Name:</b> _____
	<b>Title:</b> _____	<b>Title:</b> _____
<b>Phone, Fax &amp; E-mail:</b>		

<b>Ground Water Withdrawal Permit Numbers (GW Permits)</b>	<b>Permit Number:</b> _____	<b>Permit Number:</b> _____
<b>Ground Water Contact</b>	<b>Name:</b> _____	<b>Name:</b> _____
	<b>Title:</b> _____	<b>Title:</b> _____
<b>Phone, Fax &amp; E-mail</b>		

**WASTE**

<b>Solid Waste Permit</b>	<b>Permit Number:</b> _____	<b>Additional Permit Number:</b> _____
<b>Solid Waste Contact</b>	<b>Name:</b> _____	<b>Name:</b> _____
	<b>Title:</b> _____	<b>Title:</b> _____
<b>Phone, Fax &amp; E-mail</b>		
<b>Hazardous Waste - RCRA</b> (Complete and attach a revised 8700-12 "Notification of Hazardous Waste")	<b>EPA ID Number:</b> _____	<b>Additional EPA ID Number:</b> _____



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<a href="http://www.epa.gov/wastes/inforesources/data/form8700/forms.htm">www.epa.gov/wastes/inforesources/data/form8700/forms.htm</a>		
<b>Hazardous Waste Contact:</b>	<b>Name:</b> _____	<b>Name:</b> _____
	<b>Title:</b> _____	<b>Title:</b> _____
<b>Phone, Fax &amp; E-mail</b>		

<b>Signature and Title On Behalf of the Corporation, Owner, or Legal Representative:</b>		<b>Date:</b>
<b>Signature:</b> _____		
<b>Title:</b> _____		
<b>Printed Name:</b> _____		<b>Phone Number:</b>

<b>Signature and Title On Behalf of the Corporation, Previous Owner, or Legal Representative (If Applicable):</b>		<b>Date:</b>
<b>Signature:</b> _____		
<b>Title:</b> _____		
<b>Printed Name:</b> _____		<b>Phone Number:</b>

**\*\*Note:** Please review the 'General Instructions Sheet' enclosed with this form to ensure that all applicable regulatory requirements pertinent to this information update are adequately addressed and that the signatory of this form meets the requirements and understands the certification statement.