

**Permitting and Inspections Branch  
Conformance Finding Request**

Date of Request: \_\_\_\_\_ Date Findings Needed: \_\_\_\_\_

Board Meeting Date: \_\_\_\_\_

P&I Contact: \_\_\_\_\_ Phone #: 341- \_\_\_\_\_

P&I Supervisor: \_\_\_\_\_ Phone #: 341- \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Located in the unincorporated area?    yes / no

Name of Facility: \_\_\_\_\_

Type of facility: \_\_\_\_\_

Is this a new facility?                    yes / no

Is the facility address the same as operator's address?    yes/ no

Is the facility's address or name in this permit different from the existing permit?    yes /no

Please state closure date change: from \_\_\_\_\_ to \_\_\_\_\_

**PLEASE STATE REASON FOR CONFORMANCE FINDING REQUEST BELOW:**

**Please attach a copy of the revised/new permit.**