



State of Oregon
**Department of
 Environmental
 Quality**

Application For A New Solid Waste Disposal Site Permit

Oregon Department of
 Environmental Quality

(Attach Additional Sheets If Necessary)

DEQ USE ONLY – BUSINESS OFFICE

Date Received: _____

Amount Received: _____

Check No.: _____

Deposit No.: _____

Forward confirmation of fee payment for
Eastern Region applications to:
 DEQ – The Dalles
Northwestern Region applications to
 DEQ-NWR – Portland
Western Region applications to:
 DEQ - Salem

A. REFERENCE INFORMATION *(Please Print clearly.)*

1. _____ Legal Name of Registered Applicant (See #22 below.)	8. _____ Common Name of Facility
2. Ph. _____ FAX _____	9. _____ Facility Physical Address
3. _____ Legal Name of Business/Facility (May be same as above.)	_____ City State Zip
4. _____ Mailing Address of Applicant	10. _____ Facility's Mailing Address
_____ City State Zip	_____ City State Zip
5. _____ Legal Name of Property Owner	_____ E-Mail for Facility Operator/Contact
6. _____ Mailing Address of Property Owner	11. _____ Ph. _____ Name of Facility Operator
_____ City State Zip	12. _____ County in which Facility is Located
7. Ph. _____ FAX _____	

13. Enter Facility Location by LATITUDE and LONGITUDE, SECTION, TOWNSHIP, and RANGE.

Section: _____ Township: _____ Range: _____

LATITUDE			LONGITUDE		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

B. TYPE OF PERMIT REQUESTED I am applying for the following permit (check one): Please call the solid waste permit coordinator at the nearest DEQ office if you have any questions about the permit type or need further information (see map on page 2 for DEQ offices).

- | | |
|---|---|
| <input type="checkbox"/> 14. Closure Permit
<input type="checkbox"/> 15. Composting Facility Permit or Registration (Environmental Screening)
<input type="checkbox"/> 16. Energy Recovery Facility Permit
<input type="checkbox"/> 17. Incineration Facility Permit | <input type="checkbox"/> 18. Land Disposal Site Permit (Landfill)
<input type="checkbox"/> 19. Solid Waste Letter Authorization Permit (short-term projects only)
<input type="checkbox"/> 20. Solid Waste Treatment Facility Permit
<input type="checkbox"/> 21. Transfer Station/Material Recovery Facility Permit |
|---|---|

C. SIGNATURE I hereby certify by my signature below that the information contained in this application, and the documents I have attached, are true and correct to the best of my knowledge and belief.

 22. Signature of Legally Authorized Representative Print Name Title Date

D. ATTACH TO THIS PERMIT APPLICATION (You must check all of the following in order for this application to be complete.)

- 23. I have attached a completed LAND USE COMPATIBILITY STATEMENT which identifies: 1) the type of activity/ facility proposed (composting facility, material recovery facility, anaerobic digestion facility, etc.), 2) the specific location of the facility and 3) the amount of solid waste the facility will receive.
- 24. I have contacted a DEQ solid waste staff person to determine if I must get a WRITTEN RECOMMENDATION from the local government unit having jurisdiction of solid waste in my area.
- 25. I have attached a CERTIFICATE OF BUSINESS REGISTRY of this business with the State of Oregon.
- 26. I have attached a LIST OF DEQ PERMITS issued or applied for under the business name listed above.
 Check here if no other permits issued or applied for.
- 27. I have reviewed the instructions applicable to the type of facility applying for, which describes steps necessary to submit a completed application. I have attached additional materials, if any, as listed on that instruction sheet. (Please contact the nearest DEQ solid waste permit coordinator if you have questions).

E. FEES – MUST ACCOMPANY THIS APPLICATION

28. Application Filing Fee: \$ _____ (Make check payable to Oregon DEQ)
Compliance Fee (if required): \$ _____
Compost Facility Screening Fee: \$ _____ TOTAL FEE(S): \$ _____

Please mail the original application and one copy of the completed packet to the appropriate regional office. Note that action will not begin on an application until a complete application packet is received. Incomplete applications may be returned.

- 1. Eastern Region
Department of Environmental Quality
400 E Scenic Drive, Ste 2.307
The Dalles, OR 97058
(541) 298-7255 ext. 221
- 2. Northwest Region
DEQ Solid Waste Programs
2020 SW Fourth Ave. Ste 400
Portland, OR 97201
(503) 229-5353
- 3. Western Region
DEQ Solid Waste Programs
750 Front St. NE Suite 120
Salem, OR 97301
(503) 378-5047

