



State of Oregon
**Department of
 Environmental
 Quality**

Application For Modification of a 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 modification (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. FEES – None for Permit Modifications

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

