

# Relocation Notice for Air Curtain Incinerators

Form AQ109

Air Contaminant Discharge Permit No. \_\_\_\_\_ Company Name: \_\_\_\_\_

**To:** DEQ/Air Quality Program, Permit Coordinator

**Attn:** \_\_\_\_\_ **Email/Fax:** \_\_\_\_\_

**From:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Anticipated date of relocation: \_\_\_\_\_

Latitude & longitude of new site (<https://www.latlong.net/>): \_\_\_\_\_

Street address & town or nearest town to new location: \_\_\_\_\_

Include a copy of a map or an aerial photograph of the site, identify the new location and the closest receptor.

Distance to nearest receptor for new location (meters): \_\_\_\_\_

Daily and annual throughput limits for the new location (tons/day and tons/year): \_\_\_\_\_

Is new location within one mile of all other operating locations within last 12 months? Yes No

Is new location within 10 km of a Class I area? Yes No If yes, distance: \_\_\_\_\_

Type of type of clean wood materials being burned if different from previous location:

Any changes to the Operating Plan? Yes No If yes, please describe or include a copy of the revised Operating Plan:

I have documentation that the local planning or zoning jurisdiction (or Department of Land Conservation and Development (DLCD) approved my activities and operations at the location above.

Contact information of local planning or zoning jurisdiction (or DLCD):

\_\_\_\_\_  
(name and phone number (include email address, if available))

I have notified the local fire jurisdiction that operation of the ACI will commence in their area of jurisdiction.

Contact information of local fire jurisdiction:

\_\_\_\_\_  
(name and phone number (include email address, if available))

Estimated length of stay: \_\_\_\_\_  
(days, weeks, or months)

Contact person at the site: \_\_\_\_\_  
(name and phone number)

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Signature:

\_\_\_\_\_  
Name of Official

\_\_\_\_\_  
Title of Official & Phone Number

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date

**Submit Relocation Notice to the Regional Office by selecting the County where the facility was originally permitted.**

**Select County:**

**Submit via email to:**

Oregon Department of Environmental Quality