

Cleaner Air Oregon Annual Zoning and Land Use Verification

Facility Name: _____

Source Number: _____

This form must be submitted by sources that have completed a Cleaner Air Oregon Risk Assessment to meet the annual reporting requirements related to zoning and land use changes near these facilities that could increase risk. [OAR 340-245-0100(7) & (8)].

1. Zoning:

- a. Has there been a zoning change within 1.5 kilometers of your facility which would increase the facility's risk? ☐ **Yes** ☐ **No**

2. Land Use:

- a. If DEQ approved alternate exposure locations based on land use under OAR 340-245-0210(a)(F), have there been land use changes to any of those exposure locations? If yes, please provide updated AQ521 and AQ522 forms. ☐ **Yes** ☐ **No**
- b. Have there been land use changes near the facility that would require adjustments to exposure locations in the approved Risk Assessment for this facility that would increase the facility's risk? ☐ **Yes** ☐ **No**

Statement of Certification:

By signing this document, I hereby certify that based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete.

Name of Certifying or Responsible Official_____
Title of Certifying or Responsible Official_____
Signature of Certifying or Responsible Official_____
Date