

# Cleaner Air Oregon

## Annual Zoning and Exposure Location Verification

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Facility Name: \_\_\_\_\_ Source Number: \_\_\_\_\_

1. Has there been a change in zoning within 1.5 kilometers of your facility?  Yes  No
  - a. If yes, does that change increase your source's risk? [OAR 340-245-0100(7) and (8)]  Yes  No
2. Have any of the exposure location changes noted in your AQ522 changed since your initial risk assessment?  
[OAR 340-245-0100(7) and (8)]  Yes  No

If you answered yes to 2 above, please submit updated versions of AQ521 and AQ522.

### 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 Responsible Official

\_\_\_\_\_  
Title of Responsible Official

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

\_\_\_\_\_  
Date