# Oregon Department of Environmental Quality



# **Waste Tire Carrier Annual Report**

**Due: February 28** 

Use this form to comply with Oregon Administrative Rule 340-096-0270(5) and 340-090-0100.

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| Carrier Name:             |  |
|---------------------------|--|
| Mailing Address:          |  |
| Permittee Legal Name:     |  |
| DEQ Permit No.:           |  |
| Reporting Period Calendar |  |
| Year:                     |  |

#### Collected waste tires and tire-derived materials

Including all those collected in Oregon and out-of-state, in tons. Attach more sheets, if necessary.

| Collected From (Name) | Location<br>(City, County/<br>State) | From a waste tire pile cleanup? | First<br>Quarter | Second<br>Quarter | Third<br>Quarter | Fourth<br>Quarter | Total |
|-----------------------|--------------------------------------|---------------------------------|------------------|-------------------|------------------|-------------------|-------|
|                       |                                      |                                 |                  |                   |                  |                   |       |
|                       |                                      |                                 |                  |                   |                  |                   |       |
|                       |                                      |                                 |                  |                   |                  |                   |       |
|                       |                                      |                                 |                  |                   |                  |                   |       |
|                       |                                      |                                 |                  |                   |                  |                   |       |
|                       |                                      |                                 |                  |                   |                  |                   |       |

### Delivered waste tires and tire-derived materials

Include all waste tires and tire-derived materials, shipped for storage (S), recovery (R), energy (tire-derived fuel, (E)), or disposal (D), including those delivered in Oregon and out-of-state, in tons. Attach more sheets, if necessary.

| Delivered To<br>(Name) | Location<br>(City, County/<br>State) | Disposition<br>(S, R, E, or D) | First<br>Quarter | Second<br>Quarter | Third<br>Quarter | Fourth<br>Quarter | Total |
|------------------------|--------------------------------------|--------------------------------|------------------|-------------------|------------------|-------------------|-------|
|                        |                                      |                                |                  |                   |                  |                   |       |
|                        |                                      |                                |                  |                   |                  |                   |       |
|                        |                                      |                                |                  |                   |                  |                   |       |
|                        |                                      |                                |                  |                   |                  |                   |       |
|                        |                                      |                                |                  |                   |                  |                   |       |
|                        |                                      |                                |                  |                   |                  |                   |       |



# **Operating Plan**

#### **Temporary storage**

If your main place of business has been approved under OAR 340-096-0270(3) to temporarily store waste tires, please provide the following information for your main place of business.

| Site Name:     |            |  |            |  |
|----------------|------------|--|------------|--|
| Site Address:  |            |  |            |  |
| Site Contact I | nformation |  |            |  |
| First Name:    |            |  | Last Name: |  |
| Email:         |            |  | Phone:     |  |

#### Vehicle information

**Delivery Site Contact Information** 

First Name:

Email:

Please provide the following information for all vehicles used under your permit for hauling waste tires. Attach more sheets, if necessary.

| License Plate<br>Number | License Issuance<br>State/Province/Country | Legal Owner of Vehicle | Vehicle Make/Year |
|-------------------------|--------------------------------------------|------------------------|-------------------|
|                         |                                            |                        |                   |
|                         |                                            |                        |                   |
|                         |                                            |                        |                   |
|                         |                                            |                        |                   |
|                         |                                            |                        |                   |
|                         |                                            |                        |                   |

#### Delivery site information: Waste tire storage and disposal sites permitted by Oregon DEQ

Please provide the following information for all Delivery Sites. Attach more sheets, if necessary.

Delivery Site Name:

Delivery Site Contact Information

First Name:

Email:

Delivery Site Name:

Delivery Site Name:

Delivery Site Name:

Delivery Site Address:

| Delivery Site Name:      |           |            |  |
|--------------------------|-----------|------------|--|
| Delivery Site Address:   |           |            |  |
| Delivery Site Contact In | formation |            |  |
| First Name:              |           | Last Name: |  |
| Email:                   |           | Phone:     |  |

Last Name:

Phone:

#### Delivery site information: Delivery locations requiring approval from Oregon DEQ

Examples include, but are not limited to, unpermitted and out-of-state locations. Please provide the following information for all Delivery locations that are not permitted by DEQ. Attach more sheets, if necessary.

| Delivery Site Name:        |                         |           |                  |            |               |        |
|----------------------------|-------------------------|-----------|------------------|------------|---------------|--------|
| Delivery Site Address:     |                         |           |                  |            |               |        |
| Delivery Site Contact In   | formation               |           |                  |            |               |        |
| First Name:                |                         |           | Last Name:       |            |               |        |
| Email:                     |                         |           | Phone:           |            |               |        |
|                            |                         |           |                  | •          |               |        |
| Delivery Site Name:        |                         |           |                  |            |               |        |
| Delivery Site Address:     |                         |           |                  |            |               |        |
| Delivery Site Contact In   | formation               |           |                  |            |               |        |
| First Name:                |                         |           | Last Name:       |            |               |        |
| Email:                     |                         |           | Phone:           |            |               |        |
|                            |                         |           |                  |            |               |        |
| Delivery Site Name:        |                         |           |                  |            |               |        |
| Delivery Site Address:     |                         |           |                  |            |               |        |
| Delivery Site Contact In   | formation               |           |                  |            |               |        |
| First Name:                |                         |           | Last Name:       |            |               |        |
| Email:                     |                         |           | Phone:           |            |               |        |
|                            |                         |           |                  |            |               |        |
| Fee contact (contact)      | person for invoice)     |           |                  |            |               |        |
| First Name:                | ,                       |           | Last Name:       |            |               |        |
| Email:                     |                         |           | Phone:           |            |               |        |
| Mailing Address:           |                         |           |                  |            |               |        |
|                            |                         |           |                  |            |               |        |
| Waste tire carrier fee     | schedule                |           |                  |            |               |        |
| Annual Solid Waste Per     |                         |           |                  |            | \$200.00      |        |
|                            |                         |           |                  | Total fee  | \$200.00      |        |
|                            |                         |           |                  |            | <del>*</del>  |        |
|                            |                         |           |                  |            |               |        |
| Signature (respons         | sible official)         |           |                  |            |               |        |
| • • •                      | •                       |           |                  |            |               |        |
| I hereby certify by my sig |                         |           | ontained in this | report and | the documents | i nave |
| attached, are true and co  | medito the best of my k | mowieage. |                  |            |               |        |
|                            |                         |           |                  |            |               |        |
| N                          |                         | 0: 1      |                  |            |               |        |
| Name (printed)             |                         | Signature |                  |            |               |        |
|                            |                         |           |                  |            |               |        |
|                            |                         |           |                  |            |               |        |
| Telephone Number (inc      | luding area code)       | Date      |                  |            |               |        |

# Required attachments

For your report to be complete, you must include all applicable items listed below with this report. If you have questions regarding attachment requirements, please contact the regional permit coordinator.

- 1. Daily record. The daily record must include all vehicles used to transport waste tires, with beginning and ending dates used, license numbers and person who owns the vehicles.
- 2. Evidence of Financial Assurance.
- 3. Fee Make checks payable to Oregon Department of Environmental Quality or Oregon DEQ.

#### Waste tire conversion factors

Note: Use the conversion factors below to calculate tonnages received.

| Type                 | Volume/Count | Weight (Tons) | Weight |
|----------------------|--------------|---------------|--------|
| Tire – Passenger Car | 1            | 0.0117        | 23.4   |
| Tire – Truck, Light  | 1            | 0.1750        | 35     |
| Tire - Semi          | 1            | 0.0525        | 105    |

# **Contact and form submittal**

If you need assistance completing page 1 of this report, please call the Materials Management Administrative Specialist at 503-229-5409.

| If your main place of business is in                                                                                                                                                                                      | then send to this DEQ office's Permit Coordinator                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Baker, Crook, Deschutes, Gilliam, Grant,<br>Harney, Hood River, Jefferson, Klamath,<br>Lake, Malheur, Morrow, Sherman, Umatilla<br>(including Milton-Freewater), Union, Wallowa,<br>Wasco, Wheeler, or the State of Idaho | Eastern Region Materials Management Program 400 E Scenic Drive, Suite 307 The Dalles, OR 97058-3434  Phone: 541-298-7257 ERPermit.Coordin@deq.oregon.gov                   |
| Clackamas, Clatsop, Columbia,<br>Multnomah, Tillamook, Washington, or<br>the state of Washington                                                                                                                          | Northwest Region Environmental Partnerships 700 NE Multnomah St., Suite 600 Portland, OR 97232-4100  Phone: 503-229-5353 SolidWastePermitCoordinator.DEQNWR@deq.oregon.gov |
| Benton, Coos, Curry, Douglas, Jackson,<br>Josephine, Lane, Lincoln, Linn, Marion, Polk,<br>Yamhill, or the state of California                                                                                            | Western Region Materials Management Program 165 E Seventh Ave., Suite. 100 Eugene, OR 97401-3049  Phone: 541-687-7465 DEQWR.SolidWastePermitCoordinator@deq.oregon.gov     |

### Non-discrimination statement

DEQ does not discriminate on the basis of race, color, national origin, disability, age or sex in administration of its programs or activities. Visit DEQ's <u>Civil Rights and Environmental Justice page.</u>