Fuel Tank Seismic Stability Fees Form

DEQ Use Only								
Permit or Source Number:	Fund Code: 10040-32932-8326							
Application Number:	SIC/NAICS Code:							
Date Received:	Source Description:							
Regional Office: LQ FTSS Coordinator HQ-14	Check No.:	Amount:						

1. Company Information		2. Facility Location Information								
Legal Name:			Name:							
Mailing Address:		Street Address:								
City:		State:	ZIP Code:	City:		County:			ZIP Code:	
3. Facility Contact Information			4. Industrial Classification Code(s)							
Name:			5. Other DEQ Permits/Local jurisdictions							
Title:										
Telephone number:										
Email address:										
	Seismic Vulnerabilit Assessmen \$39,000		Risk Implem Mitigation \$36,00	Plan		Com	nual pliance 3,000		Plan modification \$5,000	
7. Signature I hereby certify that the information contained in any part of this application, schedules and exhibits appended hereto, are true and correct to the best of my knowledge and belief.										
Name of official										
Signatu	ure of official									
					A	Amount	due			
(Make check payable to DEQ) ACH/Wire Payment available upon request.										
Send payment to:										
Oregon Department of Environmental Quality										
Financial Services – Revenue Section										
700 NE Multnomah St., Suite 600										
Portland, OR 97232-4100										
	Submit an electronic copy of this form to <u>SeismicStability@DEQ.Oregon.gov</u>									
Questions? Email <u>SeismicStability@DEQ.Oregon.gov</u> or call 971.295.8734										