



Fuel Tank Seismic Stability Fees Form

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		DE	Q 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)					
				5. Other DEQ Permits/Local jurisdictions					
Title:									
Telephone number:									
Email address:									
Email address.									
Seismic Vulnerability Assessment \$39,000 Risk Implem Mitigation \$36,0		Plan		Annual Compliance \$23,000			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.									
appended nereto, are	true and co	rrect to the be	st of my	/ Knowled	ige and	а репет.			
Name of official									
Signature of official									
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		•		ble to DEQ	•				
	A	CH/Wire Payme Send for		able upon i ayment to		t.			
Oregon Department of Environmental Quality									
Financial Services – Revenue Section									
700 NE Multnomah St., Suite 600									
	Cultura!4 a			232-4100)			
		opy of this form to Email SeismicSta							
Questions? Email SeismicStability@DEQ.Oregon.gov or call 971.295.8734									