

## Oregon Department of Environmental Quality GASOLINE DISPENSING FACILITY PERMIT EXEMPTION FORM

1.	. Company information:			
	Facility Name:		Source Number:	
•	Mailing Address:		Facility Address (if different than mailing address):	
	City, State, Zip Code:		City, County, Zip Code:	
2. Site Contact Person:				
	Name:		Telephone number:	
	Title:		Email address:	
3.	365 Day Gasoline Throughput in Gallons:			
	From: To: Thro (mm/dd/yyyy) (mm/dd/yyyy)*		oughput During Current 365-Day Period (gallons) <sup>1</sup>	
*must be 365 days apart				
<b>4.</b>	I certify that the information contained in this exemption form is true and correct to the best of my knowledge and belief.			
	Name of official (Printed or Typed):		Title of official and phone number:	
	Signature of official:		Date:	
<u>L</u>				

## **DEQ Contacts**

Information about air quality permits and DEQ's regulations may be obtained from the DEQ web page at: <a href="http://www.deq.state.or.us/aq/permit/index.htm">http://www.deq.state.or.us/aq/permit/index.htm</a>

Last updated 3/30/12 12-AQ-027

<sup>&</sup>lt;sup>1</sup> For example, for May 31, 2011, the throughput is the sum of all gasoline dispensed between June 1, 2010 and May 31, 2011. If the throughput during the past 365 days is less than 120,000 gallons of gasoline, you qualify for the permit exemption. If in the future, your throughput exceeds the threshold, you will need to reapply for a permit.