

Landfill Gas Emissions Information Request

Instructions

This form is for landfill owners or operators submitting information to DEQ in response to an information request for the purposes of determining applicable requirements under Oregon Administrative Rules chapter 340 division 239. The numbered instructions below correspond to the Landfill Information section of the form.

- 1. Company: Enter the legal name of the company that owns (1a) and/or operates (1b) the landfill, as registered with the <u>State of Oregon Corporations Division</u> and mailing address. Also, enter the number of employees for the corporation. If this facility is owned and/or operated by a governmental entity, specify the type of entity (e.g., city, county, federal, tribal) and the relationship of that entity to the facility (e.g., owner, operator, owner and operator).
- 2. Facility: Enter the common name of the facility and address if different from the information provided in question one. If the common name is the same, enter "same".
- 3. Industrial Classification Codes (SIC and NAICS): Enter the appropriate Standard Industrial Classification (SIC) code and North American Industry Classification System (NAICS) code for the facility. There may be more than one primary SIC or NAICS. A secondary SIC or NAICS would be for other supporting activities at the facility, such as a steam process boiler.
- Other DEQ permits: Identify any DEQ solid waste, air quality, stormwater, water, and hazardous waste permits
 issued to the facility (e.g., National Pollution Discharge Elimination System [NPDES] Waste Discharge Permit
 100797).
- 5. Open/Active or Closed: Enter the current status of the landfill. If the landfill is currently accepting waste, input "Open" or "Active." If the landfill is permanently closed and does not accept waste, input "Closed."

Landfill Information

1a. Company (legal entity)				1b. Company (legal entity)		
Legal Name of Owner :				Legal Name of Operator :		
Mailing Address:				Mailing Address:		
City		State	Zip Code	City	State	Zip Code
Number of employees (Corporate):				Number of employees (Corporate):		
2. Facility				Industrial Classification Code(s) Primary SIC and NAICS:		
Common Name:				Secondary SIC and NAICS:		
Street Address:				4. Other DEQ Permits		
City	County	Zip	Code	5. Open/Active or Closed		

The remaining questions will guide you through different thresholds that may establish requirements according to the rules in OAR chapter 340 division 239. If you have any questions, please see the contact information at the end of this form.



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6.	Please list the waste-in-place [OAR 340-239-0015(3 at the landfill:	[9] for the landfill. This is the amount of waste, in tons, currently tons.					
	a. For assistance in estimating the landfill's waste-	in-place, refer to Attachment 1.					
	b. Supporting documentation is required for reported waste-in-place. Have you included, attached or otherwise						
	provided data sheets, calculations, density estin	nates, justifications and other relevant supporting materials used					
	to determine the waste-in-place quantity? $\ \square\ Y$	es □ No					
	c. Landfills with over 200,000 tons of waste-in-place	e are required to submit a complete application for an air permit					
	by October 1, 2022.						
	andfills with 200,000 tons or more of waste-in-place, a ting less than 200,000 tons of waste-in-place do not r	as reported in #6, please respond to questions #7-10. (Landfills need to answer these questions.)					
7.	What is the calculated methane generation rate of th	ne landfill, including the 2021 calendar year, using procedures					
	specified in OAR 340-239-0800(2)? metric tons per year						
	•	ration rate' of the landfill, refer to the Attachment 2.					
	b. Supporting documentation is required for calculated methane generation rate. Have you included, attached, or						
	•	d other relevant supporting materials used to determine the					
	methane generation rate? ☐ Yes ☐ No						
	c. The calculated methane generation rate will dete	ermine which requirements apply and what type of air permit is					
	required for the landfill.						
8.	Does the landfill have a collection system for gas ge	nerated from the landfill? □ Yes □ No					
		own, please include whether the system is 'active' or 'passive'					
	as well as the collection efficiency.						
9.	Does the landfill have a control system for gas gene	rated and collected at the landfill? ☐ Yes ☐ No					
	• If yes, provide a description of the system. If kno	own, please include what kind or combination of equipment is					
	used and the destruction efficiency.						
10.	If the landfill is permanently closed and no longer ac	cepting waste, what was the last date on which waste was					
	accepted at the landfill (month, day, year)?	Or \square N/A, this landfill is active.					
State	ement of certification						
Base	d on information and belief formed after reasonable in	nquiry, the statements and information in this document and any					
attac	nments are true, accurate and complete.						
Name	e of Responsible Official	Title of Responsible Official					
Signa	ature of Responsible Official	 Date					

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If you have questions, please contact Heather Kuoppamaki by telephone at **503-407-7596** or email at heather.kuoppamaki@deq.oregon.gov.

Submit this form by March 31, 2022 to:

Oregon Department of Environmental Quality ATTN: AQ Planning Landfills 700 NE Multnomah St., Suite 600 Portland, OR 97232-4100

via email: heather.kuoppamaki@deq.oregon.gov.