Oregon DEQ Land Use Compatibility Statement

SECTION 1 - TO BE COMPLETED BY APPLICANT			
1A.Applicant Name: PETROCARD, INC	1B. Project Name: SALEM INDUSTRIALWAY BULL		
Contact Name: WES SHERMAN	Physical Address: 3029 IND WAY NE		
Mailing Address: Po Box 40	City, State, Zip: SALGM 072 97301		
City, State, Zip: KENT WA 98035	Tax Lot #: 073W14AD01100		
Telephone: 800.950-3835	Township: 07 Range: 03 Section: 14		
Tax Account #:	Latitude: 44.9658176		
91-1311707	Longitude: - 123-0131702		
1C. Describe the project, include the type of development (attach additional information if necessary): BULK FUEL PLANT SHARE			
1D. Check the type of DEQ permit(s) or approval(s) being a □ Air Quality Notice of Construction ★ Air Contaminant Discharge Permit □ Air Quality Title V Permit □ Air Quality Indirect Source Permit □ Parking/Traffic Circulation Plan □ Solid Waste Land Disposal Site Permit □ Solid Waste Treatment Facility Permit □ Solid Waste Composting Facility Permit □ includes Anaerobic Digester) □ Conversion Technology Facility Permit □ Solid Waste Letter Authorization Permit	applied for at this time. ☐ Clean Water State Revolving Fund Loan Request ☐ Wastewater/Sewer Construction Plan/ Specifications (includes review of plan changes that require use of new land) ☐ Water Quality NPDES Individual Permit ☐ Water Quality WPCF Individual Permit (for onsite construction-installation permits use the DEQ Onsite LUCS form ☐ Water Quality NPDES Stormwater General Permit (1200-A, 1200-C, 1200-CA,		
 □ Solid Waste Material Recovery Facility Permit □ Solid Waste Energy Recovery Facility Permit □ Solid Waste Transfer Station Permit □ Waste Tire Storage Site Permit □ Pollution Control Bond Request □ Hazardous Waste Treatment, Storage or Disposal Permit 	1200-COLS, and 1200-Z) □ Water Quality General Permit (all general permits, except 600, 700-PM, 1700-A, and 1700-B when they are mobile) □ Water Quality 401 Certification for federal permit or license		

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SECTION 2 - TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL					
Applicant Name:	Project Name:				
Instructions: Written findings of fact for all local decisions are required; written findings from previous actions are acceptable. For uses allowed outright by the acknowledged comprehensive plan, DEQ will accept written findings in the form of a reference to the specific plan policies, criteria, or standards that were relied upon in rendering the decision with an indication of why the decision is justified based on the plan policies, criteria, or standards.					
2A. The project proposal is located: ☐ Inside city limits	☐ Inside UGB ☐ Outside UGB				
2B. Name of the city or county that has land use jurisdicti the subject property or land use):	tion (the legal entity responsible for land us	e decisions for			
2C. ☐ This project is not within the jurisdiction of any land us ☐ This project is also within the jurisdiction of the followi	se, zoning, or planning entity ring land use, zoning, or planning entity				
2D . Is the activity allowed under Measure 49 (2007)? ☐ No,	Measure 49 is not applicable ☐ Yes, if ye	s, then check one:			
Express; approved by DLCD order #:					
☐ Conditional; approved by DLCD order #:					
☐ Vested; approved by local government decision or court ju	udgment docket or order #:				
2E. Is the activity a composting facility? No Yes;	SB 462 (2013) notification requirements have	/e been met.			
2F. Is the activity or use compatible with your acknowled Please complete this form to address the activity or use previous page). If the activity or use is to occur in multiple phases described in 1C. For example, if the applicant's principates that only clearing and grading are allowed outrigned be will delay permit issuance until approval for the substitution. The activity or use is specifically exempt by the acknowledge.	for which the applicant is seeking approva- ble phases, please ensure that your approva- project is described in 1C. as a subdivision ght but does not indicate whether the subdivision is obtained from the local planning	al (see 1.C on the val addresses the n and the LUCS vision is approved,			
☐ YES, the activity or use is pre-existing nonconforming use	e allowed outright by (provide reference for	local ordinance):			
☐ YES, the activity or use is allowed outright by (provide ref	eference for local ordinance):				
☐ YES, the activity or use received preliminary approval the requirements; findings are attached.	nat includes requirements to fully comply wi	th local			
☐ YES, the activity or use is allowed; findings are attached.					
□ NO, see 2D. above, activity or use allowed under Me	easure 49; findings are attached				
NO, (complete below or attach findings for noncompliance and identify requirements the applicant must comply with before compatibility can be determined).					
Relevant specific plan policies, criteria, or standards:					
Provide the reasons for the decision:					
Additional comments (attach additional information as needed)	i):				
Planning Official Signature:	Title:				
Print Name: Telepi	hone #: Date:				
If necessary, depending upon city/county agreement on jurisdiction outside city limits but within UGB:					
Planning Official Signature:	Title:				
Print Name: Teleph	hone #: Date:				

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