APPLICATION FOR:
BASIC AIR CONTAMINANT DISCHARGE PERMIT

AQB-007
CREMATORIES

LRAPA Use Only		
Application No.:	Check No.:	**Source Number:**
Renewal ☐	Amount:	
New ☐	Date Received:	

Company	**Facility Location** (if other than legal name/address)
Legal Name: Ownership type:	Name: Plant start date:
Mailing Address:	Street Address:
City, State, Zip Code:	City, County, Zip Code:
Number of employees: (corporate)	Number of employees: (plant site)
*Standard Industrial Class. Code:	*North Amer. Industry Class. System No.:

*Industrial classifications can be found on the Internet or at your local library.

Site Contact Person	**Invoice Contact Person:** (if not plant contact**)**
Name:	Name/Title:
Title:	Address:
Telephone number:	Telephone number:
Fax. number:	Fax number:
e-mail address:	e-mail address:

1. Plant Information:

Crematory Identification Number			
Date crematory was or will be installed or modified			
Projected maximum natural gas burned in a year (cubic feet)			
Maximum amount of material to be cremated in a year (tons)			

2. Is there an operator training plan on site?_____

3. Has the operator training plan been approved by LRAPA?_____
   If not, attach the operator training plan.

4. Has the facility received any air quality/nuisance complaints within the last calendar year? If yes, describe the nature of the complaint:_____

5. The attached Land Use Compatibility Statement must be submitted with applications for new permits.

6. Signature

I hereby certify that the information contained in this application is true and correct to the best of my knowledge.	
Name of official (Printed or Typed):	Title of official and phone number:
Signature of official:	Date:

SUBMIT THE COMPLETED APPLICATION TO:

permitting@lrapa-or.gov

Call (541) 736-1056 with any questions.