



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY  
UNDERGROUND STORAGE TANK PROGRAM

UNDERGROUND STORAGE TANK DECOMMISSIONING  
CHECKLIST AND SITE ASSESSMENT REPORT

**A. FACILITY INFORMATION:**

This report **MUST** be submitted by the underground storage tank permittee or tank owner, or the licensed DEQ Service Provider on their behalf, **within 30 days following completion of the tank decommissioning or change-in-service regardless of ongoing cleanup work.**

DEQ FACILITY NUMBER: 76  
FACILITY NAME: Benton County Crisis Center/Former ARCO  
FACILITY ADDRESS: 240 NW 4th Ave, Corvallis, OR 97330  
PERMITTEE PHONE: 541-766-3521 DATE: 4/5/2024

**B. WORK PERFORMED BY:**

The checklist and site assessment report should be completed and signed by the DEQ licensed supervisor and signed by an executive officer of the DEQ licensed Service Provider on page 6. The tank owner or permittee must review and sign the report on page 6. **NOTE: AN OWNER OR PERMITTEE MAY PERFORM UST SERVICES ONLY IF THEY HAVE TAKEN AND PASSED THE APPROPRIATE UST SUPERVISOR EXAMINATION OFFERED BY A NATIONAL TESTING SERVICE (SEE OAR 340-150-0156 for requirements).**

DEQ Service Provider's License #: 10528 Construction Contractors Board License #: 221016  
Name: Pacific Northern Environmental dba CCS  
Telephone: 360-423-2245  
DEQ Decommissioning Supervisor's License #: 13090  
Name: Scott G. Hillen  
Telephone: 360-957-2018  
DEQ Soil Matrix Service Provider's License #: \_\_\_\_\_ (If applicable)  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
DEQ Soil Matrix Supervisor's License #: \_\_\_\_\_ (If applicable)  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Contractors inadvertently caused a spill from a discovered UST during site grading work which caused an emergency response action. PBS was already working directly with DEQ for design of the new facility and communicated via phone and email to the UST department intent to decommission UST #2 and UST #3 on February 14, 2024

**C. DATES:**

Decommissioning/Change-in-Service Notice - Date Submitted: \_\_\_\_\_ (30 days before work starts).

Work Start Telephone Notice - Number issued by DEQ: \_\_\_\_\_ (3 working days before work starts).

DEQ Person Notified: \_\_\_\_\_

Date Work Started: \_\_\_\_\_ Date Work Completed: \_\_\_\_\_

**Note:** Provide the following information if any soil or water contamination is found during the decommissioning or change-in-service. Contamination must be reported by the UST permittee within 24 hours. The licensed service provider must report contamination within 72 hours after discovery unless previously reported.

Date Contamination Reported: \_\_\_\_\_ By: \_\_\_\_\_

DEQ Person Notified: \_\_\_\_\_

**D. OTHER DEQ PERMITS MAY BE NEEDED WHERE SOIL OR WATER CLEANUP IS REQUIRED.**

DEQ Water Discharge Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

Water Disposed to (Location): \_\_\_\_\_

DEQ Solid Waste Disposal Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

Soil Disposal or Treatment Location: \_\_\_\_\_

**E. TANK INFORMATION:**

TANK ID #	DEQ-UST PERMIT #	TANK SIZE IN GALLONS	PRODUCT: GASOLINE, DIESEL, USED OIL, OTHER?		CLOSURE OR CHANGE-IN- SERVICE?			TANK TO BE REPLACED?	
			PRESENT	NEW	TANK REMOVAL	CLOSURE IN PLACE♦	CHANGE IN SERVICE♦	YES	NO
1		550	H2O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2		550	CDF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3		550	H2O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE 1:** Where decommissioned tank(s) are replaced by new underground storage tanks the UST permittee must submit a *General Permit Registration Form to Install and Operate USTs* containing information on the new tanks 30 days before installing them.

**NOTE 2:** Submit a soil sampling plan to the DEQ regional office and receive plan approval prior to starting work if 1) tank is to be decommissioned in-place, 2) tank contents are changed to a non-regulated substance, 3) tank contains a regulated substance other than petroleum, or 4) tank changed to non-regulated use.

# **F. DISPOSAL INFORMATION:**

TANK ID #	TANK AND PIPING DISPOSAL METHOD				DISPOSAL LOCATION OF TANK CONTENTS	
	SCRAP	LAND-FILL	OTHER	IDENTIFY LOCATION & PROPERTY OWNER	LIQUIDS	SLUDGES
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		ORRCO	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Coffin Butte (CDF)	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		ORRCO	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**NOTE 1:** The tank contents, the tank and the piping may be subject to the requirements of Hazardous Waste regulations. If you have questions, contact the DEQ regional office for your area.

**NOTE 2:** Attach copies of the disposal receipts for the tanks and piping. If the tanks are shipped off-site for reuse provide the name, address and phone number of the person or business receiving the tanks for reuse.

**NOTE 3:** Attach copies of the disposal receipts for the disposal or treatment of liquid or sludge removed from the tanks

# **G. CONTAMINATION INFORMATION:**

TANK ID #	GROUND WATER IN PIT ?	PRODUCT ODOR IN SOIL ?	PRODUCT STAINS IN SOIL ?	NUMBER OF SAMPLES	LABORATORY ( NAME, CITY, STATE, PHONE )
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	Apex Laboratories, Tigard, OR
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	Apex Laboratories, Tigard, OR
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	Apex Laboratories, Tigard, OR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**NOTE 1:** Attach a copy of the laboratory report showing the results of all tests on all soil and water samples. The laboratory report must identify sample collection methods, sample location, sample depth, sample type (soil or water), type of sample container, sample temperature during transportation, types of tests, and copies of analytical laboratory reports, including QA/QC information. Include laboratory name, address and copies of chain-of-custody forms.

**NOTE 2:** If contamination is detected, DEQ requires you notify both the UST Program and Clean Up Program within 24 hours of observed contamination and/or analytical results. You must submit a **20 Day Report Form for UST Cleanup Projects** to the Cleanup Program and attach a copy of the form to this checklist.

**H. SITE SKETCH:** (Show location of adjacent roads, property lines, structures, dispensers, & all USTs. Show North, general direction of ground slope and soil sample locations. Sketch does not need to be drawn to scale. You may attach a separate drawing.)

See previously submitted March  
2024 Underground Storage Tank  
Decommissioning Report.

**I. SAFETY EQUIPMENT ON JOB SITE:**

Fire Extinguisher: Type/Size: ABC Recharge Date: 12/31

Combustible Gas Detector: Model: Drager Xam 2500 Calibration Date: daily bump

Oxygen Analyzer: Model: Drager Xam 2500 Calibration Date: daily bump

**J. DECOMMISSIONING:**

All Tanks: N/A = Not Applicable (Check (✓) Appropriate Box)	YES	NO	UNKNOWN	N/A
1. All electrical equipment grounded and explosion proof?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety equipment on job site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Overhead electrical lines located?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Subsurface electrical lines off or disconnected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Natural gas lines off or disconnected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. No open fires or smoking material in area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Vehicle and pedestrian traffic controlled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Excavation material area cleared?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Rainwater runoff directed to treatment area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Drained and collected product from lines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Removed product and residual from tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cleaned tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Excavated to top of tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Removed tank fixtures? (pumps, leak detection equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Removed product, fill and vent lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**K. TANK ABANDONMENT IN-PLACE:**

All Tanks: N/A = Not Applicable (Check (✓) Appropriate Box)	YES	NO	UNKNOWN	N/A
16. Sampling plan approved by DEQ? Date: _____ DEQ Staff: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Contamination concerns fully resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Fill Material? Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**L. TANK REMOVAL:**

All Tanks: N/A = Not Applicable (Check (✓) Appropriate Box)	YES	NO	UNKNOWN	N/A
19. Tank placement area cleared, chocks placed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Purged or ventilated tank to prevent explosion? Method used: _____ Meter reading: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Were chains or steel cables wrapped around tank for removal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Tank removed, set on ground, blocked to prevent movement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Tank set on truck and secured with straps(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Tank labeled before leaving site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**M. SITE ASSESSMENT:**

All Tanks: N/A = Not Applicable (Check (✓) Appropriate Box)	YES	NO	UNKNOWN	N/A
25. Site assessed for contamination? See OAR 340-122-0340	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Soil samples taken and analyzed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Was contamination found? Date/Time: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Was hazardous waste determination made for tank contents (Liquids/sludges)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**N. REQUIRED SIGNATURES:**

I have personally reviewed this decommissioning checklist and site assessment report and the attachments and find them to be true and complete.

Permittee or Tank Owner: Paul Waisenger (Facilities)  
(Please Print)

Permittee or Tank Owner: [Signature] Date: 4/10/24  
(Signature)

I have personally reviewed this decommissioning checklist and site assessment report and the attachments and find them to be true and complete.

Licensed Supervisor: Scott Giltfillon  
(Please Print)

Licensed Supervisor: [Signature] Date: 4-09-24  
(Signature)

I have personally reviewed this decommissioning checklist and site assessment report and the attachments and find them to be true and complete.

Executive Officer: Seth Krause  
(Please Print)

Licensed Service Provider: [Signature] Date: 4/10/24  
(Signature)