



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM**

**30-DAY NOTICE OF INTENT TO DECOMMISSION USTS
OR COMPLETE A CHANGE-IN-SERVICE**

1. FACILITY (Location of Tanks) (Please Print) Name: _____ Address: _____ _____ Phone: _____ DEQ General Permit Operating Certificate Number: _____ Work To Be Performed By: _____ License # _____ (Permittee, Tank Owner, Property Owner or Licensed Service Provider) (Service Provider) Phone: _____ Mobile Phone: _____	2. PERMITTEE (Please Print) Name: _____ Address: _____ _____ Phone: _____
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**THIS FORM MUST BE SUBMITTED BY UST PERMITTEE 30 DAYS BEFORE START OF WORK
YOU MUST CONTACT YOUR LOCAL DEQ REGIONAL OFFICE 3-DAYS BEFORE STARTING ANY
DECOMMISSIONING WORK. (Phone numbers are listed on Page 2)**

Will tank removal or potential cleanup affect adjacent property or Right-of-Way property? Yes _____ No _____

Date decommissioning is scheduled to begin: _____

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

- * If decommissioned tank(s) are to be replaced by new underground storage tanks you must submit a *General Permit Registration Form to Install and Operate USTs* for the new tanks **30 days** before installing them.
- ♦ 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 an unregulated substance or (3) tank contains a regulated substance other than petroleum.

Permittee: _____ <p align="center"><i>(Please Print)</i></p>	
Permittee: _____ <p align="center"><i>(Signature)</i></p>	Date: _____

THIS NOTICE AND THE 3-DAY TELEPHONE NOTICE ARE REQUIRED prior to starting decommissioning work on a regulated underground storage tank (UST). Decommissioning work includes but is not limited to excavation and removal of the tank and its appurtenances, removal of underground piping (product, vent and vapor recovery piping), soil sampling, and groundwater sampling. (Decommissioning USTs or completing a change-in-service must be done in accordance with the conditions and requirements of OAR 340-150-0166, the general permit to decommission USTs).

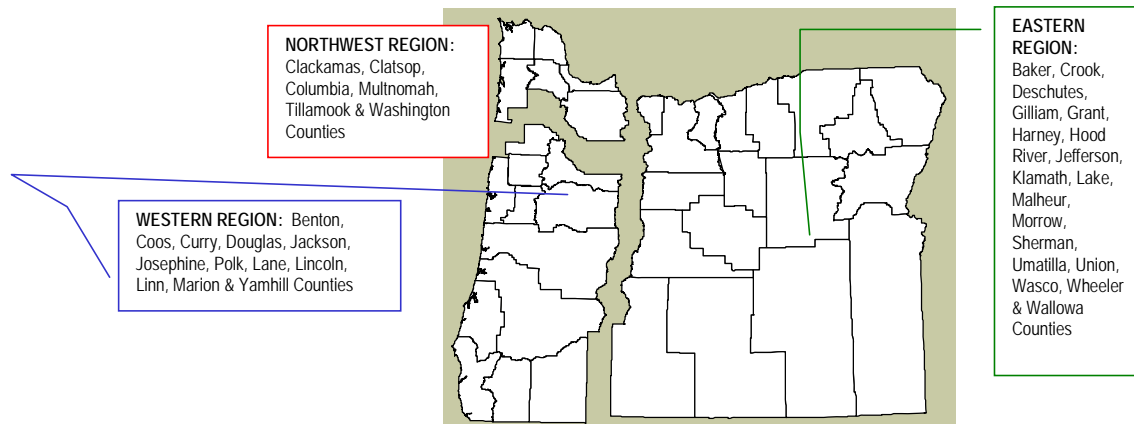
THIS NOTICE IS NOT REQUIRED for decommissioning unregulated tanks. To determine whether an underground tank is regulated please refer to OAR 340-150-0008 for UST's that are excluded or deferred from regulation, and OAR 340-150-0010 (82) for the definition of a UST, or contact DEQ. (Examples are heating oil, and most residential or farm motor fuel tanks under 1100 gallons.)

ALL PAST DUE UST GENERAL PERMIT ANNUAL COMPLIANCE FEES MUST BE PAID before this decommissioning notice will be accepted by DEQ.

MAKE SURE THIS FORM IS COMPLETE WITH ALL ATTACHMENTS as a notice that is incomplete will not be accepted.

RETURN COMPLETED AND SIGNED FORM TO THE DEQ REGIONAL OFFICE FOR YOUR AREA (Addresses are listed below).

**3-DAY NOTICE: Contact your local DEQ Regional Office 3-days before starting work.
(Phone numbers are listed below).**



EASTERN REGION / BEND 475 NE BELLEVUE, SUITE 110 BEND, OR 97701 Phone: 541-388-6146 Fax: 541-388-8283	WESTERN REGION / COOS BAY 381 N SECOND STREET COOS BAY 97420 Phone: 541-269-2721 Fax: 541-269-7984	WESTERN REGION / MEDFORD 221 STEWART AVE., SUITE 201 MEDFORD, OR 97501 Phone: 541-776-6010 Fax: 541-776-6262
NORTHWEST REGION 700 NE MULTNOMAH ST. PORTLAND, OR 97232 Phone: 503-229-5263 Fax: 503-229-6945	WESTERN REGION / EUGENE 165 EAST 7TH AVE., SUITE 100 EUGENE, OR 97401 Phone: 541-686-7838 Fax: 541-686-7551	

**For information or assistance with this form call (503) 229-6652 or the UST HELPLINE:
1-800-742-7878 (Toll Free in Oregon).**

Program information, registration forms, administrative rules and other publications can also be found on our Homepage at:

<http://www.deq.state.or.us/lq/tanks/ust/index.htm>



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:	5540		
FACILITY NAME:	Village Shell		
FACILITY ADDRESS:	1805 Virginia Ave, North Bend		
PERMITTEE PHONE:	360.577.9194	DATE:	5/18/2022

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 #:	16356	Construction Contractors Board License #:	141376
Name:	Anderson Environmental Contracting, LL		
Telephone:	360.557.9194		
DEQ Decommissioning Supervisor's License #:	27515		
Name:	Rebecca Dilba		
Telephone:	360.577.9194		
DEQ Soil Matrix Service Provider's License #:		(If applicable)	
Name:			
Telephone:			
DEQ Soil Matrix Supervisor's License #:		(If applicable)	
Name:			
Telephone:			

C. DATES:

Decommissioning/Change-in-Service Notice - Date Submitted: 4/25/2022 (30 days before work starts).
 Work Start Telephone Notice - Number issued by DEQ: 06-3D-22-015 (3 working days before work starts).
 DEQ Person Notified: Andrea Garcia
 Date Work Started: 5/9/2022 Date Work Completed: 5/19/2022

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: Short Mountain Landfill

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	JGJC	8,000	Gasoline		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	JGJD	8,000	Gasoline		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	JGJE	8,000	Gasoline		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	JGJF	4,000	Diesel		<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"/>

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			IDENTIFY LOCATION & PROPERTY OWNER	DISPOSAL LOCATION OF TANK CONTENTS	
	SCRAP	LAND-FILL	OTHER		LIQUIDS	SLUDGES
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1950 Winchester Ave, Reedspor	Patriot Environmental Serv	Patriot Environmental Serv
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1950 Winchester Ave, Reedspor	Patriot Environmental Serv	Patriot Environmental Serv
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1950 Winchester Ave, Reedspor	Patriot Environmental Serv	Patriot Environmental Serv
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1950 Winchester Ave, Reedspor	Patriot Environmental Serv	Patriot Environmental Serv
	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	<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 and a Level 2 or Level 3 soil matrix cleanup standard is applied to the site, attach a copy of the soil matrix analysis including methods of determining soil type, depth to groundwater, and sensitivity of uppermost aquifer.

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 attached

I. SAFETY EQUIPMENT ON JOB SITE:

Fire Extinguisher:	Type/Size: <u>ABC Dry Chem/5lb</u>	Recharge Date: <u>12/17/2021</u>
Combustible Gas Detector:	Model: <u>Ventis MX4</u>	Calibration Date: <u>10/18/2021</u>
Oxygen Analyzer:	Model: <u>Ventis MX4</u>	Calibration Date: <u>10/18/2021</u>

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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Removed product, fill and vent lines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
17. Contamination concerns fully resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Fill Material? Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: <u>Dry Ice/Nitrogen</u> Meter reading: <u>LEL 0</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Soil samples taken and analyzed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Was contamination found? Date/Time: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Was hazardous waste determination made for tank contents (Liquids/sludges)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: _____
(Please Print)

Permittee or Tank Owner: _____ Date: _____
(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: Rebecca Dilba
(Please Print)

Licensed Supervisor: _____ Date: 5/24/2022
(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: Brian Goldberg
Licensed Service Provider (Please Print)

Executive Officer: _____ Date: 5/24/2022
Licensed Service Provider (Signature)

O. REPORT FILING:

This report signed by the permittee or tank owner, licensed supervisor and executive officer of the Service Provider, complete with all applicable attachments, must be filed with the DEQ regional office within 30 days after the excavation is backfilled or change-in-service is complete. **Do not wait until any site related cleanup project is completed.** Contact the DEQ regional office prior to filing this report where special circumstances exist at the site (such as water in pit, remaining pockets of contamination, etc.).

P. HELP WITH THIS REPORT:

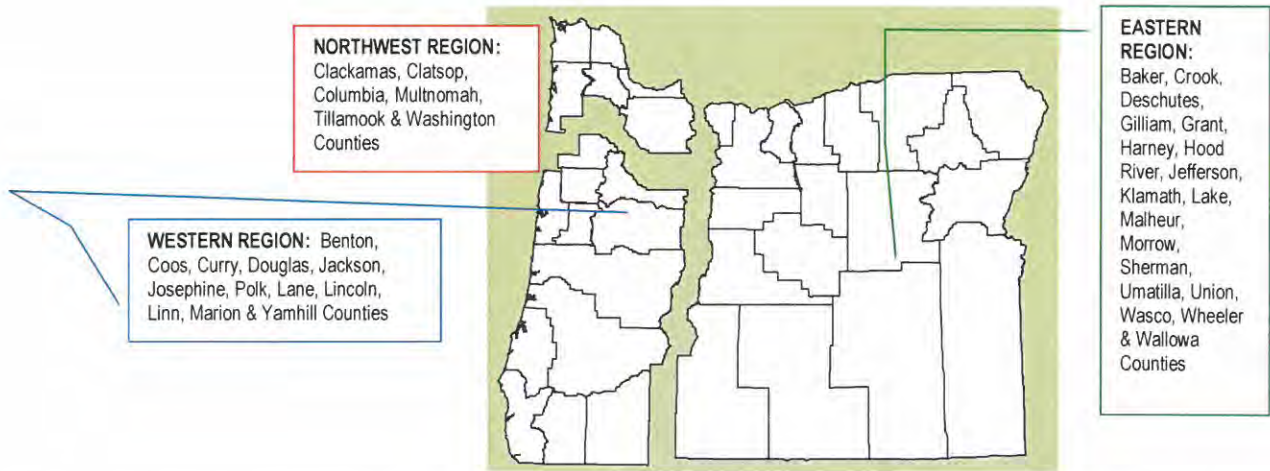
If you have any questions about this decommissioning checklist and site assessment report, please phone your DEQ Regional Office. You can also phone the UST Program’s toll-free number, 1-800-742-7878. This is a message answering machine for calls made within Oregon. Underground Storage Tank Program staff will return your calls within 24 hours. You can also send an e-mail to tanks.info@deq.state.or.us. Our regional staff are also available to answer questions regarding tank decommissioning or change-in-service requirements (see below for telephone numbers).

Q. COPIES OF THE GENERAL PERMIT TO DECOMMISSION OR COMPLETE A CHANGE-IN-SERVICE:

Obtain copies of the general permit to decommission or complete a change-in-service conditions and requirements, UST Program rules and laws and UST Cleanup rules and laws at:

1. Any of the DEQ offices listed below,
2. By calling the UST HELPLINE at 1-800-742-7878,
3. Send an e-mail to tanks.info@deq.state.or.us or
4. Downloading from the UST home page at:

<http://www.deq.state.or.us/lq/tanks/ust/index.htm>



<p>EASTERN REGION / BEND 475 NE BELLEVUE, SUITE 110 BEND, OR 97701 Phone: 541-388-6146 Fax: 541-388-8283</p>	<p>WESTERN REGION / COOS BAY 381 N SECOND STREET COOS BAY 97420 Phone: 541-269-2721 Fax: 541-269-7984</p>	<p>WESTERN REGION / MEDFORD 221 STEWART AVE., SUITE 201 MEDFORD, OR 97501 Phone: 541-776-6010 Fax: 541-776-6262</p>
<p>NORTHWEST REGION 700 NE MULTNOMAH ST. PORTLAND, OR 97232 Phone: 503-229-5263 Fax: 503-229-6945</p>	<p>WESTERN REGION / EUGENE 165 EAST 7TH AVE., SUITE 100 EUGENE, OR 97401 Phone: 541-686-7838 Fax: 541-686-7551</p>	

From: [Kari Kaiser](#)
 To: [Sarah Colee](#); [Becky Dilba](#)
 Subject: RE: Village Shell Change Order 2 - Additional PCS Disposal
 Date: Tuesday, June 14, 2022 3:12:34 PM
 Attachments: [image007.png](#)
[image008.png](#)
[image009.png](#)
[image010.png](#)
[image011.png](#)
[image012.png](#)
[image013.png](#)
[image014.png](#)
[image015.png](#)
[image016.png](#)

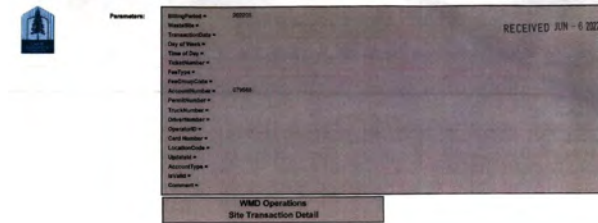
[External Sender - Confirm Sender and Beware of Links and Attachments]

Hi Sarah,

I apologize, the copy we received isn't of best quality either. See below for clearer images.

Landfill is Short Mountain (Lane County). Delta Sand & Gravel transported PCS to landfill. Let me know if you need anything further.

TransactionDate	TicketNumber	FeeQuantity	GrossWeight	TareWeight	AccountNumber	AccountName
5/12/2022	32450056	30.59	50.42	19.83	79565	Anderson Environmental Contracting LLC
5/18/2022	52510088	23.96	43.04	19.08	79565	Anderson Environmental Contracting LLC



202205	72	Short Mt.
05/18/2022	Thu	
10:11 AM	0052400056	41200 PCS&G TN Phase 5 30.59
Totals for 05/12/2022		
05/18/2022	Wed	
12:05 PM	0052610088	41200 PCS&G TN Phase 5 23.96
Totals for 05/18/2022		

Kari Kaiser | Project Coordinator
 Anderson Environmental Contracting, LLC
 O: 360.577.9194 | F: 360.577.9198
kari@aecilc.net | www.aecilc.net



From: Sarah Colee <scolee@maulfooster.com>
 Sent: Tuesday, June 14, 2022 3:03 PM
 To: Becky Dilba <bdilba@aecilc.net>; Kari Kaiser <kari@aecilc.net>
 Cc: Andrew Vidourek <avidourek@maulfooster.com>
 Subject: FW: Village Shell Change Order 2 - Additional PCS Disposal

[External Email - Confirm Sender and Beware of Links and Attachments]

Hi Becky,

The landfill disposal receipt for the petroleum contaminated soil scanned a bit dark and I can't make out some of the details (see attached). Can you tell me what company transported the PCS from the site to the landfill? And which landfill it was disposed at?

Thank you so much,

SARAH COLEE | MAUL FOSTER & ALONGI, INC.
 Project Environmental Scientist
 projectmgr@maulfooster.com
 m: 971.276.3146 | d: 503.501.5237



From: Andrew Vidourek <avidourek@maulfooster.com>
 Sent: Tuesday, June 14, 2022 1:54 PM
 To: Sarah Colee <scolee@maulfooster.com>
 Subject: FW: Village Shell Change Order 2 - Additional PCS Disposal

Here you go!

ANDREW VIDOUREK IG, RG | MAUL FOSTER & ALONGI, INC.
 Senior Geologist
 m: 541.760.7602



From: Becky Dilba <bdilba@aecilc.net>
 Sent: Tuesday, June 14, 2022 12:52 PM
 To: Andrew Vidourek <avidourek@maulfooster.com>; Kari Kaiser <kari@aecilc.net>
 Cc: Michael Pickering <mickpickering@maulfooster.com>
 Subject: RE: Village Shell Change Order 2 - Additional PCS Disposal

[External Sender - Confirm Sender and Beware of Links and Attachments]

Hey Andrew,

Please see the attached items requested along with the updated invoice.

I just wanted to let you know that we needed an additional 34.31 tons of 1" minus backfill for this job. As you and I had discussed on 5/18, we used less pea gravel than anticipated, and CO1 would cover the cost of the additional backfill without a need for another CO. The cost ended up being an additional \$1200.85 to item #4 and that cost is covered by CO1. I also re-reviewed the dailies and it appears that site work was performed on both May 9th and May 18th, which was not included in item #1 but did not exceed 4 hours total, so we have only billed for an additional half-day.

Let me know if you have any questions!

Becky Dilba | Project Manager
 Anderson Environmental Contracting, LLC
 C: 360.867.3608 | F: 360.577.9198 O: 360.577.9194
bdilba@aecilc.net | www.aecilc.net



From: Andrew Vidourek <avidourek@maulfooster.com>
 Sent: Tuesday, June 14, 2022 11:53 AM
 To: Kari Kaiser <kari@aecilc.net>; Becky Dilba <bdilba@aecilc.net>
 Cc: Ed Woodward <edw@aecilc.net>; Michael Pickering <mickpickering@maulfooster.com>; Brian Gabbard <briang@aecilc.net>
 Subject: RE: Village Shell Change Order 2 - Additional PCS Disposal

[External Email - Confirm Sender and Beware of Links and Attachments]

Hey Kari,

Just checking in on the final invoice, and paperwork so we can get it processed ASAP!
 Thanks!

Andy

ANDREW VIDOUREK IG, RG | MAUL FOSTER & ALONGI, INC.
 Senior Geologist
 m: 541.760.7602

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number
0 0 0 0 0 0 0 0 0 0 0 0

2. Page 1 of
1

3. Emergency Response Phone
503-285-2485

4. Waste Tracking Number
ORV - 39176

5. Generator's Name and Mailing Address
COOS COUNTY
250 N BAXTER-ST
COOS BAY OR 97420

Generator's Site Address (if different than mailing address)
COOS COUNTY
1805 VIRGINIA AVE
COOS BAY OR 97420

Generator's Phone:

6. Transporter 1 Company Name
TIDEWATER ENVIRONMENTAL SERVICES, DBA WEST COAST MARINE

U.S. EPA ID Number
WAH000053774

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address
PATRIOT ENVIRONMENTAL SERVICES
4927 NW FRONT AVE
PORTLAND OR 97210

U.S. EPA ID Number
0 0 0 0 0 0 0 0 0 0 0 0

Facility's Phone:

9. Waste Shipping Name and Description	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
	No.	Type			
1. NON REGULATED MATERIAL PER 40 & 49 CFR (OILY WATER)	001	TT	1,500	G	
2.			1,0960 LBS		
3.					
4.					

13. Special Handling Instructions and Additional Information
MATERIAL REMOVED FROM TANKS
PROFILE # 561942
140195

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeor's Printed/Typed Name: X Signature: B. Dilber Month: 5 Day: 16 Year: 22

15. International Shipments Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials
Transporter Signature (for exports only):

Transporter 1 Printed/Typed Name: Ryan Eckman Signature: Ryan Eckman Month: 5 Day: 16 Year: 22
Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:

17. Discrepancy
17a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator) U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator) Month: Day: Year:



18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: REX QUINTON Signature: [Signature] Month: 5 Day: 17 Year: 22

GENERATOR
TRANSPORTER
DESIGNATED FACILITY



DELTA SAND & GRAVEL CO.

999 DIVISION AVENUE
EUGENE, OREGON 97404

PHONE (541) 688-2233
FAX (541) 688-8610

RECEIVED MAY 19 2022

Invoice #:	152507
Date:	05/17/22
Customer No:	1881
PO #:	VILLAGE SHELL NORTH

Sold To: ANDERSON ENVIRONMENTAL CONTRAC
705 COLORADO STREET
KELSO, WA 98626

Delivered To:
ANDERSON ENVIRONMENTAL CONTRAC
ap@aecllc.net

Ticket	Sale Date	Material	Units	UM	Unit Price	Amount	CAT Surcharge	Total
490725	05/17/22	(B/S) 3/8 ROUND	29.06	T				
490785	05/17/22	(B/S) 3/8 ROUND	28.80	T				
Total :		(B/S) 3/8 ROUND	57.86					839.38

Total Invoice:

Job #: <u>22-0002</u>	PM:
GL Code: <u>5320.10</u>	<u>BD</u> Approved
Cost Type: <u>M</u>	Date
Voucher:	

Pay Terms 2% Disc if paid by the 10th

16.79 Discount offered if paid by check or cash before 6/10/22

Total:

839.38

Charges made in one month are due and payable in full the 10th of the following month. Any unpaid balance will be subject to a **FINANCE CHARGE** of 1% per month or an **ANNUAL PERCENTAGE RATE** of 12%. Minimum Service Charge is .50 per month.



DELTA SAND & GRAVEL CO.

999 DIVISION AVENUE
EUGENE, OREGON 97404

PHONE (541) 688-2233
FAX (541) 688-8610

RECEIVED MAY 19 2022

Invoice #:	152535
Date:	05/18/22
Customer No:	1881
PO #:	SHELL NORTH BEND

Sold To: ANDERSON ENVIRONMENTAL CONTRAC
705 COLORADO STREET
KELSO, WA 98626

Delivered To:
ANDERSON ENVIRONMENTAL CONTRAC
ap@aecllc.net

Ticket	Sale Date	Material	Units	UM	Unit Price	Amount	CAT Surcharge	Total
400836	05/18/22	(B/S) 3/8 ROUND	31.16	T				
Total :		(B/S) 3/8 ROUND	31.16					451.26

Total Invoice:

Job #: <u>22-0002</u>	PM: <u>BD</u>
GL Code: <u>5720.10</u>	Approved
Cost Type: <u>M</u>	Date
Voucher:	

Pay Terms 2% Disc if paid by the 10th	9.02 Discount offered if paid by check or cash before 6/10/22	Total:	451.26
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Charges made in one month are due and payable in full the 10th of the following month. Any unpaid balance will be subject to a FINANCE CHARGE of 1% per month or an ANNUAL PERCENTAGE RATE of 12%. Minimum Service Charge is .50 per month.



CCB #56603 CSLB #567735

Southern Oregon Division
P.O. Box 1720
3055 Ocean Blvd
Coos Bay, OR 97420

Ticket # 13014324

Copy 2 Delivery

Sold To: ANDERSON ENVIRONMENTAL C 428232

Order No: NB_SHELL Cost Code: NB_SHELL PO: NB_SHELL STAT

Hauler: OUTSIDE CARRIERS Truck # DELTA46

Materia	Net Tons
16022	29.07

Weighmaster Kim Payne

Received By _____

TERMS: Net 10th day of month following date of invoice. A late payment Service Charge of 1 1/2% per month will be charged on accounts 30 days past due from date of billing. This Service Charge is an Annual Percentage Rate of 18%. Minimum Service Charge \$1.00. In the event any account is not fully paid when due, Buyer agrees to pay upon demand all expenses and fees reasonably incurred in collecting the balance due, whether or not a legal action is filed. Such expenses shall include, but are not limited to, attorney fees and other professional fees incurred in the collection process. If legal action is instituted, Buyer shall be liable for all fees, costs, and expenses awarded by the trial court or by any appellate court.

5/18/2022 12:00 10:24 am			
164614 KENSTONE QUARRY			
1" - 0 CRUSHED ROCK			
	Pounds	Tons	
Gross	91,400	45.70	
Tare	33,260	16.63	
Net	58,140	29.07	
Loads Today:	1		
Qty. Today:		29.07	
COMMENTS:	NB SHELL STATION		



CCB #56603 CSLB #567735

Southern Oregon Division
P.O. Box 1720
3055 Ocean Blvd
Coos Bay, OR 97420

Ticket # 13014326

Copy 2 Delivery

Sold To: ANDERSON ENVIRONMENTAL C 428232

Order No: NB_SHELL Cost Code: NB_SHELL PO: NB_SHELL STAT

Hauler: OUTSIDE CARRIERS Truck # DELTA46

Materia	Net Tons
16022	29.30

Weighmaster Kim Payne

Received By _____

TERMS: Net 10th day of month following date of invoice. A late payment Service Charge of 1 1/2% per month will be charged on accounts 30 days past due from date of billing. This Service Charge is an Annual Percentage Rate of 18%. Minimum Service Charge \$1.00. In the event any account is not fully paid when due, Buyer agrees to pay upon demand all expenses and fees reasonably incurred in collecting the balance due, whether or not a legal action is filed. Such expenses shall include, but are not limited to, attorney fees and other professional fees incurred in the collection process. If legal action is instituted, Buyer shall be liable for all fees, costs, and expenses awarded by the trial court or by any appellate court.

5/18/2022 12:00 11:40 am			
164614 KENSTONE QUARRY			
1" - 0 CRUSHED ROCK			
	Pounds	Tons	
Gross	91,860	45.93	
Tare	33,260	16.63	
Net	58,600	29.30	
Loads Today:	2		
Qty. Today:		58.37	
COMMENTS:	NB SHELL STATION		



CCB #56603 CSLB #567735

Southern Oregon Division
P.O. Box 1720
3055 Ocean Blvd
Coos Bay, OR 97420

Ticket # 13014329

Copy 2 Delivery

Sold To: ANDERSON ENVIRONMENTAL C 428232

Order No: NB_SHELL Cost Code: NB_SHELL PO: NB_SHELL STATION

Hauler: OUTSIDE CARRIERS Truck # DELTA46

Materia	Net Tons
<u>16022</u>	<u>29.96</u>

Weighmaster Kim Payne

Received By _____

TERMS: Net 10th day of month following date of invoice. A late payment Service Charge of 1 1/2% per month will be charged on accounts 30 days past due from date of billing. This Service Charge is an Annual Percentage Rate of 18%. Minimum Service Charge \$1.00. In the event any account is not fully paid when due, Buyer agrees to pay upon demand all expenses and fees reasonably incurred in collecting the balance due, whether or not a legal action is filed. Such expenses shall include, but are not limited to, attorney fees and other professional fees incurred in the collection process. If legal action is instituted, Buyer shall be liable for all fees, costs, and expenses awarded by the trial court or by any appellate court.

5/18/2022 12:00 1:08 pm		
164614 KENSTONE QUARRY		
1" - 0 CRUSHED ROCK		
	Pounds	Tons
Gross	93,180	46.59
Tare	33,260	16.63
Net	59,920	29.96
Loads Today:	3	
Qty. Today:		88.33
COMMENTS:	NB SHELL STATION	



CCB #56603 CSLB #567735

Southern Oregon Division
P.O. Box 1720
3055 Ocean Blvd
Coos Bay, OR 97420

Ticket # 13014330

Copy 2 Delivery

Sold To: ANDERSON ENVIRONMENTAL C 428232

Order No: NB_SHELL Cost Code: NB_SHELL PO: NB_SHELL STATION

Hauler: OUTSIDE CARRIERS Truck # DELTA47

Materia	Net Tons
<u>16022</u>	<u>31.73</u>

Weighmaster Kim Payne

Received By _____

TERMS: Net 10th day of month following date of invoice. A late payment Service Charge of 1 1/2% per month will be charged on accounts 30 days past due from date of billing. This Service Charge is an Annual Percentage Rate of 18%. Minimum Service Charge \$1.00. In the event any account is not fully paid when due, Buyer agrees to pay upon demand all expenses and fees reasonably incurred in collecting the balance due, whether or not a legal action is filed. Such expenses shall include, but are not limited to, attorney fees and other professional fees incurred in the collection process. If legal action is instituted, Buyer shall be liable for all fees, costs, and expenses awarded by the trial court or by any appellate court.

5/18/2022 12:00 1:10 pm		
164614 KENSTONE QUARRY		
1" - 0 CRUSHED ROCK		
	Pounds	Tons
Gross	101,360	50.68
Tare	37,900	18.95
Net	63,460	31.73
Loads Today:	4	
Qty. Today:		120.06
COMMENTS:	NB SHELL STATION	



CCB #56603 CSLB #567735

Southern Oregon Division
P.O. Box 1720
3055 Ocean Blvd
Coos Bay, OR 97420

Ticket # 13014333

Copy 2 Delivery

Sold To: ANDERSON ENVIRONMENTAL C 428232

Order No: NB_SHELL Cost Code: NB_SHELL PO: NB_SHELL STAT

Hauler: OUTSIDE CARRIERS Truck # DELTA47

Materia	Net Tons
<u>16022</u>	<u>30.66</u>

Weighmaster Jill Mitchell

Received By _____

TERMS: Net 10th day of month following date of invoice. A late payment **Service Charge** of 1 1/2% per month will be charged on accounts 30 days past due from date of billing. This **Service Charge** is an **Annual Percentage Rate** of 18%. Minimum **Service Charge** \$1.00. In the event any account is not fully paid when due, Buyer agrees to pay upon demand all expenses and fees reasonably incurred in collecting the balance due, whether or not a legal action is filed. Such expenses shall include, but are not limited to, attorney fees and other professional fees incurred in the collection process. If legal action is instituted, Buyer shall be liable for all fees, costs, and expenses awarded by the trial court or by any appellate court.

5/18/2022 12:00 2:32 pm

164614 KENSTONE QUARRY

1" - 0 CRUSHED ROCK

	Pounds	Tons
Gross	99,220	49.61
Tare	37,900	18.95
Net	61,320	30.66

Loads Today: 5

Qty. Today: 150.72

COMMENTS: NB SHELL STATION



CCB #56603 CSLB #567735

Southern Oregon Division
P.O. Box 1720
3055 Ocean Blvd
Coos Bay, OR 97420

Ticket # 13014334

Copy 2 Delivery

Sold To: ANDERSON ENVIRONMENTAL C 428232

Order No: NB_SHELL Cost Code: NB_SHELL PO: NB_SHELL STAT

Hauler: OUTSIDE CARRIERS Truck # DELTA46

Materia	Net Tons
<u>16022</u>	<u>28.88</u>

Weighmaster Jill Mitchell

Received By _____

TERMS: Net 10th day of month following date of invoice. A late payment **Service Charge** of 1 1/2% per month will be charged on accounts 30 days past due from date of billing. This **Service Charge** is an **Annual Percentage Rate** of 18%. Minimum **Service Charge** \$1.00. In the event any account is not fully paid when due, Buyer agrees to pay upon demand all expenses and fees reasonably incurred in collecting the balance due, whether or not a legal action is filed. Such expenses shall include, but are not limited to, attorney fees and other professional fees incurred in the collection process. If legal action is instituted, Buyer shall be liable for all fees, costs, and expenses awarded by the trial court or by any appellate court.

5/18/2022 12:00 2:36 pm

164614 KENSTONE QUARRY

1" - 0 CRUSHED ROCK

	Pounds	Tons
Gross	91,020	45.51
Tare	33,260	16.63
Net	57,760	28.88

Loads Today: 6

Qty. Today: 179.60

COMMENTS: NB SHELL STATION



CCB #56603 CSLB #567735

Southern Oregon Division
P.O. Box 1720
3055 Ocean Blvd
Coos Bay, OR 97420

Ticket # 15000359

Copy 3 Customer

Sold To: ANDERSON ENVIRONMENTAL C 428232

Order No: _____ Cost Code: _____ PO: _____

Hauler: KRM TRUCKS Truck # 0421806

Materia	Net Tons
<u>16022</u>	<u>15.59</u>

Weighmaster Kim Payne

Received By _____

TERMS: Net 10th day of month following date of invoice. A late payment **Service Charge** of 1 1/2% per month will be charged on accounts 30 days past due from date of billing. This **Service Charge** is an **Annual Percentage Rate of 18%**. Minimum Service Charge \$1.00. In the event any account is not fully paid when due, Buyer agrees to pay upon demand all expenses and fees reasonably incurred in collecting the balance due, whether or not a legal action is filed. Such expenses shall include, but are not limited to, attorney fees and other professional fees incurred in the collection process. If legal action is instituted, Buyer shall be liable for all fees, costs, and expenses awarded by the trial court or by any appellate court.

5/19/2022 12:C 7:00 am		
164611 North Bend		
1" - 0 CRUSHED ROCK		
	<u>Pounds</u>	<u>Tons</u>
Gross	55,780	27.89
Tare	24,600	12.30
Net	31,180	15.59
Loads Today:	1	
Qty. Today:		15.59
COMMENTS:	NB SHELL STATION	



PACIFICRECYCLINGINC

Pacific Recycling, Inc.
3300 Cross St.
Eugene, OR 97402
Phone 541-461-3443
www.pacificrecyclinginc.net

Hours of operation
M-F 8:00 AM - 4:30 PM
Closed Saturday and Sunday

Account:
Riverside U-Pull It & Auto Recycling
1912 Winchester Ave

Reedsport OR 97467

SCALE INVOICE
Receive Date: 05/18/2022
Invoice #: 613537
Control #: 613537

Commodity	Description	Gross	Tare	Deduct	Net	Price / UM	Amount
20060	HMS - Unprepared Torch	58,500	44,800	0	13,700	270.00 / NT	1,849.50
ENVIRO FEE	Environmental Fee				0	0.00	-2.00
RoundingSR	Scale Receiver Rounding						0.50
				Totals	13,700		1,848.00

Vehicle #:

Carrier:

I HAVE READ THE CURRENT LIST OF MATERIALS THAT PACIFIC RECYCLING, INC. WILL NOT ACCEPT FOR REGULATORY AND ENVIRONMENTAL REASONS. I WARRANT THAT THE MATERIALS I AM SELLING DO NOT CONTAIN ANY OF THE MATERIALS DESCRIBED ON THE LIST OR CONTAIN HAZARDOUS OR TOXIC WASTES FOR WHICH DISPOSAL IN A MUNICIPAL WASTE LANDFILL IS RESTRICTED OR PROHIBITED. I WARRANT THAT ALL MATERIALS, INCLUDING TANKS, SEALED MOTORS AND METAL BORINGS HAVE BEEN FULLY AND LAWFULLY DRAINED OF ALL OILS AND OIL PRODUCTS. I FURTHER WARRANT THAT ANY ITEMS THAT CONTAINED OZONE DEPLETING COMPOUNDS SUCH AS CFC'S OR FREON, HAVE BEEN EMPTIED IN ACCORDANCE WITH APPLICABLE LAWS.

I WARRANT THAT I AM THE LAWFUL OWNER OF THE MATERIALS BEING SOLD AND THAT I HAVE THE RIGHT TO SELL THEM TO PACIFIC RECYCLING, INC. I ACKNOWLEDGE THAT FOR THE PAYMENT I RECEIVE IN FULL, I SELL AND CONVEY TITLE TO THE MATERIALS TO PACIFIC RECYCLING, INC. I ALSO UNDERSTAND THAT PACIFIC RECYCLING, INC. IS NOT RESPONSIBLE FOR DAMAGES TO THE MATERIALS OR TO VEHICLES WHILE LOADING OR UNLOADING. CASH PAYMENTS ARE ROUNDED TO THE NEAREST DOLLAR.

I AGREE TO INDEMNIFY AND HOLD HARMLESS PACIFIC RECYCLING, INC. AGAINST ALL CLAIMS AND EXPENSES ARISING OUT OF ANY BREACH OF THESE WARRANTIES.

Please Review Your Ticket Before Being Paid

Scale Attendant:

Initials: _____

Customer Signature: _____

ID: _____

Hours of Operation
M-F 8:00 AM - 4:30 PM
Closed Saturday and Sunday