



## OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY UNDERGROUND STORAGE TANK PROGRAM

### GENERAL PERMIT REGISTRATION FORM TO DECOMMISSION EXISTING UNREGISTERED TANKS

and

### 30-DAY NOTICE OF INTENT TO DECOMMISSION USTS

- This form for registration of existing tanks that have never been reported to DEQ should be submitted at least 30-days before beginning decommissioning by permanent closure.
- To register existing tanks you must submit pages 4 through 8 of this registration form and a check for the amount of the required registration fee. See page 4 to calculate the required fee.
- If you are registering more than five (5) tanks, please make a copy of pages 7 and 8. List the additional tanks on the copy.
- You must call your regional office to receive authorization to proceed with the decommissioning at least 72 hours prior to beginning work. See page 3 for phone numbers.
- You must submit the Underground Storage Tank Decommissioning Checklist and Site Assessment Report to your local Regional Office within 30 days following completion of the tank decommissioning or change-in-service **regardless if cleanup work is ongoing.**

#### CHECKLIST

1. Be sure signatures are provided for the tank owner, permittee and property owner, **even where one person fills all three roles.**
2. Complete the registration form for all tanks being registered at the facility.
3. Make copies for your records.
4. Enclose your check payable to:  
Oregon Department of Environmental Quality
5. Please return the general permit registration form and applicable registration fee to:

Department of Environmental Quality  
Attn: Revenue Section  
700 NE Multnamah St.  
Portland, Oregon 97232

## INSTRUCTION PAGE

### DESCRIPTION OF GENERAL PERMIT PROGRAM

In lieu of issuing individual permits, Oregon's UST permitting program has adopted a general permit by rule to decommission USTs that identifies the conditions and requirements for temporary and permanent closure or completing a change-in-service. By signing the registration forms, you are certifying that you will comply with all the conditions and requirements of the general permit to decommission USTs.

### DEFINITIONS

Facility – the place where the tank is located.

Decommission – means temporary or permanent closure, including temporary or permanent removal from operation, filling in-place, removal from the ground or change-in-service to non-regulated status.

Owner – means a person who currently owns an UST or owned an UST during the tanks operational life. If registered with the Secretary of State, Corporations Division, the UST owner is the legal business name.

Permittee – means the owner or person designated by the owner, who is in control or has responsibility for daily UST system operation and maintenance, financial responsibility and UST operator training requirements under a general permit pursuant to OAR 340-150-0160 through 340-150-0168. If registered with the Secretary of State, Corporations Division, the permittee is the legal business name. The permittee is mailed the annual compliance fee invoice.

Property owner – means the legal owner of the real property on which an UST is located (the name that appears on the County deed records).

### GENERAL PERMIT REGISTRATION FORM

1. Please fill in the name, address and phone number of the facility. If this facility is registered with DEQ please include the DEQ facility number.
2. Please fill in the number of tanks in the space provided in the general permit registration fee section. For existing tanks not previously registered, back fees are required by OAR 340-150-0110 (6). Calculate the total amount due.
3. Please fill in the tank owner's legal name, address and phone number. The legal name is the name of the tank owner as filed with the Secretary of State, Corporations Division, if applicable. The tank owner must sign the registration form.
4. The tank owner can designate a permittee for each facility. Please ask the permittee in charge of the facility to fill in their legal name, address and phone number. The legal name is the name of the permittee as filed with the Secretary of State, Corporations Division, if applicable. The permittee must sign the registration form.
5. Please fill in the property owner's name, address and phone number. The property owner's name should be the name in the county deed records. The property owner must sign the registration form.
6. There must be three signatures for each completed registration form – the tank owner, permittee and property owner. **IF ONE PERSON FILLS ALL THREE ROLES, THAT PERSON MUST SIGN THREE TIMES.**
7. Complete all sections and pages of the form.

### LICENSED SERVICE PROVIDERS AND SUPERVISORS

ORS 466.750 and OAR 340 – Division 160 requires that licensed service providers perform tank decommission work. If contaminated soil is discovered during decommissioning, and a decision is made to remediate the site using the soil matrix rules, ORS 466.750 and OAR 340 – Division 162 requires that licensed service providers perform soil matrix cleanup work. During certain critical phases as specified in the rules, a licensed supervisor must be present on site to monitor the work. A list of licensed service providers and supervisors is available upon request by calling (503) 229-6652 or toll-free in Oregon 1-800-742-7878 (a message answering machine). **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 (OAR 340-150-0156).**



## INSTRUCTION PAGE

### HELP WITH THIS REGISTRATION FORM

If you have any questions about this registration form, please phone the DEQ UST Program at (503) 229-6652. You can also phone the UST Program's toll-free Oregon number, 1-800-742-7878. This is a message answering machine for calls made in Oregon. Underground Storage Tank Program staff will return your call within 24 hours (one business day). You can also send an e-mail to [tanks.info@deq.state.or.us](mailto:tanks.info@deq.state.or.us). Our regional staff is also available to answer questions regarding the general permit program and this general permit registration form (see below for telephone numbers).

### COPIES OF GENERAL PERMIT CONDITIONS AND REQUIREMENTS AND UST PROGRAM RULES

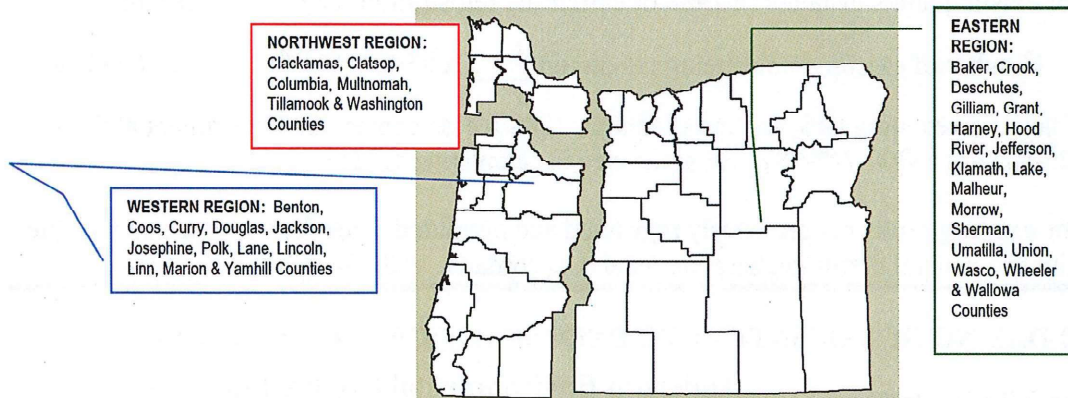
Copies of the general permit to decommission conditions and requirements and UST Program rules and laws can be obtained from:

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](mailto: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>

View Oregon Administrative Rules (OAR) and open Division 150 to OAR 34-150-0166 & 340-150-0168.

View Oregon Revised Statutes (ORS) and open Chapter 466 to ORS 466.706 to 466.845



EASTERN REGION / BEND  
Phone: 541-388-6146

NORTHWEST REGION / PORTLAND  
Phone: 503-229-5263

UST HELPLINE: 1-800-742-7878  
(toll free in Oregon)

WESTERN REGION / MEDFORD  
Phone: 541-776-6010

WESTERN REGION / COOS BAY  
Phone: 541-269-2721

WESTERN REGION / EUGENE  
Phone: 541-686-7838

**GENERAL PERMIT REGISTRATION FORM  
TO DECOMMISSION UNREGISTERED USTs**

**PLEASE PRINT**

**FACILITY NAME:** Cairo Market LUST Site (23-00-0005)

**FACILITY ADDRESS:** 3850 HWY 201

**CITY, STATE & ZIP:** Ontario, Or 97914

**PHONE:** NA **FACILITY NUMBER:** NA

(If known)

**GENERAL PERMIT REGISTRATION FEE**

For existing tanks installed in 1988 or earlier the registration fee is \$500 per tank.

Number of existing tanks being registered 1 x \$500 = \$ 500 Total Fee Due

Note: If an existing tank was installed after 1988 please contact the Department at 503-229-6652 or 1-800-742-7878 for assistance in calculating the fee.

**For existing tanks** not previously registered and permitted, back fees are due and payable with this general permit registration form in accordance with OAR 340-150-0110 (6).

**30-DAY NOTICE OF INTENT TO DECOMMISSION INFORMATION**

Work To Be Performed By: Anderson Environmental Contracting, LLC  
(Name of Permittee, Tank Owner, Property Owner or Licensed Service Provider)

If performed by Service Provider: License # 16356

Contact Phone: 360.577.9194 Contact Mobile Phone: 209.256.7629

Will tank removal or potential cleanup affect adjacent property or right-of-way property?  
Yes ☐ No ☒

Date decommissioning is scheduled to begin: 04/03/24



**GENERAL PERMIT REGISTRATION FORM  
TO DECOMMISSION UNREGISTERED USTs**

Unknown

**1. TANK OWNER\*** as registered with  
the Secretary of State, Corporations Division

Name of Official *(Please Print)*

Signature of Official \_\_\_\_\_ Date \_\_\_\_\_

I will decommission the USTs described on the *Notification and Description of Underground Storage Tank Systems* pages in accordance with the conditions and requirements of the general permit to decommission.

Mailing Address *(Please Print)*

City, State and Zip Code

Area Code and Telephone Number

Oregon Department of Transportation

**2. PERMITTEE\*** as registered with the  
Secretary of State, Corporations Division

Name of Official *(Please Print)*

Signature of Official \_\_\_\_\_ Date \_\_\_\_\_

I will decommission the USTs described on the *Notification and Description of Underground Storage Tank Systems* pages in accordance with the conditions and requirements of the general permit to decommission.

Mailing Address *(Please Print)*

City, State and Zip Code

Area Code and Telephone Number

Oregon Department of Transportation

**3. PROPERTY OWNER** is name that  
appears on the County deed record for this property.

Name of Official *(Please Print)*

Signature of Official \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address *(Please Print)*

City, State and Zip Code

Area Code and Telephone Number

\* If this facility or tanks are owned by a person, or operated by a permittee that is a business registered with the Secretary of State, Corporations Division, you must use that legal business name for purposes of registering these USTs with the Department. Please make sure that your business registration with the Oregon Corporations Division (503-986-2200) is active or your application may be placed on hold until your registration has been renewed.

**Return Completed Form to:** Department of Environmental Quality  
Attn: Revenue Section  
700 NE Multnomah St.  
Portland, OR 97232

Notification and Description of Underground Storage Tank Systems			
<b>TYPE OF OWNER</b>		<b>INDIAN COUNTRY</b>	
<input type="checkbox"/> Federal Government <input checked="" type="checkbox"/> State Government <input type="checkbox"/> Local Government	<input type="checkbox"/> Commercial <input type="checkbox"/> Private	<div style="display: flex; justify-content: space-between;"> <div>           Tanks are located on land within an Indian Reservation or on trust lands outside reservation boundaries.             Tanks are owned by a Native American nation or tribe.         </div> <div> <input type="checkbox"/>   <input type="checkbox"/> </div> </div>	Tribe or Nation: <div style="background-color: yellow; height: 40px; width: 100%;"></div>
<b>TYPE OF FACILITY</b>			
<input checked="" type="checkbox"/> Gas Station <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Air Taxi (Airline) <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Railroad <input type="checkbox"/> Federal - Non-Military <input type="checkbox"/> Federal - Military <input type="checkbox"/> Industrial <input type="checkbox"/> Contractor	<input type="checkbox"/> Trucking/Transport <input type="checkbox"/> Utilities <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Other (Explain)	
<b>FINANCIAL RESPONSIBILITY</b>			
<input checked="" type="checkbox"/> I will meet the financial responsibility requirements in accordance with OAR 340 – Division 151			
Check All that Apply			
<input type="checkbox"/> Pollution Liability Insurance <input type="checkbox"/> Self Insurance <input checked="" type="checkbox"/> Exempt (Federal or State Government)	<input type="checkbox"/> Letter of Credit <input type="checkbox"/> Surety Bond	<input type="checkbox"/> Guarantee <input type="checkbox"/> Local Government	

The financial responsibility requirements are designed to make sure that the tank owner, property owner or permittee can pay the costs of cleaning up leaks and compensating third parties for bodily injury and property damage caused by leaking USTs. A plain language summary of the financial responsibility requirements can be downloaded from the Internet at <http://www.epa.gov/swerust1/pubs/dollars.htm>. For a list of known insurance providers go to <http://www.epa.gov/swerust1/pubs/inslist.htm>.

CONTACT PERSON IN CHARGE OF TANKS			
Name: <b>MICHELLE PETERSON</b>	Job Title: <b>RS HAZMAT GEOLOGIST</b>	Address: <b>3012 ISLAND ME LA GRANDE, OR 97030</b>	Phone Number (Include Area Code): <b>541-786-3106</b>
<b>CERTIFICATION (Read and sign after completing all section)</b>			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			
Name and official title of owner or owner's authorized representative (Print) Name: <b>PETR LOVARIK</b> Title: <b>RESIDENT ENG.</b>	Signature 	Date Signed <b>4/1/24</b>	



# NOTIFICATION AND DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS

(Complete for each tank at this location)

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
	1				
<b>1. Status of Tank (Check (√) only one)</b>					
Currently in Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Date of Installation (month &amp; year)</b>					
<b>3. Estimated Total Capacity (gallons)</b>					
2000					
<b>4. Material of Construction (Check (√) all that apply)</b>					
Asphalt Coated or Bare Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epoxy Coated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Material, Please Specify					
Has Tank been Repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check (√) Box if Yes					
Date of Repairs					
<b>5. Piping – Material (Check (√) all that apply)</b>					
Bare Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare Steel Wrapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not in Contact with Soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Material, Please Specify					
<b>6. Piping – Type (Check (√) all that apply)</b>					
Suction – No Valve at Tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction – Valve at Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has Piping been Repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check (√) Box if Yes					
Date of Repair					



# NOTIFICATION AND DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS

(Complete for each tank at this location)

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.					
<b>7. Substance Currently or Last Stored in Greatest Quantity by Volume</b>										
<b>Check (√) Only One Substance per Tank)</b>										
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
CERCLA Name and/or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
CAS Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
-----										
Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Please Specify Mixture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
-----										
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Please Specify Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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<b>8. Release Detection (Check (√) all that Apply)</b>										
	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe
Manual Tank Gauging	<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"/>
Tank Tightness Testing	<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"/>
Inventory Control	<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"/>
Automatic Tank Gauging	<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"/>
Vapor Monitoring	<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"/>
Groundwater Monitoring	<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"/>
Secondary Containment	<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"/>
Automatic Line Leak Detector	<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"/>
Line Tightness Testing	<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"/>
No Release Detection Required (Emergency Generator // Field Constructed Tanks)	<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"/>
Other Method Allowed by Department	<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"/>
Other Method, Please Specify	<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"/>
<b>9. Spill and Overfill Protection</b>										
Overfill Device Installed	<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"/>
Spill Device Installed	<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"/>



## Zack Chaffin

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**From:** PETERSON Michelle L <Michelle.L.PETERSON@odot.oregon.gov>  
**Sent:** Monday, April 1, 2024 2:27 PM  
**To:** Zack Chaffin; LOVASIK Petr  
**Cc:** THOMAS Brandon  
**Subject:** RE: 30 day notification document

Caution! This message was sent from outside your organization.

[Allow sender](#) | [Block sender](#)

The revisions look good. Thank you Zack. Note that I have previously discussed the short clock for this decommissioning with Dylan Eckart and Tracy England, both from DEQ with roles on the eastside of the state. Each assured me we could proceed with decommissioning and allow the paperwork to catch up later. Just in case I hadn't shared this piece of information on previous phone calls.

Petr – you can sign at your convenience.

Michelle

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**From:** Zack Chaffin <zackc@aecllc.net>  
**Sent:** Monday, April 1, 2024 2:18 PM  
**To:** LOVASIK Petr <Petr.LOVASIK@odot.oregon.gov>  
**Cc:** PETERSON Michelle L <Michelle.L.PETERSON@odot.oregon.gov>; THOMAS Brandon <Brandon.Thomas@odot.oregon.gov>  
**Subject:** RE: 30 day notification document

This message was sent from outside the organization. Treat attachments, links and requests with caution. Be conscious of the information you share if you respond.

Please see the corrected document. I have already spoken with Dave Pardue and let him know we will need a quick turn around on this. He requested that we try and get this to him today so we can request our 72 hour notification at the same time.

Thanks,

**Zack Chaffin** | Project / H&S Manager  
Anderson Environmental Contracting, LLC  
Direct: 360.703.6520 (xtn 520) | M: 209.256.7629 | F: 360.577.9198  
[zackc@aecllc.net](mailto:zackc@aecllc.net) | [www.aecllc.net](http://www.aecllc.net)



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**From:** LOVASIK Petr <[Petr.LOVASIK@odot.oregon.gov](mailto:Petr.LOVASIK@odot.oregon.gov)>

**Sent:** Monday, April 1, 2024 2:11 PM

**To:** Zack Chaffin <[zackc@aecllc.net](mailto:zackc@aecllc.net)>

**Cc:** PETERSON Michelle L <[Michelle.L.PETERSON@odot.oregon.gov](mailto:Michelle.L.PETERSON@odot.oregon.gov)>; THOMAS Brandon <[Brandon.Thomas@odot.oregon.gov](mailto:Brandon.Thomas@odot.oregon.gov)>

**Subject:** RE: 30 day notification document

Hello Zach,

ODOT has reviewed the above attached document and requesting the following changes:

1. On page 4 of 8, please change the facility name to be: Cairo Market LUST site (23-00-0005).
2. On page 4 of 8, please remove the facility phone number. There are other places on the form to provide an ODOT phone number.
3. On page 5 of 8, please remove "Oregon Dept of transportation" above Item 1 and list "Unknown" instead.
4. On page 6 of 8, please check the financial responsibility box and then check "exempt (federal or state government)".

Please correct and resubmit. Copy Michelle and Brandon on your resubmittal. I will be off tomorrow. Please call Michelle if you have any questions.

Thank you,

*Petr Lovasik PE*

*Resident Engineer*

*Oregon Department of Transportation*

*Ontario Construction*

*Office: 541-823-4021*

*Cell: 541-709-6889*

[Petr.Lovasik@odot.oregon.gov](mailto:Petr.Lovasik@odot.oregon.gov)

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**From:** Zack Chaffin <[zackc@aecllc.net](mailto:zackc@aecllc.net)>

**Sent:** Monday, April 1, 2024 12:32 PM

**To:** LOVASIK Petr <[Petr.LOVASIK@odot.oregon.gov](mailto:Petr.LOVASIK@odot.oregon.gov)>

**Subject:** 30 day notification document

This message was sent from outside the organization. Treat attachments, links and requests with caution. Be conscious of the information you share if you respond.

Petr,

Per our conversation, please see the attached documentation that I will need signed by ODOT as the property owner. I will need to rush this document so the sooner I get it back the better.

Thanks,

**Zack Chaffin** | Project / H&S Manager



Anderson Environmental Contracting, LLC  
Direct: 360.703.6520 (xtn 520) | M: 209.256.7629 | F: 360.577.9198  
[zackc@aecllc.net](mailto:zackc@aecllc.net) | [www.aecllc.net](http://www.aecllc.net)



---

**From:** [aec-copier@aecllc.net](mailto:aec-copier@aecllc.net) <[aec-copier@aecllc.net](mailto:aec-copier@aecllc.net)>

**Sent:** Monday, April 1, 2024 12:22 PM

**To:** Zack Chaffin <[zackc@aecllc.net](mailto:zackc@aecllc.net)>

**Subject:** Message from KM\_C750i

## Zack Chaffin

---

**From:** PETERSON Michelle L <Michelle.L.PETERSON@odot.oregon.gov>  
**Sent:** Friday, March 22, 2024 8:31 AM  
**To:** Zack Chaffin  
**Cc:** Kari Kaiser  
**Subject:** RE: C15432 US20-OR201 Burns to Ontario | Irrigation Water Update  
**Attachments:** 2024-03-08\_Re\_ Cairo Junction - UST decommissioning approach for approval.pdf

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Apologies for not including it yesterday. Attached.

I also spoke with Dylan Eckart about this approach. He indicated we would need to pay the required fees, but was OK with the remainder of the approach. He said he would send an e-mail, but I haven't seen it yet. He also told me that we should proceed so we can beat the irrigation canal deadline.

Let me know if you have questions.

Michelle

---

**From:** Zack Chaffin <zackc@aecllc.net>  
**Sent:** Friday, March 22, 2024 8:20 AM  
**To:** PETERSON Michelle L <Michelle.L.PETERSON@odot.oregon.gov>  
**Cc:** Kari Kaiser <karik@aecllc.net>  
**Subject:** RE: C15432 US20-OR201 Burns to Ontario | Irrigation Water Update

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Michelle,

Any luck on the variance approval email from DEQ? I will need that for the 30 day notification submittal.

Thanks,

**Zack Chaffin** | Project / H&S Manager  
Anderson Environmental Contracting, LLC  
Direct: 360.703.6520 (xtn 520) | M: 209.256.7629 | F: 360.577.9198  
[zackc@aecllc.net](mailto:zackc@aecllc.net) | [www.aecllc.net](http://www.aecllc.net)





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**From:** PETERSON Michelle L <[Michelle.L.PETERSON@odot.oregon.gov](mailto:Michelle.L.PETERSON@odot.oregon.gov)>  
**Sent:** Thursday, March 21, 2024 12:50 PM  
**To:** Zack Chaffin <[zackc@aecllc.net](mailto:zackc@aecllc.net)>; THOMAS Brandon <[Brandon.Thomas@odot.oregon.gov](mailto:Brandon.Thomas@odot.oregon.gov)>; 'jordanm@marcumandsons.com' <[jordanm@marcumandsons.com](mailto:jordanm@marcumandsons.com)>  
**Cc:** LOVASIK Petr <[Petr.LOVASIK@odot.oregon.gov](mailto:Petr.LOVASIK@odot.oregon.gov)>; BARKER Christopher \* ODOT <[Christopher.BARKER@odot.oregon.gov](mailto:Christopher.BARKER@odot.oregon.gov)>  
**Subject:** RE: C15432 US20-OR201 Burns to Ontario | Irrigation Water Update

Hi Zach – Attached are the following:

1. Historical aerial – shows the old market building and two fuel pumps in front of the building. This is the best historical photo showing the front of the building while it was a fuel station. You will see two ASTs in the background. They held diesel and served a diesel fueling area at the back of the old market building. To my knowledge, gasoline was served at the front of the building and diesel was served at the back.
2. Historical map – This is a map from the DEQ LUST file showing the locations of USTs, diesel fueling area, former pump islands, former heating oil tank, and various investigation locations. I have pictures documenting the removal of the gasoline tank and the HOT. I don't think there was a UST for the diesel fueling area.
3. Investigation results
  - a. February 2021 ODOT investigation – Map plus soil and GW tables for sampling by ODOT in 2021. The soil and GW tables also include historical investigation results from when the site was an active LUST site, including sample results from the gasoline UST cavity at the time of decommissioning.
  - b. January 2023 building demo – Map plus soil sample results for samples collected below the building by ODOT.
  - c. December 2023 irrigation canal excavation – Map plus soil sample results for samples collected along the base of the excavation by ODOT. The results definitely point toward gasoline rather than diesel.

The sample locations that are the most proximal to the UST to be decommissioned are:

- BH-08 (by ODOT in Feb 2021)
- S-11 and S-12 (by ODOT in Dec 2023 during irrigation canal excavation)
- B-07 (by others prior to 2010)

I'm on the road this afternoon returning to La Grande from Ontario, but I will check e-mails when I get back in case there are more questions.

Michelle

---

**From:** PETERSON Michelle L <[Michelle.L.PETERSON@odot.oregon.gov](mailto:Michelle.L.PETERSON@odot.oregon.gov)>  
**Sent:** Thursday, March 21, 2024 8:59 AM  
**To:** Zack Chaffin <[zackc@aecllc.net](mailto:zackc@aecllc.net)>; THOMAS Brandon <[Brandon.Thomas@odot.oregon.gov](mailto:Brandon.Thomas@odot.oregon.gov)>; 'jordanm@marcumandsons.com' <[jordanm@marcumandsons.com](mailto:jordanm@marcumandsons.com)>  
**Cc:** LOVASIK Petr <[Petr.LOVASIK@odot.oregon.gov](mailto:Petr.LOVASIK@odot.oregon.gov)>; BARKER Christopher \* ODOT <[Christopher.BARKER@odot.oregon.gov](mailto:Christopher.BARKER@odot.oregon.gov)>  
**Subject:** Re: C15432 US20-OR201 Burns to Ontario | Irrigation Water Update

The tank is believed to be associated with former gas station fuel pumps. That history, plus analytical, suggest gas rather than diesel. I can share a historical photo and some analytical results a little later this morning.

---

**From:** Zack Chaffin <[zackc@aecllc.net](mailto:zackc@aecllc.net)>  
**Sent:** Thursday, March 21, 2024 9:56:18 AM

**To:** THOMAS Brandon <[Brandon.Thomas@odot.oregon.gov](mailto:Brandon.Thomas@odot.oregon.gov)>; 'jordanm@marcumandsons.com' <[jordanm@marcumandsons.com](mailto:jordanm@marcumandsons.com)>

**Cc:** PETERSON Michelle L <[Michelle.L.PETERSON@odot.oregon.gov](mailto:Michelle.L.PETERSON@odot.oregon.gov)>; LOVASIK Petr <[Petr.LOVASIK@odot.oregon.gov](mailto:Petr.LOVASIK@odot.oregon.gov)>; BARKER Christopher \* ODOT <[Christopher.BARKER@odot.oregon.gov](mailto:Christopher.BARKER@odot.oregon.gov)>

**Subject:** RE: C15432 US20-OR201 Burns to Ontario | Irrigation Water Update

You don't often get email from [zackc@aecllc.net](mailto:zackc@aecllc.net). [Learn why this is important](#)

This message was sent from outside the organization. Treat attachments, links and requests with caution. Be conscious of the information you share if you respond.

Brandon,

For clarification and bidding purposes, has anyone looked inside the tank to see if there is product? Also, I see we do have an assumption that the UST previously contained gasoline but I was curious if we came to that assumption based on historical soil analytical, or if there was a different method used.

Thank you,

**Zack Chaffin** | Project / H&S Manager  
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[zackc@aecllc.net](mailto:zackc@aecllc.net) | [www.aecllc.net](http://www.aecllc.net)



---

**From:** THOMAS Brandon <[Brandon.Thomas@odot.oregon.gov](mailto:Brandon.Thomas@odot.oregon.gov)>

**Sent:** Thursday, March 21, 2024 6:25 AM

**To:** 'jordanm@marcumandsons.com' <[jordanm@marcumandsons.com](mailto:jordanm@marcumandsons.com)>

**Cc:** PETERSON Michelle L <[Michelle.L.PETERSON@odot.oregon.gov](mailto:Michelle.L.PETERSON@odot.oregon.gov)>; Zack Chaffin <[zackc@aecllc.net](mailto:zackc@aecllc.net)>; LOVASIK Petr <[Petr.LOVASIK@odot.oregon.gov](mailto:Petr.LOVASIK@odot.oregon.gov)>; BARKER Christopher \* ODOT <[Christopher.BARKER@odot.oregon.gov](mailto:Christopher.BARKER@odot.oregon.gov)>

**Subject:** RE: C15432 US20-OR201 Burns to Ontario | Irrigation Water Update

Jordan,

Monte was able to get us until April 8<sup>th</sup> until he needs to have water in our portion of the irrigation canal. We will need to notify him when the work is complete.

Brandon

---

**From:** THOMAS Brandon

**Sent:** Wednesday, March 20, 2024 9:48 AM

**To:** [jordanm@marcumandsons.com](mailto:jordanm@marcumandsons.com)

**Cc:** PETERSON Michelle L <[Michelle.L.PETERSON@odot.oregon.gov](mailto:Michelle.L.PETERSON@odot.oregon.gov)>; Zack Chaffin <[zackc@aecllc.net](mailto:zackc@aecllc.net)>; LOVASIK Petr <[Petr.LOVASIK@odot.oregon.gov](mailto:Petr.LOVASIK@odot.oregon.gov)>; BARKER Christopher \* ODOT <[Christopher.BARKER@odot.oregon.gov](mailto:Christopher.BARKER@odot.oregon.gov)>

**Subject:** C15432 US20-OR201 Burns to Ontario | Irrigation Water Update

Jordan,

I spoke with Monte and they are planning to start water on April 1<sup>st</sup> this year, but does not expect to have water in our section until the 3<sup>rd</sup> or 4<sup>th</sup>. Monte is going to discuss postponing that timeline with the board later today and will let me know tomorrow. This will most likely only buy us another 3-5 days if approved.

I will keep everyone updated as I get more information.

Thanks,  
Brandon



**From:** [ENGLAND Tracy \\* DEQ](#)  
**To:** [PETERSON Michelle L](#)  
**Cc:** [ECKERT Dylan \\* DEQ](#)  
**Subject:** Re: Cairo Junction - UST decommissioning approach for approval  
**Date:** Friday, March 8, 2024 8:12:16 AM

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You don't often get email from [tracy.england@deq.oregon.gov](mailto:tracy.england@deq.oregon.gov). [Learn why this is important](#)

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Approved. Thank you for taking the time to discuss with me. I will check with UST HQ about fees.

**Tracy J England** (he/him)

[tracy.england@deq.oregon.gov](mailto:tracy.england@deq.oregon.gov)

Project Manager: Cleanup, LUST, and UST

541-231-3399

---

**From:** PETERSON Michelle L <Michelle.L.PETERSON@odot.oregon.gov>

**Sent:** Thursday, March 7, 2024 4:38 PM

**To:** ENGLAND Tracy \* DEQ <Tracy.ENGLAND@deq.oregon.gov>

**Cc:** ECKERT Dylan \* DEQ <Dylan.ECKERT@deq.oregon.gov>

**Subject:** Cairo Junction - UST decommissioning approach for approval

Tracy,

Thanks again for discussing the decommissioning approach for the previously unknown UST at the Cairo Market property (LUST ID 23-00-0005). The UST was discovered in January 2024, during excavation to install a new culvert pipe in the irrigation canal as part of roundabout construction. It was not decommissioned at that time so installation of the new irrigation canal culvert could be completed and the access to the residences and self-storage facility could be configured. Coordinates marking each end of the tank were collected in January before the culvert installation was completed, so we could locate the UST for decommissioning later.

We propose to decommission the UST using the following approach:

1. Decommission in-place – Soil properties at Cairo Junction are making subsurface stabilization very challenging for paving, so we want to minimize ground disturbance.
2. Cleaning – We will clean the tank if sludge is present in the bottom. If no sludge is present, we will proceed to backfill with CLSM (controlled low strength material, otherwise known as “diggable concrete”).
3. Sampling – We propose that no sampling is needed because prior investigations have sufficiently characterize contamination. These include multiple investigations conducted while the site was an active LUST site, investigation by ODOT prior to property acquisition, and soil sampling conducted by ODOT after property acquisition and following building demolition. In addition, soil samples were collected from the base of the irrigation canal

excavation to document contamination remaining in place when excavation for the new culvert was complete.

4. Notifications – This e-mail will serve as notification that decommissioning is planned to take place before irrigation season starts, which is typically April 1, but can be sooner. I will send another notice via e-mail once I know the schedule for decommissioning.
5. Permit registration and fee – We will ask the contractor to prepare and submit the general permit registration. Please let me know if DEQ will require a fee to be paid for this UST (and please let me know the current fee).
6. Reporting – We will ask the contractor to prepare the UST Decommissioning Checklist to document the decommissioning. No other reporting is planned.

Finally, we may explore for a second UST east of the recently discovered UST, if there is no evidence of a compartmentalized tank (there were two fuel pumps). If we find a second tank nested next to the first tank, it will be decommissioned in the same manner as described above.

I believe I captured the points I discussed, though you are welcome to add anything I may have left out.

Thank you,  
Michelle

Michelle L. Peterson, RG, PMP  
Region 5 Hazmat Geologist  
3012 Island Avenue  
La Grande, OR 97850  
Cell: 541/786-3106



State of Oregon  
Department of  
Environmental  
Quality

## 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: LUST # 23-00-0005  
FACILITY NAME: Cairo Market LUST Site (23-00-0005)  
FACILITY ADDRESS: 3850 HWY 201 Ontario, Or 97914  
PERMITTEE PHONE: 360.577.9194 DATE: 5/1/2024

#### 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 #: 16356 Construction Contractors Board License #:   
Name: Anderson Environmental Contracting  
Telephone: 360.577.9194  
DEQ Decommissioning Supervisor's License #: 27615  
Name: Jason Genn  
Telephone: 208.827.6545  
DEQ Soil Matrix Service Provider's License #: NA (If applicable)  
Name:   
Telephone:   
DEQ Soil Matrix Supervisor's License #: NA (If applicable)  
Name:   
Telephone:

**C. DATES:**Decommissioning/Change-in-Service Notice - Date Submitted: 4/3/2024 (30 days before work starts).Work Start Telephone Notice - Number issued by DEQ: 23-3D-24-020 (3 working days before work starts).DEQ Person Notified: Dave PardueDate Work Started: 4/3/2024 Date Work Completed: 4/4/2024

**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	NA	500	Empty	Gasoline	<input type="checkbox"/>	<input checked="" 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"/>
					<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Decomissioned in place	ORRCO	ORRCO
	<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"/>	<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"/>	NA	Waived per UST program
	<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"/>	<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.)





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

Fire Extinguisher:	Type/Size:	20lbs ABC	Recharge Date:	12/20/2003
Combustible Gas Detector:	Model:	Ventis MX4	Calibration Date:	4/1/2024
Oxygen Analyzer:	Model:	Ventis MX4	Calibration Date:	4/1/2024

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Natural gas lines off or disconnected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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: Controlled Density Fill	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Purged or ventilated tank to prevent explosion? <div>Method used: <input type="text"/></div> <div>Meter reading: <input type="text"/></div>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Tank labeled before leaving site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

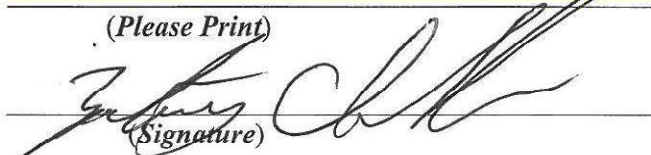
### M. SITE ASSESSMENT:

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: <u>                    </u>	<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:**

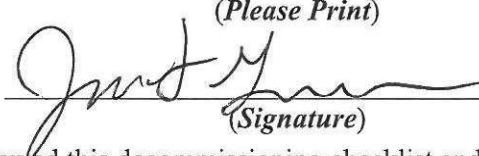
I have personally reviewed this decommissioning checklist and site assessment report and the attachments and find them to be true and complete.

Permittee or Tank Owner: Zack Chaffin  
(Please Print)


Permittee or Tank Owner:  Date: 5/1/2024  
(Signature)

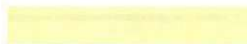
I have personally reviewed this decommissioning checklist and site assessment report and the attachments and find them to be true and complete.

Licensed Supervisor: Jason Genn  
(Please Print)

Licensed Supervisor:  Date: 5/1/2024  
(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:   
Licensed Service Provider (Please Print)

Executive Officer: \_\_\_\_\_ Date:   
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.oregon.gov](mailto:tanks.info@deq.oregon.gov). 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.oregon.gov](mailto:tanks.info@deq.oregon.gov) or
4. Downloading from the UST home page at:

<https://www.oregon.gov/deq/tanks/Pages/UST-Forms.aspx>

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

WESTERN REGION / MEDFORD  
221 STEWART AVE., SUITE 201  
MEDFORD, OR 97501  
Phone: 541-776-6010  
Fax: 541-776-6262







# Oregon

Tina Kotek, Governor

Department of Environmental Quality

Northwest Region

700 NE Multnomah Street, Suite 600

Portland, OR 97232

(503) 229-5263

FAX (503) 229-6945

TTY 711

June 21, 2024

Petr Lovarik  
Oregon Department of Transportation  
1390 SE 1<sup>st</sup> Ave  
Ontario OR 97914

RE: UST Decommissioning Status  
3850 Hwy 201, Ontario  
DEQ UST Facility ID No. 12749

Dear Petr Lovarik:

The Department of Environmental Quality (DEQ) has received and reviewed underground storage tank (UST) documents for closure of a decommissioned USTs at facility #12749, located at 3850 Hwy 201, Ontario. The purpose of this letter is to document UST closure as required by Oregon Administrative Rule (OAR) 340-150-0168(10).

Based on DEQ review of the documents received, the work appears to have met the requirements of OAR 340-150-0168 for decommissioning by permanent closure. DEQ has changed the status of the tanks from active to closed, with a decommissioning date of April 4, 2024. DEQ files and database records show tank permit BJAJH as inactive and decommissioned. The documents received are on file at the DEQ Northwest Region Office in Portland.

**This letter is in no way related to any UST cleanup or other DEQ programs and is not intended to be a no further action letter for those purposes.** The DEQ's determination will not be applicable if new or undisclosed facts show that the UST closure does not comply with the referenced rules.

As the Permittee you are required to maintain records of permanent closure, including the site assessment report and associated documents for three years after the permanent closure checklist and report have been reviewed by the DEQ. If the UST facility is sold within this time period, you must provide these records to the new property owner.

We appreciate your efforts to comply with the prescribed decommissioning rules for underground storage tanks. Should you have any questions, please feel free to contact me at 503-360-4287.

Sincerely,

*Dave Pardue*

Dave Pardue  
UST Program Coordinator



State of Oregon  
Department of  
Environmental  
Quality

## 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: LUST # 23-00-0005

FACILITY NAME: Cairo Market LUST Site (23-00-0005)

FACILITY ADDRESS: 3850 HWY 201 Ontario, Or 97914

PERMITTEE PHONE: 360.577.9194

DATE: 5/1/2024

#### 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 #: 16356

Construction Contractors Board License #:

Name: Anderson Environmental Contracting

Telephone: 360.577.9194

DEQ Decommissioning Supervisor's License #: 27615

Name: Jason Genn

Telephone: 208.827.6545

DEQ Soil Matrix Service Provider's License #: NA

(If applicable)

Name:

Telephone:

DEQ Soil Matrix Supervisor's License #: NA

(If applicable)

Name:

Telephone:



**C. DATES:**Decommissioning/Change-in-Service Notice - Date Submitted: 4/3/2024 (30 days before work starts).Work Start Telephone Notice - Number issued by DEQ: 23-3D-24-020 (3 working days before work starts).DEQ Person Notified: Dave PardueDate Work Started: 4/3/2024 Date Work Completed: 4/4/2024

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	NA	500	Empty	Gasoline	<input type="checkbox"/>	<input checked="" 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"/>
					<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Decomissioned in place	ORRCO	ORRCO
	<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"/>	<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"/>	NA	Waived per UST program
	<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"/>	<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.)





# I. SAFETY EQUIPMENT ON JOB SITE:

Fire Extinguisher:	Type/Size: 20lbs ABC	Recharge Date: 12/20/2003
Combustible Gas Detector:	Model: Ventis MX4	Calibration Date: 4/1/2024
Oxygen Analyzer:	Model: Ventis MX4	Calibration Date: 4/1/2024

# 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Natural gas lines off or disconnected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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: Controlled Density Fill	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Purged or ventilated tank to prevent explosion? Method used: <input type="text"/> Meter reading: <input type="text"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Tank labeled before leaving site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

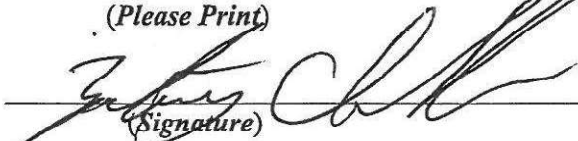
**M. SITE ASSESSMENT:**

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="text"/>	<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:**

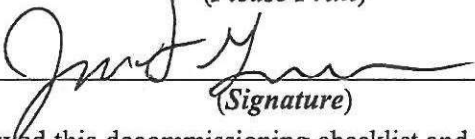
I have personally reviewed this decommissioning checklist and site assessment report and the attachments and find them to be true and complete.

Permittee or Tank Owner: Zack Chaffin  
(Please Print)

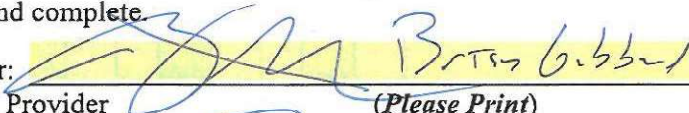
Permittee or Tank Owner:  Date: 5/1/2024  
(Signature)


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

Licensed Supervisor: Jason Genn  
(Please Print)

Licensed Supervisor:  Date: 5/1/2024  
(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:   
(Please Print)

Licensed Service Provider:  Date: 6/21/2024  
(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.oregon.gov](mailto:tanks.info@deq.oregon.gov). 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,
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4. Downloading from the UST home page at:

<https://www.oregon.gov/deq/tanks/Pages/UST-Forms.aspx>

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

WESTERN REGION / MEDFORD  
221 STEWART AVE., SUITE 201  
MEDFORD, OR 97501  
Phone: 541-776-6010  
Fax: 541-776-6262







State of Oregon  
Department of  
Environmental  
Quality

## 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: LUST # 23-00-0005  
FACILITY NAME: Cairo Market LUST Site (23-00-0005)  
FACILITY ADDRESS: 3850 HWY 201 Ontario, Or 97914  
PERMITTEE PHONE: 360.577.9194 DATE: 5/1/2024

#### 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 #: 16356 Construction Contractors Board License #:   
Name: Anderson Environmental Contracting  
Telephone: 360.577.9194  
DEQ Decommissioning Supervisor's License #: 27615  
Name: Jason Genn  
Telephone: 208.827.6545  
DEQ Soil Matrix Service Provider's License #: NA (If applicable)  
Name:   
Telephone:   
DEQ Soil Matrix Supervisor's License #: NA (If applicable)  
Name:   
Telephone:

**C. DATES:**Decommissioning/Change-in-Service Notice - Date Submitted: 4/3/2024 (30 days before work starts).Work Start Telephone Notice - Number issued by DEQ: 23-3D-24-020 (3 working days before work starts).DEQ Person Notified: Dave PardueDate Work Started: 4/3/2024 Date Work Completed: 4/4/2024

**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	NA	500	Empty	Gasoline	<input type="checkbox"/>	<input checked="" 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"/>
					<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Decomissioned in place	ORRCO	ORRCO
	<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"/>	<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:**

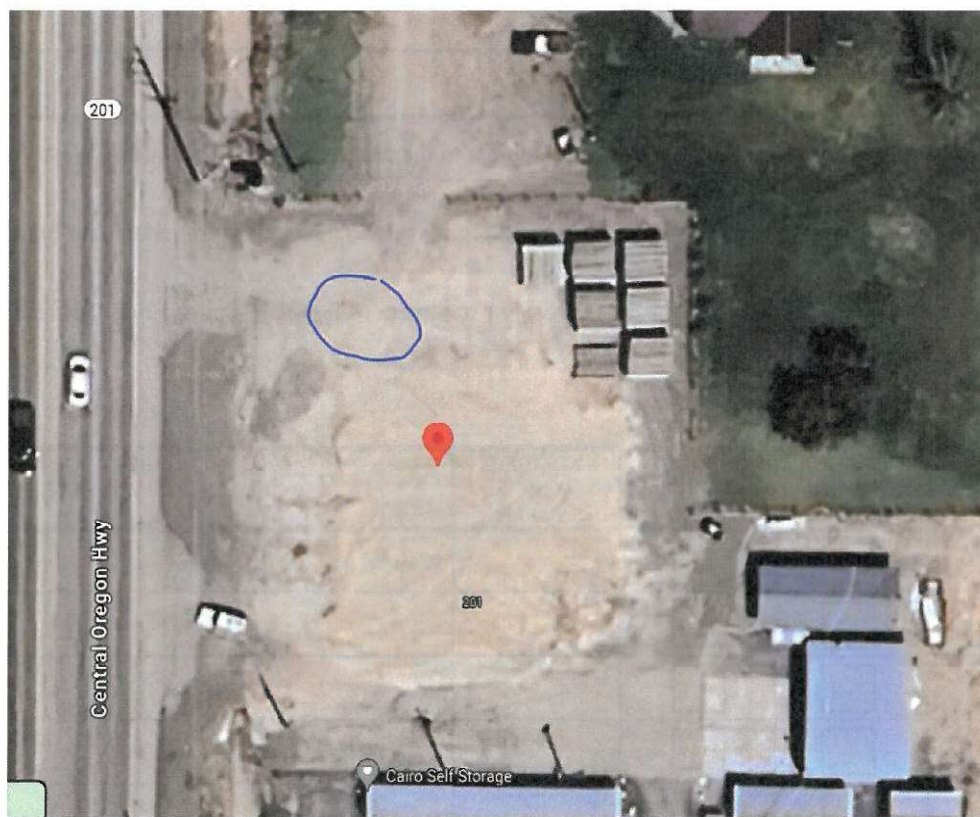
TANK ID #	GROUND WATER IN PIT ?	PRODUCT ODOR IN SOIL ?	PRODUCT STAINS IN SOIL ?	NUMBER OF SAMPLES	LABORATORY ( NAME, CITY, STATE, PHONE )
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	Waived per UST program
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<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.)



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

Fire Extinguisher:	Type/Size:	20lbs ABC	Recharge Date:	12/20/2003
Combustible Gas Detector:	Model:	Ventis MX4	Calibration Date:	4/1/2024
Oxygen Analyzer:	Model:	Ventis MX4	Calibration Date:	4/1/2024

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Natural gas lines off or disconnected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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: Controlled Density Fill	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Purged or ventilated tank to prevent explosion? Method used: <input type="text"/> Meter reading: <input type="text"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Tank labeled before leaving site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

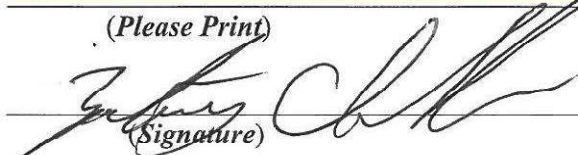
### M. SITE ASSESSMENT:

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: <u>                    </u>	<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:**

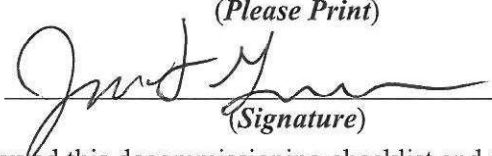
I have personally reviewed this decommissioning checklist and site assessment report and the attachments and find them to be true and complete.

Permittee or Tank Owner: Zack Chaffin  
(Please Print)


Permittee or Tank Owner:  Date: 5/1/2024  
(Signature)

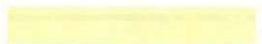
I have personally reviewed this decommissioning checklist and site assessment report and the attachments and find them to be true and complete.

Licensed Supervisor: Jason Genn  
(Please Print)

Licensed Supervisor:  Date: 5/1/2024  
(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:   
Licensed Service Provider (Please Print)

Executive Officer: \_\_\_\_\_ Date:   
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.oregon.gov](mailto:tanks.info@deq.oregon.gov). 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.oregon.gov](mailto:tanks.info@deq.oregon.gov) or
4. Downloading from the UST home page at:

<https://www.oregon.gov/deq/tanks/Pages/UST-Forms.aspx>

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

WESTERN REGION / MEDFORD  
221 STEWART AVE., SUITE 201  
MEDFORD, OR 97501  
Phone: 541-776-6010  
Fax: 541-776-6262





## 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: LUST # 23-00-0005

FACILITY NAME: Cairo Market LUST Site (23-00-0005)Fac12749

FACILITY ADDRESS: 3850 HWY 201 Ontario, Or 97914

PERMITTEE PHONE: 360.577.9194

DATE: 5/1/2024

#### 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 #: 16356

Construction Contractors Board License #:

Name: Anderson Environmental Contracting

Telephone: 360.577.9194

DEQ Decommissioning Supervisor's License #: 27615

Name: Jason Genn

Telephone: 208.827.6545

DEQ Soil Matrix Service Provider's License #: NA

(If applicable)

Name:

Telephone:

DEQ Soil Matrix Supervisor's License #: NA

(If applicable)

Name:

Telephone:



**C. DATES:**

Decommissioning/Change-in-Service Notice - Date Submitted: 4/3/2024 (30 days before work starts).

Work Start Telephone Notice - Number issued by DEQ: 23-3D-24-020 (3 working days before work starts).

DEQ Person Notified: Dave Pardue

Date Work Started: 4/3/2024 Date Work Completed: 4/4/2024

**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	NA	500	Empty	Gasoline	<input type="checkbox"/>	<input checked="" 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"/>
					<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Decommissioned in place	ORRCO	ORRCO
	<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"/>	<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:

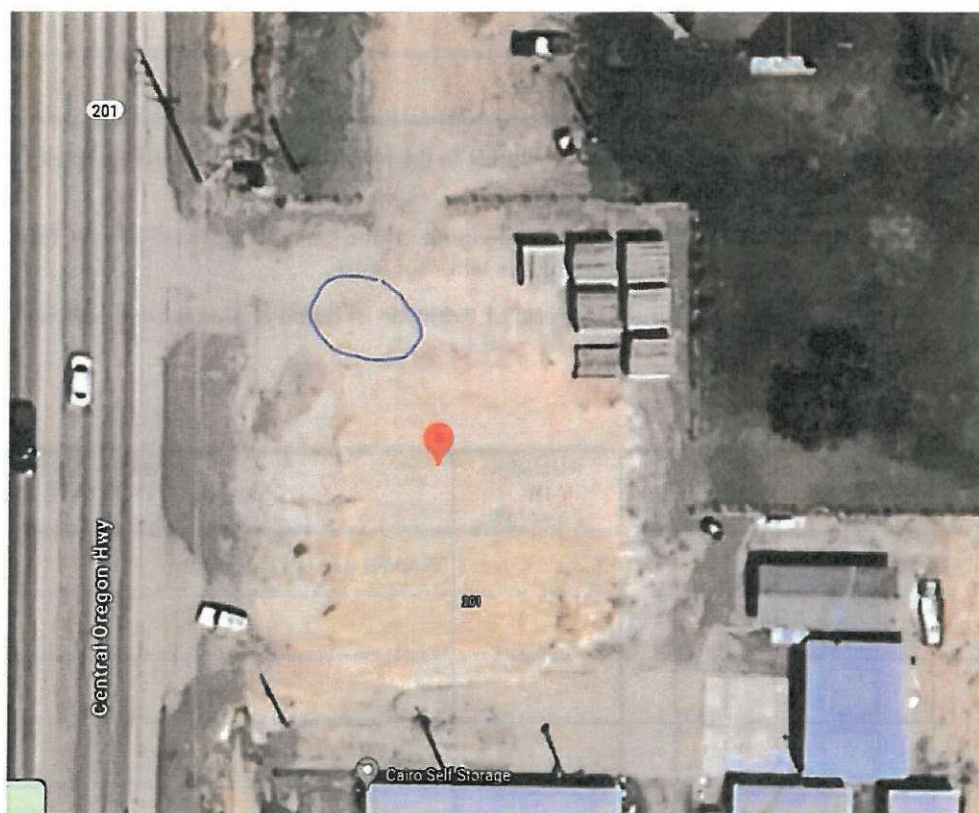
TANK ID #	GROUND WATER IN PIT ?	PRODUCT ODOR IN SOIL ?	PRODUCT STAINS IN SOIL ?	NUMBER OF SAMPLES	LABORATORY (NAME, CITY, STATE, PHONE)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	Waived per UST program
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<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.)





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

Fire Extinguisher:	Type/Size: 20lbs ABC	Recharge Date: 12/20/2003
Combustible Gas Detector:	Model: Ventis MX4	Calibration Date: 4/1/2024
Oxygen Analyzer:	Model: Ventis MX4	Calibration Date: 4/1/2024

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Natural gas lines off or disconnected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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: Controlled Density Fill	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Purged or ventilated tank to prevent explosion? Method used: <u>                    </u> Meter reading: <u>                    </u>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Tank labeled before leaving site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

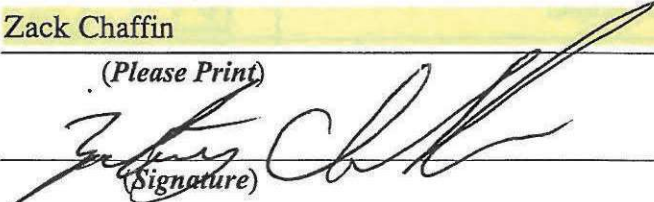
**M. SITE ASSESSMENT:**

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: <u>                    </u>	<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:**

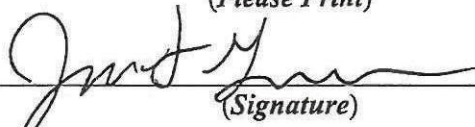
I have personally reviewed this decommissioning checklist and site assessment report and the attachments and find them to be true and complete.

Permittee or Tank Owner: Zack Chaffin  
(Please Print)

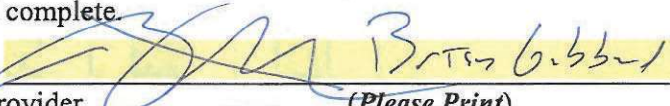
Permittee or Tank Owner:  Date: 5/1/2024  
(Signature)

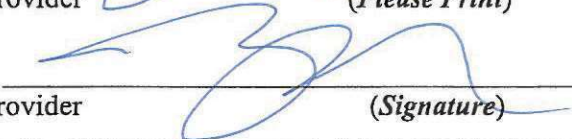
I have personally reviewed this decommissioning checklist and site assessment report and the attachments and find them to be true and complete.

Licensed Supervisor: Jason Genn  
(Please Print)

Licensed Supervisor:  Date: 5/1/2024  
(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:   
(Please Print)

Licensed Service Provider:  Date: 6/21/2024  
(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.oregon.gov](mailto:tanks.info@deq.oregon.gov). 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.oregon.gov](mailto:tanks.info@deq.oregon.gov) or
4. Downloading from the UST home page at:

<https://www.oregon.gov/deq/tanks/Pages/UST-Forms.aspx>

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

WESTERN REGION / MEDFORD  
221 STEWART AVE., SUITE 201  
MEDFORD, OR 97501  
Phone: 541-776-6010  
Fax: 541-776-6262





## PARDUE Dave \* DEQ

---

**From:** Zack Chaffin <zackc@aecllc.net>  
**Sent:** Wednesday, April 3, 2024 1:43 PM  
**To:** PARDUE Dave \* DEQ  
**Cc:** UST Duty Officer \* DEQ; Kari Kaiser  
**Subject:** 30 Day Notification  
**Attachments:** Cairo Market UST decom permit.pdf

You don't often get email from zackc@aecllc.net. [Learn why this is important](#)

Good afternoon, Dave,

Per our previous conversations, please see the attached documentation for the UST decommission taking place in Ontario Oregon at the old Cairo Market. Along with the documentation is email communication granting ODOT approval for the delayed reporting and documentation. I know it is late but this is the 30 day notification along with the 72 hour notification for this project. Please let me know if there are any questions.

Thanks,

**Zack Chaffin** | Project / H&S Manager  
Anderson Environmental Contracting, LLC  
Direct: 360.703.6520 (xtn 520) | M: 209.256.7629 | F: 360.577.9198  
[zackc@aecllc.net](mailto:zackc@aecllc.net) | [www.aecllc.net](http://www.aecllc.net)



## **PARDUE Dave \* DEQ**

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**From:** Oregon DEQ - Do not Reply - Production Server <noreply@deq.oregon.gov>  
**Sent:** Friday, May 17, 2024 11:36 AM  
**To:** GARCIA Andrea \* DEQ; DROUIN Mark \* DEQ; ECKERT Dylan \* DEQ; FOSS Diana \* DEQ; DIMOCK Lauren \* DEQ; GAFFNEY Ingrid \* DEQ; PARDUE Dave \* DEQ; LITKE Emily \* DEQ  
**Subject:** 3 Day Notice for Decommissioning has been approved

A 3 Day Notice for Decommissioning has been approved for:

Facility: CAIRO MARKET(12749) in MALHEUR County.

Approved by: Davidson Pardue

Work scheduled for: 04/05/2024

3 Day Confirmation #: 23-3D-24-020

Comments:



## PARDUE Dave \* DEQ

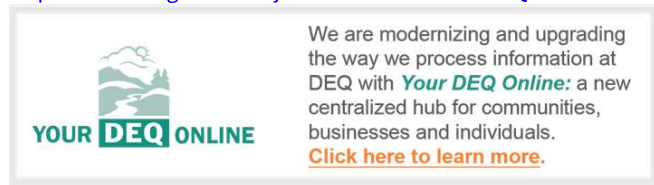
---

**From:** PARDUE Dave \* DEQ  
**Sent:** Friday, June 21, 2024 2:14 PM  
**To:** PAIKO Steven J \* DEQ  
**Subject:** FW: 30 Day Notification  
**Attachments:** SKM\_C750i24062112010.pdf

Another checklist for you!  
Thanks!

Dave Pardue  
Underground Storage Tank Program Coordinator  
Oregon Department of Environmental Quality  
700 NE Multnomah Street, Suite 600  
Portland, OR 97232  
503-229-6085  
Pronouns: He/Him/His

Sign-up for UST Program Updates Here:  
[https://service.govdelivery.com/accounts/ORDEQ/subscriber/new?topic\\_id=ORDEQ\\_546](https://service.govdelivery.com/accounts/ORDEQ/subscriber/new?topic_id=ORDEQ_546)



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**From:** Zack Chaffin <zackc@aecllc.net>  
**Sent:** Friday, June 21, 2024 12:07 PM  
**To:** PARDUE Dave \* DEQ <Dave.PARDUE@deq.oregon.gov>  
**Cc:** UST Duty Officer \* DEQ <UST.DutyOfficer@DEQ.oregon.gov>; Kari Kaiser <karik@aecllc.net>  
**Subject:** RE: 30 Day Notification

Dave,

I apologize for the missed line. Please see the attached corrected document.

Thanks,

**Zack Chaffin** | Project / H&S Manager  
Anderson Environmental Contracting, LLC  
Direct: 360.703.6520 (xtn 520) | M: 209.256.7629 | F: 360.577.9198  
[zackc@aecllc.net](mailto:zackc@aecllc.net) | [www.aecllc.net](http://www.aecllc.net)



---

**From:** PARDUE Dave \* DEQ <[Dave.PARDUE@deq.oregon.gov](mailto:Dave.PARDUE@deq.oregon.gov)>  
**Sent:** Friday, June 21, 2024 9:07 AM  
**To:** Zack Chaffin <[zackc@aecllc.net](mailto:zackc@aecllc.net)>  
**Cc:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>; Kari Kaiser <[karik@aecllc.net](mailto:karik@aecllc.net)>  
**Subject:** RE: 30 Day Notification

Hi Zach-

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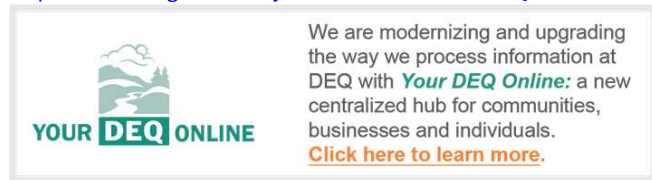
Thanks,

Dave

Dave Pardue  
Underground Storage Tank Program Coordinator  
Oregon Department of Environmental Quality  
700 NE Multnomah Street, Suite 600  
Portland, OR 97232  
503-229-6085  
Pronouns: He/Him/His

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## PARDUE Dave \* DEQ

---

**From:** PARDUE Dave \* DEQ  
**Sent:** Friday, June 21, 2024 2:08 PM  
**To:** 'Zack Chaffin'  
**Subject:** RE: 30 Day Notification  
**Attachments:** Facil 12749 Decom Closure 6.21.2024.pdf

Thanks, Zach!

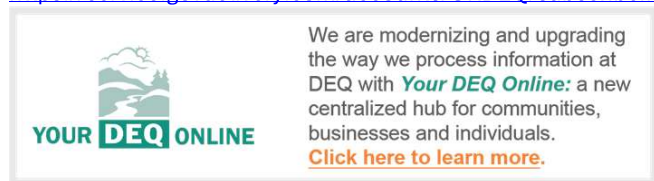
Attached please find the closure letter. A hard copy is enroute to Petr Lovarik.

Regards,  
Dave

Dave Pardue  
Underground Storage Tank Program Coordinator  
Oregon Department of Environmental Quality  
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**From:** Zack Chaffin <zackc@aecllc.net>  
**Sent:** Friday, June 21, 2024 12:07 PM  
**To:** PARDUE Dave \* DEQ <Dave.PARDUE@deq.oregon.gov>  
**Cc:** UST Duty Officer \* DEQ <UST.DutyOfficer@DEQ.oregon.gov>; Kari Kaiser <karik@aecllc.net>  
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**Sent:** Wednesday, April 3, 2024 1:43 PM  
**To:** PARDUE Dave \* DEQ <[Dave.PARDUE@deq.oregon.gov](mailto:Dave.PARDUE@deq.oregon.gov)>  
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## PARDUE Dave \* DEQ

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**Cc:** UST Duty Officer \* DEQ; Kari Kaiser  
**Subject:** RE: 30 Day Notification  
**Attachments:** SKM\_C750i24062112010.pdf

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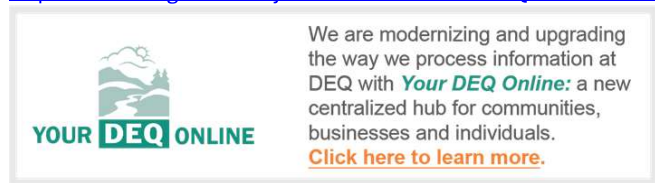
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## PARDUE Dave \* DEQ

---

**From:** PARDUE Dave \* DEQ  
**Sent:** Thursday, April 4, 2024 8:19 AM  
**To:** Zack Chaffin  
**Cc:** UST Duty Officer \* DEQ; Kari Kaiser  
**Subject:** Re: 30 Day Notification

Hi Zach

Unfortunately not yet but when we get YDO up and running late this year you will.

Cheers,  
Dave

Sent via the Samsung Galaxy XCover Pro, an AT&T 4G LTE smartphone  
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---

**From:** Zack Chaffin <zackc@aecllc.net>  
**Sent:** Wednesday, April 3, 2024 1:51:22 PM  
**To:** PARDUE Dave \* DEQ <Dave.PARDUE@deq.oregon.gov>  
**Cc:** UST Duty Officer \* DEQ <UST.DutyOfficer@DEQ.oregon.gov>; Kari Kaiser <karik@aecllc.net>  
**Subject:** RE: 30 Day Notification

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Dave,

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Thanks,

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---

**From:** PARDUE Dave \* DEQ <Dave.PARDUE@deq.oregon.gov>  
**Sent:** Wednesday, April 3, 2024 1:48 PM  
**To:** Zack Chaffin <zackc@aecllc.net>  
**Cc:** UST Duty Officer \* DEQ <UST.DutyOfficer@DEQ.oregon.gov>; Kari Kaiser <karik@aecllc.net>  
**Subject:** Re: 30 Day Notification

Thank you Zach!

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---

**From:** Zack Chaffin <[zackc@aecllc.net](mailto:zackc@aecllc.net)>  
**Sent:** Wednesday, April 3, 2024 1:43:02 PM  
**To:** PARDUE Dave \* DEQ <[Dave.PARDUE@deq.oregon.gov](mailto:Dave.PARDUE@deq.oregon.gov)>  
**Cc:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>; Kari Kaiser <[karik@aecllc.net](mailto:karik@aecllc.net)>  
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## PARDUE Dave \* DEQ

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**Sent:** Wednesday, April 3, 2024 1:51 PM  
**To:** PARDUE Dave \* DEQ  
**Cc:** UST Duty Officer \* DEQ; Kari Kaiser  
**Subject:** RE: 30 Day Notification

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