

FOR DEQ USE ONLY	
DATE REC'D	8/2/94
AMT. REC'D	1000
CHECK #	32032

GENERAL PERMIT REGISTRATION FORM TO DECOMMISSION UNREGISTERED TANKS

PLEASE PRINT

FACILITY NAME: Stelzer Enterprises Property

FACILITY ADDRESS: 315 Federal Street
315 Federal Street

CITY, STATE & ZIP: The Dalles, OR 97058

PHONE: 541-705-5171 **FACILITY NUMBER:** LUST #33-24-0417
(If known)

12757

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 2 x \$500 = \$ 1,000 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: Martin S, Burck Associates
(Name of Permittee, Tank Owner, Property Owner or Licensed Service Provider)

If performed by Service Provider: License # 21450

Contact Phone: 541-387-4422 Contact Mobile Phone: 503-989-8039

Will tank removal or potential cleanup affect adjacent property or right-of-way property?

Yes ☐ No ☒

Date decommissioning is scheduled to begin: 05/30/24

1-BJBBS
2-BJBCK

GENERAL PERMIT REGISTRATION FORM TO DECOMMISSION UNREGISTERED USTs

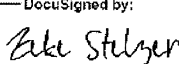
<p>Stelzer Enterprises LLC</p> <hr/> <p>1. TANK OWNER* as registered with the Secretary of State, Corporations Division</p> <p>Zeke Stelzer</p> <hr/> <p>Name of Official <i>(Please Print)</i></p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <small>DocuSigned by:</small> <small>23D54F8D635C40B...</small> </div> <div style="text-align: right;">7/8/2024</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature of Official Date </div>	<p>315 Federal Street</p> <hr/> <p>Mailing Address <i>(Please Print)</i></p> <p>The Dalles, OR 97058</p> <hr/> <p>City, State and Zip Code</p> <p>541-705-5171</p> <hr/> <p>Area Code and Telephone Number</p>
<p>I will decommission the USTs described on the <i>Notification and Description of Underground Storage Tank Systems</i> pages in accordance with the conditions and requirements of the general permit to decommission.</p>	
<p>Stelzer Enterprises LLC</p> <hr/> <p>2. PERMITTEE* as registered with the Secretary of State, Corporations Division</p> <p>Zeke Stelzer</p> <hr/> <p>Name of Official <i>(Please Print)</i></p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <small>DocuSigned by:</small> <small>23D54F8D635C40B...</small> </div> <div style="text-align: right;">7/8/2024</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature of Official Date </div>	<p>315 Federal Street</p> <hr/> <p>Mailing Address <i>(Please Print)</i></p> <p>The Dalles, OR 97058</p> <hr/> <p>City, State and Zip Code</p> <p>541-705-5171</p> <hr/> <p>Area Code and Telephone Number</p>
<p>I will decommission the USTs described on the <i>Notification and Description of Underground Storage Tank Systems</i> pages in accordance with the conditions and requirements of the general permit to decommission.</p>	
<p>Stelzer Enterprises LLC</p> <hr/> <p>3. PROPERTY OWNER is name that appears on the County deed record for this property.</p> <p>Stelzer Enterprises LLC</p> <hr/> <p>Name of Official <i>(Please Print)</i></p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <small>DocuSigned by:</small> <small>23D54F8D635C40B...</small> </div> <div style="text-align: right;">7/8/2024</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature of Official Date </div>	<p>315 Federal Street</p> <hr/> <p>Mailing Address <i>(Please Print)</i></p> <p>The Dalles, OR 97058</p> <hr/> <p>City, State and Zip Code</p> <p>541-705-5171</p> <hr/> <p>Area Code and Telephone Number</p>

* 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			
TYPE OF OWNER		INDIAN COUNTRY	
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Local Government	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Private	<div style="display: flex;"> <div style="flex: 1;"> 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 style="flex: 1; border-left: 1px dashed black; padding-left: 10px;"> <input type="checkbox"/> Tribe or Nation: <input type="checkbox"/> </div> </div>	
TYPE OF FACILITY			
<input 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 checked="" type="checkbox"/> Other (Explain)	Former Service Station
FINANCIAL RESPONSIBILITY			
<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 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: Zeke Stelzer	Job Title: Owner	Address: 315 Federal Street, The Dalles, OR 97058	Phone Number (Include Area Code): 541-705-5171
CERTIFICATION (Read and sign after completing all section)			
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: Zeke Stelzer Title: Owner	Signature <div style="border: 1px solid black; padding: 5px; display: inline-block;"> DocuSigned by:  23D54F8D635C40B... </div>		Date Signed 7/8/2024

NOTIFICATION AND DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS

(Complete for each tank at this location)

Tank Identification Number	Tank No. UST-1	Tank No. UST-2	Tank No.	Tank No.	Tank No.
1. Status of Tank (Check (√) only one)					
Currently in Use	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (month & year)					
3. Estimated Total Capacity (gallons)					
	750	1,000			
4. Material of Construction (Check (√) all that apply)					
Asphalt Coated or Bare Steel	<input checked="" type="checkbox"/>	<input checked="" 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					
5. Piping – Material (Check (√) all that apply)					
Bare Steel	<input checked="" type="checkbox"/>	<input checked="" 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					
6. Piping – Type (Check (√) all that apply)					
Suction – No Valve at Tank	<input 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. UST-1	Tank No. UST-2	Tank No.	Tank No.	Tank No.					
7. Substance Currently or Last Stored in Greatest Quantity by Volume										
Check (✓) Only One Substance per Tank)										
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"/>					

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"/>					

8. Release Detection (Check (✓) all that Apply)										
	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"/>
9. Spill and Overfill Protection										
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"/>