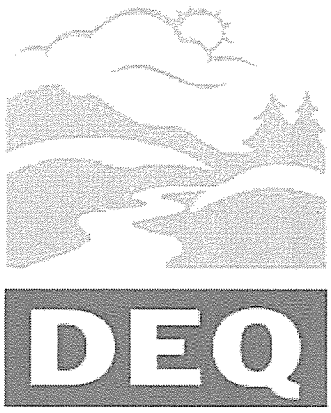
OPSUST10842-LDMattsonIncFLE19910814.OCR

10842

L D MATTSON INC

2264 JUDSON ST SE

SALEM, OR 97302-1273



State of Oregon
Department of Environmental Quality

WVR

Oregon

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

USTLIC CXC 04

LAKESIDE INVESTMENTS
P.O. BOX 12335
SALEM, OR 97309

Re: Decommissioning -
facility # 10842

Dear Tank Owner:

The Department of Environmental Quality (DEQ) has recently received a response from you regarding the 1992 UST invoice. You indicate that the tanks have been permanently decommissioned. However, DEQ has not received all the necessary forms to be able to change the permit status for your tanks. You must submit the following form(s):

_____	Notice of Permanent Decommissioning/Service Change (due 30 days in advance)
✓	Decommissioning Checklist (due 30 days after completion of decommissioning)
✓	Decommissioning/Service Change Report (due 30 days after completion of decommissioning)

These forms should have been submitted to:

Department of Environmental Quality
UST Compliance Section
811 S W Sixth Avenue
Portland, OR 97204

A copy of the missing forms has been enclosed for your convenience. Please submit them now and DEQ will be able to change the status on your tank permits and avoid any further invoices for these tanks.

Sincerely,

Connie J Collins

Connie Collins
UST Data Entry Specialist

MLP:cjc
Enclosures
cc: Regional Office

811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993

DEQ-1

ROCKWELL- BRODIE
METERS

BENNETT
PUMPS

C and K
Petroleum Equipment Company

1830 Commercial N.E.
Salem, Oregon 97303
Phone 585-1911

1501 WEST 2ND AVENUE P. O. BOX 2545
EUGENE, OREGON 97402
Phone 344-3476

63207 Nels Anderson Road
Bend, Oregon 97701
Phone 382-3933

February 24 1992

Department of Environmental Quality
UST Compliance Section
811 S W Sixth Ave.
Portland, OR 97204

Attn: Connie Collins
UST Data Entry Specialist

Re: Decommissioning
Facility #10842

Dear Connie,

Please find enclosed the Decommissioning Checklist and Decommissioning/ Service Change Report you requested in your letter to Lakeside Investments, dated February 6, 1992, in regard to Decommissioning at facility #10842.

If you should have any questions please contact us at 585-1911.

Sincerely,

Scott W. Kayl
C & K Petroleum Equipment Company
1830 Commercial St. NE
Salem, OR 97303

SWK/jlr
encl

ROUTE	
GEH	
BDC	
PRK	
KLN	
JLP	
PSR	
BCS	
JKT	
PJT	
CAW	

ROUTE	
GWM	
GLA	
JLB	
DJH	
MEH	
TCM	
BFM	
JAP	
FAS	

CJD	
BKB	
FILE:	

LOCATION	PROG	FILE
BENTON	HW	CORRES
LANE	AQ	PERMIT
LINCOLN	WQ	GEN PERMIT
LINN	SW	MIN PERMIT
MARION	SS	DATA
POLK	AW	CONFID
YAMHILL	LUST	DEAD
ADMIN	UST	PORTABLE
HANDOUT	SLDG	PROGRAM
LIBRARY	ECD	SPECS
	STW	PEND

SPECIAL INSTRUCTIONS:

_____

_____

_____

_____

FILE NAME:

LOCATION:

PERMIT/FILE NO.: UST # 10842

DETACH

1992 INVOICE

DETACH

FOR DEPARTMENT USE ONLY

Date Received: _____

Amount Received: _____

Check No.: _____

Remit and Make Checks Payable to:
Department of Environmental Quality
Attn: Business Office
811 S.W. Sixth Avenue
Portland, OR 97204

BILLING ADDRESS

LAKESIDE INVEST. INC.
PO BOX 12335
SALEM OR 97309-0335

118280

* TANK was Removed IN 1991 IT was NOT

INVOICE NUMBER UST92-05059

DATE 01/03/92

FACILITY NUMBER	FACILITY NAME AND LOCATION	AMOUNT DUE	DATE DUE
10842	L.D. MATTSON INC. Replaced. Jim Dailey 2264 JUDSON S.E. SALEM OR 97309	25.00	02/14/92

Report Dust

1992 ASSESSMENT

1 Tank(s) at $25.00 ea =	25.00
Credit $	.00
Balance $ Due	25.00

UPGRADE INFORMATION (CHECK HERE) → ☐
SEE BACK OF THIS INVOICE

Printed on Recycled Paper

NOTE: Please return pink portion of this invoice with your remittance to ensure proper credit.

Fill out this portion for tanks upgraded between January 1, 1991 and December 31, 1991

Upgrade Options

Leak Detection (Tank):
A1 Automatic Tank Gauge
A2 Groundwater Monitor
A3 Vapor Monitor
A4 Interstitial Monitor

Corrosion Protection (Tank):
B1 Internal Lining
B2 Cathodic Protection
B3 Fiberglass
B4 Composite

Spill and Overfill Prevention:
C1 Spill Containment Basin
C2 Automatic Shutoff Device
C3 Overfill Alarm
C4 Ball Float Valve

Leak Detection (Piping):
A5 Groundwater Monitor
A6 Vapor Monitor
A7 Interstitial Monitor
A8 Continuous Monitor with Alarm
A9 Automatic Shutoff
A10 Modify Foot Valve

Corrosion Protection (Piping):
B5 Cathodic Protection
B6 Fiberglass

Upgraded Tanks

Please fill in all option letters listed above for all tanks upgraded.

	Permit #	Tank #	Letter Designation and Date Installed					
Example:	EEGG	1	B1	12/1/91	C4	12/1/91	A10	7/1/91

RETURN TO: DEQ, ATTN: BUSINESS OFFICE, 811 SW 6th, PORTLAND, OR 97204

WVR

Oregon Department of Environmental Quality

UNDERGROUND STORAGE TANK DECOMMISSIONING/SERVICE CHANGE REPORT

DEQ FACILITY NUMBER: 10842

DATE: 10/08/91

FACILITY NAME: I. D. Mattson, Inc.

FACILITY ADDRESS: 2264 Judson St. SE

Salem, Oregon 97302

PHONE: 585-7671

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APR 14 1992
STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
SALEM, OR 97310

The following information MUST be submitted by the underground storage tank owner, operator or licensed DEQ Supervisor within 30 days following completion of the tank decommissioning or changing tank contents to a non-regulated substance. (OAR 340-150-001 though -150)

The attached supplemental checklist should be prepared by the person performing the decommissioning. The checklist should be provided to DEQ and the tank owner to demonstrate that all required practices were followed.

Ordinarily the checklist is filled out by the DEQ licensed Service Provider or Supervisor. Owners who wish to personally decommission a tank must follow all DEQ and other applicable standards. The owner should contact the DEQ Regional Office prior to starting the decommissioning to receive current copies of underground storage tank regulations.

A. DATES:

Decommissioning/Service Change Notice - Date Submitted: 8/22/91 (30 days before work starts)

Work Start Telephone Notice - Date Submitted: 10/4/91 (3 working days before work starts)

DEQ Person Notified: Jay Collins

Date Work Started: 10/8/91

Date Work Completed: _____

Note: Provide the following information if any soil or water contamination is found during the decommissioning. Contamination must be reported by the UST owner or operator 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: _____

Backfill Telephone Notice - Date Called: 10/16/91 (before backfilling)

DEQ Person Notified: Bart Collinsworth

Department of Environmental Quality
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FEB 26 1992
UST Compliance Section

B. PERMITS:

Note: DEQ permits or an addendum to the UST permit(s) may be needed where soil or water cleanup is required.

DEQ Water Discharge Permit #: _____ Date: _____

Disposed to (Location): _____

DEQ Solid Waste Disposal Permit #: _____ Date: _____

B. PERMITS (Continued)

UST Soil Treatment Permit Addendum - Type: _____ Date: _____

Soil Disposal or Treatment Location: _____

C. TANK INFORMATION:

Tank #	DEQ UST Permit	Tank Size in (Gallons)	Product: Gasoline, Diesel, Used Oil, Other?		Closure or Service Change?			Tank to be Replaced?	
			Present	New	Tank Removal	Closure∞ Inplace	New ∞ Product	Yes*	No
1	BBFAG	1,000	Gasoline		X				X

* Where decommissioned tank(s) are replaced by new underground storage tanks the UST owner or operator must submit a new permit application containing information on the new tanks 30 days before placing them in service.

∞ 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, or 3) tank contains a regulated substance other than petroleum.

D. DISPOSAL INFORMATION:

Tank #	Tank & Piping Disposal Method				Disposal Location of Tank Contents *	
	Scrap	Land-fill	Other	Identify Location & Property Owner	Liquids	Sludges
1	X			City Recycling Salem, Oregon	Pumped into 55 gallon barrels by C & K Petroleum Equipment Company, removed to 1830 Commercial St. NE, Salem, Oregon, and picked up by Spencer Environmental on a monthly basis	

* Note: 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 Hazardous Waste Section at (503) 229-5913 or DEQ regional office hazardous waste staff.

E. CONTAMINATION INFORMATION:

Tank #	Ground* water in pit?	Product odor in soil?	Product stains in soil?	Number of Samples	Laboratory (Name, City, State, Phone)
1	YES	NO	NO	3	Braun Intertec 5405 N Lagoon Ave. Portland, Oregon 97217 289-1918

* Note: Sampling is required if groundwater is encountered. See cleanup rules.

F. SITE SKETCH: (Show location of adjacent roads, property lines, structures, dispenser, & 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.)

PLEASE SEE ATTACHED

G. WORK PERFORMED BY:

DEQ Service Provider's License #: 273 Construction Contractors License #: 65815

Name: C & K Petroleum Equipment Co.

Telephone: 585-1911

DEQ Decommissioning Supervisor's License #: 10588

Name: Lee Fields

Telephone: 585-1911

DEQ Soil Matrix Service Provider's License #: _____ (If applicable)

Name: _____

Telephone: _____

DEQ Soil Matrix Supervisor's License #: 1645 (If applicable)

Name: Lee Fields

Telephone: 585-1911

H. ATTACHMENTS TO THIS REPORT:

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/QL information. Include laboratory name, address and copies of chain-of-custody forms.

2. If contamination is detected and a Level 2 or Level 3 soil matrix cleanup standard is selected attach a copy of the soil matrix analysis for the site including methods of determining soil type, depth to groundwater, and sensitivity of uppermost aquifer.

I. REPORT FILING:

This report, signed by the tank owner or operator, complete with all applicable attachments must be filed with DEQ headquarters within 30 days after the excavation is backfilled or change-in-service is complete. Contact the DEQ regional office prior to filing this report where special circumstances exist at the site (such as water in pit, remaining pockets or contamination, etc.).

NOTE: If contamination was found during site assessment at decommissioning or change-in-service and reported to DEQ regional office, this report may be submitted with either the first interim cleanup report or the final cleanup report, whichever is first.

Return Completed Form to:

Department of Environmental Quality
UST Program - Decommissioning Report
811 S.W. Sixth Ave.
Portlane, Oregon 97204

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

Signature: _____ Date: _____
(Owner or Operator)

For information: (503) 229-5733 or Toll Free in Oregon 1-800-452-4011


FENCE
S
*despenser location
high voltage power box
1) soil sample
2) soil sample
3) water sample
L.D. Mattson
Facility #10842
2264 Judson St. SE
Salem, Oregon
13'
4'
1 3 2
TANK
7' deep
direction of ground slope
E
W
BUILDING
PARKING
DRIVEWAY
PARKING
Sidewalk
LD MATTSON
2264 JUDSON SE
JUDSON ST. SE
N

WVR

Oregon Department of Environmental Quality
UNDERGROUND STORAGE TANK DECOMMISSIONING CHECKLIST

DEQ FACILITY NUMBER: 10842 DATE: 10/8/91

FACILITY NAME: L.D. Mattson, Inc.

FACILITY ADDRESS: 2264 Judson St. SE

Salem, OR 97302

PHONE: 585-7671

A. SAFETY EQUIPMENT ON JOB SITE:

Fire Extinguisher: Type/Size: ABC Dry Chemical Recharge Date New 9/91

Combustible Gas Detector: Model: Grace Ind. Model# 850 Calibration Date: _____

Oxygen Analyzer: Model: _____ Calibration Date: _____

B. DECOMMISSIONING: All Tanks: (Unk. = Unknown, N/A = Not Applicable)

(Check Appropriate Box)

	Yes	No	Unk	N/A
1. All electrical equipment grounded and explosion proof?	X			
2. Safety equipment on job site?	X			
3. Overhead electrical lines located?	X			
4. Subsurface electrical lines off or disconnected?	X			
5. Natural gas lines off or disconnected?	X			
6. No open fires or smoking material in area?	X			
7. Vehicle and pedestrian traffic controlled?	X			
8. Excavation material area cleared?	X			
9. Rainwater runoff directed to treatment area?				X
10. Drained and collected product from lines?	X			
11. Removed product and residual from tank?	X			
12. Cleaned tank?	X			
13. Excavated to top of tank?	X			
14. Removed tank fixtures? (pumps, leak detection equip.	X			
15. Removed product, fill and vent lines?	X			

RECEIVED
APR 15 1992
STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
SALEM, OR 97310

Department of Environmental Quality
RECEIVED
FEB 26 1992
UST Compliance Section

C. TANK ABANDONMENT IN-PLACE:

16. Sampling plan approved by DEQ?
Date: _____ DEQ Staff: _____

B. DECOMMISSIONING: All Tanks: (Unk. = Unknown, N/A = Not Applicable)
(Check Appropriate Box)

Yes	No	Unk	N/A
X			
X			

17. Contamination concerns fully resolved?

18. Fill Material? Type: River Run

D. TANK REMOVAL:

X			
X			
	X		
X			
X			
X			

19. Tank placement area cleared, chocks placed?

20. Purged or ventilated tank to prevent explosion?
Method used: Dry ice & air blow out Meter reading: low/safe

21. No chains or steel cables wrapped around tank for removal?

22. Tank removed, set on ground, blocked to prevent movement?

23. Tank set on truck and secured with strap(s)?

24. Tank labeled before leaving site?

E. SITE ASSESSMENT:

X			
X			
X			
	X		
			X
			X

25. Site assessed for contamination? See OAR 340-122-340

26. Soil samples taken and analyzed?

27. Decommissioning/Change-in-Service report sent to DEQ?

28. Was contamination found? Date/Time: _____

29. Was contamination reported to DEQ? By: _____
Date/Time: _____ DEQ Staff: _____

30. Was hazardous waste determination made for tank contents (Liquids/sludges)?

31. Disposal location of tank(s) contents.

Name: Spencer Environmental Date: 55 gallon barrels are picked up on a monthly basis

Address: 914 Mollala

Oregon City, Oregon **Attach disposal receipt.**

32. Disposal or recycling location of removed tank(s) and associated piping.

Name: City Recycling Date: full loads dumped on a monthly basis

Address: 3570 Cherry Ave. NE

Salem, Oregon 97303 **Attach disposal receipt.**

33. If tank(s) are intended to be reused, identify new tank site.

Name: _____ Date: _____

Address: _____

Purpose of Reuse: _____

F. WORK PERFORMED BY:

DEQ Service Provider's License #: 273

Name: C & K Petroleum Equipment Co.

Telephone: 585-1911

DEQ Decommissioning Supervisor's License #: 10588

Name: Lee Fields

Telephone: 585-1911

E. CHECKLIST FILING:

1. Provide copy of checklist to the UST owner and operator.

2. Send completed checklist to the DEQ headquarters within 30 days after the excavation is backfilled.

NOTE: If contamination was found during decommissioning and reported to DEQ regional office, this report may be submitted with either the first interim cleanup report or the final cleanup report, whichever is first.

Send Completed Form to:

Department of Environmental Quality
UST Program - Decommissioning Checklist
811 S.W. Sixth Ave.
Portland, Oregon 97204

I have personally reviewed this decommissioning checklist and find it to be true and complete.

Signature: Lee Fields **Date:** 12/30/91
(Licensed Supervisor)

Signature: _____ **Date:** _____
(Owner or Operator)

For information: (503) 229-5559 or Toll Free in Oregon 1-800-452-4011

WVR

Oregon

DEPARTMENT OF ENVIRONMENTAL QUALITY

Date: AUG 27 1991

Facility ID No.: 10842

Dear Tank Owner/Permittee:

We received a decommissioning notice on 8/27/91 for 1 underground storage tank(s) located at:

L.D. Mattson, Inc
2264 Judson SE
Salem, OR 97309

The following marked paragraphs apply to this situation:

✓ Checking our records, it appears the tanks are registered, permit fees are current, and the contractor is licensed. You are required to confirm the date of removal with the appropriate regional office (see other side) at least 72 hours prior to tank removal.

_____ New tank(s) to be installed. Permits for the new tank(s) must be obtained and permit fees paid prior to installation. An application is enclosed. Contact the UST Compliance Section at (503) 229-5733 for more permit applications or installation information. Once the permit has been issued, you may proceed with installation. You are required to confirm the date of installation with the appropriate regional office (see other side) at least 72 hours in advance.

_____ There are apparently some discrepancies between our records and the information on your decommissioning form. The following concerns **must be resolved BEFORE** decommissioning can proceed:

_____ Inadequate information to identify tanks.

_____ One or more of the tanks are not permitted.

_____ Permit fees for 1988 1989 1990 1991 are past due.

_____ The contractor you have identified is not licensed.

Please contact the UST Compliance Section at (503) 229-5733 to provide them with the additional tank identification information, to obtain details on which tanks need to be permitted and permit application forms, to arrange payment of fees ($25 per tank per year), and/or to receive a list of licensed contractors.

811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696

PIF

(P)

WVR

Oregon Department of Environmental Quality

NOTICE OF UNDERGROUND STORAGE TANK PERMANENT DECOMMISSIONING/SERVICE CHANGE

FACILITY (Location of Tanks)

Name: L.D. Mattson Inc.

Address: 2264 Judson SE

Salem, OR 97309

Phone: 585-7671

TANK OWNER

Name: Lakeside Investment, Inc.

Address: P.O. Box 12335
2272 Judson SE
Salem, OR 97309

Phone: 399-1146

DEQ Facility I.D. Number: 10842

Work To Be Performed By: C & K Petroleum Equip. Co. License # 273
(Owner or Licensed Service Provider)

Phone: 585-1911 Mobile Phone:

FORM MUST BE SUBMITTED BY UST OWNER OR OPERATOR 30 DAYS BEFORE START OF WORK

YOU MUST CONTACT YOUR LOCAL DEQ REGIONAL OFFICE 3-DAYS BEFORE STARTING ANY DECOMMISSIONING WORK. (Phone numbers are listed on reverse)

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

Date decommissioning is scheduled to begin: 9/23/91

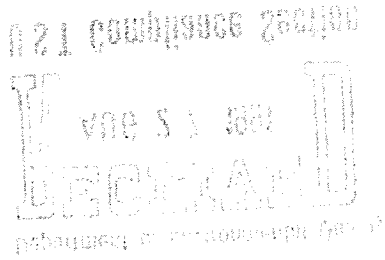
Tank #	DEQ UST Permit	Tank Size in (Gallons)	Product: Gasoline, Used Oil, Other*		Closure or Service Change?			Tank to be Replaced?	
			Present	New	Tank Removal	Closure∞ Inplace	New ∞ Product	Yes*	No
1		1000	Gasoline		X				X

* If decommissioned tank(s) are to be replaced by new underground storage tanks you must submit a new permit application containing information on the new tanks 30 days before placing them in service.

∞ 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, or 3) tank contains a regulated substance other than petroleum.

Signature: [signature] Date: 8/22/91
(Operator)

Department of Environmental Quality
RECEIVED
AUG 27 1991
UST Compliance Section



Dept. Of Environmental Quality
USt Program- Decommissioning Notice
811 SW Sixth Ave.
Portland, OR 97204

WVR

Oregon

DEPARTMENT OF ENVIRONMENTAL QUALITY

USTLIC CXC 04

LAKESIDE INVESTMENTS
P.O. BOX 12335
SALEM, OR 97309

Re: Decommissioning -
facility # 10842

Dear Tank Owner:

The Department of Environmental Quality (DEQ) has recently received a response from you regarding the 1992 UST invoice. You indicate that the tanks have been permanently decommissioned. However, DEQ has not received all the necessary forms to be able to change the permit status for your tanks. You must submit the following form(s):

_____	Notice of Permanent Decommissioning/Service Change (due 30 days in advance)
✓	Decommissioning Checklist (due 30 days after completion of decommissioning)
✓	Decommissioning/Service Change Report (due 30 days after completion of decommissioning)

These forms should have been submitted to:

Department of Environmental Quality
UST Compliance Section
811 S W Sixth Avenue
Portland, OR 97204

A copy of the missing forms has been enclosed for your convenience. Please submit them now and DEQ will be able to change the status on your tank permits and avoid any further invoices for these tanks.

Sincerely,

Connie J Collins

Connie Collins
UST Data Entry Specialist

MLP:cjc
Enclosures
cc: Regional Office

811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993

WVR

Oregon Department of Environmental Quality

UNDERGROUND STORAGE TANK DECOMMISSIONING CHECKLIST

DEQ FACILITY NUMBER: 10842 DATE: 10/8/91

FACILITY NAME: L.D. Mattson, Inc.

FACILITY ADDRESS: 2264 Judson St. SE

Salem, OR 97302

PHONE: 585-7671

A. SAFETY EQUIPMENT ON JOB SITE:

Fire Extinguisher: Type/Size: ABC Dry Chemical Recharge Date New 9/91

Combustible Gas Detector: Model: Grace Ind. Model# 850 Calibration Date: _____

Oxygen Analyzer: Model: _____ Calibration Date: _____

B. DECOMMISSIONING: All Tanks: (Unk. = Unknown, N/A = Not Applicable) (Check Appropriate Box)

	Yes	No	Unk	N/A
1. All electrical equipment grounded and explosion proof?	X			
2. Safety equipment on job site?	X			
3. Overhead electrical lines located?	X			
4. Subsurface electrical lines off or disconnected?	X			
5. Natural gas lines off or disconnected?	X			
6. No open fires or smoking material in area?	X			
7. Vehicle and pedestrian traffic controlled?	X			
8. Excavation material area cleared?	X			
9. Rainwater runoff directed to treatment area?				X
10. Drained and collected product from lines?	X			
11. Removed product and residual from tank?	X			
12. Cleaned tank?	X			
13. Excavated to top of tank?	X			
14. Removed tank fixtures? (pumps, leak detection equip.	X			
15. Removed product, fill and vent lines?	X			

Department of Environmental Quality
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UST Compliance Section

C. TANK ABANDONMENT IN-PLACE:

16. Sampling plan approved by DEQ?
Date: _____ DEQ Staff: _____

B. DECOMMISSIONING: All Tanks: (Unk. = Unknown, N/A = Not Applicable) (Check Appropriate Box)

Yes	No	Unk	N/A
X			
X			

17. Contamination concerns fully resolved?

18. Fill Material? Type: River Run

D. TANK REMOVAL:

X			
X			
	X		
X			
X			
X			

19. Tank placement area cleared, chocks placed?

20. Purged or ventilated tank to prevent explosion?
Method used: Dry ice & air blow out Meter reading: low/safe

21. No chains or steel cables wrapped around tank for removal?

22. Tank removed, set on ground, blocked to prevent movement?

23. Tank set on truck and secured with strap(s)?

24. Tank labeled before leaving site?

E. SITE ASSESSMENT:

X			
X			
X			
	X		
			X
			X

25. Site assessed for contamination? See OAR 340-122-340

26. Soil samples taken and analyzed?

27. Decommissioning/Change-in-Service report sent to DEQ?

28. Was contamination found? Date/Time: _____

29. Was contamination reported to DEQ? By: _____
Date/Time: _____ DEQ Staff: _____

30. Was hazardous waste determination made for tank contents (Liquids/sludges)?

31. Disposal location of tank(s) contents.

Name: Spencer Environmental Date: 55 gallon barrels are picked up on a monthly basis

Address: 914 Mollala

Oregon City, Oregon **Attach disposal receipt.**

32. Disposal or recycling location of removed tank(s) and associated piping.

Name: City Recycling Date: full loads dumped on a monthly basis

Address: 3570 Cherry Ave. NE

Salem, Oregon 97303 **Attach disposal receipt.**

33. If tank(s) are intended to be reused, identify new tank site.

Name: _____ Date: _____

Address: _____

Purpose of Reuse: _____

F. WORK PERFORMED BY:

DEQ Service Provider's License #: 273

Name: C & K Petroleum Equipment Co.

Telephone: 585-1911

DEQ Decommissioning Supervisor's License #: 10588

Name: Lee Fields

Telephone: 585-1911

E. CHECKLIST FILING:

1. Provide copy of checklist to the UST owner and operator.

2. Send completed checklist to the DEQ headquarters within 30 days after the excavation is backfilled.

NOTE: If contamination was found during decommissioning and reported to DEQ regional office, this report may be submitted with either the first interim cleanup report or the final cleanup report, whichever is first.

Send Completed Form to:

Department of Environmental Quality
UST Program - Decommissioning Checklist
811 S.W. Sixth Ave.
Portland, Oregon 97204

I have personally reviewed this decommissioning checklist and find it to be true and complete.

Signature: Lee Fields **Date:** 12/30/91
(Licensed Supervisor)

Signature: _____ **Date:** _____
(Owner or Operator)

For information: (503) 229-5559 or Toll Free in Oregon 1-800-452-4011

Paid in Full 88, 89, 90, 91

CHECKLIST - PERMIT APPLICATION PROCESSING

Facility Number: 10842

Application Number: _____

Date Received: 8-14-91

Permittee Information Entered _____

SIC Code Entered ✓

Tank Contents checked ✓

Tank ID number checked ✓

Permit Ordered Date: 8/23/91

PERMIT NUMBERS: BB FAG

Property Owner Information Entered ✓

Corrections made to tank information _____

Date: _____

Comments: 118280 - owner & permittee

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK
PERMIT APPLICATION

TANK OWNER
PLEASE PRINT CLEARLY

NAME Lakeside Invest. Inc.

ADDRESS P.O. Box 12335

2272 Judson S.E.

Salem, OR 97309

X [signature] Pres
TANK OWNER SIGNATURE

DATE August 8, 1991

PHONE 399-1146

PERMIT FEE ASSESSMENT

1988 Compliance Fee
1 Tanks at $25 each = $ 25.00

1989 Compliance Fee
1 Tanks at $25.00 ea. = $25.00

1990 Compliance Fee
1 Tanks at $25.00 ea. = $25.00

1991 Compliance Fee
1 Tanks at $25.00 ea. = $25.00

Total Due $100.00

CK#5635 $100.00 $150.00 AUG 14 1991

PROPERTY OWNER
PLEASE PRINT CLEARLY

NAME Lakeside Invest. Inc.

ADDRESS P.O. Box 12335

2272 Judson S.E.

Salem, Or 97309

X [signature] Pres
PROPERTY OWNER SIGNATURE

FACILITY 10842 ✓
PLEASE PRINT CLEARLY

NAME L.D. Mattson Inc.

ADDRESS 2264 Judson S.E.

Salem, Or 97309

PHON 585-7671

SIC Code 1542

PERMITTEE 118280
PLEASE PRINT CLEARLY

NAME Lakeside Invest. Inc.

ADDRESS P.O. Box 12335

2272 Judson S.E.

Salem, OR 97309

X [signature] Pres
PERMITTEE SIGNATURE

PHONE 399-1146

☐ **NEW INSTALLATION**

(PLEASE SUBMIT THIS APPLICATION 30 DAYS PRIOR TO USING THE TANK.)

AUG 12 1991
STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY

Each completed application must include the signatures of the tank owner, the property owner and the permittee.

All three signature lines must be signed.

OREGON UST SURVEY

INSTRUCTIONS

Please fill in form to the best of your knowledge. If you do not know or cannot estimate an item requested, please mark "Unknown."

Facility Name:

Tank Identification No. (e.g. ABC-123) or Arbitrarily Assigned Sequential Number (e.g. 1, 2...)		TANK NO. 1	TANK NO.	TANK NO.	TANK NO.
1. Status of Tank (check one ONLY if applicable)	If temporarily out of use Estimated time out of use				
	1 month-6 months	( )	( )	( )	( )
	6 months-1 year	( )	( )	( )	( )
	1 year-5 years	( )	( )	( )	( )
	5 years or more	( )	( )	( )	( )
	Estimated date tank is to be brought back into use (mo/yr)	( )	( )	( )	( )
2. Was tank new at time of installation? (Y/N)		(Y)	( )	( )	( )
3. Containment Systems (check one)	Single-walled tank	(X)	( )	( )	( )
	Double-walled tank	( )	( )	( )	( )
	Pit-lining system	( )	( )	( )	( )
	Unknown	( )	( )	( )	( )
4. Leak Detection System (check all that apply)	Visual	( )	( )	( )	( )
	Stock Inventory	(X)	( )	( )	( )
	Tile drain	( )	( )	( )	( )
	Vapor wells	( )	( )	( )	( )
	Sensor instrument (specify type):				
	In-ground detector	( )	( )	( )	( )
	Within walls of double-walled tank	( )	( )	( )	( )
	Ground water monitoring wells	( )	( )	( )	( )
	Continuous [illegible]	( )	( )	( )	( )
	Pressure [illegible]	( )	( )	( )	( )
	Internal monitoring	( )	( )	( )	( )
	Other, specify				
	None	( )	( )	( )	( )
	Unknown	(X)	( )	( )	( )
5. Overfill Protection (Yes/No)		(Y)	( )	( )	( )
6. Location of Piping (check all that apply)	No parts in contact with soil	( )	( )	( )	( )
	Parts contacting the soil which are:				
	Unprotected metal	( )	( )	( )	( )
	Made of corrosion resistant materials	(X)	( )	( )	( )
	Corrosion-resisted coated	(X)	( )	( )	( )
	Cathodically protected	( )	( )	( )	( )
	Double-walled	( )	( )	( )	( )
	Within a secondary containment	( )	( )	( )	( )
	Interior lined	( )	( )	( )	( )
	Unknown	( )	( )	( )	( )
7. History of Tank Repairs (check one except as indicated)	If tank repaired, Indicate date of last repairs (mo/yr)				
	None	( )	( )	( )	( )
	Unknown	(X)	( )	( )	( )
8. History of Pipe Repairs (check one except as indicated)	If pipe repaired, indicate date (mo/yr)				
	None	( )	( )	( )	( )
	Unknown	(X)	( )	( )	( )
9. Tank Removed from the Ground	Indicate date (mo/yr) (mark only if applicable tank removed since May 1, 1986	( )	( )	( )	( )

THANK YOU FOR YOUR ASSISTANCE

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0068
APPROVAL EXPIRES 9-30-91

Department of Environmental Quality
811 SW Sixth Ave. Portland 97204
In Oregon call Toll Free 1-800-452-4011

STATE USE ONLY

I.D. Number

Date Received

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—
(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and
(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:
1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;
4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed $10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached: -0-

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)
Lakeside Invest. Inc.

Street Address
P.O. Box 12335 (2272 Judson S.E.)

County
Marion

City: Salem, State: oregon ZIP Code: 97309

Area Code: 503 Phone Number: 399-1146

Type of Owner (Mark all that apply ☒)
- ☒ Current
- ☐ Former
- ☐ State or Local Gov't
- ☐ Federal Gov't (GSA facility I.D. no. _____)
- ☐ Private or Corporate
- ☐ Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section 1, mark box here ☐)

Facility Name or Company Site Identifier, as applicable
L.D.Mattson , Inc.

Street Address or State Road, as applicable
2264 Judson S.E.

County
Marion

City (nearest): Salem, State: Oregon ZIP Code: 97309

Indicate number of tanks at this location: 1

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands ☐

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here ☒)

Job Title: President

Area Code: 503 Phone Number: 585-7671

IV. TYPE OF NOTIFICATION

☐ Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI.)

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

Signature: 

Date Signed: 8-12-91

CONTINUE ON REVERSE SIDE

Owner Name (from Section I) Lakeside Invest Location (from Section II) 2264 Judson S E Page No. ____ of ____ Page(s)

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)		Tank No. 1	Tank No.	Tank No.	Tank No.	Tank No.
1. Status of Tank (Mark all that apply ☒)	Currently in Use	X				
	Temporarily Out of Use					
	Permanently Out of Use					
	Brought into Use after 5/8/86					
2. Estimated Age (Years)		Unknown				
3. Estimated Total Capacity (Gallons)		1000				
4. Material of Construction (Mark one ☒)	Steel	X				
	Concrete					
	Fiberglass Reinforced Plastic					
	Unknown					
	Other, Please Specify					
5. Internal Protection (Mark all that apply ☒)	Cathodic Protection					
	Interior Lining (e.g., epoxy resins)					
	None					
	Unknown	X				
	Other, Please Specify					
6. External Protection (Mark all that apply ☒)	Cathodic Protection					
	Painted (e.g., asphaltic)					
	Fiberglass Reinforced Plastic Coated					
	None					
	Unknown	X				
	Other, Please Specify					
7. Piping (Mark all that apply ☒)	Bare Steel					
	Galvanized Steel					
	Fiberglass Reinforced Plastic					
	Cathodically Protected					
	Unknown	X				
	Other, Please Specify					
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply ☒)	a. Empty					
	b. Petroleum					
	Diesel					
	Kerosene					
	Gasoline (including alcohol blends)	X				
	Used Oil					
	Other, Please Specify					
	c. Hazardous Substance					
	Please Indicate Name of Principal CERCLA Substance					
	OR					
	Chemical Abstract Service (CAS) No.					
	Mark box ☒ if tank stores a mixture of substances					
	d. Unknown					
9. Additional Information (for tanks permanently taken out of service)	a. Estimated date last used (mo/yr)	/	/	/	/	/
	b. Estimated quantity of substance remaining (gal.)					
	c. Mark box ☒ if tank was filled with inert material (e.g., sand, concrete)					