



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

Initial (Twenty Day) Report Form for UST Cleanup Projects

This report is due twenty (20) days from the date of the release.

DEQ USTC File No. _____

DEQ Facility ID No. _____

Site Name: _____

Site Address: _____

INITIAL CLEANUP INFORMATION

(1) Type of contamination (check ☒ all that apply):

☐ Gasoline ☐ Diesel ☐ Waste Oil ☐ Heating Oil
☐ Other (specify) _____

(2) Estimate quantity of release (based on information known to date – ● select only one):

☐ <100 gal. ☐ 100-499 gal. ☐ 500-999 gal. ☐ 1,000-5,000 gal. ☐ >5,000 gal.

SITE INFORMATION (check ☒ yes or ☒ no)

(3) ☐ Y ☐ N Did any water enter the excavation? If yes, please describe and identify the depth to groundwater in feet below ground surface: _____

(4) ☐ Y ☐ N Was a sheen or odor observed on any water in the excavation?

Note: If groundwater is encountered, soil samples from the soil/water interface must be collected and analyzed for BTEX and by the appropriate TPH method.

At sites where diesel or other non-gasoline products have been released, the water may also have to be screened or tested for polynuclear aromatic hydrocarbons (PAHs). *Please refer to OAR 340-122-0218.*

(5) ☐ Y ☐ N Was water pumped from the excavation?

☐ Y ☐ N If yes, did groundwater recharge within 24 hours after pumping?

Please describe the pumping procedure and disposal option selected for the purged excavation water:

(6) ☐ Y ☐ N Were any water samples collected from the excavation? If yes, please describe:

(7) ☐ Y ☐ N Have any soil and/or water sample results been received at this time?

If so, please attach any lab reports.

IF GROUNDWATER HAS BEEN ENCOUNTERED, PLEASE ANSWER QUESTIONS #8-13, BELOW.

IF NO WATER HAS BEEN ENCOUNTERED, PLEASE SKIP TO QUESTION #14

(8) What are the known uses of groundwater within a 500-foot radius of the release site (check ☒ all that apply)?

☐ non-use ☐ industrial ☐ agricultural ☐ drinking supply

(9) If groundwater in this area is being used as a drinking water supply, please check ☒ the type and size of population served by the supply:

☐ Community (community well used for drinking water year round – • select only one)

size: <1,000 people 1,000 - 5,000 people >5,000 people

☐ Intermittent use (public water used for drinking water only on a part-time basis – • select only one)

size: <50 people 50 - 300 people > 300 people

☐ Private wells (individual private well or wells used for drinking water – • select only one)

size: <10 people 10 - 25 people >25 people

(10) ☐ Y ☐ N Is there any evidence this water supply has been or is likely to be impacted from the petroleum product release? If yes, estimate how difficult it would be to replace the existing supply:

☐ bottled water is the only alternative

☐ on-site water treatment; bulk water delivery; new wells are available

☐ able to connect to existing water supply

☐ do not know what alternatives would be available

(11) ☐ Y ☐ N Are/were vapors present in on-site or nearby buildings? If yes:

A. Are you monitoring and/or mitigating any potential fire and safety hazards posed by vapors and free product? Explain: _____

B. Estimate the number of people potentially affected by vapors – • select only one:

1-2 people 3-10 people >10 people

(12) ☐ Y ☐ N Are vapors or is petroleum contamination present in the utility corridors?

If yes, please explain: _____

(13) ☐ Y ☐ N Are natural areas located within 1/4 mile of the site? If so, please describe types (parks, rivers, wetlands, sensitive habitats, etc.) and proximity: _____

(14) ☐ Y ☐ N If groundwater was not encountered in the excavation, do you believe that this cleanup project can be conducted under the requirements for an UST Cleanup Matrix site? If yes, then refer to OAR 340-122-0305 through 0360.

AREA/SITE CONDITIONS:

- (15) Mean annual rainfall: <20 inches 20-45 inches >45 inches
- (16) Soil type(s) of the naturally occurring soils, not the backfill around the tank – • select only one:
- clays, compact tills, shales, and unfractured metamorphic and igneous rocks
- sandy loams, loamy sands, silty clays, clay loams, moderately permeable limestone, dolomite, sandstones, moderately fractured igneous and metamorphic rock
- fine and silty sands, sands and gravels, highly fractured igneous and metamorphic rock, permeable basalts and lavas, karst limestones and dolomites

SOIL MANAGEMENT

- (17) If soil sample results have been received:
- ___ Y ___ N Will the level of contamination detected require removal of contaminated soil for treatment or disposal?
- (18) All contaminated soil temporarily stockpiled on-site prior to treatment or disposal must be contained within a bermed area, kept covered, and the entire area secured to prevent unauthorized access by the public. If you haven't done this, please explain why:
- _____
- _____
- _____
- _____

Note: It is a violation to stockpile petroleum contaminated soil (PCS) on-site for greater than 30 days without a DEQ Solid Waste Letter Authorization (SWLA) Permit.

- (19) If contaminated soil is currently stockpiled on-site, please indicate when disposal will occur or when treatment will begin: _____
- (20) Estimated volume of contaminated soil (specify tons or cubic yards): _____
- (21) Intended disposition of soils (please • select only one):
- On-site/off-site treatment, Solid Waste Letter Authorization Permit Application attached.
- Thermal treatment off-site at an authorized facility.
- Facility name: _____
- Landfill disposal.
- Name of Landfill: _____

Note: Please attach additional information as necessary to explain any unusual circumstances associated with this project.

This initial report is intended to provide the Department with the basic initial information about activities associated with the release. Future reports should provide a more detailed and complete picture of the cleanup project.

Please be aware that a DEQ permit/authorization is required for the following activities:

- 1) Soil aeration, bioremediation (on-site or off-site), or on-site thermal treatment.
- 2) Water discharges to a stream/storm drain from the excavation or treatment tank.

If these activities will be included in your cleanup project, contact the regional DEQ office for the appropriate application forms, information on permit fees and guidance documents.

THIS REPORT WAS PREPARED BY:

Individual: _____ Date: _____
Company: _____ Phone: _____
Address: _____

City: _____ State _____ Zip _____

**1. Please return this form to the regional office in which the site is located.
If you have questions, call the contact person in your regional office.**

**2. For all tanks, except heating oil tanks, you must submit an *UST Decommissioning Checklist and Site Assessment Report* to the appropriate regional office
within 30 days of the UST decommissioning.**

**Failure to do so can result in delays to your project and
may result in continued billing for the annual tank permit fees.**

**3. Addresses and phone numbers for the regional offices can be found in the
UST Cleanup Manual or viewed and downloaded from this DEQ Webpage:
<http://www.deq.state.or.us/about/locations.htm>**

**4. Copies of the *UST Cleanup Manual* and other UST program forms and checklists
can be viewed and downloaded from DEQ's Website:
<http://www.deq.state.or.us/lq/tanks/ust/index.htm>**

or in the Portland area by calling Steve Paiko at 503-229-6652

**or outside the Portland area leaving a message on the
UST Help Line (toll-free in Oregon) at 1-800-742-7878**

KEEP A COPY OF THIS REPORT FOR YOUR FACILITY RECORDS