



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM
30-DAY NOTICE OF INTENT TO DECOMMISSION USTS
OR COMPLETE A CHANGE-IN-SERVICE**

1. FACILITY (Location of Tanks) (Please Print)		2. PERMITTEE (Please Print)	
Name:	<u>WASHINGTON COUNTY</u>	Name:	<u>Washington County</u>
	<u>17911 NW Evergreen Parkway</u>		<u>169 N First Ave.</u>
Address:	<u>Beaverton, OR 97006</u>	Address:	<u>Hillsboro, OR 97124</u>
Phone:	<u>503-846-3491</u>	Phone:	<u>(503) 846-6775</u>
DEQ General Permit Operating Certificate Number: <u>34-10961-2024-OPER</u>			
Work To Be Performed By: <u>EVREN Northwest, Inc.</u>		License # <u>15673</u>	
(Permittee, Tank Owner, Property Owner or Licensed Service Provider)		(Service Provider)	
Phone: <u>503-452-5561</u>	Mobile Phone: _____		

**THIS FORM MUST BE SUBMITTED BY UST PERMITTEE 30 DAYS BEFORE START OF WORK
YOU MUST CONTACT YOUR LOCAL DEQ REGIONAL OFFICE 3-DAYS BEFORE STARTING ANY
DECOMMISSIONING WORK. (Phone numbers are listed on Page 2)**

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

Date decommissioning is scheduled to begin: 8/26/24

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	BBJEA	2500	Diesel		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- * If decommissioned tank(s) are to be replaced by new underground storage tanks you must submit a *General Permit Registration Form to Install and Operate USTs* for the new tanks **30 days** before installing them.
- ♦ Submit a soil sampling plan to the DEQ regional office and receive plan approval prior to starting work if (1) tank is to be decommissioned in-place, (2) tank contents are changed to an unregulated substance or (3) tank contains a regulated substance other than petroleum.

Permittee: <u>GREGG WEIMAN</u> (Please Print)	
Permittee: <u>[Signature]</u> (Signature)	Date: <u>7/30/24</u>



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:	10961		
FACILITY NAME:	Site #371 - Evergreen Place		
FACILITY ADDRESS:	17911 NW Evergreen Parkway, Beaverton, OR 97006		
PERMITTEE PHONE:	503-846-3491	DATE:	9/26/2024

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 #:	15673	Construction Contractors Board License #:	135059
Name:	EVREN Northwest		
Telephone:	503-452-5561		
DEQ Decommissioning Supervisor's License #:	26723		
Name:	Dan Sajko		
Telephone:	503-452-5561		
DEQ Soil Matrix Service Provider's License #:			(If applicable)
Name:			
Telephone:			
DEQ Soil Matrix Supervisor's License #:			(If applicable)
Name:			
Telephone:			

C. DATES:

Decommissioning/Change-in-Service Notice - Date Submitted: 7/30/2024 (30 days before work starts).
 Work Start Telephone Notice - Number issued by DEQ: 34-3D-24-032 (3 working days before work starts).
 DEQ Person Notified: Dave Pardue
 Date Work Started: 8/29/2024 Date Work Completed: 8/29/2024

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	BBJEA	2500	Diesel		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<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			IDENTIFY LOCATION & PROPERTY OWNER	DISPOSAL LOCATION OF TANK CONTENTS	
	SCRAP	LAND-FILL	OTHER		LIQUIDS	SLUDGES
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hillsboro Landfill	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"/>	2	Friedman & Bruya, Inc. Seattle, WA 206-285-8282
	<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.)

See attached site plan.

I. SAFETY EQUIPMENT ON JOB SITE:

Fire Extinguisher:	Type/Size: <u>ABC, 20lb</u>	Recharge Date: <u>9/1/2021</u>
Combustible Gas Detector:	Model: <u>RKI GX-6000</u>	Calibration Date: <u>8/29/2024</u>
Oxygen Analyzer:	Model: <u>RKI GX-6000</u>	Calibration Date: <u>8/29/2024</u>

J. DECOMMISSIONING:

All Tanks: N/A = Not Applicable (Check (√) Appropriate Box)	YES	NO	UNKNOWN	N/A
1. All electrical equipment grounded and explosion proof?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Vehicle and pedestrian traffic controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Excavation material area cleared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Rainwater runoff directed to treatment area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Drained and collected product from lines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Removed product and residual from tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cleaned tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Excavated to top of tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Removed tank fixtures? (pumps, leak detection equipment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Removed product, fill and vent lines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K. TANK ABANDONMENT IN-PLACE:

All Tanks: N/A = Not Applicable (Check (√) Appropriate Box)	YES	NO	UNKNOWN	N/A
16. Sampling plan approved by DEQ? Date: _____ DEQ Staff: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Contamination concerns fully resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Fill Material? Type: _____	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Purged or ventilated tank to prevent explosion? Method used: _____ Meter reading: 0% LEL	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Tank removed, set on ground, blocked to prevent movement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Soil samples taken and analyzed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Was contamination found? Date/Time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Was hazardous waste determination made for tank contents (Liquids/sludges)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

N. REQUIRED SIGNATURES:

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

Permittee or Tank Owner: _____
(Please Print)

Permittee or Tank Owner: **Laurel Brown** Digitally signed by Laurel Brown Date: 2024.09.30 14:09:09 -07'00' _____ Date: _____
(Signature)

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

Licensed Supervisor: **Dan Sajko** _____
(Please Print)

Licensed Supervisor: _____ Date: **9/27/24**
(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: **EVAN BRUGGEMAN** _____
Licensed Service Provider (Please Print)

Executive Officer: _____ Date: **9/27/2024**
Licensed Service Provider (Signature)






BLUE MOUNTAIN
MANAGEMENT

NW EVERGREEN PKWY

NW EVERGREEN PL

TANASBOURNE
PADIATRICS

LEGEND:

-  TAXLOT
-  SUBJECT BUILDINGS
-  FORMER UST

NOTES:

1. BASE MAP DEVELOPED FROM AN AERIAL PHOTOGRAPH MAP DATED 2023 AND ENW FIELD NOTES.
2. ALL BUILDING, STREET, AND FEATURE LOCATIONS ARE APPROXIMATE.
3. SYMBOLS REPRESENT LOCATION AND DO NOT ALWAYS REPRESENT EXACT SHAPE, SIZE, OR ORIENTATION

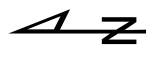
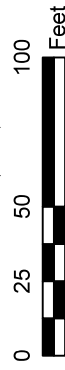
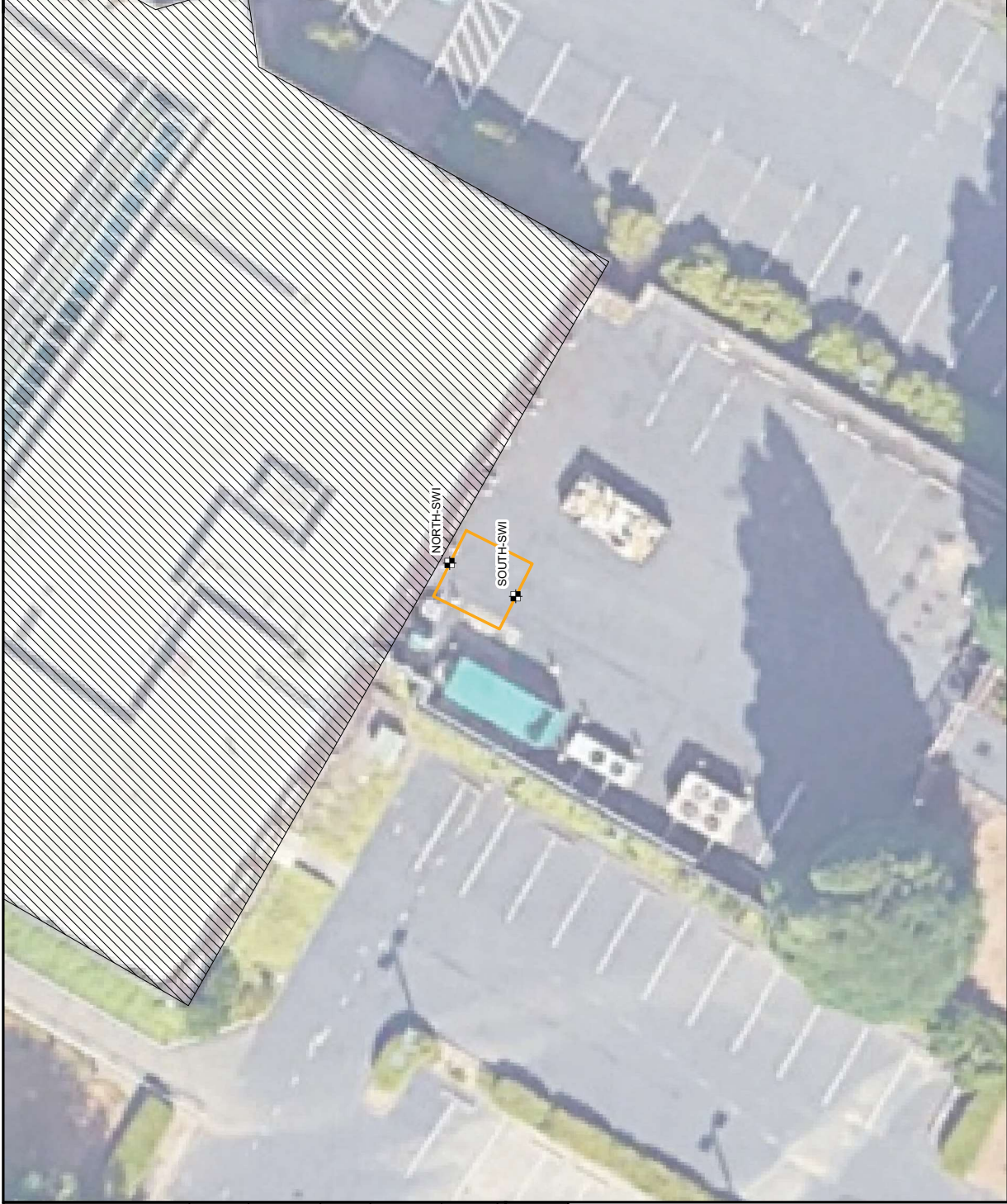


FIGURE 2
SITE PLAN

171911 NORTHWEST
EVERGREEN PLACE
BEAVERTON, OREGON

DRAWN BY	M. FERRY	9/13/2024
CHECKED BY	T. BENNETT	9/13/2024
APPROVED BY	L. GREEN	9/13/2024
DRAWING NUMBER	1967-24001(V01)	



LEGEND:

-  SUBJECT BUILDINGS
-  FORMER UST
-  ENW ASSESSMENT SOIL SAMPLE LOCATION

NOTES:

1. BASE MAP DEVELOPED FROM AN AERIAL PHOTOGRAPH MAP DATED 2023 AND ENW FIELD NOTES.
2. ALL BUILDING, STREET, AND FEATURE LOCATIONS ARE APPROXIMATE.
3. SYMBOLS REPRESENT LOCATION AND DO NOT ALWAYS REPRESENT EXACT SHAPE, SIZE, OR ORIENTATION

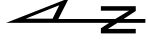


FIGURE 3
SAMPLE LOCATION DIAGRAM
 171911 NORTHWEST
 EVERGREEN PLACE
 BEAVERTON, OREGON

DRAWN BY	M. FERRY	9/13/2024
CHECKED BY	T. BENNETT	9/13/2024
APPROVED BY	L. GREEN	9/13/2024
DRAWING NUMBER	1967-24001(V02)	



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

October 8, 2024

Laurel Brown
Washington County Facilities
169 N 1st Ave MS 42
Hillsboro, OR 97124

RE: UST Decommissioning Status
17911 NW Evergreen Parkway
DEQ UST Facility ID No. 10961

Dear Laurel Brown:

The Department of Environmental Quality (DEQ) has received and reviewed underground storage tank (UST) documents for closure of one decommissioned UST at facility #10961, located at 17911 NW Evergreen Parkway in Hillsboro. 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 August 29, 2024. DEQ file and database records show tank permit BBJEA as inactive and decommissioned. The documents received are on file at the DEQ Headquarters 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