cc bb

LUST FORM

INCIDENT INFORMATION

LUST Incident Nbr: _____ LUST Log Nbr: 26-91-433 UST Facility ID: 7385
Date Received: 10/24/91 Received By: AWP Emergency Resp Taken: Y (N)
Tank Identification: File Name: Canron-Western
Street: 4600 NE 138th
City: Portland Zip: 97235
County: mult. Phone: _____
Incident Comments: _____

CONTACT & MAIL TYPES

Reported By:	LUST Contact:	Responsible Party:
Name: Mario	Name:	Name: Ms. Yvette Thomas
Company: Tom New Const	Company:	Company: Canron-Western
Street: PO Box 16061	Street:	Street: P.O Box 30149
City: Port Zip: 97216	City: Zip:	City: Portland Zip: 97235
State: Or Phone: 257-9292	State: Phone:	State: Or Phone: 255-8634

SITE ASSESSMENT

LUST Incident Nbr: (XXXXXXXXXXXX)
Date Investigated: 11/29/91 Investigated By: AWP By Report
Release Exists: (Y) N (Circle) Confirmation Method: (Circle) A)Staff B)Lab:DEQ C)Lab:RP D)Lab:Other (E)RP F)Other
Cleanup Necessary: Y (N) (Circle) Regulated Tank: (Y) N (Circle) Exposure Assessment: Y (N) (Circle)
Off-Site Migration: Y (N) ? (Circle) Estimated Gallons Released: Trace Priority: _____
Discovery Date: 10/24/91 by Lab result.
How Discovered: (Circle) A)Routine Monitoring B)Inventory Control (C)Decommissioning D)Site Assessment E)Complaint F)Tank Test G)Other
Material Released: (Circle) A)Unleaded Gasoline B)Leaded Gasoline (C)Misc. Gasoline D)Diesel E)Fuel Oil F)Waste Oil G)Lubricant H)Solvent I)Bunker Fuel J)Other Pet. Dist. K)Chemical L)Unknown
So. 1 T 0.2 ppb X 0.5 ppb water X 1.4 ppb
Source of Release: (Circle) A)Tank Leak B)Pipe Leak C)Overfill D)Surface Spill E)Pump/Valve Leak F)Other (G)Unknown

Impacts: (Circle)				
Soil	(Y)	N	%	?
Groundwater	(Y)	N	%	?
Surface Water	Y	(N)	%	?
Drinking Water	Y	(N)	%	?
Facility (Vapor)	Y	(N)	%	?
Facility (Free Product)	Y	(N)	%	?

Site Assessment Comments: No odors or Sheens

SITE MANAGEMENT

LUST Incident Nbr: (XXXXXXXXXXXX)
Date Released Stopped: 10/24/91
Cleanup Activity: Start Date: 10/24/91 Under Control Date: 10/24/91
End Date: 10/24/91 Contractor Name: Tom New
Cleanup Guideline: (Matrix) C.A.P. (Circle) Cleanup Lead: (RP) SLW/TF SLW/oTF (Circle)

Free Product Disposal:		Soil Disposal:	
Est. Gallons:	_____	Est. Cu/Yds:	_____
Resp. Party:	N/A	Resp. Party:	N/A
Disposal Location:	N/A	Disposal Location:	_____
Removal Date:	_____	Removal Date:	_____

Enforcement Action: Y (N) (Circle)
Cost Recovery Initiated: Y (N) (Circle) Source of Cost Recovery: Pct. R.P.: N/A Pct. SLW/TF: _____ Pct. SLW/oTF: _____
Estimations: Cost of Cleanup: Unk Staff Time On Project: 2
Site Management Comments: _____

(Version 102)

* Closed 4/2/92 *

NWR UST CLEANUP SITE CHECKLIST
(for regional use only)

This site is:

_____ <40 ppm Matrix

__X__ Regulated Tank

_____ Exempt Tank

_____ Oil Heat Commission eligible

_____ Other _____
(surface spill, non-petroleum UST, etc.)

Assign site to:

_____ Staff (your initials or staff for major RP)

__X__ Unassigned at this time
(matrix only, soil aeration not anticipated)

_____ Needs to be tracked (supervisor to assign)
Reason:

Action:

__X__ Send Initial Letter (with rules)

_____ Send Modified Letter (without rules)

_____ Send <40 ppm Letter (without rules)

__X__ No letter required Trace levels - will submit report
(sending other letter, etc.)
NO cleanup

Regulated Tank Information (Y/N):

_____ Tanks registered ID No._____

_____ Decommissioning notice (30 day) received

_____ 3 day notice received

_____ Fees current

_____ New tanks to be installed

Misc. Notes:

Oregon

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

NORTHWEST REGION

April 2, 1992

YVETTE THOMAS
CANRON-WESTERN
P O BOX 30149
PORTLAND OR 97225

Re: File No. 26-91-433
Canron-Western

Dear Ms. Thomas:

The Department of Environmental Quality has completed our review of the information submitted to-date regarding the underground storage tank (UST) decommissioning and cleanup conducted at your facility located at 4600 NE 138th, Portland, Oregon. The Department has determined that the site appears to be cleaned up in accordance with OAR 340-122-201 through -360, and that no further action is required at this time.

This determination is a result of our evaluation and judgement based on the regulations and facts as we now understand them, including:

1. One 10,000 gallon gasoline UST and one 10,000 gallon diesel UST was excavated and recycled at Schnitzer Steel Products.

2. Confirmatory samples for TPH-HCID did not show detectable concentrations of gasoline (20 ppm MRL) or diesel (50 ppm MRL) in the soil.

3. Groundwater testing for benzene, toluene, ethylbenzene, and xylenes were all non-detectable, except 1.4 ppb xylenes which is well below the Department's drinking water standard of 10,000 ppb.

The Department's determination will not be applicable if new or undisclosed facts show that the cleanup does not comply with the referenced rules. The Department's determination also does not apply to any conditions at the site other than the release

1500 SW First Avenue
Suite 750
Portland, OR 97201-5884
(503) 229-5263
DEQ-1

of the petroleum product specifically addressed in your report. We recommend that a copy of all information be maintained with the permanent facility records.

Please note that pursuant to OAR 340-122-360(2), a copy of your report must be retained until ten (10) years after the first transfer of the property.

Your efforts to comply with the regulations to ensure that your facility has been adequately cleaned up is appreciated. If you have any questions, please feel free to contact Sheila Monroe at (503) 229-5263.

Sincerely,

Sheila A. Monroe

Sheila A. Monroe
UST Cleanup Specialist
Northwest Region

cc: UST Cleanup Section, ECD
Mario Vega
Tom New Construction
P.O. Box 16061
Portland, Oregon 97216

26-91-433 NWR

Oregon

DEPARTMENT OF ENVIRONMENTAL QUALITY

Date: 9/13/91

Facility ID No.: 2385

Dear Tank Owner/Permittee:

We received a decommissioning notice on 9/13/91 for 2 underground storage tank(s) located at:

Canron Construction Canron Western
4600 NE 138th
Portland OR 97230

Dept. of Environmental Quality
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SEP 16 1991
NORTHWEST REGION

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 or you did not identify a contractor. Please note that a DEQ-licensed contractor is required when work is done by anyone other than the tank owner.

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

NWR

Oregon Department of Environmental Quality
NOTICE OF UNDERGROUND STORAGE TANK PERMANENT DECOMMISSIONING/SERVICE CHANGE

FACILITY (Location of Tanks) Canron Construction

Name: Canron WEstern Inc.

Address: 4600 NE 138th /PO BOX 30149
Portland, OR 97230

Phone: (503) 255-8634

DEQ Facility I.D. Number: 7385

TANK OWNER

Name: Canron Western Inc.

Address: 4600 NE 138th
Portland, OR 97230

Phone: (503) 255-8634

Work To Be Performed By: Tom New Construction Company (Owner or Licensed Service Provider) **License #** 10277

Phone: (503) 257-9292 **Mobile Phone:** (503) 781-6354

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 ✓

Date decommissioning is scheduled to begin: 10/14/91

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
4 ~~1~~	AACCB ~~AACBJ~~	10,000	Diesel		XX	UST91H-0874			X
~~2~~	~~AACCK~~	10,000	Gas		XX	Past Due			X
3	AACCA					Fees			
						$150.00			

* 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: Lynette Thomas **Date:** 9/11/91
(Owner or Operator)

Department of Environmental Quality
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SEP 13 1991
UST Compliance Section

26-91-433 NWR

Oregon Department of Environmental Quality

UNDERGROUND STORAGE TANK DECOMMISSIONING/SERVICE CHANGE REPORT

Oregon Department of Environmental Quality
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FEB 3 1992
NORTHWEST REGION

DEQ FACILITY NUMBER: 7385

DATE: 9/11/91

FACILITY NAME: CANRON WESTERN INC.

FACILITY ADDRESS: 4600 NE 138TH / PO BOX 80149
PORTLAND, OR. 97230

PHONE: 255-8634

TOTALLY DECOMMISSIONED

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: 9/11/91 (30 days before work starts)

Work Start Telephone Notice - Date Submitted: 10/15/91 (3 working days before work starts)

DEQ Person Notified: KATHEREN BLAINE (WAIVED 3 DAY NOTICE)

Date Work Started: 10/16/91

Date Work Completed: 10/25/91

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: 10/16/91 By: DEAN HAYWORTH

DEQ Person Notified: SHARON HAYS

Backfill Telephone Notice - Date Called: 10/17/91 (before backfilling)

DEQ Person Notified: SHARON HAYS (A DUST COLLECTION UNIT HAD BEEN UNDERMINED, WAS IN DANGER OF FALLING INTO PIT.)

FINAL BACKFILL NOTICE — ANDREE POLLACK BY MARIO VEGA ON 10/24/91 @ 2:25 PM

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: _____

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UST Compliance Section

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
4	AACCB	10,000	DIESEL						✓
3	AACCA	10,000	GAS						✓

* 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
3	✓			SCHNITZER STEEL PRODUCT. CO PORTLAND OR	NORTHWEST FIELD SERVICE PORTLAND OR.	NORTHWEST FIELD SERVICE PORTLAND OR.
4	✓			" "	" "	" "

* 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.

UST Compliance Section

E. CONTAMINATION INFORMATIO

Tank #	Ground* water in pit?	Product odor in soil?	Product stains in soil?	Number of Samples	Laboratory (Name, City, State, Phone)
3	YES	NO	NO		AM TEST INC.
4	YES	NO	NO	5 SOIL 1 WATER	9205 S.W. NIMBUS AVE. BEAVERTON OR. 97005 503-292-0554
				6 /	

* 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.)

REF. ATTACHED SHEET

G. WORK PERFORMED BY:

DEQ Service Provider's License #: 10277 Construction Contractor's License #: 63143

Name: TOM NEW CONSTRUCTION. CO.

Telephone: 257-9292

DEQ Decommissioning Supervisor's License #: 1830

Name: MARIO S. VEGA

Telephone: 257-9292

DEQ Soil Matrix Service Provider's License #: 1463 (If applicable)

Name: TOM NEW CONSTRUCTION. CO.

Telephone: 257-9292

DEQ Soil Matrix Supervisor's License #: 1831 (If applicable)

Name: MARIO S. VEGA

Telephone: 257-9292

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: Yvette Thomas Date: 10/22/91
(Owner or Operator)

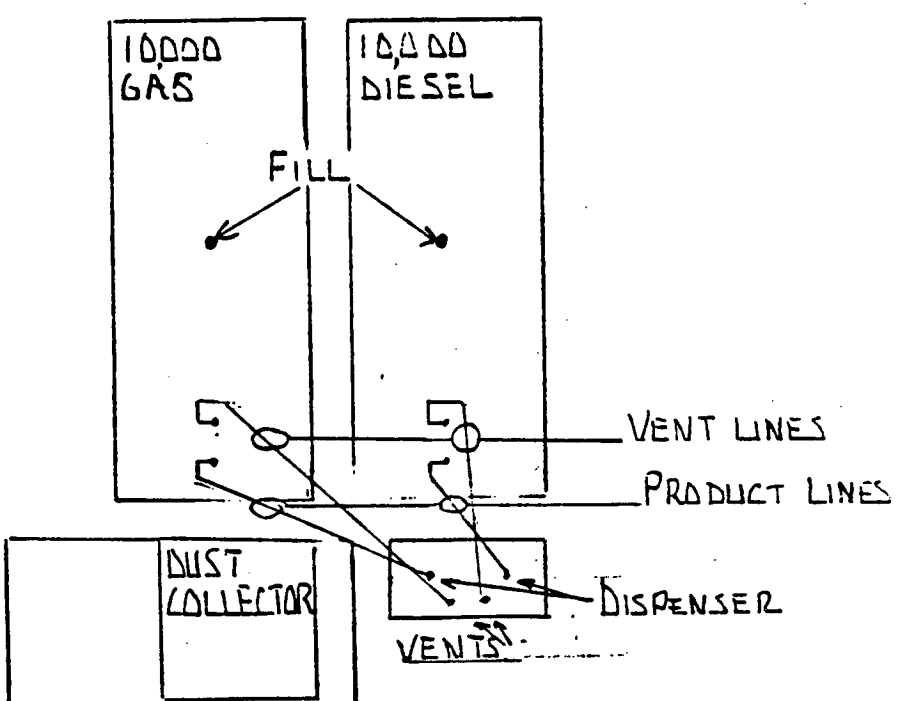
For information: (503) 229-5733 or Toll Free in Oregon 1-800-452-4011

NE 138TH

N

CANRON WESTERN
4600 NE 138TH
PORTLAND OR 97230

DIRECTION OF GROUND SLOPE
IS TO THE NORTH



BUILDING

C Collins - UST

Oregon Department of Environmental Quality

UNDERGROUND STORAGE TANK DECOMMISSIONING CHECKLIST

DEQ FACILITY NUMBER: _____ DATE: _____

FACILITY NAME: CANRON WESTERN INC.

FACILITY ADDRESS: 4600 NE 138TH / PO BOX 30149

PORTLAND, OR, 97230

PHONE: 255-8634

A. SAFETY EQUIPMENT ON JOB SITE:

Fire Extinguisher: Type/Size: DRY CHEMICAL / 2 EA 10 LBS. Recharge Date: AUG 91

Combustible Gas Detector: Model: MX 251 Calibration Date: AUG 91

Oxygen Analyzer: Model: MX 251 (SAME UNIT 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?	✓			
2. Safety equipment on job site?	✓			
3. Overhead electrical lines located?	✓			
4. Subsurface electrical lines off or disconnected?	✓			
5. Natural gas lines off or disconnected?				✓
6. No open fires or smoking material in area?		✓		
7. Vehicle and pedestrian traffic controlled?	✓			
8. Excavation material area cleared?	✓			
9. Rainwater runoff directed to treatment area?				✓
10. Drained and collected product from lines?	✓			
11. Removed product and residual from tank?	✓			
12. Cleaned tank?	✓			
13. Excavated to top of tank?	✓			
14. Removed tank fixtures? (pumps, leak detection equip.	✓			
15. Removed product, fill and vent lines?	✓			

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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
17. Contamination concerns fully resolved?	✓			
18. Fill Material? Type: 3/4-0 GRAVEL/SAND	✓			

D. TANK REMOVAL:

19. Tank placement area cleared, chocks placed?	✓			
20. Purged or ventilated tank to prevent explosion? Method used: DRY ICE Meter reading: <10	✓			
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:

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: NONE-DETECTED		✓		
29. Was contamination reported to DEQ? By: MARIO OEEA Date/Time: 10/17/91 (PM) DEQ Staff: SHARON HAYS	✓			
30. Was hazardous waste determination made for tank contents (Liquids/sludges)?				

31. Disposal location of tank(s) contents.

Name: SPENCER ENVIRONMENTAL Date: 10/15/91

Address: 15770 S. BEAVER GLEN DR.

OR. City, OR **Attach disposal receipt.**

10/17/91 & 10/18/91 / FUEL PROCESSORS INC. 4150 N. SUTTLE Rd. PORTLAND, OR.

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

Name: SCHNITZER STEEL PRODUCTS CO Date: 10/21/91

Address: 1200 S N. BURGARD

PORTLAND OR. **Attach disposal receipt.**

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

Name: N/A Date: ———

Address: ———

Purpose of Reuse: ———

F. WORK PERFORMED BY:

DEQ Service Provider's License #: 10277

Name: TOM NEW CONSTRUCTION CO.

Telephone: 257-9292

DEQ Decommissioning Supervisor's License #: 1830

Name: MARIO S. DEDA

Telephone: 257-9292

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: Mario S Deda **Date:** 10/28/91
(Licensed Supervisor)

Signature: Yvette Thomas **Date:** 10/29/91
(Owner or Operator)

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

O-NHW

WORK ORDER

0927

SPENCER
ENVIRONMENTAL SERVICES, INC.
15770 South Beaver Glen Drive
OREGON CITY, OREGON 97045

(503) 655-0896
EPA ID #ORD-980-836-415

JOB PHONE	DATE OF ORDER
	10-15-91
JOB NAME/LOCATION	
Canron Western 4600 NE 138th	

TO Tom New Construction

PO BOX 16061

Portland,OBR 97216-0061

PHONE

ORDER TAKEN BY

TERMS: 1½% 10 Days 10-24-91 Billing Date
Net 30 Days

DESCRIPTION	AMOUNT
225 gallons of gas & diesel @ 50¢ per gallon:	
Service Charge:	

Signature certifies that to the best of my knowledge this product has not been mixed with hazardous waste.

A FINANCIAL CHARGE of 1½% per month may be applied to any Past Due amount. Past Due Accounts may be placed on C.O.D. without notification. If outside collection action is necessary purchaser shall pay all costs of collection including reasonable attorney's fees.

LABOR	HOURS	RATE	AMOUNT		TOTAL MATERIAL
#20 Rodney					TOTAL LABOR
WORK ORDERED BY	DATE COMPLETED	TOTAL LABOR			TAX
					PAY THIS AMOUNT ▶

Thank You

SIGNATURE (I hereby acknowledge the satisfactory completion of the above described work.)

UNDERGROUND STORAGE TANK CLEANUP REPORT EVALUATION WORKSHEET

File Number: 26-91-433 **Date Evaluated:** 11/29/91

Site Name : Cannon-Western **Evaluated By:** AW

✓ TPH-HCID conducted on contaminated sample ND
type of product detected: __ gasoline __ ~~diesel~~
__ fuel oil __ waste oil __ Other (_____)

✓ Matrix Evaluation
cleanup level: 1 __ 2 ✓ 3 __

Gasoline Contamination

NO TPH-G analysis HETD
Highest concentration ND ppm

Diesel Contamination (or heavier)

__ TPH-D (or TPH-418.1) analysis
Highest concentration ____ppm

Waste Oil Contamination

__ TPH-418.1 analysis
Highest concentration ____ppm

__ EPA Method 8010 (or 8240):_____
__ EPA Method 8020 (or 8240):_____
__ EPA Method 8080:_____
__ TCLP for Cd, Cr, Pb:_____

Groundwater Information

Y Groundwater
✓ BETX on soil
Highest Result 0.2T 0.5X ppm
X BETX on H_2O
Highest Result 1.4X ppb
N Sheen on H_2O initially
N Sheen after cleanup
N/A PAH analysis on H_2O for diesel or heavier contamination?
Results_____ppb

General Information

NO Pocket of contamination left in place
__ Pocket sampled
Highest Concentration ____ppm
__ Size and extent of the pocket described/defined
__ Volume of remaining contamination ____yd^3

✓ Matrix check list enclosed
✓ Matrix Scoresheet enclosed

✓ Analytical results for all sampling enclosed
✓ Test methods appropriate
✓ Chain-of-custody forms enclosed

✓ Site sketch enclosed w/sample locations marked

N/A Soil permit addendum or soil disposal documentation enclosed
__ Onsite treatment
__ Offsite treatment
Site address_____
__ Offsite disposal?
Disposal location_____

✓ Tank disposal documentation enclosed
Disposal Location Schnitzer Steel

✓ Product, waste water, and sludge (circle appropriate material) disposal receipts enclosed
Disposal location(s)_____
Fuel Processors

Additional information to request:

TOM NEW
CONSTRUCTION COMPANY
An Oregon Corporation

(503) 257-9292

11053 S.E. Division
Portland, Oregon 97266

Mailing Address:
P.O. Box 16061
Portland, Oregon 97216

October 31, 1991

#26-91-433

ATTN: Andree Pollock
D.E.Q./Northwest Region
811 SW Sixth Avenue
Portland, OR 97204

Dear Mr. Pollock:

Enclosed please find the Decommission Report for the two underground storage tanks removed from Canron Western, 4600 NE 138th Avenue, Portland, OR; Facility ID No. 7385.

Included are the underground storage Decommissioning/Service change Report and Decommissioning Checklist.

If you have any questions pertaining to this report, please do not hesitate to call me at: 257-9292.

Sincerely yours,

Mario S. Vega
Environmental Project Manager

MV/dh

Enclosures

cc: File

TOM NEW
CONSTRUCTION COMPANY
An Oregon Corporation

11053 S.E. Division
Portland, Oregon 97266

(503) 257-9292

Mailing Address:
P.O. Box 16061
Portland, Oregon 97216

October 28, 1991

ATTN: Yvette Thomas
Canron Western
4600 NE 138th
PO BOX 30149
Portland, OR 97230

Dear Ms. Thomas:

Decommission by removal of two underground storage tanks (USTs). One-10,000 gallon gasoline and one-10,000 gallon diesel, located at Canron Western, 4600 NE 138th Avenue, Portland, OR.

Work was initiated by Tom New construction company on October 16, 1991 and completed on October 25, 1991.

Decommissioning commenced on October 16, 1991, but due to the uncertainty of dust collector stability, work was halted; and continued again on October 17, 1991. The dust collector sits between tanks and building.

Prior to removing tanks, majority of product in tanks was purged and disposed of by Spencer Environmental Service of Oregon City, OR. Product in lines was drained into bucket, (approximately 1/2 gallon was removed from each line).

During excavation, contamination was not noted either in vapors, odors or soil stains. Water was encountered at a depth of 9.5 feet. On October 17, 1991, Ms. Sharon Hays of the Oregon D.E.Q. was notified of water in tank pit.

Backfill material was river bottom sand and native soil noted in the pit was composed of a silty clay loam.

Approximately 90 gallons of water was purged from the pit and disposed of by Fuel Processors Inc., of Portland, OR. Water did return to the pit and on October 18, 1991, water and soil samples were collected. Water was collected from the Northeast corner of the pit at a depth of 9.5 feet. Six soil samples were hand collected from walls of the pit at the original soil/water interface. Duplicate samples were furnished to Canron Wester. (Reference sample location sketch map, Figure C).

All samples were sealed, labeled and samples retained by Tom New Construction Company were packed in ice. Samples were submitted to AMTEST Laboratories of Beaverton for analysis. A Benzene, Toluene, Ethylbenzene and Xylene (BTEX) analysis was requested for the water sample. Soil samples tested for Total Petroleum Hydrocarbon-Hydrocarbon Identifier (TPH-HCID) and BTEX.

TOM NEW
CONSTRUCTION COMPANY
An Oregon Corporation

(503) 257-9292

11053 S.E. Division
Portland, Oregon 97266

Mailing Address:
P.O. Box 16061
Portland, Oregon 97216

Product from lines was disposed of by Fuel Processors, Inc. of Portland, OR. Tanks were inerted by use of dry ice. After removal, inspection of tanks and lines revealed no signs of leakage.

Tanks were labeled and rendered unserviceable and on October 18, 1991, along with associated piping disposed of at Schnitzer Steel Product Co., of Portland, OR.

Analytical results indicated None Detected (ND) on the soil samples TPH-HCID analysis. BTEX analysis on the soil showed 0.2 ppb Toluene, .05 ppb Xylenes on Sample D and .05 Xylenes on Sample F. All other soil samples showed ND. The water sample indicated a 1.4 Xylenes and ND on Benzene, Toluene and Ethylbenzene.

On October 24, 1991, the analytical results, were discussed with Mr. Andree Pollock of The Oregon D.E.Q. Based on the sample results requested to complete backfilling was granted by Mr. Pollock. Though water was encountered in the pit, with no serious contamination found in the soil or water, Mr. Pollock agreed that the site could be reported under the Matrix Clean-up Rules.

Under the Matrix Clean-up Rules your site location qualifies as a Level 2 clean-up. Analytical results of water and soil samples collected from the tank excavation pit indicate that your site requires no clean-up action and would also meet D.E.Q. clean-up standards for a Level 1 site. A copy of this report is being forwarded to the Oregon D.E.Q.

Enclosed are copies of; Area site location map, tank lines & dispensers location sketch map, soil & water collection sketch map, tank & piping disposal receipts, tank product & pit water disposal receipts, Fire Department Permit, D.E.Q. Underground Storage Tank Permanent Decommissioning/Service Change (30 Day Notice) Form, Underground Storage Decommissioning/Service Change Report Form, Underground Storage Tank Decommissioning Checklist, Soil & Water Samples Chain of Custody Record, Samples Analytical Results, Well Logs, photographs, Matrix Score Sheet and Matrix Checklist.

Should you have any questions pertaining to this report, please feel free to call me at: 257-9292.

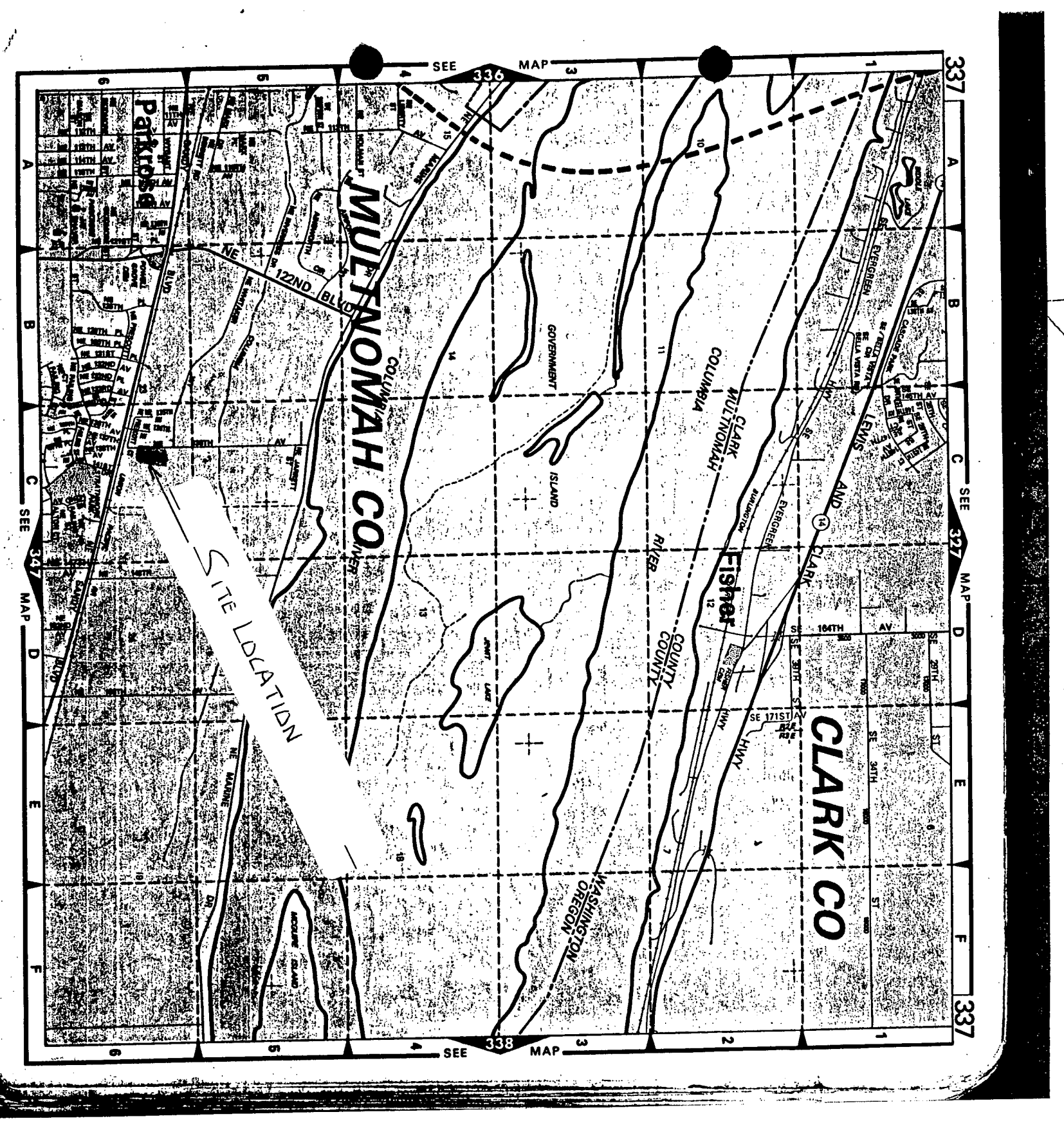
Sincerely yours,

Mario S. Vega
Environmental Project Manager

dh/MV

Enclosures

cc: D.E.Q./Andree Pollock
File



CANRON WESTERN
4600 NE 138TH
PORTLAND OREGON
97230

FIGURE A.
SITE LOCATION

NE 138TH

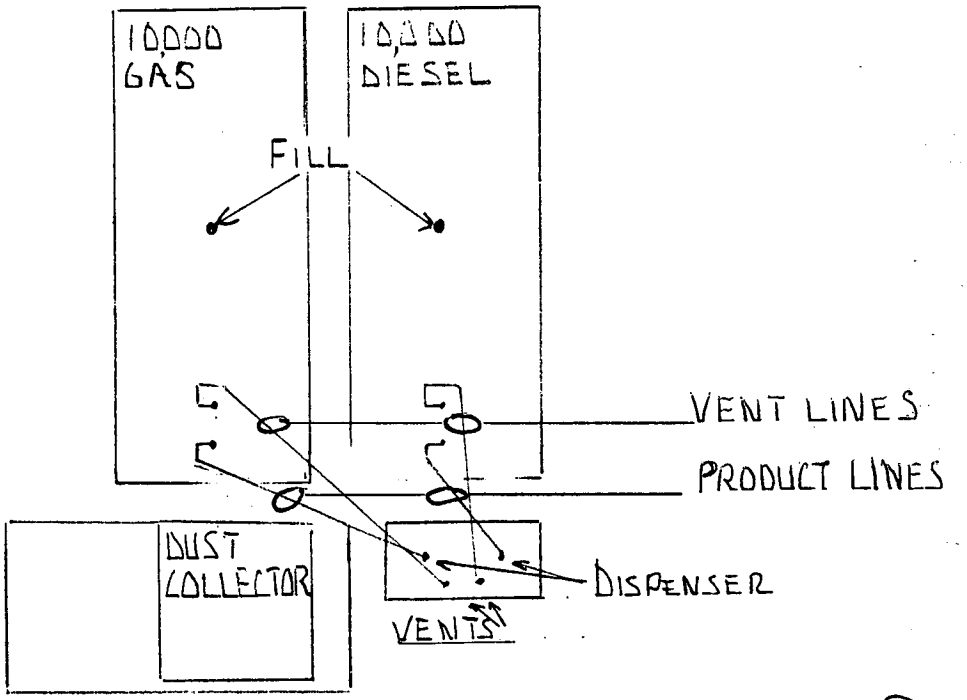
N

CANRON WESTERN
4600 NE 138TH
PORTLAND OR 97230

FIGURE B.

SITE SKETCH;
TANK LINES &
DISPENSER LOCATION

DIRECTION OF GROUND
FLOW IS TO THE NORTH



OFFICE AREA

BUILDING

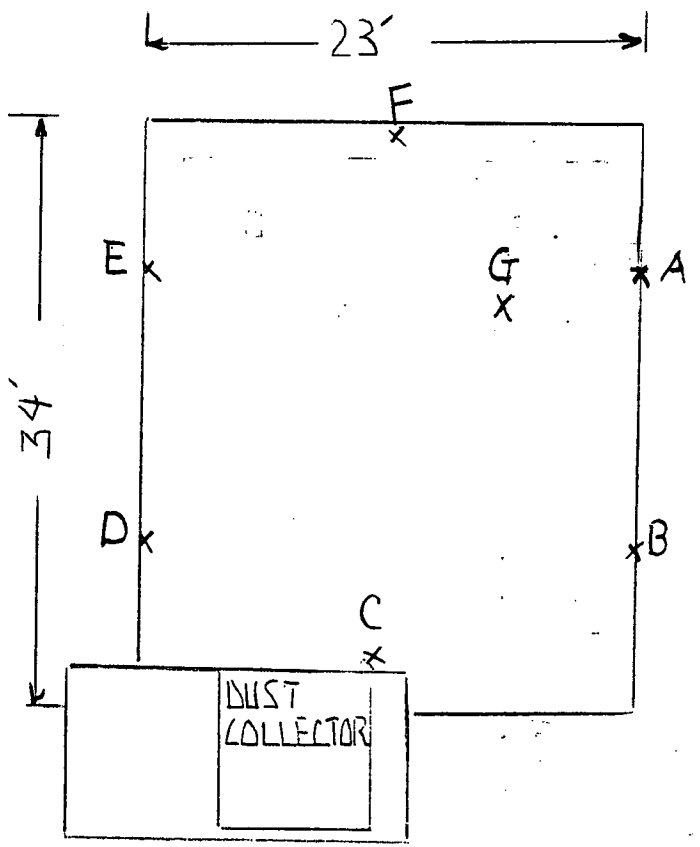
NE 138TH

N

CANRON WESTERN
4600 NE 138TH
PORTLAND OR 97230

FIGURE C.

SOIL & WATER SAMPLE MAP



OFFICE AREA

BUILDING

CUSTOMER
New Tom

ADDRESS

SCHNITZER STEEL PRODUCTS CO.
INTERNATIONAL TERMINAL
12005 N. BURGARD, PORTLAND, OR 97203
(503) 286-5771

BILL OF SALE NO.
FE-674921

CONTRACT NUMBER

VENDOR NUMBER

COMMODITY NUMBER 103

COMMODITY DESCRIPTION

I REPRESENT AND WARRANT THAT THIS MATERIAL DOES NOT CONTAIN A HAZARDOUS SUBSTANCE AS DEFINED BY FEDERAL OR STATE LAW, AND I AGREE TO INDEMNIFY SCHNITZER STEEL PROD. CO. AGAINST ALL CLAIMS.

GI 25320 6 lb 08:54 AM 10/21/91

TA 17240 6 lb 09:09 AM 10/21/91

N 8080

◀ G

◀ T

◀ N

DRY

WET/SNOW

WEIGHER

TIME

BILL OF SALE

I hereby state that I am the lawful owner of the material described hereon, that I have a right to sell same and that for payment received in full, hereby acknowledged, I sell and convey title of same to SCHNITZER STEEL PRODUCTS CO.

X

PRICE 4.78 T

EXTENDED 19392

CARRIER

TRACTOR NO.

CUSTOMER

S1009

CUSTOMER
Tom New Consol

ADDRESS

SCHNITZER STEEL PRODUCTS CO.
INTERNATIONAL TERMINAL
12005 N. BURGARD, PORTLAND, OR 97203
(503) 286-5771

BILL OF SALE NO.
FE-674972

CONTRACT NUMBER

VENDOR NUMBER

COMMODITY NUMBER 103

COMMODITY DESCRIPTION

I REPRESENT AND WARRANT THAT THIS MATERIAL DOES NOT CONTAIN A HAZARDOUS SUBSTANCE AS DEFINED BY FEDERAL OR STATE LAW, AND I AGREE TO INDEMNIFY SCHNITZER STEEL PROD. CO. AGAINST ALL CLAIMS.

GN 25720 G lb 10:37 AM 10/21/91

TA 17100 G lb 10:54 AM 10/21/91

N 8620

◀ G

◀ T

◀ N

SCRAP IRON & STEEL INSTITUTE INC. 1938

DRY

WET/SNOW

WEIGHER

TIME

BILL OF SALE

I hereby state that I am the lawful owner of the material described hereon, that I have a right to sell same and that for payment received in full, hereby acknowledged, I sell and convey title of same to SCHNITZER STEEL PRODUCTS CO.

X

PRICE 48

EXTENDED

CARRIER

TRACTOR NO.

S1009

O-NHW

WORK ORDER

0927

SPENCER ENVIRONMENTAL SERVICES, INC.
15770 South Beaver Glen Drive
OREGON CITY, OREGON 97045

(503) 655-0896
EPA ID #ORD-980-836-415

JOB PHONE	DATE OF ORDER
	10-15-91
JOB NAME/LOCATION	
Canron Western 4600 NE 138th	

TO Tom New Construction

PO BOX 16061 — PHONE

Portland,OR 97216-0061 — ORDER TAKEN BY

TERMS: 1½% 10 Days 10-24-91 Billing Date
Net 30 Days

DESCRIPTION	AMOUNT
225 gallons of gas & diesel @ 50¢ per gallon:	
Service Charge:	

Signature certifies that to the best of my knowledge this product has not been mixed with hazardous waste.

A FINANCIAL CHARGE of 1½% per month may be applied to any Past Due amount. Past Due Accounts may be placed on C.O.D. without notification. If outside collection action is necessary purchaser shall pay all costs of collection including reasonable attorney's fees.

LABOR	HOURS	RATE	AMOUNT	TOTAL MATERIAL
$20 Rodney				TOTAL LABOR
WORK ORDERED BY / DATE COMPLETED		TOTAL LABOR		TAX

PAY THIS AMOUNT ➤

Thank You

SIGNATURE (I hereby acknowledge the satisfactory completion of the above described work.)

FUEL PROCESSORS INC.

No. 5516

1-800-367-8894

701 Bozarth Woodland, Wa. 98674
EPA # WAD 087462503 Phone 225-6571

4150 N. Suttle Rd. Portland, OR 97217
EPA # ORD 980975692 Phone 286-8352 Fax 286-5027

Generator Tom New Construction **Date** 10/18/91

4000 NE 138 (Name) Poet (Contact) OR 1227
Address City State Zip Phone

Billing Address
PO Box 16061
Port. OR. 97216

Receiving Facility: FUEL PROCESSORS INC. Portland (City) OR (State)

Payment Terms

Driver GREG Truck No. 103 Trailer No.

CK# P.O.#

Gallons	Description	Rate Per Gallon	Rate Per Mile	Miles Hauled	Rate Per Hour	Charge Paid
70	WATER & DIESEL @	.50				
	2 hr min.					
	COMBUSTIBLE LIQUID NA 1993					
	Total					

Customer warrants that the waste petroleum products being transferred by the above collector do not contain any contaminants including, without limitation, pesticides, chlorinated solvents at concentrations greater than 1000 PPM, PCB's at greater concentrations greater than 2 PPM (or 50 PPM with Manifest), or any other material classified as hazardous waste by 40 CFR part 261, customer Subparts C and D (implementing the Federal Resource Conservation and Recovery Act) or by any equivalent State hazardous waste or hazardous substance classification program. Should laboratory tests find this waste product not in compliance with 40 CFR Part 261, customer (generator) agrees to pay for all disposal costs incurred.

Signed X [signature] Date 10/18/91

FUEL PROCESSORS INC.

No. 5510

1-800-367-8894

701 Bozarth Woodland, Wa. 98674
EPA # WAD 087462503 Phone 225-6571

4150 N. Suttle Rd. Portland, OR 97217
EPA # ORD 980975692 Phone 286-8352 Fax 286-5027

Generator Tom New Const. (Name) DOUG (Contact) **Date** 10/17/91

4000 NE 138 (Address) PORT (City) OR (State) 1227 (Zip) (Phone)

Billing Address

~~Total~~ PO Box 160161

PORT.

Receiving Facility: FUEL PROCESSORS INC. PORTLAND (City) OR (State)

Payment Terms

Driver GREG Truck No. 103 Trailer No.

CK# P.O.#

Gallons	Description	Rate Per Gallon	Rate Per Mile	Miles Hauled	Rate Per Hour	Charge Paid
90	OILY WATER	.50				
	COMBUSTIBLE LIQUID NA 1993					
	Total					

Customer warrants that the waste petroleum products being transferred by the above collector do not contain any contaminants including, without limitation, pesticides, chlorinated solvents at concentrations greater than 1000 PPM, PCB's at greater concentrations greater than 2 PPM (or 50 PPM with Manifest), or any other material classified as hazardous waste by 40 CFR part 261, customer Subparts C and D (implementing the Federal Resource Conservation and Recovery Act) or by any equivalent State hazardous waste or hazardous substance classification program. Should laboratory tests find this waste product not in compliance with 40 CFR Part 261, customer (generator) agrees to pay for all disposal costs incurred.

Signed X [signature] Date 10-16-91

APPLICATION FOR PERMIT TO INSTALL TANKS, CYLINDERS, AND EQUIPMENT
Fire Prevention, City of Portland, Oregon
248-0203

For PFB Use Only
Permit Number

Date 9/10/91 TOTAL COST OF THIS PERMIT $ 213.80

==========

Plans must be submitted to the Fire Prevention Division & approved before installation.

NEW INSTALLATION_____ ADDITION_____ REPAIR_____ ALTERATION_____ REMOVE ✓

LIQUIDS/TANKS ✓ L.P.G._____ GASES_____ PAINT BOOTH_____ DRY CLEANING PLANT _____

JOB ADDRESS 4600 NE 138TH OCCUPANCY_____

OWNER CANRON WESTERN ADDRESS 4600 NE 138TH/PO Box 30149

CONTRACTOR TOM NEW CONSTRUCTION CO. PHONE NO. 257-9292

PLANS SUBMITTED NO SPECIFICATIONS_____ NUMBER OF SHEETS_____

TOTAL VALUATION OF WORK TO BE PERFORMED $ 7,995.00

TANKS: PRODUCT TO BE STORED IN TANKS:_____

TANK LOCATION: UNDERGROUND ✓ ABOVEGROUND_____ STREET_____ YARD_____ BUILDING_____

TANK MATERIAL: STEEL TANK LISTING:_____ SINGLE WALL ✓ DOUBLE WALL_____

NO. OF TANKS: 2 TANK CAPACITIES: 1. 10,000 2. 10,000 3._____ 4._____

PIPING: MATERIAL: STEEL SINGLE WALL ✓ DOUBLE WALL_____ TYPE OF PUMP N/A

FOR ADDITIONAL TANK CAPACITIES_____

LP GASES: CYL SIZE:_____ USE: VAPOR/LIQUID_____ PUMP_____ GRAVITY_____ BARRICADES:_____

COMPRESSED GASES: PRODUCT(S)_____ NO. OF CYL'S_____ SIZE_____

PAINT BOOTH: DIMENSIONS: LGH_____ WIDTH_____ EXTINGUISHING SYSTEM: TYPE_____

DRY CLEANING PLANT: TYPE_____ SOLVENT CLASS_____ (DESCRIBE TANK SYSTEM ABOVE)

DESCRIPTION OF WORK: REMOVE TWO (2) - 10,000 GALLON UNDERGROUND STORAGE TANKS.

APPROVED permit includes only work described above and/or on plans and specifications bearing the same permit number and will comply with all applicable codes and ordinances of the City of Portland, Oregon.

NAME OF INSTALLING COMPANY TOM NEW CONSTRUCTION CO. PHONE 257-9292

SIGNATURE OF APPLICANT Charles Sloge

FIRE PREVENTION DIVISION: FIRE MARSHAL

By_____ INSPECTOR

300.150 (Rev. 4-89)

PERMIT NO. _____

DATE _____ 19___

GASOLINE AND MOTOR FUEL TANK AND PUMP APPLICATION

City of Portland Oregon
FIRE PREVENTION DIVISION
55 S.W. ASH PORTLAND, OREGON 97204

PERMIT CODE _____

ADDRESS 4600 NE 138TH / PO Box 3449 PORTLAND, OR. 30149

INSTALLED FOR CANRON WESTERN INC OCCUPANCY _____

APPLICANT TOM NEW CONSTRUCTION CO. PHONE 257-9292

TANK

MATERIAL STEEL

CAPACITIES 2-10,000

UNDERGROUND _____ ABOVE GROUND _____

STREET _____ INTERIOR _____

YARD _____ DETACHED _____

UNDER BUILDING _____ INSIDE BUILDING _____

PUMP

LOCATION

TYPE _____ MAKE _____

SUB _____ IN BUILDING _____ ON ISLAND _____

IN-DISPENSER _____ REPLACEMENT _____ ADDITION _____

TOTAL NO. OF PUMPS ON PREMISES _____

TANK - PIPING

FIRE INSPECTOR'S REPORT

PUMP

INSPECTED BY _____ DATE _____

INSPECTED BY _____ DATE _____

Installation to be in conformance with Ordinance No. 130572 and under supervision of the FIRE MARSHAL. NOTE: Before any portion of street area is used, owner of property must apply to City Engineer for permit to use street. Notify Fire Marshal for inspection before back fill or pipes are covered.

Make checks payable to the City Treasurer.

TELEPHONE 248-4355

FEE POWER SHELL $ _____

City of Portland
FIRE PREVENTION DIVISION
55 S.W. Ash Street
Portland, OR 97204 Phone: 248-0203

PERMIT NUMBER 911514

FEE AMOUNT $158.30

CODE 19D(2)

Subject to the compliance with the ordinances of the City of Portland, permission is hereby granted for the installation of:

_____NEW INSTALLATION _____ADDITION _____ALTERATION _____REPAIR XX REMOVE

XX LIQUIDS/TANKS _____L.P.G. _____COMPRESSED GASES _____DRY CLEANING PLANTS _____PAINT SPRAY BOOTHS

Located at 9425 N BURRAGE - FRANK C. RALPH & SONS INC

Contractor TOM NEW CONSTRUCTION

Permit Issued 10-28 19 91

Fire Marshal LYNN DAVIS

By _____

INSPECTION RECORD:	DATE	INSPECTOR	OTHER
APPROVE TANK/CYLINDER LOCATION			
APPROVE PIPING AND VALVES			
PRESSURE TEST WITNESSED			
OK TO COVER			

FINAL APPROVAL

DATE INSPECTOR

NOTE: Keep card conspicuously posted on premises until job is completed and final inspection made.
Request for final must be made within 14 days after completion of work. Permit valid for 180 days only

Date 10-28 19 91 Cash _____ Check 9669

Received of TOM NEW CONSTRUCTION T 1252

The sum of ONE HUNDRED FIFTY EIGHT DOLLARS & 30/100 $ 158.30

300.151 Rev. 4-89

By Norma Scott

Oregon Department of Environmental Quality

NOTICE OF UNDERGROUND STORAGE TANK PERMANENT DECOMMISSIONING/SERVICE CHANGE

FACILITY (Location of Tanks)

Name: Canron WEstern Inc.

Address: 4600 NE 138th /PO BOX 30149

Portland, OR 97230

Phone: (503) 255-8634

DEQ Facility I.D. Number: 7385

TANK OWNER

Name: Canron Western Inc.

Address: 4600 NE 138th

Portland, OR 97230

Phone: (503) 255-8634

Work To Be Performed By: Tom New Construction Company License # 10277
(Owner or Licensed Service Provider)

Phone: (503) 257-9292 Mobile Phone: (503) 781-6354

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 ✓

Date decommissioning is scheduled to begin: 10/14/91

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	AACBJ	10,000	Diesel		XX				X
2	AACCK	10,000	Gas		XX				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: Yvette Thomas Date: 9/11/91
(Owner or Operator)

LUST #26-91-433

UST PULL LOG

Date: 10-15-91 3 Day Notice Time: 8:35 Expected Pull Date: 10-15-91 (?)

Person/Company Pulling tank: Dean Haworth - Tom New Construction

Phone: 251-9292

Business Name/Owner: ~~Conrad Western~~ Construction Phone:

Address of Tank Site: 4600 NE 138th - Portland

Facility I.D. #: 7385

Tank I.D. No.	No. of Tanks	Size of Tanks	Contents of Tanks
	1	10,000#	gas
	1	40,000#	diesel
?	1	10,000	gas

Pulling 1 @ 15/91

Oregon Department of Environmental Quality

UNDERGROUND STORAGE TANK DECOMMISSIONING CHECKLIST

DEQ FACILITY NUMBER: _____ DATE: _____

FACILITY NAME: CANRON WESTERN INC. CC TO

FACILITY ADDRESS: 4600 NE 138TH / PO BOX 30149 UST

PORTLAND, OR, 97230 1/29/92 ly

PHONE: 255-8634

A. SAFETY EQUIPMENT ON JOB SITE:

Fire Extinguisher: Type/Size: DRY CHEMICAL / 2 EA 10 LBS. Recharge Date: AUG 91

Combustible Gas Detector: Model: MX 251 Calibration Date: AUG 91

Oxygen Analyzer: Model: MX 251 (SAME UNIT 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?	✓			
2. Safety equipment on job site?	✓			
3. Overhead electrical lines located?	✓			
4. Subsurface electrical lines off or disconnected?	✓			
5. Natural gas lines off or disconnected?				✓
6. No open fires or smoking material in area?		✓		
7. Vehicle and pedestrian traffic controlled?	✓			
8. Excavation material area cleared?	✓			
9. Rainwater runoff directed to treatment area?				✓
10. Drained and collected product from lines?	✓			
11. Removed product and residual from tank?	✓			
12. Cleaned tank?	✓			
13. Excavated to top of tank?	✓			
14. Removed tank fixtures? (pumps, leak detection equip.	✓			
15. Removed product, fill and vent lines?	✓			

C. TANK ABANDONMENT IN-PLACE:

	Yes	No	Unk	N/A
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
17. Contamination concerns fully resolved?	✓			
18. Fill Material? Type: 3/4-D GRAVEL/~~AND~~SAND	✓			

D. TANK REMOVAL:

19. Tank placement area cleared, chocks placed?	✓			
20. Purged or ventilated tank to prevent explosion? Method used: DRY ICE Meter reading: <10	✓			
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:

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: MARIO OEGA Date/Time: 10/17/91 (PM) DEQ Staff: SHARON HAYS	✓			
30. Was hazardous waste determination made for tank contents (Liquids/sludges)?				

NONE-DETECTED

31. Disposal location of tank(s) contents.
Name: SPENCER ENVIRONMENTAL Date: 10/15/91
Address: 15770 S. BEAVER GLEN DR.
OR. City. OR
Attach disposal receipt.

10/17/91 & 10/18/91
FUEL PROCESSORS INC.
4150 N. SUTTLE Rd.
PORTLAND, OR.

32. Disposal or recycling location of removed tank(s) and associated piping.
Name: SCHNITZER STEEL PRODUCTS Co. Date: 10/21/91
Address: 12005 N. BURGARD
PORTLAND OR.
Attach disposal receipt.

33. If tank(s) are intended to be reused, identify new tank site.
Name: N/A Date: ——
Address: ——

Purpose of Reuse: ——

F. WORK PERFORMED BY:

DEQ Service Provider's License #: 10277

Name: TOM NEW CONSTRUCTION CO.

Telephone: 257-9292

DEQ Decommissioning Supervisor's License #: 1830

Name: MARIO S. VEGA

Telephone: 257-9292

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: Mario S Vega **Date:** 10/28/91
(Licensed Supervisor)

Signature: Yvette Thomas **Date:** 10/29/91
(Owner or Operator)

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

O-NHW

WORK ORDER

0927

SPENCER
ENVIRONMENTAL SERVICES, INC.
15770 South Beaver Glen Drive
OREGON CITY, OREGON 97045

(503) 655-0896
EPA ID #ORD-980-836-415

JOB PHONE	DATE OF ORDER
	10-15-91

JOB NAME/LOCATION
Canron Western
4600 NE 138th

TO Tom New Construction

PO BOX 16061

Portland,ORR 97216-0061

PHONE

ORDER TAKEN BY

TERMS: 1½% 10 Days 10-24-91 Billing Date
Net 30 Days

DESCRIPTION	AMOUNT
225 gallons of gas & diesel @ 50¢ per gallon:	
Service Charge:	

Signature certifies that to the best of my knowledge this product has not been mixed with hazardous waste.

A FINANCIAL CHARGE of 1½% per month may be applied to any Past Due amount. Past Due Accounts may be placed on C.O.D. without notification. If outside collection action is necessary purchaser shall pay all costs of collection including reasonable attorney's fees.

LABOR	HOURS	RATE	AMOUNT	TOTAL MATERIAL
#20 Rodney				TOTAL LABOR
WORK ORDERED BY / DATE COMPLETED		TOTAL LABOR		TAX

PAY THIS AMOUNT ▶

Thank You

SIGNATURE (I hereby acknowledge the satisfactory completion of the above described work.)

Oregon Department of Environmental Quality

UNDERGROUND STORAGE TANK DECOMMISSIONING/SERVICE CHANGE REPORT

DEQ FACILITY NUMBER: 7385 DATE: 9/11/91

FACILITY NAME: CANRON WESTERN INC.

FACILITY ADDRESS: 4600 NE 138TH / PO BOX 30149
PORTLAND, OR. 97230

PHONE: 255-8634

CC to C Collins UST 1/29/92 bj

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: 9/11/91 (30 days before work starts)

Work Start Telephone Notice - Date Submitted: 10/15/91 (3 working days before work starts)

DEQ Person Notified: KATHEREN BLAINE (WAIVED 3 DAY NOTICE)

Date Work Started: 10/16/91

Date Work Completed: 10/25/91

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: 10/16/91 By: DEAN HAYWORTH

DEQ Person Notified: SHARON HAYS

Backfill Telephone Notice - Date Called: 10/17/91 (before backfilling)

DEQ Person Notified: SHARON HAYS (A DUST COLLECTION UNIT HAD BEEN UNDERMINED, WAS IN DANGER OF FALLING INTO PIT.)

B. PERMITS: FINAL BACKFILL NOTICE — ANDREE POLLACK BY MARIO VEGA ON 10/24/91 @ 2:28 PM

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
4	AACCB	10,000	DIESEL						✓
3	AACCA	10,000	GAS						✓

* 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
3	✓			SCHNITZER STEEL PRODUCT. CO PORTLAND OR	NORTHWEST FIELD SERVICE PORTLAND OR.	NORTHWEST FIELD SERVICE PORTLAND OR.
4	✓			" "	" "	" "

* 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)
3	YES	NO	NO		AM TEST INC.
4	YES	NO	NO	5 SOIL 1 WATER	9205 S.W. NIMBUS AVE. BEAVERTON OR. 97005 503-292-0554

* 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.)

REF. ATTACHED SHEET

G. WORK PERFORMED BY:

DEQ Service Provider's License #: 10277 Construction Contractors License #: 63143

Name: TOM NEW CONSTRUCTION CO.

Telephone: 257-9292

DEQ Decommissioning Supervisor's License #: 1830

Name: MARIO S. VEGA

Telephone: 257-9292

DEQ Soil Matrix Service Provider's License #: 1463 (If applicable)

Name: TOM NEW CONSTRUCTION. CO.

Telephone: 257-9292

DEQ Soil Matrix Supervisor's License #: 1831 (If applicable)

Name: MARIO S. VEGA

Telephone: 257-9292

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: Yvette Thomas (Owner or Operator) Date: 10/22/91

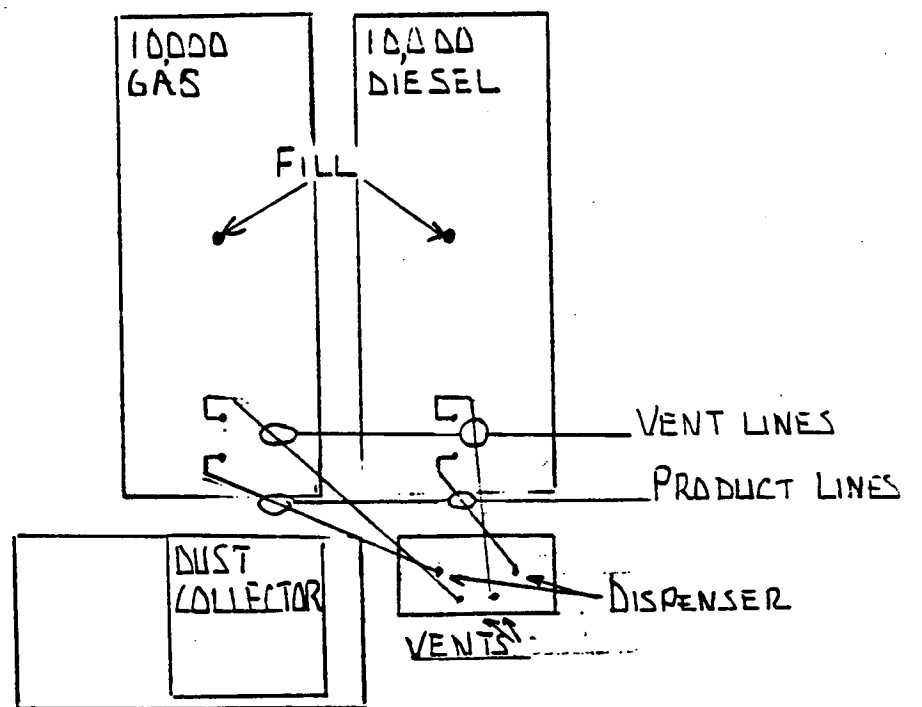
For information: (503) 229-5733 or Toll Free in Oregon 1-800-452-4011

NE 138TH

N

CANRON WESTERN
4600 NE 138TH
PORTLAND OR 97230

DIRECTION OF GROUND SLOPE
IS TO THE NORTH



BUILDING

FUEL PROCESSORS INC.

No. 5510

1-800-367-8894

701 Bozarth Woodland, Wa. 98674
EPA # WAD 087462503 Phone 225-6571

4150 N. Suttle Rd. Portland, OR 97217
EPA # ORD 980975692 Phone 286-8352 Fax 286-5027

Generator Tom New Const. (Name) DOUG (Contact) **Date** 10/17/91

4000 NE 138 (Address) PORT (City) OR (State) 1227 (Zip) (Phone)

Billing Address

~~Total~~ PO Box 160161

PORT.

Receiving Facility: FUEL PROCESSORS INC. PORTLAND (City), OR (State)

Payment Terms

Driver GREG Truck No. 103 Trailer No.

CK# P.O.#

Gallons	Description	Rate Per Gallon	Rate Per Mile	Miles Hauled	Rate Per Hour	Charge Paid
90	OILY WATER	.50				
	COMBUSTIBLE LIQUID NA 1993					
	Total					

Customer warrants that the waste petroleum products being transferred by the above collector do not contain any contaminants including, without limitation, pesticides, chlorinated solvents at concentrations greater than 1000 PPM, PCB's at greater concentrations greater than 2 PPM (or 50 PPM with Manifest), or any other material classified as hazardous waste by 40 CFR part 261, customer Subparts C and D (implementing the Federal Resource Conservation and Recovery Act) or by any equivalent State hazardous waste or hazardous substance classification program. Should laboratory tests find this waste product not in compliance with 40 CFR Part 261, customer (generator) agrees to pay for all disposal costs incurred.

Signed X [signature] Date 10-16-91

FUEL PROCESSORS INC.

No. 5516

1-800-367-8894

701 Bozarth Woodland, Wa. 98674
EPA # WAD 087462503 Phone 225-6571

4150 N. Suttle Rd. Portland, OR 97217
EPA # ORD 980975692 Phone 286-8352 Fax 286-5027

Generator TOM NEW CONSTRUCTION **Date** 10/18/91

4600 NE 138 (Name) PORT (Contact) OR 1227
Address City State Zip Phone

Billing Address
PO BOX 16061
PORT. OR, 97216

Receiving Facility: FUEL PROCESSORS INC. PORTLAND (City) OR (State)

Driver GREG Truck No. 103 Trailer No.

Payment Terms
CK# P.O.#

Gallons	Description	Rate Per Gallon	Rate Per Mile	Miles Hauled	Rate Per Hour	Charge Paid
70	WATER & DIESEL @	.50				
	2 HR MIN.					
	COMBUSTIBLE LIQUID NA 1993					
	Total					

Customer warrants that the waste petroleum products being transferred by the above collector do not contain any contaminants including, without limitation, pesticides, chlorinated solvents at concentrations greater than 1000 PPM, PCB's at greater concentrations greater than 2 PPM (or 50 PPM with Manifest), or any other material classified as hazardous waste by 40 CFR part 261, customer Subparts C and D (implementing the Federal Resource Conservation and Recovery Act) or by any equivalent State hazardous waste or hazardous substance classification program. Should laboratory tests find this waste product not in compliance with 40 CFR Part 261, customer (generator) agrees to pay for all disposal costs incurred.

Signed X [signature] Date 10/18/91

CUSTOMER
Tom New Comm

ADDRESS

SCHNITZER STEEL PRODUCTS CO.
INTERNATIONAL TERMINAL
12005 N. BURGARD, PORTLAND, OR 97203
(503) 286-5771

BILL OF SALE NO.
FE-674972

CONTRACT NUMBER

VENDOR NUMBER

COMMODITY NUMBER 103

COMMODITY DESCRIPTION

I REPRESENT AND WARRANT THAT THIS MATERIAL DOES NOT CONTAIN A HAZARDOUS SUBSTANCE AS DEFINED BY FEDERAL OR STATE LAW, AND I AGREE TO INDEMNIFY SCHNITZER STEEL PROD. CO. AGAINST ALL CLAIMS.

GN 25720 6 1b 10:37 AM 10/21/91

TA 17100 6 1b 10:54 AM 10/21/91

N 8620

◀ G

◀ T

◀ N

DRY

WET/SNOW

WEIGHER

BILL OF SALE

I hereby state that I am the lawful owner of the material described hereon, that I have a right to sell same and that for payment received in full, hereby acknowledged, I sell and convey title of same to SCHNITZER STEEL PRODUCTS CO.

X

PRICE 48—

EXTENDED

CARRIER

TRACTOR NO.

TIME

S1009

CUSTOMER

CUSTOMER
New Tom
ADDRESS

SCHNITZER STEEL PRODUCTS CO.
INTERNATIONAL TERMINAL
12005 N. BURGARD, PORTLAND, OR 97203
(503) 286-5771

BILL OF SALE NO.
FE-674921

VENDOR NUMBER

COMMODITY NUMBER 103

CONTRACT NUMBER

COMMODITY DESCRIPTION

I REPRESENT AND WARRANT THAT THIS MATERIAL DOES NOT CONTAIN A HAZARDOUS SUBSTANCE AS DEFINED BY FEDERAL OR STATE LAW, AND I AGREE TO INDEMNIFY SCHNITZER STEEL PROD. CO. AGAINST ALL CLAIMS.

GI 25320 6 lb 08:54 AM 10/21/91

TA 17240 6 lb 09:09 AM 10/21/91

N 8080

◀ G

◀ T

◀ N

DRY

WET/SNOW

WEIGHER X

TIME

BILL OF SALE

I hereby state that I am the lawful owner of the material described hereon, that I have a right to sell same and that for payment received in full, hereby acknowledged, I sell and convey title of same to SCHNITZER STEEL PRODUCTS CO.

X

PRICE .48

EXTENDED 193.92

CARRIER

TRACTOR NO.

51009

CHAIN OF CUSTODY RECORD

AMTEST

AmTest Inc.
Professional
Analytical
Services
9205 S.W. Nimbus Ave.
Beaverton, OR
97005
Tel: 503 292 0554

DATE: 10/18/91

Name of Client: TOM NEW CONSTRUCTION CO.

Address of Client: P.O. BOX 16061
PORTLAND OR.

Location of Sampling: CANRON WESTERN

SAMPLE NUMBER	SAMPLE DESCRIPTION	SAMPLE TYPE	ANALYSIS REQUIRED
A	TIME 9:27 @ 9.5 NE WALL	SOIL	TPH & BTEX
B	TIME 9:32 @ 9.5 NW WALL	SOIL	TPH & BTEX
C	TIME 9:38 @ 9.5 W WALL	SOIL	TPH & BTEX
D	TIME 9:42 @ 9.5 SW WALL	SOIL	TPH & BTEX
E	TIME 9:47 @ 9.5 SE WALL	SOIL	TPH & BTEX
F	TIME 10:02 @ 9.5 E WALL	SOIL	TPH & BTEX
G	TIME 9:10 @ 9.5 N.E. CORNER OF PIT	WATER	BTEX
	RUSH		
Collected By: MARIO S. VEGA		P.O. #	

Sample #	Relinquished By	Received By	Time	Date	Reason For Change
A-F	Mario S. Vega	Doug Burt	9:15	10/21/91	→ Analy Lab
Sample #	Relinquished By	Received By	Time	Date	Reason For Change
Sample #	Relinquished By	Received By	Time	Date	Reason For Change
Sample #	Relinquished By	Received By	Time	Date	Reason For Change

AmTest Inc.

Professional
Analytical
Services

9205 S.W. Nimbus Ave.
Beaverton, OR
97005

Tel: 503 292 0554

ANALYSIS REPORT

CLIENT
Dean Hayworth
Tom New Construction
P.O. Box 16061
Portland OR 97216

Date Received: 10/21/91
Date Analyzed: 10/21-23/91
Date Reported: 10/24/91
Job Number: 29401-7

Project - Canron Western
Sample Type: Soils

Lab Number	Client Identification	Analysis: TPH-HCID Results mg/Kg			
		Gasoline	Diesel	Other**	Surrogate * Recovery %
29401	A T927 NE Wall	ND	ND	ND	111
29402	B T932 NW Wall	ND	ND	ND	118
29403	C T938 W Wall	ND	ND	ND	112
29404	D T942 SW Wall	ND	ND	ND	215
29405	E T947 SE Wall	ND	ND	ND	150
29406	F T1002 E Wall	ND	ND	ND	106
Lab Blank	10/21/91	ND	ND	ND	119

ND = None Detected
Detection Limits: Gasoline: 20 mg/Kg; Diesel: 50 mg/Kg
* Surrogate is Chlorooctadecane
** Higher boiling petroleum products.

Reported By _____

QA Check _____

Greg Bolt
Laboratory Manager

RECEIVED OCT 2 8 1991

AmTest Inc.

Professional
Analytical
Services

9205 S.W. Nimbus Ave.
Beaverton, OR
97005

Tel: 503 292 0554

ANALYSIS REPORT

CLIENT

Dean Hayworth
Tom New Construction
P.O. Box 16061
Portland OR 97216

Date Received: 10/21/91
Date Analyzed: 10/21/91
Date Reported: 10/22/91
Job Number: 29401-7

Project - Canron Western
Sample Type: Soils & Water

Analysis: BTEX (EPA Method 8020)

Lab Number	Client Identification	Benzene	Toluene	Ethylbenzene	Xylenes
		Results mg/Kg			
29401	A T927 NE Wall	ND	ND	ND	ND
29402	B T932 NW Wall	ND	ND	ND	ND
29403	C T938 W Wall	ND	ND	ND	ND
29404	D T942 SW Wall	ND	0.2	ND	0.5
29405	E T947 SE Wall	ND	ND	ND	ND
29406	F T1002 E Wall	ND	ND	ND	0.5
Soil Blank	10/21/91	ND	ND	ND	ND
	Detection Limit	0.1	0.1	0.1	0.3
		Results ug/L			
29407	G T910 NE Corner Pit	ND	ND	ND	1.4
Water Blank	10/21/91	ND	ND	ND	ND
	Detection Limit	0.5	0.5	0.5	0.5

ND = None Detected

QC Information
Spike (Benzene 0.49 mg/Kg) 0.29 mg/Kg - 60% Recovery
Spike (Toluene 0.53 mg/Kg) 0.35 mg/Kg - 66% Recovery
Spike (Ethylbenzene 0.47 mg/Kg) 0.29 mg/Kg - 62% Recovery
Spike (Xylenes 1.31 mg/Kg) 1.01 mg/Kg - 72% Recovery

Reported By David Sussa

QA Check GB

Greg Bolt
Laboratory Manager

RECEIVED OCT 2 0 1991

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

011345 CLAC

4S/3E-20

(1) OWNER:

Well Number:

Name Darwin Kirchem

Address 1810 Eaden

City Barton State Ore. Zip

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable

☐ Other

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☐ Depth of Completed Well 88 ft.

Explosives used Yes ☐ No ☐ Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10	0	25	Bentonite	0	25	9 sacks

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other probed and pounded

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	25	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4	0	88		☐	☒	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Saw

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
48	88	3/16	80	4		☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

☒ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
16 gal +		100'	1 hr.
15 gal	12'		½ hr.

Temperature of water Depth Artesian Flow Found

Was a water analysis done? ☐ Yes By whom

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Clack. Latitude Longitude

Township 4 N or (S) Range 3 (E) or W, WM.

Section 20 ¼ ¼

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:

28 ft. below land surface. Date 4-30

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 65'

From	To	Estimated Flow Rate	SWL
65'	110'	25+	28

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Top soil	0	2	
Clay red	2	19	
Cemented gravel with some brown clay	19	48	X
Loosely cemented gravel	48	78	
Clay brown gravel	78	85	
Loosely cemented gravel	85	110	

Date started 4-27 Completed 4-29

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number

Signed Date

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1229

Signed Mark Lathey Date 4-30-87

WHITE COPIES - WATER RESOURCES DEPARTMENT YELLOW COPY - CONSTRUCTOR PINK COPY - CUSTOMER 9809C 10/86

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

JUL 31 1991

45/3E/20 bb

(START CARD) # 31579

(1) OWNER: Well Number:

Name Clarks School District

Address 19100 S. Windy City Rd.

City Molino State Ore Zip

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable

☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☒ Other School

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 205 ft.

Explosives used Yes ☐ No ☒ Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10	0	115	Portland	0	115	53
6	115	205				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other

Backfill placed from ____ ft. to ____ ft. Material ____

Gravel placed from ____ ft. to ____ ft. Size of gravel ____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	115	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4	105	205	160	☐	☒	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 115

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Saw

☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
165	205	3/16	80	4		☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
22		200	1 hr.

Temperature of water 55° Clear Depth Artesian Flow Found ____

Was a water analysis done? ☐ Yes By whom ____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☒ Other may be contaminated

Depth of strata: ____

(9) LOCATION OF WELL by legal description:

County Clack Latitude ____ Longitude ____

Township 4 N or S. Range 3 (E) or W. WM.

Section 20 NW ¼ NW ¼

Tax Lot 1200 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) 19100 S. Windy City Rd.

(10) STATIC WATER LEVEL:

105 ft. below land surface. Date 7-24

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found 70-175

From	To	Estimated Flow Rate	SWL
175	205	22	10
70	95	33	29

(12) WELL LOG: Ground elevation ____

Material	From	To	SWL
Top soil	0	2	
Clay red	2	18	
Clay tan	18	70	
Gritty sandstone	70	95	WB
Rock gray	95	170	10
Rock red	170	175	
Rock brown	175	205	W

Date started 7-22-91 Completed 7-24-91

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number ____

Signed ____ Date ____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1229

Signed ____ Date 7-25-91

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 3

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

CLAC 011344 4s/3E-20

(1) OWNER:

Owner's Well Number: _____

Name Paul Elloitt

Address 27225 Beavercreek Rd.

City Beavercreek State Ore Zip

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Other

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:

Depth of Completed Well 90 ft.

Special Standards date of approval _____

HOLE Diameter	From	To	SEAL Material	From	To	Amount (sacks or pounds)
0	0	18	Bent.	0	18	6

How was seal placed? Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other probed and pounded

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	18	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4	10	90	160#	☐	☒	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Saw

☐ Screens Type _____ Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
0	90	3/16	60	4		☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time
			½ hr
20		90	1 hr

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Clack. Latitude _____ ' _____ " Longitude _____ ' _____ "

Township 4 N or (S) Range 3 (E) or W, WM.

Section 20 _____ ¼ _____ ¼

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:

21 ft. below land surface. Date 4-26

Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Ground elevation _____

Material	From	To	WB?	SWL
Top soil	0	2		
Clay red	2	21		
Clay red, boulders	21	38		X
Clay brown	38	70		
Clay gritty	70	90	X	

Date started 4-26-87 Completed 4-27-87

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed [signature] Date 4-27-87

Company Anthony Well Drilling Co. Job No. _____

9809C 10/85

#16

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

CIAC 297

45/3E/20 ab

22054

(START CARD) #

(1) OWNER:

Well Number:

Name John Buche

Address 27113 D. Beavercreek Rd

City Mulino State OR Zip 97042

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable

☐ Other

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 105 ft.

Explosives used Yes ☐ No ☒ Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10"	0	25	Bentonite	0	25	10
6"	25	105				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other poured dry bentonite and probed

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1	39	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	5	105	160	☐	☒	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method skill saw

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
65	105	1/8x7x96		4"		☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20		100'	1 hr.

Temperature of water 54 Depth Artesian Flow Found

Was a water analysis done? ☐ Yes By whom

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Clack Latitude ' " Longitude ' "

Township 4S N or S, Range 3E E or W, WM.

Section 20 NW ¼ NE ¼

Tax Lot 1000 Lot Block Subdivision

Street Address of Well (or nearest address) 27113 S. Beaver creek Rd., Mulino, OR 97042

(10) STATIC WATER LEVEL:

42 ft. below land surface. Date 9-8-90

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 85

From	To	Estimated Flow Rate	SWL
85	100	20	42

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
soil brown	0	1	
clay w/ boulders	1	17	
clay brown	17	22	
clay tan	22	85	
claystone broken			
w/gravel	85	105	42

Date started 9-7-90 Completed 9-7-90

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number

Signed Date

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 728

Signed Daniel P. Mears Date 9-16-90

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 3/88

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

WATER WELL REPORT
STATE OF OREGON (Please type or print)

CLAC

011347

State Well No. 4/3-2D

State Permit No.

(1) OWNER:
Name Dr. Andrew E Szekely
Address Rt. 2, Box 213
Molalla, Oregon 97038

(2) LOCATION OF WELL:
County Clackamas Driller's well number
NW ¼ ¼ Section 20 T. 4S R. 3E W.M.
Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):
New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) TYPE OF WELL:
Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(6) CASING INSTALLED:
Threaded ☐ Welded ☒
6 " Diam. from 0 ft. to 97 ft. Gage .250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(7) PERFORATIONS:
Perforated? ☒ Yes ☐ No
Type of perforator used Mills knife
Size of perforations 1/2 in. by 2 in.
15 perforations from 38 ft. to 44 ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(8) SCREENS:
Well screen installed? ☐ Yes ☒ No
Manufacturer's Name
Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(9) CONSTRUCTION:
Well seal—Material used in seal Bentonite
Depth of seal 28 ft. Was a packer used? Yes
Diameter of well bore to bottom of seal 12 in.
Were any loose strata cemented off? ☐ Yes ☒ No Depth
Was a drive shoe used? ☒ Yes ☐ No
Was well gravel packed? ☒ Yes ☐ No Size of gravel: 1/2-3/4
Gravel placed from 28 ft. to 75 ft.
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? depth of strata
Method of sealing strata off

(10) WATER LEVELS:
Static level 13 ft. below land surface Date 6/6/67
Artesian pressure lbs. per square inch Date

(11) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? ☒ Yes ☐ No If yes, by whom? Driller
Yield: 35 gal./min. with 100 ft. drawdown after 3 hrs.
" " " "
" " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water 52 Was a chemical analysis made? ☐ Yes ☒ No

(12) WELL LOG:
Diameter of well below casing 6
Depth drilled 151 ft. Depth of completed well 151 ft.

Formation: *Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.*

MATERIAL	FROM	TO
Top soil	0	2
Clay, brown	2	8
Clay, gritty , brown to purple	8	17
Clay, grey to blue	17	25
Clay, blue to decomeposed rock formation	25	34
Clay, yellow	34	39
Light grey formation seemed to lay in layers, some like decomeposed rodk	39	75
Rock formation, grey to black	75	81
Clay, tan	81	86
Rock, broken had to blast to get casing to 87 feet from 75 feet	86	88
Rock , grey lays in layers	88	123
Rock broken	123	125
Rock grey to black	125	151

Work started 5/22 19 67 Completed 6/9 1967
Date well drilling machine moved off of well 6/9 1967

(13) PUMP:
Manufacturer's Name
Type: H.P.

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME C. G. Westerberg (Person, firm or corporation) (Type or print)
Address Rt. 1, Box 151, Mulino, Oregon

Drilling Machine Operator's License No. 86
[Signed] C. G. Westerberg (Water Well Contractor)
Contractor's License No. 86 Date 6/10, 1967

(USE ADDITIONAL SHEETS IF NECESSARY)

WATER WELL REPORT
STATE OF OREGON

RECEIVED
CLAC OCT 27 1981
WATER RESOURCES DEPT
SALEM, OREGON

State Well No. 4S/3E-20 Cdl

011346

State Permit No.

(1) OWNER:
Name Boyd Ringo
Address 27960 S. Beavercreek Rd.
City Mulino, Ore. 97042 State

(2) TYPE OF WORK (check):
New Well [X] Deepening [ ] Reconditioning [ ] Abandon [ ]
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:
Rotary Air [ ] Driven [ ]
Rotary Mud [ ] Dug [ ]
([X] Bored [ ]

(4) PROPOSED USE (check):
Domestic [X] Industrial [ ] Municipal [ ]
Irrigation [ ] Test Well [ ] Other [ ]
Thermal: [ ] Withdrawal [ ] Reinjection [ ]

(5) CASING INSTALLED:
Steel [X] Plastic [ ]
Threaded [ ] Welded [X]
6 " Diam. from *11/2 ft. to 99 ft. Gauge .250
" Diam. from ft. to ft. Gauge

LINER INSTALLED:
" Diam. from ft. to ft. Gauge

(6) PERFORATIONS:
Perforated? [X] Yes [ ] No
Type of perforator used Torch
Size of perforations 3/16 in. by 7 in.
100 perforations from 49 ft. to 99 ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:
Well screen installed? [ ] Yes [X] No
Manufacturer's Name
Type Model No.
Diam. Slot Size Set from ft. to ft.
Diam. Slot Size Set from ft. to ft.

(8) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? [ ] Yes [X] No If yes, by whom?
gal./min. with ft. drawdown after hrs.
" " " "
Air test gal./min. with drill stem at ft. hrs.
Bailer test 40 gal./min. with 44 ft. drawdown after 1 hrs.
Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:
Special standards: Yes [ ] No [X]
Well seal—Material used Cement
Well sealed from land surface to 21 ft.
Diameter of well bore to bottom of seal 10 in.
Diameter of well bore below seal 10 in.
Number of sacks of cement used in well seal 9 sacks
How was cement grout placed? Pressure grout
No
Was pump installed? Type HP Depth ft.
Was a drive shoe used? [ ] Yes [X] No Plugs Size: location ft.
Did any strata contain unusable water? [ ] Yes [ ] No
Type of Water? depth of strata
Method of sealing strata off
Was well gravel packed? [X] Yes [ ] No Size of gravel: 3/4-pea
Gravel placed from 21 ft. to 99 ft.

(10) LOCATION OF WELL:
County Clackamas Driller's well number
SE ¼ SW ¼ Section 20 T. 4S R. 3E W.M.
Tax Lot # Lot Blk Subdivision
Address at well location: 27960 S. Beavercreek Rd.
Mulino, Ore. 97042

(11) WATER LEVEL: Completed well.
Depth at which water was first found 55 ft.
Static level 21 ft. below land surface. Date 9/28/81
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:
Diameter of well below casing
Depth drilled 99 ft. Depth of completed well 99 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Topsoil	0	2	
Clay, brown, boulders	2	16	
Clay, brown	16	35	
Clay, grey	35	41	
Clay, blue, dark, gritty	41	49	
Sandstone, black	49	97	21
Clay, blue	97	99	

Work started 9/18 19 81 Completed 9/28 19 81
Date well drilling machine moved off of well 9/29 19 81

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] A.D. Boyd (Drilling Machine Operator) Date 10/24, 19 81
Drilling Machine Operator's License No. 1459

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name C. G. Westerberg (Person, firm or corporation) (Type or print)
Address 15122 S. Union Mills Rd. Mulino, O.
[Signed] C. G. Westerberg (Water Well Contractor)
Contractor's License No. 86 Date 10/24, 19 81

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the WATER RESOURCES DEPARTMENT, SALEM, OREGON 97310 within 30 days from the date of well completion.

SP*12658-690

RECEIVED
DEC 1 1961
STATE ENGINEER
SALEM, OREGON

CLAC

File Original and First Copy with the STATE ENGINEER, SALEM, OREGON

WATER WELL REPORT
STATE OF OREGON

011349

State Well No. 4/3-20D

State Permit No.

(1) OWNER:
Name Clarkes Grange Hall
Address % Jay Goodwin
RT 1 Box 121 Boring Ore

(2) LOCATION OF WELL:
County Clackamas Owner's number, if any—
NW ¼ NW ¼ Section 20 T. 4S R. 3E W.M.
Bearing and distance from section or subdivision corner
From The N.E. Cor. of The NW. ¼ Sec. 20. go West 300' Then S. 150'

(3) TYPE OF WORK (check):
New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):
Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) TYPE OF WELL:
Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(6) CASING INSTALLED:
Threaded ☐ Welded ☒
6" Diam. from 0 ft. to 45 ft. Gage 12
..." Diam. from ... ft. to ... ft. Gage ...
..." Diam. from ... ft. to ... ft. Gage ...

(7) PERFORATIONS:
Perforated? ☐ Yes ☒ No
Type of perforator used
SIZE of perforations in. by in.
... perforations from ... ft. to ... ft.
... perforations from ... ft. to ... ft.
... perforations from ... ft. to ... ft.
... perforations from ... ft. to ... ft.
... perforations from ... ft. to ... ft.

(8) SCREENS:
Well screen installed ☐ Yes ☒ No
Manufacturer's Name ...
Type ... Model No. ...
... Slot size ... Set from ... ft. to ... ft.
... Slot size ... Set from ... ft. to ... ft.

(9) CONSTRUCTION:
Was well gravel packed? ☐ Yes ☒ No Size of gravel: ...
Gravel placed from ... ft. to ... ft.
Was a surface seal provided? ☒ Yes ☐ No To what depth? 20 ft.
Material used in seal— Cement
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? Depth of strata
Method of sealing strata off

(10) WATER LEVELS:
Static level ft. below land surface Date
Artesian pressure lbs. per square inch Date

Log Accepted by:
[Signed] John Burke (Owner) Date 11/30, 1961
Okdinary Well Committee
Clark Grange

(11) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? ☐ Yes ☒ No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
" " " "
" " " "
Bailer test 15 gal./min. with 25 ft. drawdown after 1½ hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? ☐ Yes ☐ No

(12) WELL LOG:
Diameter of well 6 inches.
Depth drilled 52 ft. Depth of completed well 52 ft.
Formation: *Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.*

MATERIAL	FROM	TO
Rocks & Topsoil	0	2
Rocks & Boulder Clay	2	12
Brown Clay	12	44
Decomposed Rock with water	44	50
Dean gravel & sand	50	52

Work started Nov 16 1961 Completed Nov 30 1961

(13) PUMP:
Manufacturer's Name ...
Type: ... H.P. ...

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME ... (Person, firm, or corporation) (Type or print)
Address ...
Driller's well number ...
[Signed] ... (Well Driller)
License No. ... Date ..., 19...

(USE ADDITIONAL SHEETS IF NECESSARY)

File Original and First Copy with the STATE ENGINEER, SALEM, OREGON

WATER WELL REPORT
STATE OF OREGON

011618 CLAC

State Well No. 4/3-20D

State Permit No. .....

(1) OWNER:
Name CHARLES MARSHALL
Address Milwaukie Ore Rt 1 Box 238

(2) LOCATION OF WELL:
County CLACKAMAS Owner's number, if any—

¼ ¼ Section T. R. W.M.

Bearing and distance from section or subdivision corner 95' SOUTH AND 145' WEST OF POINT OF BEGINNING WHICH IS 80 RODS EAST AND 117 RODS N. OF S.W. CORNER OF NW¼ OF SEC 20 T4S R3E. EWM.

(3) TYPE OF WORK (check):
New Well ☑ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 11.

PROPOSED USE (check):
Domestic ☑ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) TYPE OF WELL:
Rotary ☐ Driven ☐
Cable ☑ Jetted ☐
Dug ☐ Bored ☐

(6) CASING INSTALLED:
Threaded ☐ Welded ☑
6 " Diam. from 0 ft. to 70-5" ft. Gage 5/16
..... " Diam. from ..... ft. to ..... ft. Gage .....
..... " Diam. from ..... ft. to ..... ft. Gage .....

(7) PERFORATIONS:
Perforated? ☐ Yes ☑ No
Type of perforator used
SIZE of perforations in. by in.
..... perforations from ..... ft. to ..... ft.
..... perforations from ..... ft. to ..... ft.
..... perforations from ..... ft. to ..... ft.
..... perforations from ..... ft. to ..... ft.
..... perforations from ..... ft. to ..... ft.

(8) SCREENS:
Well screen installed ☐ Yes ☑ No
Manufacturer's Name .....
Type ..... Model No. .....
..m. ..... Slot size ..... Set from ..... ft. to ..... ft.
..m. ..... Slot size ..... Set from ..... ft. to ..... ft.

(9) CONSTRUCTION:
Was well gravel packed? ☐ Yes ☑ No Size of gravel: .....
Gravel placed from ..... ft. to ..... ft.
Was a surface seal provided? ☑ Yes ☐ No To what depth? 50 ft.
Material used in seal— GROUT
Did any strata contain unusable water? ☐ Yes ☐ No
Type of water? SURFACE Depth of strata
Method of sealing strata off CASED

(10) WATER LEVELS:
Static level 24 ft. below land surface Date 6/9/60
Artesian pressure lbs. per square inch Date

Log Accepted by:
[Signed] C. R. Marshall (Owner) Date June 9, 1960

(11) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? ☐ Yes ☑ No If yes, by whom? -
Yield: gal./min. with ft. drawdown after hrs.
" " " "
" " " "
Baller test 35 gal./min. with 5 ft. drawdown after 2 hrs.
Artesian flow g.p.m. Date
Temperature of water 52 Was a chemical analysis made? ☐ Yes ☐ No

(12) WELL LOG:
Diameter of well 6 inches.
Depth drilled 81 ft. Depth of completed well 80 ft.
Formation: *Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.*

MATERIAL	FROM	TO
TOPSOIL	0	6
RED CLAY	6	13
MIXED BLACK AND YELLOW SAND STONE WITH BOULDER	13	41
DECOMPOSED LAVA	41	81

Work started 6/6 1960 Completed 6/9 1960

(13) PUMP:
Manufacturer's Name .....
Type: ..... H.P. .....

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME WILLIAM J. STENNETT (Person, firm, or corporation) (Type or print)
Address 361 WARNER MILNE RD
Driller's well number .....
[Signed] William J Stennett (Well Driller)
License No. 3 Date 6/9, 1960

(USE ADDITIONAL SHEETS IF NECESSARY)

MATRIX SCORE SHEET

1. Depth to Groundwater < 25 feet 25 - 50 feet 51 - 100 feet > 100 feet	(10) (7) (4) (1)	10
2. Mean Annual Precipitation >40 inches 20 - 40 inches <20 inches	(10) (5) (1)	10
3. Native Soil Type Coarse sands, gravels Silts, fine sands Clays	(10) (5) (1)	1
4. Sensitivity of Uppermost Aquifer Sole Source Current Potable Future Potable Non-potable	(10) (7) (4) (1)	7
5. Potential Receptors Many, near Medium Few, far	(10) (5) (1)	10
TOTAL SCORE	=	38

Matrix Score	Cleanup Level in ppm TPH	
	Gasoline	Diesel
Level 1: > 40 pts.	40	100
Level 2: 25 - 40 pts.	80	500
Level 3: < 25 pts.	130	1000

Matrix Checklist

NON-DETECTED

✓ 1. The release of petroleum has been reported to the Department of Environmental Quality (220).

✓ 2. The Matrix score sheet attached to this checklist has been completed for this site, unless the site is being cleaned up to the most stringent cleanup level (320).

✓ 3. If the cleanup level used for this site is one of the three diesel cleanup levels, a hydrocarbon identification (HCID) test has been performed which proves that the soil contamination is not from gasoline (335(3)).

✓ 4. A sketch has been made of this site (345(1)). This sketch clearly shows:

- ✓ a. The location of all buildings and other key features, both man-made and natural;
- ✓ b. The names of adjacent streets and properties;
- ✓ c. The location of all excavations including those that were for the removal of tanks and associated piping as well as those that were strictly for the removal of contaminated soils;
- ✓ d. The location of all product storage tanks, lines and dispensers, including those that were decommissioned as well as those that remain on the site; and
- ✓ e. The locations from which all soil and water samples were collected .

N/A 5. If any contaminated soil in excess of matrix limits has been left on site, the reason for leaving this soil has been explained and the requirements of 355(4) have been met.

YES 6. If water was present in the tank pit, the Department was notified, the water was pumped from the pit, and the requirements of 340(4) have been met.

YES 7. All soil and/or water samples have been collected, coded, stored and shipped as specified in the rules, and proper chain-of-custody forms have been filled out (345).

YES 8. All final confirmatory soil samples have been analyzed using the methods required by the Department (350).

N/A 9. If a tank was decommissioned in place, the Department gave prior approval for a site-specific sampling plan (340(5)).

YES 10. A report has been prepared which contains all of the information required by the rules (360).

CANRON WESTERN
4600 N.E. 138TH
PORTLAND, OR.

Oregon

DEPARTMENT OF
ENVIRONMENTAL
QUALITY

November 7, 1991

YVETTE THOMAS
CANRON - WESTERN
PO BOX 30149
PORTLAND OREGON 97235

RE: UST - Multnomah County
Canron - Western
File No. 26-91-433

Dear Ms Thomas:

As required by Oregon Administrative Rules (OAR), on October 24, 1991, a release was reported at your facility located at 4600 NE 138th in Portland, Oregon. As the owner of the facility, you are required to clean up the release according to OAR 340-122-201 through 340-122-360, "Cleanup Rules for Leaking Petroleum UST Systems and Numeric Soil Cleanup Levels for Motor Fuel and Heating Oil". A copy of these rules is enclosed.

The following is an outline of the reporting process required by the Northwest Region, Department of Environmental Quality:

1. If the cleanup is to be completed within 45 days of identifying the release, a single, final report can be submitted within 30 days of cleanup completion. This will satisfy the documentation requirements, provided you meet the provisions of OAR 340-122-360.

2. If cleanup cannot be completed within 45 days, submittal of an initial status report is required within 45 days of reporting the release. The report must summarize the findings to-date, outline your planned actions, and include anticipated dates of completion for each action. Additional interim reports may also be required depending on individual circumstances. A final report will be required within 30 days of completion of the project.

Please read the enclosed rules carefully. Note that one of the first things you must do is determine the scope of the problem in order to select the best method of remediation. The enclosed information will give you the guidance necessary to meet the specific documentation requirements for your site. As the owner, you should be aware of the regulations, even if you have hired a qualified consultant to do the actual work.

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

Please keep the Department up-to-date on activities at the site. This will help to expedite cleanup and closure of the site. **File No. 26-91-433** has been assigned to this project. Please reference this number in all future correspondence.

Removing contaminated soils to the matrix cleanup levels is only one of many options that you may wish to consider for your site. You may find the services of a qualified consultant helpful in evaluating different cleanup options. Cleanup options other than removal to matrix standards require that a Corrective Action Plan (CAP) be submitted to the Department for approval. If a CAP is appropriate for your site, additional information about this process may be obtained from the region.

The Department is required to recover costs from the responsible party for oversight of CAP cleanups. You will be notified if the Department determines that cost recovery will be implemented for your site. For general information about the cost recovery process, please contact Mr. Rick Silverman at (503) 229-6384.

Thank you for your cooperation and continued efforts to comply with the regulations. If you have any questions, please contact the Northwest Region at (503) 229-6385.

Sincerely,

UST CLEANUP SECTION
Northwest Region

enclosure

cc: UST Cleanup Section, ECD