



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY  
UNDERGROUND STORAGE TANK PROGRAM

UNDERGROUND STORAGE TANK DECOMMISSIONING  
CHECKLIST AND SITE ASSESSMENT REPORT

**A. FACILITY INFORMATION:**

This report **MUST** be submitted by the underground storage tank permittee or tank owner, or the licensed DEQ Service Provider on their behalf, **within 30 days following completion of the tank decommissioning or change-in-service regardless of ongoing cleanup work.**

DEQ FACILITY NUMBER:			
FACILITY NAME:	Former Twelfth Avenue Motor Service		
FACILITY ADDRESS:	2436 SE 12th Avenue		
PERMITTEE PHONE:	503-327-1278	DATE:	6/14/23

**B. WORK PERFORMED BY:**

The checklist and site assessment report should be completed and signed by the DEQ licensed supervisor and signed by an executive officer of the DEQ licensed Service Provider on page 6. The tank owner or permittee must review and sign the report on page 6. **NOTE: AN OWNER OR PERMITTEE MAY PERFORM UST SERVICES ONLY IF THEY HAVE TAKEN AND PASSED THE APPROPRIATE UST SUPERVISOR EXAMINATION OFFERED BY A NATIONAL TESTING SERVICE (SEE OAR 340-150-0156 for requirements).**

DEQ Service Provider's License #:	27085	Construction Contractors Board License #:	184586
Name:	Point Source Solutions		
Telephone:	(503) 236-5885		
DEQ Decommissioning Supervisor's License #:	27447		
Name:	Kyle Fisher		
Telephone:	(503) 860-8811		
DEQ Soil Matrix Service Provider's License #:		(If applicable)	
Name:			
Telephone:			
DEQ Soil Matrix Supervisor's License #:		(If applicable)	
Name:			
Telephone:			

**C. DATES:**

Decommissioning/Change-in-Service Notice - Date Submitted: 5/15/23 (30 days before work starts).

Work Start Telephone Notice - Number issued by DEQ: N/A (3 working days before work starts).

DEQ Person Notified: Mark Droyin

Date Work Started: 6/12/23 Date Work Completed: 6/14/23

**Note:** Provide the following information if any soil or water contamination is found during the decommissioning or change-in-service. Contamination must be reported by the UST permittee within 24 hours. The licensed service provider must report contamination within 72 hours after discovery unless previously reported.

Date Contamination Reported: 3/3/23 By: Point Source solutions

DEQ Person Notified: Gerald Lamolo

**D. OTHER DEQ PERMITS MAY BE NEEDED WHERE SOIL OR WATER CLEANUP IS REQUIRED.**

DEQ Water Discharge Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

Water Disposed to (Location): \_\_\_\_\_

DEQ Solid Waste Disposal Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

Soil Disposal or Treatment Location: \_\_\_\_\_

**E. TANK INFORMATION:**

TANK ID #	DEQ-UST PERMIT #	TANK SIZE IN GALLONS	PRODUCT: GASOLINE, DIESEL, USED OIL, OTHER?		CLOSURE OR CHANGE-IN- SERVICE?			TANK TO BE REPLACED?	
			PRESENT	NEW	TANK REMOVAL	CLOSURE IN PLACE♦	CHANGE IN SERVICE♦	YES	NO
1		1,000	None		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2		1,000	None		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE 1:** Where decommissioned tank(s) are replaced by new underground storage tanks the UST permittee must submit a *General Permit Registration Form to Install and Operate USTs* containing information on the new tanks 30 days before installing them.

**NOTE 2:** Submit a soil sampling plan to the DEQ regional office and receive plan approval prior to starting work if 1) tank is to be decommissioned in-place, 2) tank contents are changed to a non-regulated substance, 3) tank contains a regulated substance other than petroleum, or 4) tank changed to non-regulated use.

**F. DISPOSAL INFORMATION:**

TANK ID #	TANK AND PIPING DISPOSAL METHOD				DISPOSAL LOCATION OF TANK CONTENTS	
	SCRAP	LAND-FILL	OTHER	IDENTIFY LOCATION & PROPERTY OWNER	LIQUIDS	SLUDGES
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metro Metals	ORRLO	None
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metro Metals	ORRLO	None
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**NOTE 1:** The tank contents, the tank and the piping may be subject to the requirements of Hazardous Waste regulations. If you have questions, contact the DEQ regional office for your area.

**NOTE 2:** Attach copies of the disposal receipts for the tanks and piping. If the tanks are shipped off-site for reuse provide the name, address and phone number of the person or business receiving the tanks for reuse.

**NOTE 3:** Attach copies of the disposal receipts for the disposal or treatment of liquid or sludge removed from the tanks

**G. CONTAMINATION INFORMATION:**

TANK ID #	GROUND WATER IN PIT ?	PRODUCT ODOR IN SOIL ?	PRODUCT STAINS IN SOIL ?	NUMBER OF SAMPLES	LABORATORY (NAME, CITY, STATE, PHONE)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	Friedman and Bagg, Seattle, WA
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	(206) 285-8282
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**NOTE 1:** Attach a copy of the laboratory report showing the results of all tests on all soil and water samples. The laboratory report must identify sample collection methods, sample location, sample depth, sample type (soil or water), type of sample container, sample temperature during transportation, types of tests, and copies of analytical laboratory reports, including QA/QC information. Include laboratory name, address and copies of chain-of-custody forms.

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

**I. SAFETY EQUIPMENT ON JOB SITE:**

Fire Extinguisher:	Type/Size: <u>First Alert</u>	Recharge Date: <u>7/1/21</u>
Combustible Gas Detector:	Model: <u>Ventis MX4</u>	Calibration Date: <u>          </u>
Oxygen Analyzer:	Model: <u>Ventis MX4</u>	Calibration Date: <u>          </u>

**J. DECOMMISSIONING:**

All Tanks: N/A = Not Applicable (Check (√) Appropriate Box)	YES	NO	UNKNOWN	N/A
1. All electrical equipment grounded and explosion proof?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety equipment on job site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Overhead electrical lines located?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Subsurface electrical lines off or disconnected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Natural gas lines off or disconnected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. No open fires or smoking material in area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Vehicle and pedestrian traffic controlled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Excavation material area cleared?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Rainwater runoff directed to treatment area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Drained and collected product from lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Removed product and residual from tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cleaned tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Excavated to top of tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Removed tank fixtures? (pumps, leak detection equipment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Removed product, fill and vent lines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**K. TANK ABANDONMENT IN-PLACE:**

All Tanks: N/A = Not Applicable (Check (√) Appropriate Box)	YES	NO	UNKNOWN	N/A
16. Sampling plan approved by DEQ? Date: <u>          </u> DEQ Staff: <u>          </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Contamination concerns fully resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Fill Material? Type: <u>          </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**L. TANK REMOVAL:**

All Tanks: N/A = Not Applicable (Check (√) Appropriate Box)	YES	NO	UNKNOWN	N/A
19. Tank placement area cleared, chocks placed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Purged or ventilated tank to prevent explosion? Method used: <u>Ventilation</u> Meter reading: <u>LEL: 0.0</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Were chains or steel cables wrapped around tank for removal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Tank removed, set on ground, blocked to prevent movement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Tank set on truck and secured with straps(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Tank labeled before leaving site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

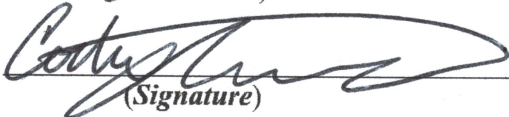
**M. SITE ASSESSMENT:**

All Tanks: N/A = Not Applicable (Check (√) Appropriate Box)	YES	NO	UNKNOWN	N/A
25. Site assessed for contamination? See OAR 340-122-0340	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Soil samples taken and analyzed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Was contamination found? Date/Time: <u>6/13/23</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Was hazardous waste determination made for tank contents (Liquids/sludges)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**N. REQUIRED SIGNATURES:**

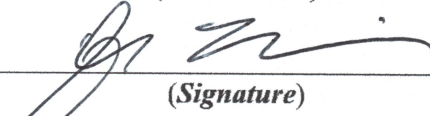
I have personally reviewed this decommissioning checklist and site assessment report and the attachments and find them to be true and complete.

Permittee or Tank Owner: Cody Knope - Jenkins  
(Please Print)

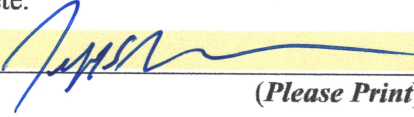
Permittee or Tank Owner:  Date: 6/17/23  
(Signature)

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

Licensed Supervisor: Kyle Fisher  
(Please Print)

Licensed Supervisor:  Date: 6/14/23  
(Signature)

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

Executive Officer:   
Licensed Service Provider (Please Print)

Executive Officer: \_\_\_\_\_ Date: 6/22/23  
Licensed Service Provider (Signature)