

RECEIVED
APR 14 2022
DEQ - Accounting

CK #99222
Amt \$500.00
Processed
4-20-22

GENERAL PERMIT REGISTRATION FORM
TO DECOMMISSION UNREGISTERED USTs

PLEASE PRINT

"Approved"
Please Pay
By 4-12-22

FACILITY NAME: Lone Pine 76

FACILITY ADDRESS: 100 Lone Pine Dr.

CITY, STATE & ZIP: The Dalles, OR 97058

PHONE: 541-298-5054

(If known)

FACILITY NUMBER: 1824

GENERAL PERMIT REGISTRATION FEE

For existing tanks installed in 1988 or earlier the registration fee is \$500 per tank.

Number of existing tanks being registered 1 x \$500 = \$ 500 Total Fee Due

Note: If an existing tank was installed after 1988 please contact the Department at 503-229-6652 or 1-800-742-7878 for assistance in calculating the fee.

For existing tanks not previously registered and permitted, back fees are due and payable with this general permit registration form in accordance with OAR 340-150-0110 (6).

30-DAY NOTICE OF INTENT TO DECOMMISSION INFORMATION

Work To Be Performed By: Montgomery Development Co

(Name of Permittee, Tank Owner, Property Owner or Licensed Service Provider)

If performed by Service Provider: License # 10266

Contact Phone: Contact Mobile Phone: 503-784-8157

Will tank removal or potential cleanup affect adjacent property or right-of-way property?

Yes ☐ No ☒

Date decommissioning is scheduled to begin: 04/18/22

6-BHJBG
Lone Pine
(6400)
OK.

**GENERAL PERMIT REGISTRATION FORM
TO DECOMMISSION UNREGISTERED USTs**

1. TANK OWNER* as registered with the Secretary of State, Corporations Division

Hattenhauer Distributing Co.

Name of Official (*Please Print*)

 04/11/22
Signature of Official Date

I will decommission the USTs described on the *Notification and Description of Underground Storage Tank Systems* pages in accordance with the conditions and requirements of the general permit to decommission.

P.O. Box 1397

Mailing Address (*Please Print*)

The Dalles, OR 97058

City, State and Zip Code


541-296-3515

Area Code and Telephone Number

2. PERMITTEE* as registered with the Secretary of State, Corporations Division

Hattenhauer Distributing Co.

Name of Official (*Please Print*)

 04/11/22
Signature of Official Date

I will decommission the USTs described on the *Notification and Description of Underground Storage Tank Systems* pages in accordance with the conditions and requirements of the general permit to decommission.

P.O. Box 1397

Mailing Address (*Please Print*)

The Dalles, OR 97058

City, State and Zip Code

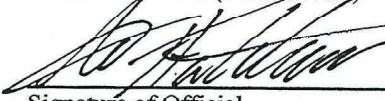
541-296-3515

Area Code and Telephone Number

3. PROPERTY OWNER is name that appears on the County deed record for this property.

Hattenhauer Enterprise Co. #1 LLC

Name of Official (*Please Print*)

 04/11/22
Signature of Official Date

P.O. Box 1397

Mailing Address (*Please Print*)

The Dalles, OR 97058

City, State and Zip Code

541-296-3515


Area Code and Telephone Number

* If this facility or tanks are owned by a person, or operated by a permittee that is a business registered with the Secretary of State, Corporations Division, you must use that legal business name for purposes of registering these USTs with the Department. Please make sure that your business registration with the Oregon Corporations Division (503-986-2200) is active or your application may be placed on hold until your registration has been renewed.

Return Completed Form to: Department of Environmental Quality
Attn: Revenue Section
700 NE Multnomah St.
Portland, OR 97232

Notification and Description of Underground Storage Tank Systems			
TYPE OF OWNER		INDIAN COUNTRY	
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Local Government	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Private	Tanks are located on land within an Indian Reservation or on trust lands outside reservation boundaries. <input type="checkbox"/>	Tribe or Nation: <input type="checkbox"/>
Tanks are owned by a Native American nation or tribe.			
TYPE OF FACILITY			
<input checked="" type="checkbox"/> Gas Station <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Air Taxi (Airline) <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Railroad <input type="checkbox"/> Federal - Non-Military <input type="checkbox"/> Federal - Military <input type="checkbox"/> Industrial <input type="checkbox"/> Contractor	<input type="checkbox"/> Trucking/Transport <input type="checkbox"/> Utilities <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Farm <input type="checkbox"/> Other (Explain)	
FINANCIAL RESPONSIBILITY			
<input type="checkbox"/> I will meet the financial responsibility requirements in accordance with OAR 340 – Division 151			
Check All that Apply			
<input type="checkbox"/> Pollution Liability Insurance <input type="checkbox"/> Self Insurance <input type="checkbox"/> Exempt (Federal or State Government)	<input type="checkbox"/> Letter of Credit <input type="checkbox"/> Surety Bond	<input type="checkbox"/> Guarantee <input type="checkbox"/> Local Government	

The financial responsibility requirements are designed to make sure that the tank owner, property owner or permittee can pay the costs of cleaning up leaks and compensating third parties for bodily injury and property damage caused by leaking USTs. A plain language summary of the financial responsibility requirements can be downloaded from the Internet at <http://www.epa.gov/swerust1/pubs/dollars.htm>. For a list of known insurance providers go to <http://www.epa.gov/swerust1/pubs/inslist.htm>.

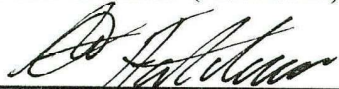
CONTACT PERSON IN CHARGE OF TANKS			
Name: Alex Hattenhauer	Job Title: CEO	Address: 201 W. 1st St. The Dalles, OR 97058	Phone Number (Include Area Code): 541-296-3515
CERTIFICATION (Read and sign after completing all section)			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			
Name and official title of owner or owner's authorized representative (Print) Name: Alex Hattenhauer Title: CEO	Signature 	Date Signed 04/11/22	

**GENERAL PERMIT REGISTRATION FORM
TO DECOMMISSION UNREGISTERED USTs**

1. TANK OWNER* as registered with the Secretary of State, Corporations Division

Hattenhauer Distributing Co.

Name of Official (*Please Print*)



04/11/22

Signature of Official

Date

P.O. Box 1397

Mailing Address (*Please Print*)

The Dalles, OR 97058

City, State and Zip Code

541-296-3515


Area Code and Telephone Number

I will decommission the USTs described on the *Notification and Description of Underground Storage Tank Systems* pages in accordance with the conditions and requirements of the general permit to decommission.

2. PERMITTEE* as registered with the Secretary of State, Corporations Division

Hattenhauer Distributing Co.

Name of Official (*Please Print*)



04/11/22

Signature of Official

Date

P.O. Box 1397

Mailing Address (*Please Print*)

The Dalles, OR 97058

City, State and Zip Code

541-296-3515

Area Code and Telephone Number

I will decommission the USTs described on the *Notification and Description of Underground Storage Tank Systems* pages in accordance with the conditions and requirements of the general permit to decommission.

3. PROPERTY OWNER is name that appears on the County deed record for this property.

Hattenhauer Enterprise Co. #1 LLC

Name of Official (*Please Print*)



04/11/22

Signature of Official

Date

P.O. Box 1397

Mailing Address (*Please Print*)

The Dalles, OR 97058

City, State and Zip Code

541-296-3515

Area Code and Telephone Number

* If this facility or tanks are owned by a person, or operated by a permittee that is a business registered with the Secretary of State, Corporations Division, you must use that legal business name for purposes of registering these USTs with the Department. Please make sure that your business registration with the Oregon Corporations Division (503-986-2200) is active or your application may be placed on hold until your registration has been renewed.

Return Completed Form to: Department of Environmental Quality
Attn: Revenue Section
700 NE Multnomah St.
Portland, OR 97232

NOTIFICATION AND DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS

(Complete for each tank at this location)

Tank Identification Number	Tank No. UNKNOWN	Tank No.	Tank No.	Tank No.	Tank No.
1. Status of Tank (Check (√) only one)					
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (month & year)	UNKNOWN				
3. Estimated Total Capacity (gallons)	200				
4. Material of Construction (Check (√) all that apply)					
Asphalt Coated or Bare Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epoxy Coated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Material, Please Specify					
Has Tank been Repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check (√) Box if Yes					
Date of Repairs					
5. Piping – Material (Check (√) all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare Steel Wrapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not in Contact with Soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Material, Please Specify					
6. Piping – Type (Check (√) all that apply)					
Suction – No Valve at Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction – Valve at Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has Piping been Repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check (√) Box if Yes					
Date of Repair					

NOTIFICATION AND DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS

(Complete for each tank at this location)

Tank Identification Number	Tank No. UNKNOWN	Tank No.	Tank No.	Tank No.	Tank No.					
7. Substance Currently or Last Stored in Greatest Quantity by Volume										
Check (√) Only One Substance per Tank)										
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
CERCLA Name and/or										
CAS Number										

Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Please Specify Mixture										

Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Please Specify Other										

8. Release Detection (Check (√) all that Apply)										
	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe
Manual Tank Gauging	<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"/>
Tank Tightness Testing	<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"/>
Inventory Control	<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"/>
Automatic Tank Gauging	<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"/>
Vapor Monitoring	<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"/>
Groundwater Monitoring	<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"/>
Secondary Containment	<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"/>
Automatic Line Leak Detector	<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"/>
Line Tightness Testing	<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"/>
No Release Detection Required (Emergency Generator // Field Constructed Tanks)	<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"/>
Other Method Allowed by Department	<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"/>
Other Method, Please Specify	TANK EMPTY									
9. Spill and Overfill Protection										
Overfill Device Installed	<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"/>
Spill Device Installed	<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"/>

NOTIFICATION AND DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS

(Complete for each tank at this location)

Tank Identification Number	Tank No. UNKNOWN	Tank No.	Tank No.	Tank No.	Tank No.
----------------------------	---------------------	----------	----------	----------	----------

7. Substance Currently or Last Stored in Greatest Quantity by Volume

Check (✓) Only One Substance per Tank)

Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA Name and/or					
CAS Number					

Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Specify Mixture					

Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Specify Other					

8. Release Detection (Check (✓) all that Apply

	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe
Manual Tank Gauging	<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"/>
Tank Tightness Testing	<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"/>
Inventory Control	<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"/>
Automatic Tank Gauging	<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"/>
Vapor Monitoring	<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"/>
Groundwater Monitoring	<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"/>
Secondary Containment	<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"/>
Automatic Line Leak Detector	<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"/>
Line Tightness Testing	<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"/>
No Release Detection Required (Emergency Generator // Field Constructed Tanks)	<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"/>
Other Method Allowed by Department	<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"/>
Other Method, Please Specify	TANK EMPTY									

9. Spill and Overfill Protection

Overfill Device Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Device Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



State of Oregon
Department of
Environmental
Quality

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: 1842
FACILITY NAME: Lone Pine 76
FACILITY ADDRESS: 100 Lone Pine Dr, The Dalles, OR 97068
PERMITTEE PHONE: (541) 296-3515 DATE: 5/31/2022

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 #: 10266 Construction Contractors Board License #: 46838
Name: Montgomery Development Co
Telephone: (503) 784-8157
DEQ Decommissioning Supervisor's License #: N15638
Name: Robert G Montgomery
Telephone: (503) 784-8157
DEQ Soil Matrix Service Provider's License #: N/A (If applicable)
Name: _____
Telephone: _____
DEQ Soil Matrix Supervisor's License #: N/A (If applicable)
Name: _____
Telephone: _____

C. DATES:Decommissioning/Change-in-Service Notice - Date Submitted: 4/7/2022 (30 days before work starts).Work Start Telephone Notice - Number issued by DEQ: 4/14/2022 (3 working days before work starts).DEQ Person Notified: Dylan EckertDate Work Started: 4/14/2022 Date Work Completed: _____

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: 4/14/2022 By: Robert D Miller, RGDEQ Person Notified: Dylan Eckert**D. OTHER DEQ PERMITS MAY BE NEEDED WHERE SOIL OR WATER CLEANUP IS REQUIRED.**DEQ Water Discharge Permit #: N/A 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
T4		600	Waste Oil		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T5		1,000	Heatin Oil		<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			IDENTIFY LOCATION & PROPERTY OWNER	DISPOSAL LOCATION OF TANK CONTENTS	
	SCRAP	LAND-FILL	OTHER		LIQUIDS	SLUDGES
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RS Davis Recycling - Clackamas	ORRCO - Portland	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RS Davis Recycling - Clackamas	ORRCO - Portland	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

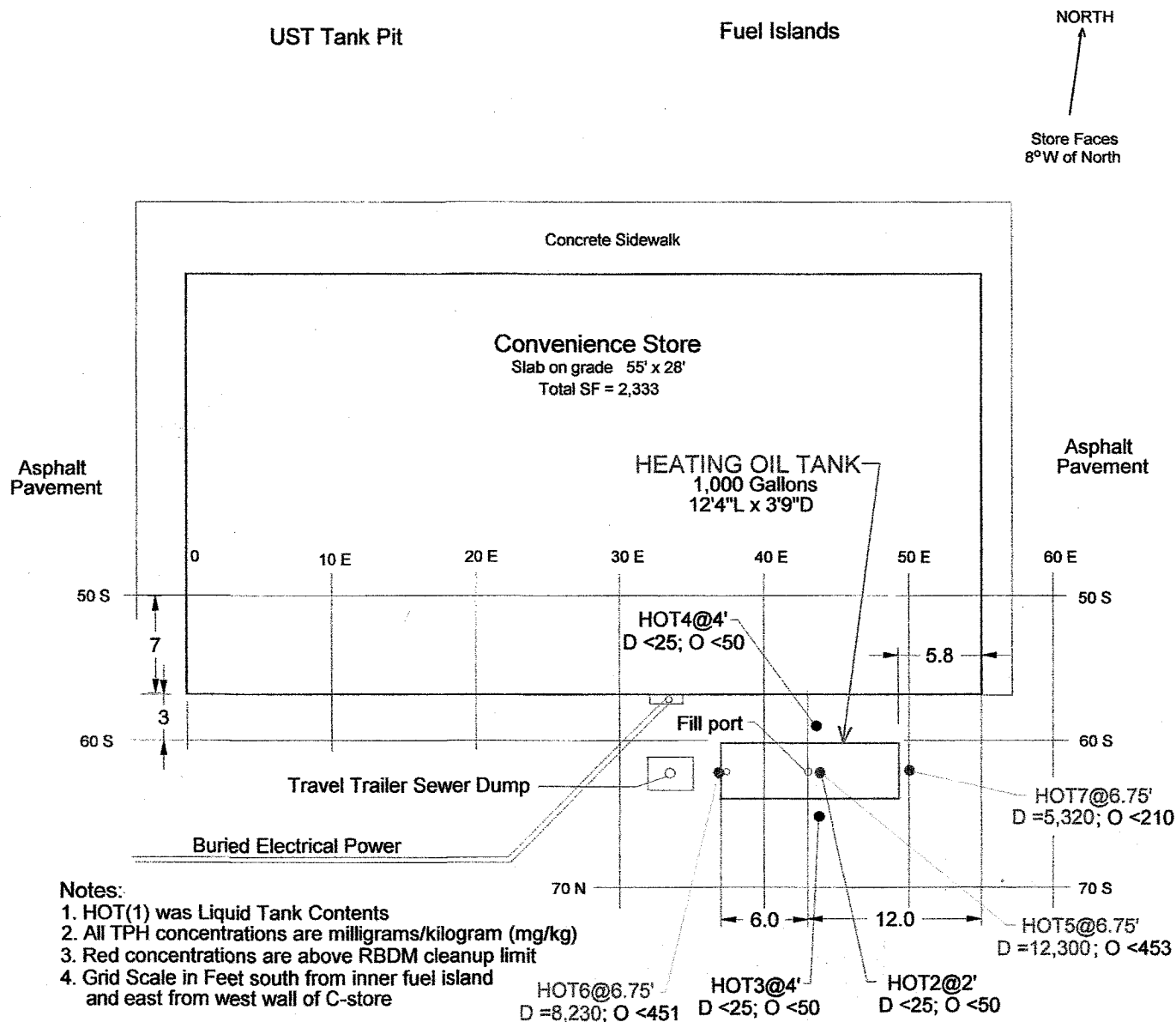
G. CONTAMINATION INFORMATION:

TANK ID #	GROUND WATER IN PIT ?	PRODUCT ODOR IN SOIL ?	PRODUCT STAINS IN SOIL ?	NUMBER OF SAMPLES	LABORATORY (NAME, CITY, STATE, PHONE)
4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	Apex lab in Tigard, OR (503) 718-2323
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19	Apex lab in Tigard, OR (503) 718-2323
	<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"/>		

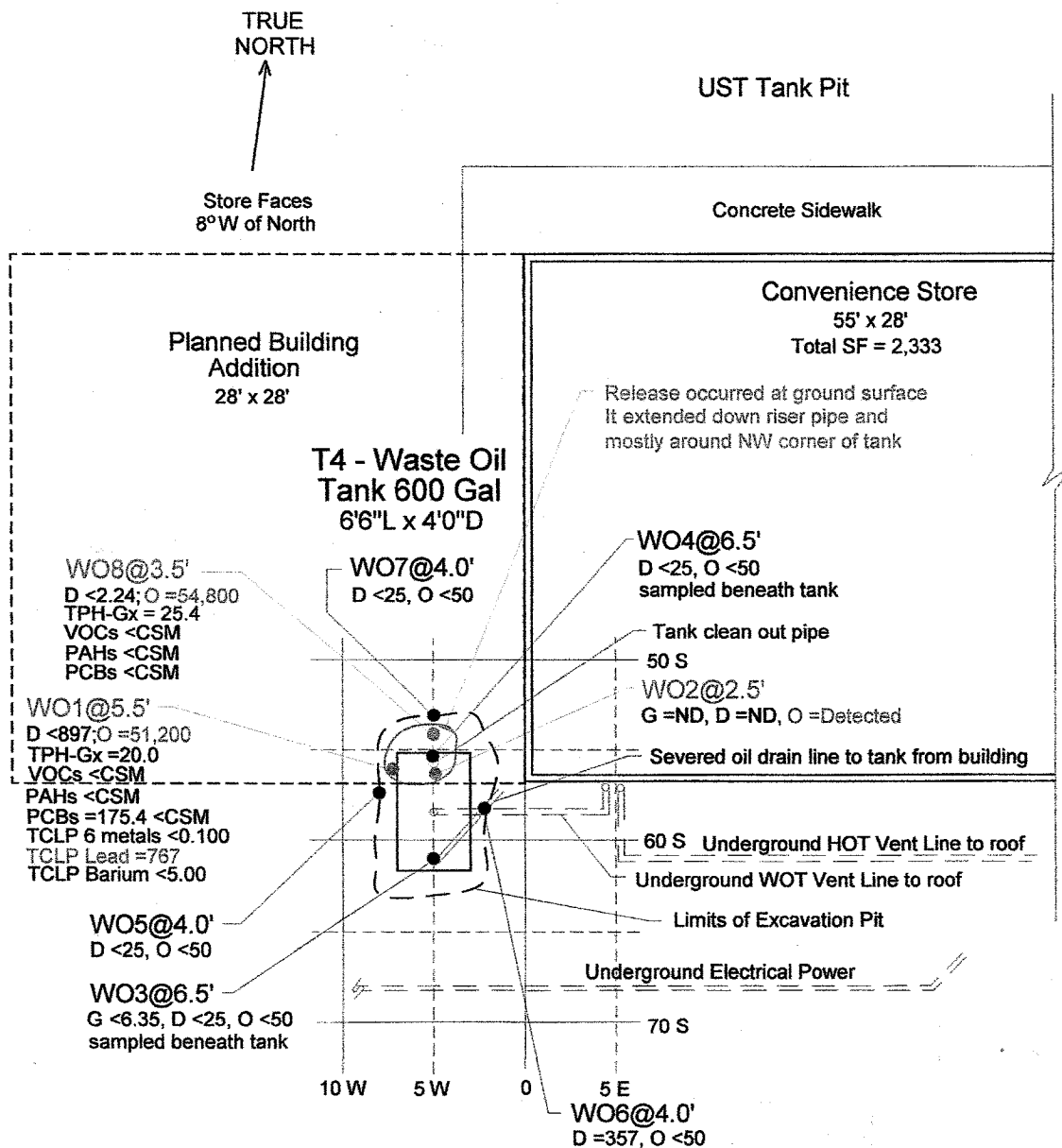
NOTE 1: Attach a copy of the laboratory report showing the results of all tests on all soil and water samples. The laboratory report must identify sample collection methods, sample location, sample depth, sample type (soil or water), type of sample container, sample temperature during transportation, 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.

H. SITE SKETCH: (Show location of adjacent roads, property lines, structures, dispensers, & all USTs. Show North, general direction of ground slope and soil sample locations. Sketch does not need to be drawn to scale. You may attach a separate drawing.)



H. SITE SKETCH: (Show location of adjacent roads, property lines, structures, dispensers, & all USTs. Show North, general direction of ground slope and soil sample locations. Sketch does not need to be drawn to scale. You may attach a separate drawing.)



Notes:

All lab test results shown are in milligrams per Kilogram (mg/Kg)

TPH-G=Gasoline, D=Diesel, O=Oil BTEXN are specific VOCs listed in Apex report

CSM - Conceptual Site Model; Refer to Tables for numeric quantifications

N-S and E-W Grid is an extension of that used for the T1-T3 fuel tank cleanup

Test results in red are above cleanup limits for our Conceptual Site Model (CSM).

However, soil around these three samples was excavated and disposed at WWM landfill

I. SAFETY EQUIPMENT ON JOB SITE:

Fire Extinguisher: Type/Size: ABC 10-lb Recharge Date: 5/1/2022
 Combustible Gas Detector: Model: Syntec Calibration Date: 5/11/2022
 Oxygen Analyzer: Model: _____ Calibration Date: _____

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Removed product and residual from tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cleaned tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Excavated to top of tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Removed tank fixtures? (pumps, leak detection equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Removed product, fill and vent lines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K. TANK ABANDONMENT IN-PLACE:

All Tanks: N/A = Not Applicable (Check (√) Appropriate Box)	YES	NO	UNKNOWN	N/A
16. Sampling plan approved by DEQ? Date: _____ DEQ Staff: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Contamination concerns fully resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Fill Material? Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>Water pressure washed</u> Meter reading: _____	<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>4/6/2022 - PM</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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: Hattenhauer Distribution Co

(Please Print)

Permittee or Tank Owner: _____

(Signature)

Date: 6-7-23

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

Licensed Supervisor: Robert G Montgomery

(Please Print)

Licensed Supervisor: _____

(Signature)

Date: 7-3-23

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

Executive Officer: Robert G Montgomery

Licensed Service Provider

(Please Print)

Executive Officer: _____

Licensed Service Provider

(Signature)

Date: 7-3-23

O. REPORT FILING:

This report signed by the permittee or tank owner, licensed supervisor and executive officer of the Service Provider, complete with all applicable attachments, must be filed with the DEQ regional office within 30 days after the excavation is backfilled or change-in-service is complete. **Do not wait until any site related cleanup project is completed.** Contact the DEQ regional office prior to filing this report where special circumstances exist at the site (such as water in pit, remaining pockets of contamination, etc.).

P. HELP WITH THIS REPORT:

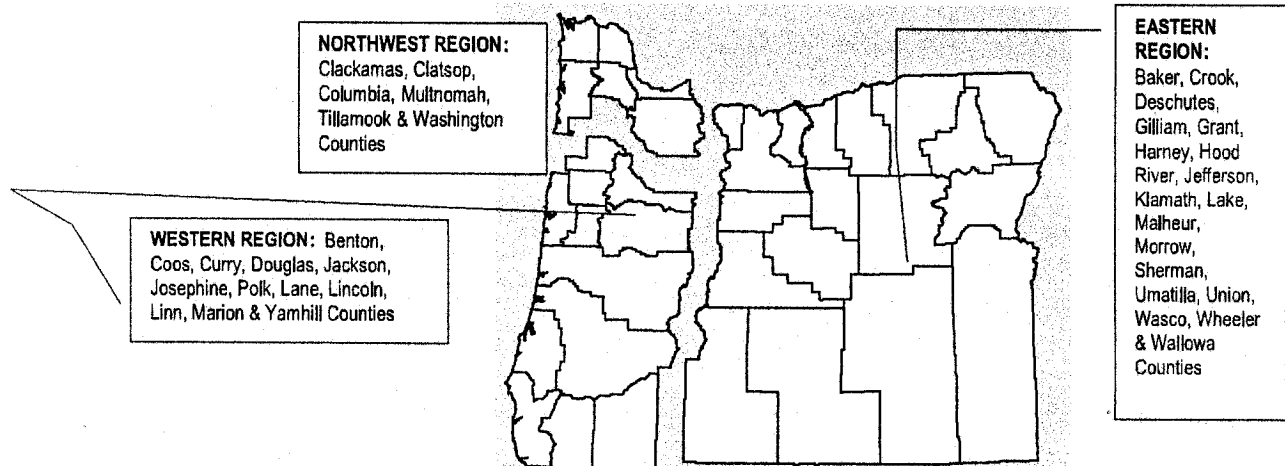
If you have any questions about this decommissioning checklist and site assessment report, please phone your DEQ Regional Office. You can also phone the UST Program's toll-free number, 1-800-742-7878. This is a message answering machine for calls made within Oregon. Underground Storage Tank Program staff will return your calls within 24 hours. You can also send an e-mail to tanks.info@deq.state.or.us. Our regional staff are also available to answer questions regarding tank decommissioning or change-in-service requirements (see below for telephone numbers).

Q. COPIES OF THE GENERAL PERMIT TO DECOMMISSION OR COMPLETE A CHANGE-IN-SERVICE:

Obtain copies of the general permit to decommission or complete a change-in-service conditions and requirements, UST Program rules and laws and UST Cleanup rules and laws at:

1. Any of the DEQ offices listed below,
2. By calling the UST HELPLINE at 1-800-742-7878,
3. Send an e-mail to tanks.info@deq.state.or.us or
4. Downloading from the UST home page at:

<http://www.deq.state.or.us/lq/tanks/ust/index.htm>



EASTERN REGION / BEND
475 NE BELLEVUE, SUITE 110
BEND, OR 97701
Phone: 541-388-6146
Fax: 541-388-8283

NORTHWEST REGION
700 NE MULTNOMAH ST.
PORTLAND, OR 97232
Phone: 503-229-5263
Fax: 503-229-6945

WESTERN REGION / COOS BAY
381 N SECOND STREET
COOS BAY 97420
Phone: 541-269-2721
Fax: 541-269-7984

WESTERN REGION / EUGENE
165 EAST 7TH AVE., SUITE 100
EUGENE, OR 97401
Phone: 541-686-7838
Fax: 541-686-7551

WESTERN REGION / MEDFORD
221 STEWART AVE., SUITE 201
MEDFORD, OR 97501
Phone: 541-776-6010
Fax: 541-776-6262



A Division of Pacific Northern Environmental LLC

1121 Columbia Blvd. Longview, Wa 98632

Main 360-423-2245 / Fax 360-423-2272 / Toll Free 800-533-2867

www.pneco.com

Invoice 1360429

Bill to: Montgomery Development Co rgmontgomery@hotmail.com PO Box 1315 Boring, OR 97009	Job: 8923110 MON-Dispose HazWaste Arli Hattenhauer Distributing 201 W 1st St The Dalles, OR 97058
--	---

Invoice #: 1360429	Date: 07/20/23	Salesperson:
Payment Terms: Net 30		
Customer Code: 10495		

Remarks: TIME & MATERIAL BILLING NUMBER: 001

Quantity	Description	U/M	Unit Price	Extension
	Labor			616.00
	Equipment Owned			135.00
	Other			15.85
Subtotal:				766.85
Total:				766.85

07/03/23
Disposal Drum
The Dalles, OR

Cowlitz Clean Sweep
1121 Columbia Blvd
Longview, WA 98632

Time + Materials Billing

Bill to: Montgomery Development Co
rgmontgomery@hotmail.com
PO Box 1315
Boring, OR 97009

Job: MON-Dispose HazWaste Arli
Hattenhauer Distributing
201 W 1st St
The Dalles, OR 97058

Contract#: 8923110
Our Job Number:

Bill#: 001
Page: 1
Invoice date: 7/5/23
Thru date: 7/5/23

G/L date	Tran	Description	P.O.#	Rate	Hours/Qty	Extension	Markup	Total
Phase: 00 Job Cost / Cost Type: 1 Labor								
	IC	Foreman - ST		88.000	7.00	616.00		616.00
Subtotal for Cost Type: 1 Labor								
					7.00	616.00	0.00	616.00
Phase: 00 Job Cost / Cost Type: 4 Equipment Owned								
	EQ	Pickup Truck		135.000	1.00	135.00		135.00
Subtotal for Cost Type: 4 Equipment Owned								
					1.00	135.00	0.00	135.00
Phase: 00 Job Cost / Cost Type: 6 Other								
	IC	Fuel Surcharge		0.110	135.00	14.85		14.85
	IC	Latex Exam Gloves		1.000	1.00	1.00		1.00
Subtotal for Cost Type: 6 Other								
					136.00	15.85	0.00	15.85
Subtotal for Phase: 00 Job Cost								
					144.00	766.85	0.00	766.85
Subtotal:								766.85

Notes for billing # 001

07/03/23
Disposal Drum
The Dalles, OR

Total:

766.85

Invoice Total:

766.85

Retention @

0.00

Current due:

766.85



Oregon

Tina Kotek, Governor

Department of Environmental Quality

Northwest Region

700 NE Multnomah Street, Suite 600

Portland, OR 97232

(503) 229-5263

FAX (503) 229-6945

TTY 711

October 8, 2024

Alex Hattenhauer
Hattenhauer Distributing Co
PO Box 1397
The Dalles, OR 97058

RE: UST Decommissioning Status
100 Lone Pine Dr
DEQ UST Facility ID No. 01824

Dear Alex Hattenhauer:

The Department of Environmental Quality (DEQ) has received and reviewed underground storage tank (UST) documents for closure of three decommissioned USTs at facility #01824, located at 100 Lone Pine Dr in The Dalles. The purpose of this letter is to document UST closure as required by Oregon Administrative Rule (OAR) 340-150-0168(10).

Based on DEQ review of the documents received, the work appears to have met the requirements of OAR 340-150-0168 for decommissioning by permanent closure. DEQ has changed the status of the tank from active to closed, with a decommissioning date of October 20, 2021. DEQ file and database records show tank permits AKJDB, AKJDC, and AKJDD as inactive and decommissioned. The documents received are on file at the DEQ Headquarters Office in Portland.

This letter is in no way related to any UST cleanup or other DEQ programs and is not intended to be a no further action letter for those purposes. The DEQ's determination will not be applicable if new or undisclosed facts show that the UST closure does not comply with the referenced rules.

As the Permittee you are required to maintain records of permanent closure, including the site assessment report and associated documents for three years after the permanent closure checklist and report have been reviewed by the DEQ. If the UST facility is sold within this time period, you must provide these records to the new property owner.

We appreciate your efforts to comply with the prescribed decommissioning rules for underground storage tanks. Should you have any questions, please feel free to contact me at 503-360-4287.

Sincerely,

Dave Pardue

Dave Pardue
UST Program Coordinator