



Oregon

Tina Kotek Governor

Department of Environmental Quality
Agency Headquarters
700 NE Multnomah Street, Suite 600
Portland, OR 97232
(503) 229-5696
FAX (503) 229-6124
TTY 711

TO: UST Facility Permittee

FROM: David Livengood, UST Program Manager

DATE: 7/18/2023

RE: Installation Certificate for Facility ID Number: 1200
Facility Name: OREGON CAVES CHEVRON
Address: 409 S Redwood Hwy, Cave Junction, OR 97523

Enclosed is the Certificate to Install underground storage tank(s) at the subject facility. This certificate **does not** authorize fuel delivery. A Certificate to Operate authorizing fuel delivery will be issued following completion of the installation and after review and approval of the required submittals by a DEQ inspector. As Tank Permittee, you are responsible for ensuring that the following notifications and requirements are adhered to:

- A 3-day notice (by phone) must be made to the appropriate regional DEQ office prior to tank installation. DEQ will issue a confirmation number. This is your proof that the notice was received. Failure to call in the 3-day notice, by either the Permittee or the licensed UST Service Provider, is a violation of state law. If the Department is denied an opportunity to inspect the installation work due to failure to provide notice, you may be required to reopen the excavation or piping areas for inspection.
- The *UST Installation Checklist* accompanied by one copy of the as-built drawings must be submitted to the appropriate regional office. Information associated with equipment installed should be submitted with the checklist including, at a minimum, a list of major system components, third-party evaluations, manufacturers' checklists, photographs and fire authority sign-off, if available. Please submit the checklist and attachments within 30 days following installation. We have enclosed a copy of the *UST Installation Checklist* for your use. You will also be asked to submit a copy of your financial responsibility mechanism (e.g. certificate of insurance or endorsement) to our Headquarters Office. Please note that an ACCORD form will not satisfy the verification requirements.
- Fuel cannot be delivered to the tank system until AFTER the Department has issued a Certificate to Operate. A Certificate to Operate will not be issued until a DEQ inspector has reviewed the required submittals and determined that the installation meets DEQ requirements including financial responsibility (insurance). Our inspectors will make every effort to work closely with your installer to minimize any delays in operating the newly installed tanks. When you receive your Certificate to Operate you must provide the Operating Certificate Number to your fuel distributor so they can deliver product to your facility.

Please refer to the attached map for contact information for regional offices. We appreciate your efforts to comply with environmental protection regulations.

Cc: UST Service Provider: M&M Services LLC
DEQ Regional Office: Western Region/Medford-Andrea Garcia



Oregon Department of Environmental Quality
Underground Storage Tank Program
General Permit Registration Form and
30-Day Notice

RECEIVED
 JUL 17 2023
 DEQ - Accounting

Processed 7-18-23

FOR DEQ USE ONLY

Date Rec'd 7-17-23
 Ck No. 2811
 Amt Rec'd \$ 2900.00
 Deposit UST Permit Fees

TO INSTALL AND OPERATE REGULATED TANKS

Facility Information:

Facility Name: OREGON CAVES CHEVRON

Facility Address: 409 S REDWOOD HWY

City, State, and Zip Code: CAVE JUNCTION, OR. 97523

Facility Number: 1200
 (If known)

Facility Phone: 541-592-3080 NAICS Code: 447110

Facility Contact: JEFF A. STILES Title: PRESIDENT

Contact Phone: 541-415-0060 Email: Jeff Stiles <1jeffstiles@gmail.com>

Service Provider Information:

Name: M&M Services, LLC License Number: 21812

For new tanks, a registration fee of \$325.00 per tank and an installation fee of \$400 per tank is due for the current year. For multi-chambered or multi-compartment tanks, the registration fee is \$325.00 and the installation fee is \$400 for each chamber or compartment. To calculate the registration fee owed please fill in the blanks below:

Number of new tanks or compartments 4 X \$725.00 = \$2900.00 **Total Fee Due**

This registration fee will also serve as the annual compliance fee for the remaining portion of the year in which the registration form is submitted.

----- Forwarded message -----

From: <ar@andretti1.com>

Date: Wed, Jun 28, 2023, 1:06 PM

Subject: EFT NOTICE - OREGON CAVES CHEVRON

To: <1jeffstiles@gmail.com>

Attached is your EFT notification. Thank you for your business!

----- Forwarded message -----

From: **Trueman G. Denson** <tdenson@sixrobblees.com>

Date: Thu, Jun 15, 2023, 11:25 AM

Subject: Six Robbles', Inc: Grants Parts Order Invoice

To: 1jeffstiles@gmail.com <1jeffstiles@gmail.com>

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"/> Commercial <input checked="" type="checkbox"/> Private <input type="checkbox"/> Local Government <input type="checkbox"/> Native American Nation or Tribe	Tribe or Nation:
	Will the tanks be located on land within an Indian Reservation or on trust lands outside reservation boundaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If you selected yes above; please STOP completing this form. Oregon DEQ does not regulate USTs located within in an Indian Reservation or on trust lands outside of reservation boundaries. Please contact EPA Region 10 at 206-553-6708 for assistance.

Financial Responsibility

By law financial responsibility requirements must be met in accordance with OAR 340 – Division 151

Check All that Apply:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Pollution Liability Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Guarantee |
| <input type="checkbox"/> Self-Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Exempt - Federal or State Government | <input type="checkbox"/> Trust Fund | <input type="checkbox"/> Exempt – Hazardous Substance |

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.

Notification and Description of Underground Storage Tank Systems

(Complete for each tank at this location)

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
Date of Installation (month and year)	7	8/8K	8/8B	1/9	
Estimated Total Capacity (gallons)	12,000	6,000	6,000	6,000	
Tank Attributes (check <input checked="" type="checkbox"/> all that apply)					
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Manifolded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartmentalized	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Constructed	<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"/>
Other Material, Please Specify					
Overfill Protection (check <input checked="" type="checkbox"/> all that apply)					
Automatic Shutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-Level Alarm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify					
Spill Prevention (check <input checked="" type="checkbox"/> only one)					
Single Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Release Detection (check <input checked="" type="checkbox"/> all that apply)					
Secondary Containment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Method, Please Specify					

----- Forwarded message -----

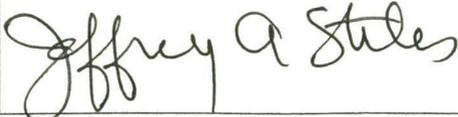
From: **Truman G. Denson** <tdenson@sixrobblees.com>

Date: Thu, Jun 15, 2023, 11:26 AM

Subject: Six Robblees', Inc: Grants Parts Order Invoice

To: 1jeffstiles@gmail.com <1jeffstiles@gmail.com>

Tank Identification Number	Tank No. 7	Tank No. 8A	Tank No. 8B	Tank No. 9	Tank No.
Piping Attributes (check <input checked="" type="checkbox"/> all that apply)					
Asphalt Coated or Bare Steel	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Flexible Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected - Impressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected - Sacrificial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport Hydrant Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Material, Please Specify					
Piping Delivery Type (check <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Release Detection (check <input checked="" type="checkbox"/> all that apply)					
Secondary Containment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Method, Please Specify					
Substance To Be Stored (check <input checked="" type="checkbox"/> only one substance per tank)					
** Please note you must fill out and attach the UST Alternative Fuel Compatibility Form to this form to demonstrate compatibility if you are installing USTs containing alternative fuels of greater than 10 percent ethanol or 20 percent biodiesel.					
Gasoline (containing \leq 10% ethanol)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Biodiesel	<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"/>
**Gasoline Containing > 10% Ethanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Diesel Containing > 20% Biodiesel	<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"/>
Specify CERCLA Name or CAS Number					
Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify Mixture Amounts					
Other, Please Specify					

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.		
Permittee Name: JEFF A. STILES	Permittee Signature: 	Date: 7.12.23

----- Forwarded message -----

From: **Trueman G. Denson** <tdenson@sixrobblees.com>

Date: Thu, Jun 15, 2023, 11:31 AM

Subject: Six Robblees', Inc: Grants Parts Order Invoice

To: 1jeffstiles@gmail.com <1jeffstiles@gmail.com>



State of Oregon
Department of
Environmental
Quality

Department of Environmental Quality
700 NE Multnomah St #600,
Portland, OR 97232
(503) 229-5696

UNDERGROUND STORAGE TANK PROGRAM GENERAL PERMIT REGISTRATION CERTIFICATE TO INSTALL

For Facility # 1200

DEQSQL1\PROD

ISSUED TO:

Oregon Caves Chevron
Jeff A. Stiles
5265 Dick George Rd
Cave Junction, OR 97523-9784

TANK OWNER:

Oregon Caves Chevron

PERMITTEE:

Oregon Caves Chevron

INSTALLATION CERTIFICATE

NUMBER 17-1200-2023-INST

FACILITY NAME AND LOCATION

OREGON CAVES CHEVRON
409 S REDWOOD HWY
CAVE JUNCTION, OR 97523

Registration Type: Install

Construction Only Authorized

TANK PERMIT:

BJKGA
BJKGB
BJKGC
BJKGD

TANK ID NO:

7
8A
8B
9

TANK SIZE:

12,000 GALLONS
6,000 GALLONS
6,000 GALLONS
6,000 GALLONS

TANK CONTENTS:

GASOLINE
GASOLINE
GASOLINE
DIESEL

Issued in accordance with the provisions of compliance laws ORS Chapter 466.706 to 466.835, 466.994 and 466.995 and associated compliance rules OAR 340-150-0001 to -0620 and 340-151-0001 to -0025. Issued in accordance with the provisions of cleanup laws ORS 465.200 to 465.455 and 465.900 and associated cleanup rules OAR 340-122-0205 to -0360.

The Oregon Department of Environmental Quality issues this installation certificate with the understanding that the permittee will install underground storage tanks in accordance with the conditions and requirements of the general permit to install pursuant to OAR 340-150-0160. This installation certificate remains valid until such time as a certificate to operate is issued by DEQ or DEQ suspends or revokes the installation certificate. Certificates may be suspended or revoked for failure by the permittee to comply with the conditions and requirements of the general permit to install or applicable statutes or rules.

ISSUE DATE : 07/18/2023

David L. Livengood
Hazardous Waste & Tanks Manager

Regulated Substance Delivery Not Authorized



Oregon

Tina Kotek Governor

Department of Environmental Quality

Agency Headquarters

700 NE Multnomah Street, Suite 600

Portland, OR 97232

(503) 229-5696

FAX (503) 229-6124

TTY 711

TO: UST Facility Permittee

FROM: David Livengood, UST Program Manager

DATE: 7/18/2023

RE: Installation Certificate for Facility ID Number: 1200
Facility Name: OREGON CAVES CHEVRON
Address: 409 S Redwood Hwy, Cave Junction, OR 97523

Enclosed is the Certificate to Install underground storage tank(s) at the subject facility. This certificate **does not** authorize fuel delivery. A Certificate to Operate authorizing fuel delivery will be issued following completion of the installation and after review and approval of the required submittals by a DEQ inspector. As Tank Permittee, you are responsible for ensuring that the following notifications and requirements are adhered to:

- A 3-day notice (by phone) must be made to the appropriate regional DEQ office prior to tank installation. DEQ will issue a confirmation number. This is your proof that the notice was received. Failure to call in the 3-day notice, by either the Permittee or the licensed UST Service Provider, is a violation of state law. If the Department is denied an opportunity to inspect the installation work due to failure to provide notice, you may be required to reopen the excavation or piping areas for inspection.
- The *UST Installation Checklist* accompanied by one copy of the as-built drawings must be submitted to the appropriate regional office. Information associated with equipment installed should be submitted with the checklist including, at a minimum, a list of major system components, third-party evaluations, manufacturers' checklists, photographs and fire authority sign-off, if available. Please submit the checklist and attachments within 30 days following installation. We have enclosed a copy of the *UST Installation Checklist* for your use. You will also be asked to submit a copy of your financial responsibility mechanism (e.g. certificate of insurance or endorsement) to our Headquarters Office. Please note that an ACCORD form will not satisfy the verification requirements.
- Fuel cannot be delivered to the tank system until AFTER the Department has issued a Certificate to Operate. A Certificate to Operate will not be issued until a DEQ inspector has reviewed the required submittals and determined that the installation meets DEQ requirements including financial responsibility (insurance). Our inspectors will make every effort to work closely with your installer to minimize any delays in operating the newly installed tanks. When you receive your Certificate to Operate you must provide the Operating Certificate Number to your fuel distributor so they can deliver product to your facility.

Please refer to the attached map for contact information for regional offices. We appreciate your efforts to comply with environmental protection regulations.

Cc: UST Service Provider: M&M Services LLC
DEQ Regional Office: Western Region/Medford-Andrea Garcia



State of Oregon
Department of
Environmental
Quality

Department of Environmental Quality
700 NE Multnomah St #600,
Portland, OR 97232
(503) 229-5696

UNDERGROUND STORAGE TANK PROGRAM GENERAL PERMIT REGISTRATION CERTIFICATE TO INSTALL

For Facility # 1200

DEQSQL1\PROD

ISSUED TO:

Oregon Caves Chevron
Jeff A. Stiles
5265 Dick George Rd
Cave Junction, OR 97523-9784

TANK OWNER:

Oregon Caves Chevron

PERMITTEE:

Oregon Caves Chevron

INSTALLATION CERTIFICATE

NUMBER 17-1200-2023-INST

FACILITY NAME AND LOCATION

OREGON CAVES CHEVRON
409 S REDWOOD HWY
CAVE JUNCTION, OR 97523

Registration Type: Install

Construction Only Authorized

TANK PERMIT:

BJKGA
BJKGB
BJKGC
BJKGD

TANK ID NO:

7
8A
8B
9

TANK SIZE:

12,000 GALLONS
6,000 GALLONS
6,000 GALLONS
6,000 GALLONS

TANK CONTENTS:

GASOLINE
GASOLINE
GASOLINE
DIESEL

Issued in accordance with the provisions of compliance laws ORS Chapter 466.706 to 466.835, 466.994 and 466.995 and associated compliance rules OAR 340-150-0001 to -0620 and 340-151-0001 to -0025. Issued in accordance with the provisions of cleanup laws ORS 465.200 to 465.455 and 465.900 and associated cleanup rules OAR 340-122-0205 to -0360.

The Oregon Department of Environmental Quality issues this installation certificate with the understanding that the permittee will install underground storage tanks in accordance with the conditions and requirements of the general permit to install pursuant to OAR 340-150-0160. This installation certificate remains valid until such time as a certificate to operate is issued by DEQ or DEQ suspends or revokes the installation certificate. Certificates may be suspended or revoked for failure by the permittee to comply with the conditions and requirements of the general permit to install or applicable statutes or rules.

ISSUE DATE : 07/18/2023

David L. Livengood
Hazardous Waste & Tanks Manager

Regulated Substance Delivery Not Authorized

Tank SA CANX
did not happen
JH.



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

GENERAL PERMIT REGISTRATION FORM
AND 30-DAY NOTICE

FOR DEQ USE ONLY
Date Rec'd <u>OCT 23 2017</u>
Ck No. <u>20152</u>
Amt Rec'd \$ <u>\$535.00</u>
Deposit UST Permit Fees

TO INSTALL AND OPERATE
REGULATED TANKS

PLEASE PRINT

FACILITY NAME: OREGON CAVES CHEVRON

FACILITY ADDRESS: 409 S REDWOOD HWY

CITY, STATE & ZIP: CAVE JUNCTION, OR 97523

PHONE: 541-592-3080

NAICS CODE: 447110

FACILITY NUMBER: <u>1200</u>
(If known)

PROVIDE THE NAME OF THE SERVICE PROVIDER DOING THE
INSTALLATION: M&M SERVICES, LLC SP LICENSE # 21812
(541) 618 8536 Todd

GENERAL PERMIT REGISTRATION FEE

For new tanks, a registration fee of \$135.00 per tank and an installation fee of \$400 per tank is due for the current year. For multi-chambered or multi-compartment tanks, the registration fee is \$135.00 and the installation fee is \$400 for each chamber or compartment. To calculate the registration fee owed please fill in the blanks below:

Number of new tanks or compartments 1 X \$535 = \$535 Total Fee Due

This registration fee will also serve as the first annual compliance fee for the remaining portion of the year in which the registration form is submitted.

5A-BHCEED

COLVIN OIL I, LLC
2520 FOOTHILL BLVD
GRANTS PASS, OR 97526

Page: 2

Phone: (541) 479-5343
Fax: (541) 479-4612

Invoice No: 2537347
Invoice Date: 09/28/17
Ship Date: 09/28/17

Profit Center: 80

Sold OREGON CAVES CHEVRON-FUEL, CRATER RI
To: 5265 DICK GEORGE RD.
CAVE JUNCTION, OR 97523

Ship OREGON CAVES CHEVRON-FUEL, C
To: 5265 DICK GEORGE RD.
CAVE JUNCTION, OR 97523

Account No:52630001 PO No:
Ship Via:COLVIN TRANSPORT, INC. Sales ID:

Terms: EFT IN 5 DAYS
BOL/Ship.Order:

Product Code/ Description	Quantity Shipped	Price Each	Extension
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GENERAL PERMIT REGISTRATION FORM TO INSTALL AND OPERATE USTs

<p>OREGON CAVES CHEVRON</p> <p>1. TANK OWNER* as registered with the Secretary of State, Corporations Division</p> <p>JEFF A. STILES</p> <p>Name of Official <i>(Please Print)</i></p> <p><i>Jeff A. Stiles</i> 10.10.17</p> <p>Signature of Official Date</p>	<p>5265 DICK GEORGE RD</p> <p>Mailing Address <i>(Please Print)</i></p> <p>CAVE JUNCTION, OR 97523</p> <p>City, State and Zip Code</p> <p>541-592-3080</p> <p>Area Code and Telephone Number</p>
<p>I will install and operate the USTs described on the <i>Notification and Description of Underground Storage Tank Systems</i> pages in accordance with the conditions and requirements of the applicable general permits.</p>	

<p>OREGON CAVES CHEVRON</p> <p>2. PERMITTEE* as registered with the Secretary of State, Corporations Division</p> <p>JEFF A. STILES</p> <p>Name of Official <i>(Please Print)</i></p> <p><i>Jeff A. Stiles</i> 10.10.17</p> <p>Signature of Official Date</p>	<p>5265 DICK GEORGE RD</p> <p>Mailing Address <i>(Please Print)</i></p> <p>CAVE JUNCTION, OR 97523</p> <p>City, State and Zip Code</p> <p>541-592-3080</p> <p>Area Code and Telephone Number</p>
<p>I will install and operate the USTs described on the <i>Notification and Description of Underground Storage Tank Systems</i> pages in accordance with the conditions and requirements of the applicable general permits.</p>	

<p>OREGON CAVES CHEVRON</p> <p>3. PROPERTY OWNER is name that appears on the County deed record for this property.</p> <p>JEFF A. STILES</p> <p>Name of Official <i>(Please Print)</i></p> <p><i>Jeff A. Stiles</i> 10.10.17</p> <p>Signature of Official Date</p>	<p>5265 DICK GEORGE RD</p> <p>Mailing Address <i>(Please Print)</i></p> <p>CAVE JUNCTION, OR 97523</p> <p>City, State and Zip Code</p> <p>541-592-3080</p> <p>Area Code and Telephone Number</p>
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* 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, please use that legal business name for purposes of registering these USTs with the Department.

If you want annual tank fee invoice mailed to a party other than the permittee listed above, please provide the invoice name and address below. Otherwise leave this box blank.

<p>4. INVOICEE NAME <i>(Please Print)</i></p> <p>_____</p> <p>Mailing Address <i>(Please Print)</i></p> <p>_____</p>	<p>_____</p> <p>City, State and Zip Code</p> <p>_____</p> <p>Area Code and Telephone Number</p>
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COLVIN OIL I, LLC
2520 FOOTHILL BLVD
GRANTS PASS, OR 97526

Page: 2

Phone: (541) 479-5343
Fax: (541) 479-4612

Invoice No: 2536306
Invoice Date: 09/26/17
Ship Date: 09/26/17

Profit Center: 80

Sold OREGON CAVES CHEVRON-FUEL, CRATER RI
To: 5265 DICK GEORGE RD.
CAVE JUNCTION, OR 97523

Ship OREGON CAVES CHEVRON-FUEL, C
To: 5265 DICK GEORGE RD.
CAVE JUNCTION, OR 97523

Account No:52630001 PO No: Terms: EFT IN 5 DAYS
Ship Via:COLVIN TRANSPORT, INC. Sales ID: BOL/Ship.Order:

Product Code/ Description	Quantity Shipped	Price Each	Extension
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Notification and Description of Underground Storage Tank Systems		
TYPE OF OWNER	INDIAN COUNTRY	
<input type="radio"/> Federal Government <input type="radio"/> State Government <input type="radio"/> Local Government	<input checked="" type="radio"/> Commercial <input type="radio"/> Private	<input type="checkbox"/> Tanks are located on land within an Indian Reservation or on trust lands outside reservation boundaries. <input type="checkbox"/> Tanks are owned by a Native American nation or tribe.
Tribe or Nation:		
TYPE OF FACILITY		
<input checked="" type="radio"/> Gas Station <input type="radio"/> Petroleum Distributor <input type="radio"/> Air Taxi (Airline) <input type="radio"/> Aircraft Owner <input type="radio"/> Auto Dealership	<input type="radio"/> Railroad <input type="radio"/> Federal - Non-Military <input type="radio"/> Federal - Military <input type="radio"/> Industrial <input type="radio"/> Contractor	<input type="radio"/> Trucking/Transport <input type="radio"/> Utilities <input type="radio"/> Residential <input type="radio"/> Farm <input type="radio"/> Other (Explain)
FINANCIAL RESPONSIBILITY		
<input checked="" type="checkbox"/> I will meet the financial responsibility requirements in accordance with OAR 340 – Division 151		
Check All that Apply		
<input checked="" 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: JEFF A. STILES	Job Title: <i>Pres. Crater Rem Inc - owner Oregon Caves Chevron</i>	Address: 5265 DICK GEORGE RD CAVE JUNCTION, OR 97523	Phone Number (Include Area Code): 541-415-0060
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) JEFF A. STILES	Signature <i>Jeff A. Stiles</i>	Date Signed 10.10.17	

COLVIN OIL I, LLC
2520 FOOTHILL BLVD
GRANTS PASS, OR 97526

Page: 2

Invoice No: 2535683
Invoice Date: 09/24/17
Ship Date: 09/24/17

Phone: (541) 479-5343
Fax: (541) 479-4612

Profit Center: 80

Sold OREGON CAVES CHEVRON-FUEL, CRATER RI
To: 5265 DICK GEORGE RD.
CAVE JUNCTION, OR 97523

Ship OREGON CAVES CHEVRON-FUEL, C
To: 5265 DICK GEORGE RD.
CAVE JUNCTION, OR 97523

Account No:52630001 PO No:
Ship Via:COLVIN TRANSPORT, INC. Sales ID:

Terms: EFT IN 5 DAYS
BOL/Ship.Order:

Product Code/ Description	Quantity Shipped	Price Each	Extension
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NOTIFICATION AND DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS
(Complete for each tank at this location)

Tank Identification Number	Tank No. 1A	Tank No. 2A	Tank No. 3A	Tank No. 4A	Tank No. 5A
1. Status of Tank (Check (√) only one)					
Currently In Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>				
Permanently Out of Use	<input type="checkbox"/>				
2. Date of Installation (month & year)					
					11/17
3. Estimated Total capacity (gallons)					
	6000	12,000	6000	6000	6000
4. Material of construction (Check (√) all that apply)					
Asphalt Coated or Bare Steel	<input type="checkbox"/>				
Cathodically Protected Steel	<input type="checkbox"/>				
Epoxy Coated Steel	<input type="checkbox"/>				
Composite (Steel with Fiberglass)	<input type="checkbox"/>				
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lined Interior	<input type="checkbox"/>				
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>				
Concrete	<input type="checkbox"/>				
Excavation Liner	<input type="checkbox"/>				
Unknown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Material, Please Specify					
Has Tank been Repaired?	<input type="checkbox"/>				
Check (√) Box if Yes					
Date of Repair					
5. Piping – Material (Check (√) all that apply)					
Bare Steel	<input type="checkbox"/>				
Bare Steel Wrapped	<input type="checkbox"/>				
Galvanized Steel	<input type="checkbox"/>				
Fiberglass Reinforced Plastic	<input type="checkbox"/>				
Copper	<input type="checkbox"/>				
Cathodically Protected	<input type="checkbox"/>				
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secondary containment	<input type="checkbox"/>				
Unknown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Not in Contact With Soil	<input type="checkbox"/>				
Other Material, Please Specify					
6. Piping – Type (Check (√) all that apply)					
Suction – no valve at tank	<input type="checkbox"/>				
Suction – valve at tank	<input type="checkbox"/>				
Pressure	<input checked="" type="checkbox"/>				
Gravity Feed	<input type="checkbox"/>				
Has Piping been Repaired?	<input type="checkbox"/>				
Check (√) box if Yes					
Date of Repair					

COLVIN OIL I, LLC
2520 FOOTHILL BLVD
GRANTS PASS, OR 97526

Page: 2

Phone: (541) 479-5343
Fax: (541) 479-4612

Invoice No: 2533856
Invoice Date: 09/21/17
Ship Date: 09/21/17

Profit Center: 80

Sold OREGON CAVES CHEVRON-FUEL, CRATER RI
To: 5265 DICK GEORGE RD.
CAVE JUNCTION, OR 97523

Ship OREGON CAVES CHEVRON-FUEL, C
To: 5265 DICK GEORGE RD.
CAVE JUNCTION, OR 97523

Account No:52630001 PO No: Terms: EFT IN 5 DAYS
Ship Via:COLVIN TRANSPORT, INC. Sales ID: BOL/Ship.Order:

>-----
Product Code/ Quantity Price
Description Shipped Each Extension

NOTIFICATION AND DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS
(Complete for each tank at this location)

Tank Identification Number	Tank No. 1A	Tank No. 2A	Tank No. 3A	Tank No. 4A	Tank No. 5A
----------------------------	----------------	----------------	----------------	----------------	----------------

7. Substance Currently or Last Stored in Greatest Quantity by Volume
(Check (√) Only One Substance Per Tank)

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

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

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

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

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

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

9. Spill and Overfill Protection

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



Oregon

Kate Brown, Governor

Department of Environmental Quality
Agency Headquarters
700 NE Multnomah Street, Suite 600
Portland, OR 97232
(503) 229-5696
FAX (503) 229-6124
TTY 711

TO: UST Facility Permittee

FROM: David Livengood, UST Program Manager

DATE: October 25, 2017

RE: Installation Certificate for Facility ID Number: 1200
Facility Name: OREGON CAVES CHEVRON
Address: 409 S Redwood Hwy, Cave Junction, OR, 97523

Enclosed is the Certificate to Install underground storage tank(s) at the subject facility. This certificate **does not** authorize fuel delivery. A Certificate to Operate authorizing fuel delivery will be issued following completion of the installation and after review and approval of the required submittals by a DEQ inspector. As Tank Permittee, you are responsible for ensuring that the following notifications and requirements are adhered to:

- A 3-day notice (by phone) must be made to the appropriate regional DEQ office prior to tank installation. DEQ will issue a confirmation number. This is your proof that the notice was received. Failure to call in the 3-day notice, by either the Permittee or the licensed UST Service Provider, is a violation of state law. If the Department is denied an opportunity to inspect the installation work due to failure to provide notice, you may be required to reopen the excavation or piping areas for inspection.
- The *UST Installation Checklist* accompanied by one copy of the as-built drawings must be submitted to the appropriate regional office. Information associated with equipment installed should be submitted with the checklist including, at a minimum, a list of major system components, third-party evaluations, manufacturers' checklists, photographs and fire authority sign-off, if available. Please submit the checklist and attachments within 30 days following installation. We have enclosed a copy of the *UST Installation Checklist* for your use. You will also be asked to submit a copy of your financial responsibility mechanism (e.g. certificate of insurance or endorsement) to our Headquarters Office. Please note that an ACCORD form will not satisfy the verification requirements.
- Fuel can not be delivered to the tank system until AFTER the Department has issued a Certificate to Operate. A Certificate to Operate will not be issued until a DEQ inspector has reviewed the required submittals and determined that the installation meets DEQ requirements including financial responsibility (insurance). Our inspectors will make every effort to work closely with your installer to minimize any delays in operating the newly installed tanks. When you receive your Certificate to Operate you must provide the Operating Certificate Number to your fuel distributor so they can deliver product to your facility.

Please refer to the attached map for contact information for regional offices. We appreciate your efforts to comply with environmental protection regulations.

Cc: UST Service Provider: M&M Services, LLC
DEQ Regional Office: Western Region/Coos Bay-Eric Clough



State of Oregon
Department of
Environmental
Quality

Department of Environmental Quality
700 NE Multnomah St Suite 600
Portland, OR 97232-4100
Hazardous Waste & Tanks-Steve Paiko

UNDERGROUND STORAGE TANK PROGRAM GENERAL PERMIT REGISTRATION CERTIFICATE TO INSTALL

For Facility # 1200

DEQSQL1PROD

ISSUED TO:

Oregon Caves Chevron
Jeff A. Stiles
5265 Dick George Rd
Cave Junction, OR 97523-9784

TANK OWNER:

Oregon Caves Chevron

PERMITTEE:

Oregon Caves Chevron

TANK PERMIT:

BHCED

TANK ID NO:

5A

INSTALLATION CERTIFICATE

NUMBER 17-1200-2017-INST

FACILITY NAME AND LOCATION

OREGON CAVES CHEVRON
409 S REDWOOD HWY
CAVE JUNCTION, OR 97523

Registration Type: Install

Construction Only Authorized

TANK SIZE:

6,000 GALLONS

TANK CONTENTS:

GASOLINE

Issued in accordance with the provisions of compliance laws ORS Chapter 466.706 to 466.835, 466.994 and 466.995 and associated compliance rules OAR 340-150-0001 to -0620 and 340-151-0001 to -0025. Issued in accordance with the provisions of cleanup laws ORS 465.200 to 465.455 and 465.900 and associated cleanup rules OAR 340-122-0205 to -0360.

The Oregon Department of Environmental Quality issues this installation certificate with the understanding that the permittee will install underground storage tanks in accordance with the conditions and requirements of the general permit to install pursuant to OAR 340-150-0160. This installation certificate remains valid until such time as a certificate to operate is issued by DEQ or DEQ suspends or revokes the installation certificate. Certificates may be suspended or revoked for failure by the permittee to comply with the conditions and requirements of the general permit to install or applicable statutes or rules.

ISSUE DATE : 10/25/2017

David L. Livengood
Hazardous Waste & Tanks Manager

Regulated Substance Delivery Not Authorized

Certificate of Insurance

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Premium
179E03461-11-01	4/15/2011	4/15/2013	\$2,774.00

FACT#
1200
FR-OK
12 APR 11
JDO

Named Insured and Mailing Address:
Crater Rim, Inc. DBA Oregon Caves Chevron
5265 Dick George Rd.
Cave Junction, OR 97523

Name of Insurer:
American Safety Indemnity Company
100 Galleria Parkway SE, Suite 700
Atlanta, GA 30339

CERTIFICATE:

1. American Safety Indemnity Company, the 'Insurer', as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

Per Attached Scheduled Locations and Scheduled Storage Tank(s) Systems

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are: \$1,000,000 Each Occurrence and: \$1,000,000 Annual Aggregate Policy Limit, exclusive of legal defense costs which are subject to a separate limit under the policy. This coverage is provided under Policy Number: 179E03461-11-01. The effective date of said policy is: 4/15/2011.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
 - The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
 - Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the Policy and all endorsements.
 - Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the Insured.
 - The insurance covers claims otherwise covered by the Policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such an extended reported period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97 (b) (2) and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess lines insurer, in one or more states.

In Witness Whereof, this Company has caused this policy to be signed by its President and Secretary, but if required by state law, this policy shall not be valid unless countersigned by an authorized representative of the Company.

BY



Ambuj Jain, Secretary



Joseph D. Scollo, Jr., President

**American Safety Storage Tank Application
Declarations**

Schedule of Locations and Storage Tanks

Effective as of April 15, 2011

Attached to and forming part of Policy #179E03461-11-01

Crater Rim, Inc. DBA Oregon Caves Chevron

**Oregon Caves Chevron
409 S Redwood Hwy.
Cave Junction, OR 97523**

<u>Tank#</u>	<u>Cap. Gal.</u>	<u>Contents</u>	<u>Position</u>	<u>Install Date</u>	<u>Lined Date</u>
1	12,000	Gasoline	Under	1993	
2	12,000	Gasoline	Under	1993	
3	6,000	Diesel	Under	1993	
4	1,000	Waste Oil	Above	1993	

Total Number of Tanks: 4

Total Number of Facilities: 1

Chevron

FA

CHECKLIST - PERMIT APPLICATION PROCESSING

Facility Number: 1900
Application Number: UST-2003
Date Received: 5/16/88

Permittee Information Entered
SIC Code Entered
Tank Contents checked
Tank ID number checked
Permit Ordered

AGEJH, AGEJS, AGFKK
~~AGFKA, AGFKB, AGFKC~~
~~AGFKD~~

PERMIT NUMBERS:

#1A- BCGED, #2A- BCGEE,
#3A- BCGEF, #4A- BCGEG
7/16/93 *br*

Property Owner Information Entered
Corrections made to tank information
Date: 11/06/90

Other actions needed:

Returned to owner/permittee _____
Date: _____

Incomplete _____
Other _____

Received back from owner/permittee _____
Date: _____

Comments: Permittee # 95193

~~3/10/90 UST # B 190 sent w/ mod app. cancelled 3/15/90~~

~~4/3/90 UST # B 199 - 12500 (S)~~

fact 1280

bill owner

deleted tank # 4 - heating oil

10 # 55575 - property owner

~~Tank # 6~~ added & dec on or 9/16/95 off NO permit issued.
Sent Decom Rpts to Region 24 NOV 95 off.

OWNER NAME

XXXXXXXXXX COMPLIANCE SPECIALIST
M.P. KAPALA

UST-2023

[Empty box]

CHEVRON USA, INC.

[Empty box]

P. O. BOX 220

[Empty box]

SEATTLE WA 98111

[Empty box]

X Steve E. Wentz
OWNER SIGNATURE

Each completed application must include the signatures of the tank owner, the property owner and the permittee. All three signature lines must be signed. The data sheets are part of the application and should be left attached and returned. Please return the completed application to the DEQ, Business Office, 811 SW 6th, Portland, OR 97204 using the envelope provided.

PROPERTY OWNER

PLEASE PRINT CLEARLY

Chevron U.S.A. Inc.

P. O. Box 220

Seattle, WA 98111

X Steve E. Wentz
PROPERTY OWNER SIGNATURE

PERMITTEE

PLEASE PRINT CLEARLY

Facility I.D. # 92934 Tank I.D. # _____

Jeff A. Stiles

P. O. Box 1732

Cave Jct., OR 97523

X Jeff A. Stiles
PERMITTEE SIGNATURE

- Yes, this data information sheet is correct
- No, this data information sheet is not correct

SIC Code 5541

TANK DESCRIPTION

INSTRUCTIONS

Please check the data below for correctness. Make any changes right on this sheet. If you have new or additional information, please write it on the sheet. Leave these sheets attached to the application package and return them to the DEQ by May 1, 1988.

FACILITY I.D. # 1200 55575
 FACILITY NAME CHEVRON U.S.A., INC. - 92934
 ADDRESS 409 REDWOOD HWY.
 CITY, STATE, ZIP CAVE JUNCTION OR 97523
 181 OF 249
 UST-2023

	TANK NO. 1	TANK NO. 2	TANK NO. 3	TANK NO. 4
Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential No. (e.g., 1,2,3,...)				
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>)				
Currently in Use	(Y)	(Y)	(Y)	(Y)
Temporarily Out of Use	()	()	()	()
Permanently Out of Use	()	()	()	()
Brought into Use after 5/8/86	()	()	()	()
2. Age When Reported/Current Age	15/16 17	15/16 17	15/16 17	15/16 17
3. Estimated Total Capacity (Gallons)	10000	10000	5000	550
4. Material of Construction (Mark one <input checked="" type="checkbox"/>)				
Steel	(Y)	(Y)	(Y)	(Y)
Concrete	()	()	()	()
Fiberglass Reinforced Plastic	()	()	()	()
Unknown	()	()	()	()
Other, Please Specify				
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>)				
Cathodic Protection	()	()	()	()
Interior Lining (e.g., epoxy resins)	()	()	()	()
None	(Y)	(Y)	(Y)	(Y)
Unknown	()	()	()	()
Other, Please Specify				
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>)				
Cathodic Protection	(Y)	(Y)	(Y)	(Y)
Painted (e.g., asphaltic)	()	()	()	()
Fiberglass Reinforced Plastic Coated	()	()	()	()
None	()	()	()	()
Unknown	(Y)	(Y)	(Y)	(Y)
Other, Please Specify				
7. Piping (Mark all that apply <input checked="" type="checkbox"/>)				
Bare Steel	()	()	()	()
Galvanized Steel	(Y)	(Y)	(Y)	(Y)
Fiberglass Reinforced Plastic	()	()	()	()
Cathodically Protected	(Y)	(Y)	(Y)	(Y)
Unknown	()	()	()	()
Other, Please Specify				
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>)				
a. Empty	()	()	()	()
b. Petroleum	()	()	()	()
Diesel	()	()	()	(Y)
Kerosene	()	()	()	()
Gasoline (including alcohol blends)	(Y)	(Y)	(Y)	()
Used Oil	()	()	()	(X)
Other, Please Specify				
c. Hazardous Substance				
Please				
Indicate Name of Principal CERCLA Substance or Chemical Abstract Service (CAS) No.				
Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unknown	()	()	()	()
9. Additional information (for tanks permanently taken out of service)				
a. Estimated date last used (mo/yr)	_____	_____	_____	_____
b. Estimate quantity of substance remaining (gal.)	_____	_____	_____	_____
c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



OREGON UST SURVEY

INSTRUCTIONS

Please check the data below for correctness. Make any changes right on this sheet. If you have new or additional information, please write it on the sheet. Leave these sheets attached to the application package and return them to the DEQ by May 1, 1988.

Tank Identification No.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
	1	2	3	4
1. Status of Tank <i>(check one)</i>				
If temporarily out of use,	()	()	()	()
Estimated time out of use:	()	()	()	()
1 month - 6 months	()	()	()	()
6 months - 1 year	()	()	()	()
1 year - 5 years	()	()	()	()
5 years or more	()	()	()	()
Estimated date to be brought back into use (mo/yr)	()	()	()	()
2. Was tank new at time of installation? (Y/N)	(Y)	(Y)	(Y)	(Y)
3. Containment Systems <i>(check one)</i>				
Single-walled tank	(Y)	(Y)	(Y)	(Y)
Double-walled tank	()	()	()	()
Pit-lining system	()	()	()	()
Unknown	()	()	()	()
4. Leak Detection System <i>(check all that apply)</i>				
Visual	()	()	()	()
Stock inventory	(Y)	(Y)	(Y)	(Y)
Tile drain	()	()	()	()
Vapor wells	()	()	()	()
Sensor instrument (specify type):				
In-ground detector	()	()	()	()
Within walls of double-walled tank	()	()	()	()
Ground water monitoring wells	()	()	()	()
Continuous in piping	()	()	()	()
Pressure test	(Y)	(Y)	(Y)	(Y)
Internal inspection	()	()	()	()
Other, specify				
None	()	()	()	()
Unknown	()	()	()	()
5. Overfill Protection (Yes/No)	(N)	(N)	(N)	(N)
6. Location of Piping <i>(check all that apply)</i>				
No parts in contact with soil	()	()	()	()
Parts contacting the soil which are:	()	()	()	()
Unprotected metal	()	()	()	()
Made of corrosion resistant materials	()	()	()	()
Corrosion-resisted coated	()	()	()	()
Cathodically protected	(Y)	(Y)	(Y)	(Y)
Double-walled	()	()	()	()
Within a secondary containment	()	()	()	()
Interior lined	()	()	()	()
Unknown	()	()	()	()
7. History of Tank Repairs <i>(check one except as indicated)</i>				
If tank repaired, indicate date of last repairs (mo/yr)				
None	(Y)	(Y)	(Y)	(Y)
Unknown	()	()	()	()
8. History of Pipe Repairs <i>(check one except as indicated)</i>				
If pipe repaired, indicate date (mo/yr)				
None	(Y)	(Y)	(Y)	(Y)
Unknown	()	()	()	()

55575

1200

FACILITY I.D. #OWNER I.D. #

181 OF 249

UST-2023

CHEVRON U.S.A., INC. - 92934
409 REDWOOD HWY.
CAVE JUNCTION OR 97523

FACILITY NAME
ADDRESS
CITY, STATE, ZIP

TANK DESCRIPTION

INSTRUCTIONS

Please check the data below for correctness. Make any changes right on this sheet. If you have new or additional information, please write it on the sheet. Leave these sheets attached to the application package and return them to the DEQ by May 1, 1988.

55575
 1200
 182 OF 249
 UST-2023
 FACILITY I.D. #OWNER I.D. #
 FACILITY NAME
 ADDRESS
 CITY, STATE, ZIP
 CHEVRON U.S.A., INC. - 92934
 409 REDWOOD HWY.
 CAVE JUNCTION OR 97523

	TANK NO.	TANK NO.	TANK NO.	TANK NO.
Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential No. (e.g., 1,2,3,...)	5			
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>)	Currently in Use (<input checked="" type="checkbox"/>)	()	()	()
Temporarily Out of Use	()	()	()	()
Permanently Out of Use	()	()	()	()
Brought into Use after 5/8/86	()	()	()	()
2. Age When Reported/Current Age	15/ 16 17			
3. Estimated Total Capacity (Gallons)	1000			
4. Material of Construction (Mark one <input checked="" type="checkbox"/>)	Steel (<input checked="" type="checkbox"/>)	()	()	()
Concrete	()	()	()	()
Fiberglass Reinforced Plastic	()	()	()	()
Unknown	()	()	()	()
Other, Please Specify				
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>)	Cathodic Protection ()	()	()	()
Interior Lining (e.g., epoxy resins)	()	()	()	()
None	(<input checked="" type="checkbox"/>)	()	()	()
Unknown	()	()	()	()
Other, Please Specify				
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>)	Cathodic Protection (<input checked="" type="checkbox"/>)	()	()	()
Painted (e.g., asphaltic)	()	()	()	()
Fiberglass Reinforced Plastic Coated	()	()	()	()
None	()	()	()	()
Unknown	(<input checked="" type="checkbox"/>)	()	()	()
Other, Please Specify				
7. Piping (Mark all that apply <input checked="" type="checkbox"/>)	Bare Steel ()	()	()	()
Galvanized Steel	(<input checked="" type="checkbox"/>)	()	()	()
Fiberglass Reinforced Plastic	()	()	()	()
Cathodically Protected	(<input checked="" type="checkbox"/>)	()	()	()
Unknown	()	()	()	()
Other, Please Specify				
8. Substance Currently or Last Stored In Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>)	a. Empty ()	()	()	()
b. Petroleum ()	()	()	()	()
Diesel	()	()	()	()
Kerosene	()	()	()	()
Gasoline (including alcohol blends)	()	()	()	()
Used Oil	(<input checked="" type="checkbox"/>)	()	()	()
Other, Please Specify				
Please	c. Hazardous Substance			
Indicate Name of Principal CERCLA Substance or Chemical Abstract Service (CAS) No.				
Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unknown	()	()	()	()
9. Additional Information (for tanks permanently taken out of service)				
a. Estimated date last used (mo/yr)	_____	_____	_____	_____
b. Estimate quantity of substance remaining (gal.)	_____	_____	_____	_____
c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential No. (e.g., 1,2,3...)	Tank No. <u>6</u>	Tank No. <u>7</u>	Tank No.	Tank No.	Tank No.
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>)					
Currently in Use	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brought into Use after 5/8/86	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Estimated Age (Years)	<u>Unknown</u>	<u>Unknown</u>			
3. Estimated Total Capacity (Gallons)	<u>40</u>	<u>40</u>			
4. Material of Construction (Mark one <input checked="" type="checkbox"/>)					
Steel	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Fiberglass Reinforced Plastic	<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, Please Specify _____					
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>)					
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Lining (e.g., epoxy resins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input checked="" type="checkbox"/>	<input checked="" 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, Please Specify _____					
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>)					
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted (e.g., asphaltic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic Coated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input checked="" type="checkbox"/>	<input checked="" 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, Please Specify _____					
7. Piping (Mark all that apply <input checked="" type="checkbox"/>)					
Bare Steel	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Cathodically Protected	<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, Please Specify _____					
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>)					
a. Empty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Petroleum					
Diesel	<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"/>
Gasoline (including alcohol blends)	<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"/>
Other, Please Specify _____	<u>Hydraulic Oil</u>	<u>Hydraulic Oil</u>			
c. Hazardous Substance					
Please Indicate Name of Principal CERCLA Substance or Chemical Abstract Service (CAS) No.	_____	_____	_____	_____	_____
Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Additional information (for tanks permanently taken out of service)					
a. Estimated date last used (mo/yr)	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
b. Estimate quantity of substance remaining (gal.)	_____	_____	_____	_____	_____
c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED
JUN 16 1986
Solid Waste
Dept. of Environmental Quality

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0049
APPROVAL EXPIRES 6-30-88

Return To: **Oregon Department of Environmental Quality**
Underground Storage Tank Program
P.O. Box 1760
Portland, Oregon 97207

STATE USE ONLY
I.D. Number 1200
Date Received

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances; and

(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of regulated substances, and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;

3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;

5. surface impoundments, pits, ponds, or lagoons;

6. storm water or waste water collection systems;

7. flow-through process tanks;

8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;

9. storage tanks situated in an underground area (such as a basement, cellar, mineworking drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Completed notification forms should be sent to the address given at the top of this page.

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached. 1

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

(If same as Section 1, mark box here)

Street Address CHEVRON U.S.A. INC.
P.O. BOX 220
County SEATTLE, WA 98111
City King State Zip Code

Facility Name or Company Site Identifier, as applicable

92934
Street Address or State Road, as applicable
409 REDWOOD HWY
County
JOSEPHINE
City (nearest) State Zip Code
CAVE JCT. OR 97523

Area Code Phone Number

206 628-5200

Type of Owner (Mark all that apply)

- Current State or Local Gov't. Private or Corporate
 Former Federal Gov't. Ownership uncertain
 (GSA facility I.D. no.)

Indicate number of tanks at this location 5

Mark box here if tank(s) are located on land within an Indian reservation on other Indian trust lands

III. CONTACT PERSON AT TANK LOCATION

Name (if same as Section 1, mark box here)

Job Title

Area Code

Phone Number

PAUL B. DOLE

DLR

503

592-3506

IV. TYPE OF NOTIFICATION

Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI.)

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

M.P. Kapala Environmental Specialist

Signature

M.P. Kapala

Date Signed

4-22-86

CONTINUE ON REVERSE SIDE

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential No. (e.g., 1, 2, 3...)	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>	Tank No. <u>5</u>
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>) Currently in Use Temporarily Out of Use Permanently Out of Use Brought into Use after 5/8/86	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
2. Estimated Age (Years)	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>
3. Estimated Total Capacity (Gallons)	<u>10000</u>	<u>10000</u>	<u>5000</u>	<u>550</u>	<u>1000</u>
4. Material of Construction (Mark one <input checked="" type="checkbox"/>) Steel Concrete Fiberglass Reinforced Plastic Unknown Other, Please Specify	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection Interior Lining (e.g., epoxy resins) None Unknown Other, Please Specify	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection Painted (e.g., asphaltic) Fiberglass Reinforced Plastic Coated None Unknown Other, Please Specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
7. Piping (Mark all that apply <input checked="" type="checkbox"/>) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Cathodically Protected Unknown Other, Please Specify	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>) a. Empty b. Petroleum Diesel Kerosene Gasoline (including alcohol blends) Used Oil Other, Please Specify c. Hazardous Substance Please Indicate Name of Principal CERCLA Substance or Chemical Abstract Service (CAS) No. Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances d. Unknown	<input type="checkbox"/> <input type="checkbox"/> <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 checked="" 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 checked="" type="checkbox"/>
9. Additional information (for tanks permanently taken out of service) a. Estimated date last used (mo/yr) b. Estimate quantity of substance remaining (gal.) c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	<u>/</u> <input type="checkbox"/>				

Dept. of Environmental Quality
RECEIVED
MAY 06 1986

THANK YOU FOR YOUR ASSISTANCE

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

BILLING ADDRESS

JEFF A. STILES
 CHEVRON
 P.O. BOX 1732
 CAVE JUNCTION OR 97523

FACILITY

1200
 CHEVRON U.S.A., INC. - 92934
 409 REDWOOD HWY.
 CAVE JUNCTION OR 97523

4 1990 ASSESSMENT 100.00
 5 Tank(s) at \$25.00 ea = ~~125.00~~
 Credit \$ 100.00
 Balance \$ ~~125.00~~
 Due

KEEP THIS PORTION FOR YOUR RECORDS

DETACH



Remit and Make Checks Payable to:
 Department of Environmental Quality
 Attn: Business Office
 811 S.W. Sixth Avenue
 Portland, OR 97204

← BILLING ADDRESS

JEFF A. STILES
 CHEVRON
 P.O. BOX 1732
 CAVE JUNCTION OR 97523

1990 INVOICE

DETACH

FOR DEQ USE ONLY

Date Received: MAY 25 1990
 Amount Received: \$75 / \$5850
 Check No.: 66424715

INVOICE NUMBER UST90-00803

DATE 01/10/90

FACILITY NUMBER	FACILITY NAME AND LOCATION	AMOUNT DUE	DATE DUE
1200	CHEVRON U.S.A., INC. - 92934 409 REDWOOD HWY. CAVE JUNCTION OR 97523	125.00 75.00	02/15/90

*LESS \$25 FOR 88
 LESS \$25 FOR 90
 FEES FOR HEATING &
 FUEL TANK.*

UPGRADE INFORMATION
 (CHECK HERE) →
 SEE BACK OF THIS INVOICE

NOTE: Please return pink portion of this invoice with your remittance to ensure proper credit.

Fill out this portion for tanks upgraded prior to January 1, 1990

Upgrade Options

Leak Detection (Tank):

- A1 Automatic Tank Gauge
- A2 Groundwater Monitor
- A3 Vapor Monitor
- A4 Interstitial Monitor

Corrosion Protection (Tank):

- B1 Internal Lining
- B2 Cathodic Protection
- B3 Fiberglass
- B4 Composite

Spill and Overfill Prevention:

- C1 Spill Containment Basin
- C2 Automatic Shutoff Device
- C3 Overfill Alarm
- C4 Ball Float Valve

Leak Detection (Piping):

- A5 Groundwater Monitor
- A6 Vapor Monitor
- A7 Interstitial Monitor
- A8 Continuous Monitor with Alarm
- A9 Automatic Shutoff
- A10 Modify Foot Valve

Corrosion Protection (Piping):

- B5 Cathodic Protection
- B6 Fiberglass

Upgraded Tanks

Please fill in all option letters listed above for all tanks upgraded.

	Permit #	Tank #	Letter Designation and Date Installed					
Example:	EEGG	1	B1	12/1/89	C4	12/1/89	A10	7/1/89

RETURN TO: DEQ, 811 SW 6th, PORTLAND, OR 97204

OWNER NAME

~~XXXXXXXXXX~~ COMPLIANCE SPECIALIST

UST-2023

[Empty box]

CHEVRON USA, INC.

[Empty box]

P.O. BOX 220

[Empty box]

SEATTLE WA 98111

[Empty box]

X Steve E. Wentz
OWNER SIGNATURE

Each completed application must include the signatures of the tank owner, the property owner and the permittee. All three signature lines must be signed. The data sheets are part of the application and should be left attached and returned. Please return the completed application to the DEQ, Business Office, 811 SW 6th, Portland, OR 97204 using the envelope provided.

PROPERTY OWNER

PLEASE PRINT CLEARLY

PERMITTEE

PLEASE PRINT CLEARLY

Chevron U.S.A. Inc.
P. O. Box 220
Seattle, WA 98111

Facility I.D. # 92934 Tank I.D. # _____

Jeff A. Stiles
P. O. Box 1732
Cave Jct., OR 97523

X Steve E. Wentz
PROPERTY OWNER SIGNATURE

X Jeff A. Stiles
PERMITTEE SIGNATURE

- Yes, this data information sheet is correct
- No, this data information sheet is not correct

SIC Code 5541

*Please Not
Correction*

Please make copies for your records and return all 4 pages to DEQ

BUSINESS OFFICE - DEQ

TANK DESCRIPTION

INSTRUCTIONS

Please check the data below for correctness. Make any changes right on this sheet. If you have new or additional information, please write it on the sheet. Leave these sheets attached to the application package and return them to the DEQ by May 1, 1988.

	TANK NO. 1	TANK NO. 2	TANK NO. 3	TANK NO. 4
Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential No. (e.g., 1,2,3,...)				
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>)				
Currently in Use	(Y)	(Y)	(Y)	(Y)
Temporarily Out of Use	()	()	()	()
Permanently Out of Use	()	()	()	()
Brought into Use after 5/8/86	()	()	()	()
2. Age When Reported/Current Age	15/ 16 17	15/ 16 17	15/ 16 17	15/ 16 17
3. Estimated Total Capacity (Gallons)	10000	10000	5000	550
4. Material of Construction (Mark one <input checked="" type="checkbox"/>)				
Steel	(Y)	(Y)	(Y)	(Y)
Concrete	()	()	()	()
Fiberglass Reinforced Plastic	()	()	()	()
Unknown	()	()	()	()
Other, Please Specify				
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>)				
Cathodic Protection	()	()	()	()
Interior Lining (e.g., epoxy resins)	()	()	()	()
None	(Y)	(Y)	(Y)	(Y)
Unknown	()	()	()	()
Other, Please Specify				
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>)				
Cathodic Protection	(Y)	(Y)	(Y)	(Y)
Painted (e.g., asphaltic)	()	()	()	()
Fiberglass Reinforced Plastic Coated	()	()	()	()
None	()	()	()	()
Unknown	(Y)	(Y)	(Y)	(Y)
Other, Please Specify				
7. Piping (Mark all that apply <input checked="" type="checkbox"/>)				
Bare Steel	()	()	()	()
Galvanized Steel	(Y)	(Y)	(Y)	(Y)
Fiberglass Reinforced Plastic	()	()	()	()
Cathodically Protected	(Y)	(Y)	(Y)	(Y)
Unknown	()	()	()	()
Other, Please Specify				
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>)				
a. Empty	()	()	()	()
b. Petroleum	()	()	()	()
Diesel	()	()	()	(Y)
Kerosene	()	()	()	()
Gasoline (including alcohol blends)	(Y)	(Y)	(Y)	()
Used Oil	()	()	()	()
Other, Please Specify				
c. Hazardous Substance				
Please Indicate Name of Principal CERCLA Substance or Chemical Abstract Service (CAS) No.				
Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unknown	()	()	()	()
9. Additional information (for tanks permanently taken out of service)				
a. Estimated date last used (mo/yr)				
b. Estimate quantity of substance remaining (gal.)				
c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Heating fuel

55575
 FACILITY I.D. #OWNER I.D. # 1200
 CHEVRON U.S.A., INC. - 92934
 409 REDWOOD HWY.
 CAVE JUNCTION OR 97523
 FACILITY NAME
 ADDRESS
 CITY, STATE, ZIP
 181 OF 249
 UST-2023



OREGON UST SURVEY

INSTRUCTIONS

Please check the data below for correctness. Make any changes right on this sheet. If you have new or additional information, please write it on the sheet. Leave these sheets attached to the application package and return them to the DEQ by May 1, 1988.

Tank Identification No.	TANK NO. 1	TANK NO. 2	TANK NO. 3	TANK NO. 4
1. Status of Tank (check one)				
If temporarily out of use, Estimated time out of use:	()	()	()	()
1 month - 6 months	()	()	()	()
6 months - 1 year	()	()	()	()
1 year - 5 years	()	()	()	()
5 years or more	()	()	()	()
Estimated date to be brought back into use (mo/yr)	()	()	()	()
2. Was tank new at time of installation? (Y/N)	(Y)	(Y)	(Y)	(Y)
3. Containment Systems (check one)				
Single-walled tank	(Y)	(Y)	(Y)	(Y)
Double-walled tank	()	()	()	()
Pit-lining system	()	()	()	()
Unknown	()	()	()	()
4. Leak Detection System (check all that apply)				
Visual	()	()	()	()
Stock inventory	(Y)	(Y)	(Y)	(Y)
Tile drain	()	()	()	()
Vapor wells	()	()	()	()
Sensor instrument (specify type):				
In-ground detector	()	()	()	()
Within walls of double-walled tank	()	()	()	()
Ground water monitoring wells	()	()	()	()
Continuous in piping	()	()	()	()
Pressure test	()	()	()	()
Internal inspection	()	()	()	()
Other, specify				
None	()	()	()	()
Unknown	()	()	()	()
5. Overfill Protection (Yes/No)	(N)	(N)	(N)	(N)
6. Location of Piping (check all that apply)				
No parts in contact with soil	()	()	()	()
Parts contacting the soil which are:				
Unprotected metal	()	()	()	()
Made of corrosion resistant materials	()	()	()	()
Corrosion-resisted coated	()	()	()	()
Cathodically protected	(Y)	(Y)	(Y)	(Y)
Double-walled	()	()	()	()
Within a secondary containment	()	()	()	()
Interior lined	()	()	()	()
Unknown	()	()	()	()
7. History of Tank Repairs (check one except as indicated)				
If tank repaired, indicate date of last repairs (mo/yr)				
None	(Y)	(Y)	(Y)	(Y)
Unknown	()	()	()	()
8. History of Pipe Repairs (check one except as indicated)				
If pipe repaired, indicate date (mo/yr)				
None	(Y)	(Y)	(Y)	(Y)
Unknown	()	()	()	()

Heating fuel

55575
1200
181 OF 249

FACILITY I.D. #OWNER I.D. #
FACILITY NAME
ADDRESS
CITY, STATE, ZIP

UST-2023

TANK DESCRIPTION

INSTRUCTIONS

Please check the data below for correctness. Make any changes right on this sheet. If you have new or additional information, please write it on the sheet. Leave these sheets attached to the application package and return them to the DEQ by May 1, 1988.

	TANK NO.	TANK NO.	TANK NO.	TANK NO.
Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential No. (e.g., 1,2,3,...)	5			
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>)	Currently In Use (<input checked="" type="checkbox"/>)	()	()	()
Temporarily Out of Use	()	()	()	()
Permanently Out of Use	()	()	()	()
Brought into Use after 5/8/86	()	()	()	()
2. Age When Reported/Current Age	15/ 16 17			
3. Estimated Total Capacity (Gallons)	1000			
4. Material of Construction (Mark one <input checked="" type="checkbox"/>)	Steel (<input checked="" type="checkbox"/>)	()	()	()
Concrete	()	()	()	()
Fiberglass Reinforced Plastic	()	()	()	()
Unknown	()	()	()	()
Other, Please Specify				
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>)	Cathodic Protection ()	()	()	()
Interior Lining (e.g., epoxy resins)	()	()	()	()
None	(<input checked="" type="checkbox"/>)	()	()	()
Unknown	()	()	()	()
Other, Please Specify				
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>)	Cathodic Protection (<input checked="" type="checkbox"/>)	()	()	()
Painted (e.g., asphaltic)	()	()	()	()
Fiberglass Reinforced Plastic Coated	()	()	()	()
None	()	()	()	()
Unknown	(<input checked="" type="checkbox"/>)	()	()	()
Other, Please Specify				
7. Piping (Mark all that apply <input checked="" type="checkbox"/>)	Bare Steel ()	()	()	()
Galvanized Steel	(<input checked="" type="checkbox"/>)	()	()	()
Fiberglass Reinforced Plastic	()	()	()	()
Cathodically Protected	(<input checked="" type="checkbox"/>)	()	()	()
Unknown	()	()	()	()
Other, Please Specify				
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>)	a. Empty ()	()	()	()
b. Petroleum ()	()	()	()	()
Diesel ()	()	()	()	()
Kerosene ()	()	()	()	()
Gasoline (including alcohol blends) ()	()	()	()	()
Used Oil (<input checked="" type="checkbox"/>)	()	()	()	()
Other, Please Specify				
Please				
c. Hazardous Substance				
Indicate Name of Principal CERCLA Substance or Chemical Abstract Service (CAS) No.				
Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unknown	()	()	()	()
9. Additional Information (for tanks permanently taken out of service)				
a. Estimated date last used (mo/yr)	_____	_____	_____	_____
b. Estimate quantity of substance remaining (gal.)	_____	_____	_____	_____
c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR YOUR ASSISTANCE

55575
 FACILITY I.D. #OWNER I.D. # 1200
 CHEVRON U.S.A., INC. - 92934
 409 REDWOOD HWY.
 CAVE JUNCTION OR 97523
 FACILITY NAME
 ADDRESS
 CITY, STATE, ZIP
 182 OF 249
 UST-2023



OREGON UST SURVEY

INSTRUCTIONS

Please check the data below for correctness. Make any changes right on this sheet. If you have new or additional information, please write it on the sheet. Leave these sheets attached to the application package and return them to the DEQ by May 1, 1988.

Tank Identification No.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
	5			
1. Status of Tank (check one)				
If temporarily out of use, Estimated time out of use:	()	()	()	()
1 month - 6 months	()	()	()	()
6 months - 1 year	()	()	()	()
1 year - 5 years	()	()	()	()
5 years or more	()	()	()	()
Estimated date to be brought back into use (mo/yr)	()	()	()	()
2. Was tank new at time of installation? (Y/N)	(Y)	()	()	()
3. Containment Systems (check one)				
Single-walled tank	(Y)	()	()	()
Double-walled tank	()	()	()	()
Pit-lining system	()	()	()	()
Unknown	()	()	()	()
4. Leak Detection System (check all that apply)				
Visual	()	()	()	()
Stock inventory	(Y)	()	()	()
Tile drain	()	()	()	()
Vapor wells	()	()	()	()
Sensor instrument (specify type):				
In-ground detector	()	()	()	()
Within walls of double-walled tank	()	()	()	()
Ground water monitoring wells	()	()	()	()
Continuous in piping	()	()	()	()
Pressure test	()	()	()	()
Internal inspection	()	()	()	()
Other, specify				
None	()	()	()	()
Unknown	()	()	()	()
5. Overfill Protection (Yes/No)	(N)	()	()	()
6. Location of Piping (check all that apply)				
No parts in contact with soil	()	()	()	()
Parts contacting the soil which are:				
Unprotected metal	()	()	()	()
Made of corrosion resistant materials	()	()	()	()
Corrosion-resisted coated	()	()	()	()
Cathodically protected	(Y)	()	()	()
Double-walled	()	()	()	()
Within a secondary containment	()	()	()	()
Interior lined	()	()	()	()
Unknown	()	()	()	()
7. History of Tank Repairs (check one except as indicated)				
If tank repaired, indicate date of last repairs (mo/yr)				
None	(Y)	()	()	()
Unknown	()	()	()	()
8. History of Pipe Repairs (check one except as indicated)				
If pipe repaired, indicate date (mo/yr)				
None	(Y)	()	()	()
Unknown	()	()	()	()

55575

1200

182 OF 249 FACILITY I.D. #OWNER I.D. #

UST-2023

CHEVRON U.S.A., INC. - 92834
408 REDWOOD HWY.
CAVE JUNCTION OR 97523

FACILITY NAME
ADDRESS
CITY, STATE, ZIP

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM
PERMIT APPLICATION

JUL 21 1995
\$ 220.00
OK 1160

TANK OWNER

PLEASE PRINT CLEARLY

NAME Chevron USA Products Company

ADDRESS P.O. Box 5004

ADDRESS San Ramon, California 94583-0804


TANK OWNER SIGNATURE

DATE 7-10-95

PHONE (510) 842-9015

PERMIT FEE ASSESSMENT

1988 - 1993 \$25 per year for each tank

1 tanks @ \$25 ea = \$25 x 6 yrs = \$ 150

1994 - current year \$35 per year for each tank

1 tanks @ \$35 ea = \$ 35 x 2 yrs = \$ 70

AMOUNT REMITTED \$ 220.00

Owners of existing tanks, registering for the first time, need to submit fees for all years, 1988 through the current year.

PROPERTY OWNER

PLEASE PRINT CLEARLY

NAME Chevron USA Products Company

ADDRESS P.O. Box 5004

San Ramon, California 94583-0804


PROPERTY OWNER SIGNATURE

FACILITY

1200

PLEASE PRINT CLEARLY

NAME Decommissioned Chevron BF 9-2934

ADDRESS 409 Redwood Highway
Cave Junction, Oregon

PHONE None

SIC CODE 4173

PERMITTEE

PLEASE PRINT CLEARLY

NAME Chevron USA Products Company

ADDRESS P.O. Box 5004

San Ramon, California 94583-0804


PERMITTEE SIGNATURE

The DEQ will send the annual compliance invoice to the permittee.

Return this completed form, the completed Federal form (Notification for Underground Storage Tanks) and any fees owing to:

DEQ
Business Office
811 SW 6th
Portland, OR 97204

Each completed application must include the signature of the tank owner, property owner and the permittee. Even if it is the same person, all 3 signatures are required.

OREGON UST SURVEY

INSTRUCTIONS

Please fill in form to the best of your knowledge. If you do not know or cannot estimate an item requested, please mark "Unknown."

Facility Name:

	TANK NO.	TANK NO.	TANK NO.	TANK NO.
Tank Identification No. (e.g. ABC-123) or Arbitrarily Assigned Sequential Number (e.g. 1,2,3...)	6			
1. Status of Tank (check one ONLY if applicable)				
If temporarily out of use, Estimated time out of use:				
1 month-6 months	()	()	()	()
6 months-1 year	()	()	()	()
1 year-5 years	()	()	()	()
5 years or more	()	()	()	()
Estimated date tank is to be brought back into use (mo/yr)	()	()	()	()
2. Was tank new at time of installation? (Y/N)	Unknown	()	()	()
3. Containment Systems (check one)				
Single-walled tank	(X)	()	()	()
Double-walled tank	()	()	()	()
Pit-lining system	()	()	()	()
Unknown	()	()	()	()
4. Leak Detection System (check all that apply)				
Visual	(X)	()	()	()
Stock Inventory	()	()	()	()
Tile drain	()	()	()	()
Vapor wells	()	()	()	()
Sensor instrument (specify type):	_____	_____	_____	_____
In-ground detector	()	()	()	()
Within walls of double-walled tank	()	()	()	()
Ground water monitoring wells	()	()	()	()
Continuous in piping	()	()	()	()
Pressure test	()	()	()	()
Internal inspection	()	()	()	()
Other, specify	_____	_____	_____	_____
None	()	()	()	()
Unknown	(X)	()	()	()
5. Overfill Protection (Yes/No)	(no)	()	()	()
6. Location of Piping (check all that apply)				
No parts in contact with soil	()	()	()	()
Parts contacting the soil which are:				
Unprotected metal	()	()	()	()
Made of corrosion resistant materials	()	()	()	()
Corrosion-resisted coated	()	()	()	()
Cathodically protected	()	()	()	()
Double-walled	()	()	()	()
Within a secondary containment	()	()	()	()
Interior lined	()	()	()	()
Unknown	(X)	()	()	()
7. History of Tank Repairs (check one except as indicated)				
If tank repaired, Indicate date of last repairs (mo/yr)	_____	_____	_____	_____
None	()	()	()	()
Unknown	(X)	()	()	()
8. History of Pipe Repairs (check one except as indicated)				
If pipe repaired, indicate date (mo/yr)	_____	_____	_____	_____
None	()	()	()	()
Unknown	(X)	()	()	()
9. Tank Removed from the Ground				
Indicate date (mo/yr)	6/95	_____	_____	_____
(mark only if applicable — tank removed since May 1, 1988)	()	()	()	()

THANK YOU FOR YOUR ASSISTANCE

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0068
APPROVAL EXPIRES 9-30-91

Department of Environmental Quality
811 SW Sixth Ave. Portland 97204
In Oregon call Toll Free 1-800-452-4011

I.D. Number
STATE USE ONLY
Date Received

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Chevron USA Products Company

Street Address

P.O. Box 5004

County

City State ZIP Code

San Ramon, California

94583-0804

Area Code Phone Number

(510) 842-9015

Type of Owner (Mark all that apply)

Current

State or Local Gov't

Private or Corporate

Former

Federal Gov't (GSA facility I.D. no. _____)

Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section I, mark box here)

Facility Name or Company Site Identifier, as applicable

Decommissioned Chevron Bulk Facility 9-2934

Street Address or State Road, as applicable

409 Redwood Highway

County

Josephine

City (nearest)

Cave Junction

State

Oregon

ZIP Code

97523

Indicate number of tanks at this location

1

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here)

Jerry Mitchell

Job Title

Environmental Engineer

Area Code

(510) 842-9015

Phone Number

IV. TYPE OF NOTIFICATION

Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI.)

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

JERRY W. MITCHELL, Environmental Engineer

Signature

Jerry Mitchell

Date Signed

7-10-95

CONTINUE ON REVERSE SIDE

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
	6				
Status of Tank (Mark all that apply <input checked="" type="checkbox"/>)					
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"/>
Brought into Use after 5/8/86	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Age (Years)	30				
Estimated Total Capacity (Gallons)	1,000				
Material of Construction (Mark one <input checked="" type="checkbox"/>)					
Steel	<input checked="" 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"/>
Fiberglass Reinforced Plastic	<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, Please Specify	_____	_____	_____	_____	_____
Internal Protection (Mark all that apply <input checked="" type="checkbox"/>)					
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Lining (e.g., epoxy resins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	_____	_____	_____	_____	_____
External Protection (Mark all that apply <input checked="" type="checkbox"/>)					
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted (e.g., asphaltic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic Coated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	_____	_____	_____	_____	_____
Piping (Mark all that apply <input checked="" type="checkbox"/>)					
Bare Steel	<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"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	_____	_____	_____	_____	_____
Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>)					
a. Empty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Petroleum					
Diesel	<input checked="" 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"/>
Gasoline (including alcohol blends)	<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"/>
Other, Please Specify	_____	_____	_____	_____	_____
c. Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Indicate Name of Principal CERCLA Substance	_____	_____	_____	_____	_____
OR					
Chemical Abstract Service (CAS) No.	_____	_____	_____	_____	_____
Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (for tanks permanently taken out of service)					
a. Estimated date last used (mo/yr)	Unknown	/	/	/	/
b. Estimated quantity of substance remaining (gal.)	900				
c. Mark box <input type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW TANKS AT THIS LOCATION)

10. Installation (mark all that apply):



- The installer has been certified by the tank and piping manufacturers.
- The installer has been certified or licensed by the implementing agency.
- The installation has been inspected and certified by a registered professional engineer.
- The installation has been inspected and approved by the implementing agency.
- All work listed on the manufacturer's installation checklists has been completed.
- Another method was used as allowed by the implementing agency. Please specify:

11. Release Detection (mark all that apply):

- Manual tank gauging.
- Tank tightness testing with inventory controls.
- Automatic tank gauging.
- Vapor monitoring.
- Ground-water monitoring.
- Interstitial monitoring within a secondary barrier.
- Interstitial monitoring within secondary containment.
- Automatic line leak detectors.
- Line tightness testing.
- Another method allowed by the implementing agency. Please specify:

12. Corrosion Protection (if applicable)

- As specified for coated steel tanks with cathodic protection.
- As specified for coated steel piping with cathodic protection.
- Another method allowed by the implementing agency. Please specify:

13. I have financial responsibility in accordance with Subpart I. Please specify:

Method: _____

Insurer: _____

Policy Number: _____

14. OATH: I certify that the information concerning installation provided in Item 10 is true to the best of my belief and knowledge.

Installer: _____

Name Date

Position

Company

PFF
②

SWR

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

FACILITY (Location of Tanks) Name: <u>Chevron USA Products Co</u> Address: <u>409 Red Wood Highway</u> <u>CAVE Junction, OR</u> Phone: <u>503-592-3080</u> DEQ Facility I.D. Number: <u>1200</u>	TANK OWNER Name: <u>CHEVRON USA Products Co.</u> Address: <u>P.O. Box 5004/2410 Camino Ramon</u> <u>San Ramon, CA 94583-0804</u> Phone: <u>510-842-9500</u>
Work To Be Performed By: _____ License # _____ (Owner or Licensed Service Provider)	
Phone: _____	Mobile Phone: _____

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: 10-1-92 *88+89 files*

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	AGEST	10000	Gasoline		<input checked="" type="checkbox"/>				
2	AGEJS	10000	Gasoline		<input checked="" type="checkbox"/>				
3	AGFKK	5000	Gasoline		<input checked="" type="checkbox"/>				
4		550	Diesel		<input checked="" type="checkbox"/>				
5	AGFKB	1000	Used oil		<input checked="" type="checkbox"/>				

* 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: Chevron USA Products Co / By D.L. Wermoch Date: 8-31-92
 (Owner or Operator)

Department of Environmental Quality
RECEIVED
 SEP 2 1992
 UST Compliance Section

Return Completed Form to:

Department of Environmental Quality
UST Program - Decommissioning/Change-in-Service Notice
811 S.W. Sixth Ave.
Portland, Oregon 97204

REGIONAL DEQ OFFICES

NORTHWEST REGION

811 S.W. 6th Ave.
Portland, OR 97204
Phone: Portland 229-5263

WILLAMETTE VALLEY REGION

750 Front St., NE, Suite 120
Salem, OR 97310
Phone: Salem 378-8240

SOUTHWEST REGION

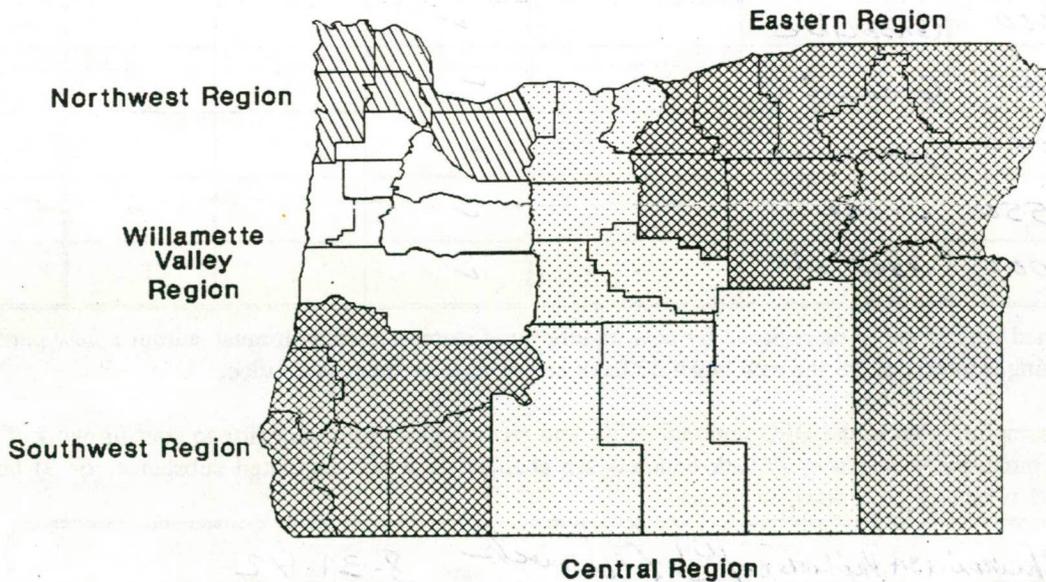
201 W. Main St., Suite 2-D
Medford, OR 97501
Phone: Medford 776-6010

CENTRAL REGION

2146 N.E. 4th
Bend, OR 97701
Phone: Bend 388-6146

EASTERN REGION

700 S.E. Emigrant, Suite 330
Pendleton, OR 97801
Phone: Pendleton 276-4063



October 8, 1992

Facility ID No.: 1200

Dear Tank Owner/Permittee:

We received a decommissioning notice on September 2, 1992 for 4 underground storage tank(s) located at:

Chevron USA Products, Co
49 Redwood Highway
Cave Junction, OR

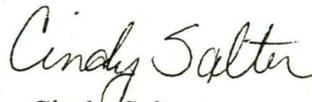
Checking our records, it appears the tanks are registered, permit fees are current, and the contractor is licensed. You are required to confirm the date of removal with the appropriate regional office (see below) at least 72 hours prior to tank removal. If you have any further questions about your permit fees, facility information or DEQ Licensed Contractors please call Cindy Salter at (503) 229-5733.

An assessment must be conducted at all tank sites and contamination must be reported within 24 hours of discovery. OAR 340-122-301 through 340-122-360 contains the sampling requirements necessary when decommissioning underground storage tanks. As soon as contamination is identified in any manner, including observations of visible staining or odors, it must be reported. If obvious signs of contamination are present in the excavation, **DO NOT** wait until you receive the sample results to report the contamination.

If you need to report contamination or have any general questions regarding sit cleanup or UST compliance issues, please contact the regional office at the number listed below.

***** REMINDER:** The UST Decommissioning/Change-In-Service Report form and the UST Decommissioning Checklist form must be submitted within 30 days after completion of work.

Sincerely,



Cindy Salter
Office Specialist
UST Compliance Section
Hazardous & Solid Waste

cc: Southwest Region Office - 776-6010



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY UNDERGROUND STORAGE TANK PERMIT APPLICATION

TANK OWNER
PLEASE PRINT CLEARLY

NAME Jeff Stiles

ADDRESS 409 S. Redwood Highway
Cave Junction OR
97523

X Jeff Stiles
TANK OWNER SIGNATURE

DATE 6-8-93

PHONE 592-3080

PERMIT FEE ASSESSMENT

4 Tanks at \$25 each = \$ 100.00
Number of tanks

AMOUNT REMITTED \$ 100.00

DP 50337
JUL 1 9 1993 \$100⁰⁰ CK# 11557

PROPERTY OWNER 95193
PLEASE PRINT CLEARLY

NAME Jeff Stiles

ADDRESS 409 S. Redwood Highway
Cave Junction OR
97523

X Jeff Stiles
PROPERTY OWNER SIGNATURE

FACILITY 1200
PLEASE PRINT CLEARLY

NAME Or. Cave's Chevron

ADDRESS 409 S. Redwood Highway
Cave Junction OR
97523

PHONE 1-503-592-3080

SIC Code SERVICE STATION 4173

PERMITTEE
PLEASE PRINT CLEARLY

NAME Or. Cave's Chevron

ADDRESS 409 S. Redwood Highway
Cave Junction OR
97523

X Jeff Stiles
PERMITTEE SIGNATURE

PHONE 592-3080

NEW INSTALLATION

(PLEASE SUBMIT THIS APPLICATION 30 DAYS PRIOR TO USING THE TANK.)

715
cc
SWR

Each completed application must include the signatures of the tank owner, the property owner and the permittee.

All three signature lines must be signed.

OREGON UST SURVEY

INSTRUCTIONS

Please fill in form to the best of your knowledge. If you do not know or cannot estimate an item requested, please mark "Unknown."

Facility Name: Cave's Chevron Diesel Regular Prem NO Lead

Tank Identification No. (e.g. ABC-123) or Arbitrarily Assigned Sequential Number (e.g. 1,2,3...)	TANK NO. ^{Sen #} AZ0029 New 1A	TANK NO. AC7273 New 2A	TANK NO. AC7273 New 3A	TANK NO. AZ0038 New 4A
1. Status of Tank (check one ONLY if applicable)				
If temporarily out of use, Estimated time out of use:	()	()	()	()
1 month-6 months	()	()	()	()
6 months-1 year	()	()	()	()
1 year-5 years	()	()	()	()
5 years or more	()	()	()	()
Estimated date tank is to be brought back into use (mo/yr)	()	()	()	()
2. Was tank new at time of installation? (Y/N)	(Y)	(Y)	(Y)	(Y)
3. Containment Systems (check one)				
Single-walled tank	()	()	()	()
Double-walled tank	(✓)	(✓)	(✓)	(✓)
Pit-lining system	()	()	()	()
Unknown	()	()	()	()
4. Leak Detection System (check all that apply)				
Visual	()	()	()	()
Stock Inventory	()	()	()	()
Tile drain	()	()	()	()
Vapor wells	()	()	()	()
Sensor instrument (specify type):	TLS 350	TLS 350	TLS 350	TLS 350
In-ground detector	()	()	()	()
Within walls of double-walled tank	(✓)	(✓)	(✓)	(✓)
Ground water monitoring wells	()	()	()	()
Continuous in piping	()	()	()	()
Pressure test	()	()	()	()
Internal inspection	()	()	()	()
Other, specify				
None	()	()	()	()
Unknown	()	()	()	()
5. Overfill Protection (Yes/No)	(✓)	(✓)	(✓)	(✓)
6. Location of Piping (check all that apply)				
No parts in contact with soil	()	()	()	()
Parts contacting the soil which are:				
Unprotected metal	()	()	()	()
Made of corrosion resistant materials	(✓)	(✓)	(✓)	(✓)
Corrosion-resisted coated	()	()	()	()
Cathodically protected	()	()	()	()
Double-walled	(✓)	(✓)	(✓)	(✓)
Within a secondary containment	()	()	()	()
Interior lined	()	()	()	()
Unknown	()	()	()	()
7. History of Tank Repairs (check one except as indicated)				
If tank repaired, Indicate date of last repairs (mo/yr)				
None	(✓)	(✓)	(✓)	(✓)
Unknown	()	()	()	()
8. History of Pipe Repairs (check one except as indicated)				
If pipe repaired, indicate date (mo/yr)				
None	(✓)	(✓)	(✓)	(✓)
Unknown	()	()	()	()
9. Tank Removed from the Ground				
Indicate date (mo/yr) (mark only if applicable — tank removed since May 1, 1988)				
	()	()	()	()

THANK YOU FOR YOUR ASSISTANCE

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0068
APPROVAL EXPIRES 9-30-91

Department of Environmental Quality
811 SW Sixth Ave. Portland 97204
In Oregon call Toll Free 1-800-452-4011

I.D. Number
STATE USE ONLY
Date Received

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Jeff Stiles

Street Address

409 S. Redwood Highway

County

Josephine

City

Cave Junction OR

State

ZIP Code

97523

Area Code

Phone Number

503

592 3080

Type of Owner (Mark all that apply)

- Current State or Local Gov't Private or Corporate
 Former Federal Gov't (GSA facility I.D. no.) Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section 1, mark box here)

Facility Name or Company Site Identifier, as applicable

Dr. Cave's Chevron

Street Address or State Road, as applicable

409 S. Redwood Highway

County

Josephine

City (nearest)

Cave Junction

State

OR

ZIP Code

97523

Indicate number of tanks at this location

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here)

Job Title

Area Code

Phone Number

IV. TYPE OF NOTIFICATION

Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI.)

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

owner

Signature

Jeff Stiles

Date Signed

8-8-93

CONTINUE ON REVERSE SIDE

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No. 1A	Tank No. 2A	Tank No. 3A	Tank No. 4A	Tank No.
	AZ 0029	AC 7273	AC 7273	AZ 0038	
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>)	New	New	New	New	New
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brought into Use after 5/8/86	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Estimated Age (Years)	6/10/1983	New	New	New	
3. Estimated Total Capacity (Gallons)	6000	12000	6000	6000	
4. Material of Construction (Mark one <input checked="" type="checkbox"/>)					
Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	Perma Tanks	SP 3	STP 3	Perma Tanks	
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>)					
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Lining (e.g., epoxy resins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify					
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>)					
Cathodic Protection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted (e.g., asphaltic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic Coated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
None	<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, Please Specify					
7. Piping (Mark all that apply <input checked="" type="checkbox"/>)					
Bare Steel	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<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, Please Specify	EnviroFlex	EnviroFlex	EnviroFlex	EnviroFlex	
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>)					
a. Empty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Petroleum:					
Diesel	<input checked="" 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"/>
Gasoline (including alcohol blends)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify					
c. Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No.					
Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Additional Information (for tanks permanently taken out of service)					
a. Estimated date last used (mo/yr)	/	/	/	/	/
b. Estimated quantity of substance remaining (gal.)					
c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW TANKS AT THIS LOCATION)

10. Installation (mark all that apply):

- The installer has been certified by the tank and piping manufacturers.
- The installer has been certified or licensed by the implementing agency.
- The installation has been inspected and certified by a registered professional engineer.
- The installation has been inspected and approved by the implementing agency.
- All work listed on the manufacturer's installation checklists has been completed.
- Another method was used as allowed by the implementing agency. Please specify:

11. Release Detection (mark all that apply):

- Manual tank gauging.
- Tank tightness testing with inventory controls.
- Automatic tank gauging.
- Vapor monitoring.
- Ground-water monitoring.
- Interstitial monitoring within a secondary barrier.
- Interstitial monitoring within secondary containment.
- Automatic line leak detectors.
- Line tightness testing.
- Another method allowed by the implementing agency. Please specify:

12. Corrosion Protection (if applicable)

- As specified for coated steel tanks with cathodic protection.
- As specified for coated steel piping with cathodic protection.
- Another method allowed by the implementing agency. Please specify:

13. I have financial responsibility in accordance with Subpart I. Please specify:

Method: _____
Insurer: _____
Policy Number: _____

14. OATH: I certify that the information concerning installation provided in Item 10 is true to the best of my belief and knowledge.

Installer: Warren Weast 6-8-93
Name Date
owner
Position
Weast Service & Eng. Co.
Company



Remit and Make Checks Payable to:
 Department of Environmental Quality
 Attn: Business Office
 811 S.W. Sixth Avenue
 Portland, OR 97204

← BILLING ADDRESS

1994 INVOICE

DETACH

FOR DEQ USE ONLY

Date Received: **APR 27 1994**

Amount Received: **\$105⁰⁰**

Check No.: **12219**

JEFF A. STILES
 OREGON CAVES CHEVRON
 409 S REDWOOD HWY
 CAVE JUNCTION OR 97523

95193

INVOICE NUMBER **UST94-00547**

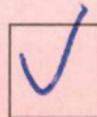
DATE **02/01/94**

FACILITY NUMBER	FACILITY NAME AND LOCATION	AMOUNT DUE	DATE DUE
1200	OREGON CAVES CHEVRON 409 S REDWOOD HWY CAVE JUNCTION OR 97523	140.00 105-	03/15/94

3 1994 ASSESSMENT
 Tank(s) at \$35.00 ea =
 Credit \$
 Balance \$
 Due

~~140.00~~ **105-**
 .00
~~140.00~~ **105-**

UPGRADE INFORMATION
 (CHECK HERE) →
 SEE BACK OF THIS INVOICE



PRINTED ON RECYCLED PAPER

NOTE: Please return pink portion of this invoice with your remittance to ensure proper credit.

Fill out this portion for tanks upgraded between January 1, 1993 and December 31, 1993

Upgrade Options

Leak Detection (Tank):

- A1 Automatic Tank Gauge
- A2 Groundwater Monitor
- A3 Vapor Monitor
- A4 Interstitial Monitor

Leak Detection (Piping):

- A5 Groundwater Monitor
- A6 Vapor Monitor
- A7 Interstitial Monitor
- A8 Continuous Monitor with Alarm
- A9 Automatic Shutoff
- A10 Modify Foot Valve

Corrosion Protection (Tank):

- B1 Internal Lining
- B2 Cathodic Protection
- B3 Fiberglass
- B4 Composite

Corrosion Protection (Piping):

- B5 Cathodic Protection
- B6 Fiberglass

Spill and Overfill Prevention:

- C1 Spill Containment Basin
- C2 Automatic Shutoff Device
- C3 Overfill Alarm
- C4 Ball Float Valve

Upgraded Tanks

Please fill in all option letters listed above for all tanks upgraded.

	Permit #	Tank #	Letter Designation and Date Installed					
Example:	7 EEGG	1	B1	12/1/93	C4	12/1/93	A10	7/1/93
1	7	1 U/L	B4	6-29-93	C-3	6-29-93	A7	6-29-93
1	7	2 REG/SUPER	B1	6-29-93	C-3	6-29-93	A7	6-29-93
1	0	3 DIESEL	B4	6-29-93	C-3	6-29-93	A7	6-29-93

RETURN TO: DEQ, ATTN: BUSINESS OFFICE, 811 SW 6th, PORTLAND, OR 97204-1390

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
 UNDERGROUND STORAGE TANK PROGRAM

2

BILLING ADDRESS
 KATHY NORRIS
 CHEVRON USA, INC.
 PO BOX 5004
 SAN RAMON CA 94583-0804

FACILITY
 1200
 OREGON CAVES CHEVRON
 409 S REDWOOD HWY
 CAVE JUNCTION OR 97523

1994 ASSESSMENT
 4 Tank(s) at \$35.00 ea = 140.00
 Credit \$.00
 Balance \$ 140.00
 Due

KEEP THIS PORTION FOR YOUR RECORDS



Remit and Make Checks Payable to:
 Department of Environmental Quality
 Attn: Business Office
 811 S.W. Sixth Avenue
 Portland, OR 97204

← BILLING ADDRESS

1994 INVOICE

Jeff A. Stiles
409 Redwood Hwy
Cave Junction OR 97523

Came

55575

DETACH

FOR DEQ USE ONLY

Date Received: _____
 Amount Received: _____
 Check No.: _____

KATHY NORRIS
 CHEVRON USA, INC.
 PO BOX 5004
 SAN RAMON CA 94583-0804

INVOICE NUMBER UST94-00546
 DATE 02/01/94

FACILITY NUMBER	FACILITY NAME AND LOCATION	AMOUNT DUE	DATE DUE
1200	OREGON CAVES CHEVRON 92934 409 S REDWOOD HWY CAVE JUNCTION OR 97523	140.00	03/15/94

1994 ASSESSMENT
 4 Tank(s) at \$35.00 ea = 140.00
 Credit \$.00
 Balance \$ 140.00
 Due

UPGRADE INFORMATION
 (CHECK HERE) →
 SEE BACK OF THIS INVOICE



NOTE: Please return pink portion of this invoice with your remittance to ensure proper credit.

Fill out this portion for tanks upgraded between January 1, 1993 and December 31, 1993

Upgrade Options

Leak Detection (Tank):

- A1 Automatic Tank Gauge
- A2 Groundwater Monitor
- A3 Vapor Monitor
- A4 Interstitial Monitor

Corrosion Protection (Tank):

- B1 Internal Lining
- B2 Cathodic Protection
- B3 Fiberglass
- B4 Composite

Spill and Overfill Prevention:

- C1 Spill Containment Basin
- C2 Automatic Shutoff Device
- C3 Overfill Alarm
- C4 Ball Float Valve

Leak Detection (Piping):

- A5 Groundwater Monitor
- A6 Vapor Monitor
- A7 Interstitial Monitor
- A8 Continuous Monitor with Alarm
- A9 Automatic Shutoff
- A10 Modify Foot Valve

Corrosion Protection (Piping):

- B5 Cathodic Protection
- B6 Fiberglass

Upgraded Tanks

Please fill in all option letters listed above for all tanks upgraded.

	Permit #	Tank #	Letter Designation and Date Installed					
Example:	EEGG	1	B1	12/1/93	C4	12/1/93	A10	7/1/93

RETURN TO: DEQ, ATTN: BUSINESS OFFICE, 811 SW 6th, PORTLAND, OR 97204-1390

2. MOISTEN HERE AND FOLD HERE TO SEAL



Place stamp here.

Post Office
will not deliver
mail without
proper postage



DEPARTMENT OF ENVIRONMENTAL QUALITY
BUSINESS OFFICE
811 SW 6th AVE.
PORTLAND, OR 97204-1390



PRINTED ON RECYCLED PAPER

**Oregon Department of Environmental Quality
30 DAY NOTICE FOR UPGRADING AN UNDERGROUND STORAGE TANK SYSTEM**

FACILITY (Location of Tanks)

Name: OREGON CAVES CHEVRON

Address: 409 S. REDWOOD HWY
CAVE JCT, ORE 97523

Phone: 1-503-592-3080

DEQ Facility I.D. Number: 1200

TANK OWNER

Name: J. A. STILES

Address: P. O. 1732
CAVE JCT. ORE 97523

Phone: 1-503-592-3080

Work To Be Performed By: Weast Service & Eng. Co.
(Owner or Licensed Service Provider)

License # 10536

Phone: 474-2789

Mobile Phone: N/A

Date work is scheduled to begin: 5-15-93

TANK #	UST PERMIT #	TANK SIZE (Gallons)	PRODUCT (Gasoline, Diesel, Used Oil, Other?)	DESCRIBE WORK TO BE PERFORMED: (Attach separate sheets if additional space is needed; include Tank # and Permit #.)
1	X	X	X	X
2				
3				
4				
5				
				<u>installing new tanks, dispensers Piping Wiring</u>
				<u>Tank Permits will be sent in later before construction</u>

SIGNED FORM MUST BE SUBMITTED TO DEQ HEADQUARTERS OFFICE BY UST OWNER OR OPERATOR 30 DAYS BEFORE START OF WORK

Signature: J. A. Stiles Date: 4-5-93
(Owner or Operator)

Department of Environmental Quality
RECEIVED
APR 16 1993
UST Compliance Section

god
11/3/97

RECEIVED

OCT 27 1997

State of Oregon
Department of Environmental Quality
Underground Storage Tank Program

Waste Management & Cleanup Division
Department of Environmental Quality

Upgrade Certification Form

To: Jeff A. Stiles
Oregon Caves Chevron
Cave Junction, OR 97523

For: Facility Number 1200
OREGON CAVES CHEVRON
409 S REDWOOD HWY
CAVE JUNCTION, OR 97523

Recognizing that preventing leaks from underground storage tanks is key to protecting groundwater quality, the United States and the State of Oregon adopted the underground storage tank regulations. In 1988 a ten year clock began to tick for upgrading underground storage tank systems (USTs). On December 22, 1998 all USTs must have spill protection, overfill protection and corrosion protection for the tanks and piping. Leak detection and financial responsibility (insurance) are required now.

The State of Oregon recently changed the annual permit compliance fee for some tanks so that the Department can continue to provide technical assistance to those upgrading their tanks. Beginning January 1, 1998, the annual UST per tank compliance fee will rise to \$60.00 for tank systems which have not been upgraded. The annual fee for permittees who meet all state or federal upgrade requirements will remain unchanged at \$35.00 per tank per year. TO IMPLEMENT THE REVISED LAW, THE DEPARTMENT MUST ASK ALL PERMITTEES TO COMPLETE THIS UPGRADE CERTIFICATION FORM CONCERNING THE UPGRADE STATUS OF THEIR TANK SYSTEMS(S) AND RETURN IT TO THE DEPARTMENT NO LATER THAN OCTOBER 31, 1997.

Enclosed is a "Quick Early Compliance Checklist" designed to help you determine whether your tank systems meet the upgrade requirements. If you need further assistance, the Department recommends that you contact your DEQ licensed installation/retrofit service provider. IN ORDER TO MEET THE STATE OR FEDERAL UPGRADE REQUIREMENTS, AND TO QUALIFY FOR THE LOWER FEE, YOUR TANK SYSTEM(S) MUST HAVE SPILL AND OVERFILL PROTECTION, AND CORROSION PROTECTION FOR THE TANK(S) AND CORROSION PROTECTION FOR THE PIPING IN ACCORDANCE WITH 40 CFR 280.21 AS ADOPTED OR AS AMENDED BY OAR 340-150-003.

According to our records you are currently the holder of temporary permits for the tank system(s) listed below. Please place a check mark in the YES column after those tank systems which currently meet all the upgrade requirements. For tank systems which do not meet one or more of the upgrade requirements on the day you complete this certification, place a check mark in the NO column. (Note: Tank systems which are upgraded in the interim period between submittal of this certification and December 22, 1998, will be invoiced at the lower fee in 1998 and/or 1999, as applicable, by completing a revised certification form as part of the required installation checklist or upgrade/retrofit checklist.)

RECEIVED

Tank System
Upgraded?

<u>Tank ID</u>	<u>Permit #</u>	<u>Gallons</u>	<u>Contents</u>	<u>YES</u>	<u>NO</u>
1A	BCGED	6000	Diesel	X	___
2A	BCGEE	12000		X	___
3A	BCGEF	6000		X	___
4A	BCGEG	6000		X	___

PLEASE SIGN THE FOLLOWING UPGRADE CERTIFICATION STATEMENT AND RETURN IT TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY, UST PROGRAM, 811 SW SIXTH AVENUE, PORTLAND, OR 97204. Permittees who do not return this upgrade certification form or fail to sign it will automatically be invoiced the non-refundable \$60.00 per tank fee.

Please note in accordance with ORS 466.765 and 40 CFR 280.34 as adopted or as amended by OAR 340-150-003, you are required to cooperate fully with inspections, monitoring and testing conducted by the Department, as well as requests for document submission, testing and monitoring pursuant to section 9005 of Subtitle I of the Resource Conservation and Recovery Act, as amended. The information you have submitted is subject to audit and verification by the Department's Underground Storage Tank Compliance Inspectors. A false certification may result in enforcement action being taken by the Department.

I hereby certify that the information provided on this form concerning the upgrade status of my underground storage tank system(s) is accurate.

Signature (required): J. A. Stiles Date: OCT 14, 1997

The Department appreciates your cooperation in completing and returning this form to us.

For information or assistance with this form call your regional DEQ office or the UST HELPLINE: 1-800-742-7878 (Toll Free in Oregon). Regional office phone numbers are listed on the reverse side of the enclosed "Quick Early Compliance Checklist."

FOR DEQ USE ONLY	
INSPECTOR'S VERIFICATION SIGNATURE _____	_____
DATE _____	_____

Quick Early Compliance Checklist

You are in early compliance with the upgrade requirements and are eligible for the lower tank fee if you can check off the four major items below for each of your *existing* UST systems:

- Spill protection** provided by a catchment basin
- Overfill protection** provided by an automatic shutoff device, overfill alarm, or ball float valve
- Corrosion protection for the tank** provided by one of the following:
 - Steel tank has corrosion-resistant coating AND cathodic protection
 - Tank made of noncorrodible material (such as fiberglass)
 - Steel tank clad with (or enclosed in) noncorrodible material
 - Uncoated steel tank has cathodic protection system
 - Uncoated steel tank has interior lined with noncorrodible material
 - Uncoated steel tank has cathodic protection AND interior lined with noncorrodible material
- Corrosion protection for piping** provided by one of the following:
 - Uncoated steel piping has cathodic protection
 - Steel piping has a corrosion-resistant coating AND cathodic protection
 - Piping made of (or enclosed in) noncorrodible material
- Hazardous Substance USTs only** - Hazardous substance USTs must also have leak detection systems that include secondary containment and interstitial monitoring.

REGIONAL UST OFFICES

NORTHWEST REGION/PORTLAND

Phone: (503) 229-5263

WESTERN REGION/SALEM

Phone: (503) 378-8240

WESTERN REGION/EUGENE

Phone: (541) 686-7838

WESTERN REGION/MEDFORD

Phone: (541) 776-6136 x 233

EASTERN REGION/THE DALLES

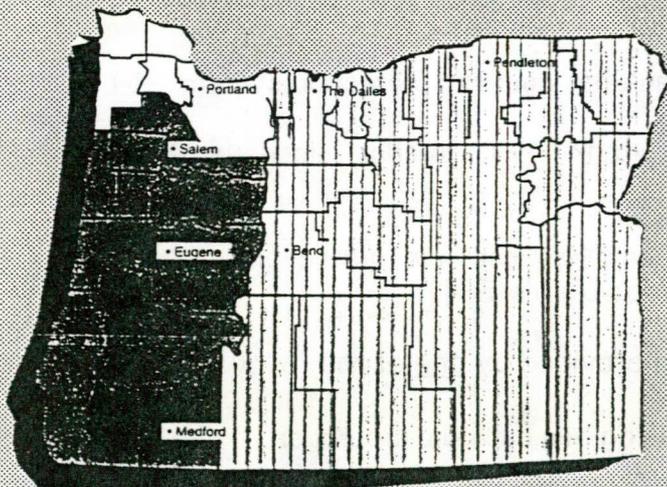
Phone: (541) 298-7255

EASTERN REGION/BEND

Phone: (541) 388-6146

EASTERN REGION/PENDLETON

Phone: (541) 276-4063



KEY

-  Northwest Region
-  Western Region
-  Eastern Region

October 1, 1997

Route Slip



Date 1-24-96

TO:	Name	Division/Section	Initial	Date
1.	Greg Soran - WMC/UST			
2.				
3.				
4.				
5.				

<input checked="" type="checkbox"/>	as requested	investigate	per conversation
	approval	justify	prepare reply
	comment	necessary action	return with more detail
	confer	initial and return	review and circulate
	for your information	note and file	signature

Oregon Caves Chevron
tank info

FROM: Byron Peterson - Medford Phone No. _____

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY UNDERGROUND STORAGE TANK PERMIT APPLICATION

TANK OWNER
PLEASE PRINT CLEARLY

NAME Jeff Stiles

ADDRESS 409 S. Redwood Highway
Cave Junction OR
97523

X Jeff Stiles
TANK OWNER SIGNATURE

DATE 6-8-93

PHONE 592-3080

PERMIT FEE ASSESSMENT

4 Tanks at \$25 each = \$ 100.00
Number of tanks

AMOUNT REMITTED \$ 100.00

State of Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
JUL 19 1993

SOUTHWEST REGION OFFICE

DP 50337
JUL 18 1993 \$100.00 CK# 11551

PROPERTY OWNER 95193
PLEASE PRINT CLEARLY

NAME Jeff Stiles

ADDRESS 409 S. Redwood Highway
Cave Junction OR
97523

X Jeff Stiles
PROPERTY OWNER SIGNATURE

FACILITY 1200
PLEASE PRINT CLEARLY

NAME Or. Cave's Chevron

ADDRESS 409 S. Redwood Highway
Cave Junction OR
97523

PHONE 1-503-592-3080

SIC Code SERVICE STATION

PERMITTEE
PLEASE PRINT CLEARLY

NAME Or. Cave's Chevron

ADDRESS 409 S. Redwood Highway
Cave Junction OR
97523

X Jeff Stiles
PERMITTEE SIGNATURE

PHONE 592-3080

NEW INSTALLATION

(PLEASE SUBMIT THIS APPLICATION 30 DAYS PRIOR TO USING THE TANK.)

Department of Environmental Quality
RECEIVED
JUL 16

Each completed application must include the signatures of the applicant, the property owner and the permittee.

All three signature lines must be signed.

OREGON UST SURVEY

Department
811 SW Sixth

INSTRUCTIONS

Please fill in form to the best of your knowledge. If you do not know or cannot estimate an item requested, please mark "Unknown."

Facility Name: Cave's Chevron Diesel Regular Prem No Lead

Tank Identification No. (e.g. ABC-123) or Arbitrarily Assigned Sequential Number (e.g. 1,2,3...)	TANK NO. <u>sen AZ0029</u> <u>New</u>	TANK NO. <u>AC 7273</u> <u>New</u>	TANK NO. <u>AC 7273</u> <u>New</u>	TANK NO. <u>AZ0038</u> <u>New</u>
1. Status of Tank (check one ONLY if applicable)	<u>1A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>
If temporarily out of use, Estimated time out of use:				
1 month-6 months	()	()	()	()
6 months-1 year	()	()	()	()
1 year-5 years	()	()	()	()
5 years or more	()	()	()	()
Estimated date tank is to be brought back into use (mo/yr)	()	()	()	()
2. Was tank new at time of installation? (Y/N)	<u>(Y)</u>	<u>(Y)</u>	<u>(Y)</u>	<u>(Y)</u>
3. Containment Systems (check one)				
Single-walled tank	()	()	()	()
Double-walled tank	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
Pit-lining system	()	()	()	()
Unknown	()	()	()	()
4. Leak Detection System (check all that apply)				
Visual	()	()	()	()
Stock Inventory	()	()	()	()
Tile drain	()	()	()	()
Vapor wells	()	()	()	()
Sensor instrument (specify type):	<u>TLS 350</u>	<u>TLS 350</u>	<u>TLS 350</u>	<u>TLS 350</u>
In-ground detector	()	()	()	()
Within walls of double-walled tank	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
Ground water monitoring wells	()	()	()	()
Continuous in piping	()	()	()	()
Pressure test	()	()	()	()
Internal inspection	()	()	()	()
Other, specify	()	()	()	()
None	()	()	()	()
Unknown	()	()	()	()
5. Overfill Protection (Yes/No)	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
6. Location of Piping (check all that apply)				
No parts in contact with soil	()	()	()	()
Parts contacting the soil which are:				
Unprotected metal	()	()	()	()
Made of corrosion resistant materials	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
Corrosion-resisted coated	()	()	()	()
Cathodically protected	()	()	()	()
Double-walled	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
Within a secondary containment	()	()	()	()
Interior lined	()	()	()	()
Unknown	()	()	()	()
7. History of Tank Repairs (check one except as indicated)				
If tank repaired, Indicate date of last repairs (mo/yr)				
None	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
Unknown	()	()	()	()
8. History of Pipe Repairs (check one except as indicated)				
If pipe repaired, indicate date (mo/yr)				
None	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>	<u>(✓)</u>
Unknown	()	()	()	()
9. Tank Removed from the Ground				
Indicate date (mo/yr) (mark only if applicable — tank removed since May 1, 1988)	()	()	()	()

THANK YOU FOR YOUR ASSISTANCE

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0068
APPROVAL EXPIRES 9-30-91

Department of Environmental Quality
811 SW Sixth Ave. Portland 97204
In Oregon call Toll Free 1-800-452-4011

I.D. Number STATE USE ONLY

Date Received

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Jeff Styles

Street Address

409 S. Redwood Highway

County

Josephine

City

Cave Junction OR

State

ZIP Code

97523

Area Code

Phone Number

503 592 3086

Type of Owner (Mark all that apply)

Current

State or Local Gov't

Private or Corporate

Former

Federal Gov't (GSA facility I.D. no.)

Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section I, mark box here)

Facility Name or Company Site Identifier, as applicable

Dr. Cove's Chevron

Street Address or State Road, as applicable

409 S Redwood Highway

County

Josephine

City (nearest)

Cave Junction

State

OR

ZIP Code

97523

Indicate number of tanks at this location

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here)

Job Title

Area Code

Phone Number

IV. TYPE OF NOTIFICATION

Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI)

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

Owner

Signature

Jeff Styles

Date Signed

5-8-93

CONTINUE ON REVERSE SIDE

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No. 1A	Tank No. 2A	Tank No. 3A	Tank No. 4A	Tank
	AZ 6024	AC 7273	AC 7273	AZ 0038	
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>)					
Currently in Use	<input checked="" type="checkbox"/>				
Temporarily Out of Use	<input type="checkbox"/>				
Permanently Out of Use	<input type="checkbox"/>				
Brought into Use after 5/8/86	<input type="checkbox"/>				
2. Estimated Age (Years)	10/10/83	New	New	New	
3. Estimated Total Capacity (Gallons)	6000	12000	6000	6000	
4. Material of Construction (Mark one <input checked="" type="checkbox"/>)					
Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>				
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>				
Other, Please Specify	Form Tanks	SP 3	STP 3	Form Tanks	
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>)					
Cathodic Protection	<input type="checkbox"/>				
Interior Lining (e.g., epoxy resins)	<input type="checkbox"/>				
None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>				
Other, Please Specify					
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>)					
Cathodic Protection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted (e.g., asphaltic)	<input type="checkbox"/>				
Fiberglass Reinforced Plastic Coated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>				
Other, Please Specify					
7. Piping (Mark all that apply <input checked="" type="checkbox"/>)					
Bare Steel	<input type="checkbox"/>				
Galvanized Steel	<input type="checkbox"/>				
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>				
Other, Please Specify	Enviro Flex	EnviroFlex	EnviroFlex	EnviroFlex	
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>)					
a. Empty	<input type="checkbox"/>				
b. Petroleum					
Diesel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>				
Gasoline (including alcohol blends)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>				
Other, Please Specify					
c. Hazardous Substance	<input type="checkbox"/>				
Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No.					
Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unknown	<input type="checkbox"/>				
9. Additional Information (for tanks permanently taken out of service)					
a. Estimated date last used (mo/yr)	/	/	/	/	/
b. Estimated quantity of substance remaining (gal.)					
c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Installation _____

10/11
35
1646
Tank

VII. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW TANKS AT THIS LOCATION)

10. Installation (mark all that apply):

- The installer has been certified by the tank and piping manufacturers.
- The installer has been certified or licensed by the implementing agency.
- The installation has been inspected and certified by a registered professional engineer.
- The installation has been inspected and approved by the implementing agency.
- All work listed on the manufacturer's installation checklists has been completed.
- Another method was used as allowed by the implementing agency. Please specify:

11. Release Detection (mark all that apply):

- Manual tank gauging.
- Tank tightness testing with inventory controls.
- Automatic tank gauging.
- Vapor monitoring.
- Ground-water monitoring.
- Interstitial monitoring within a secondary barrier.
- Interstitial monitoring within secondary containment.
- Automatic line leak detectors.
- Line tightness testing.
- Another method allowed by the implementing agency. Please specify:

12. Corrosion Protection (if applicable)

- As specified for coated steel tanks with cathodic protection.
- As specified for coated steel piping with cathodic protection.
- Another method allowed by the implementing agency. Please specify:

13. I have financial responsibility in accordance with Subpart I. Please specify:

Method: _____
 Insurer: _____
 Policy Number: _____

14. OATH: I certify that the information concerning installation provided in Item 1-0 is true to the best of my belief and knowledge.

Installer: Warren West 6-8-93
 Name Date
owner
 Position
West Service & Eng. Co.
 Company

17-31-83 SWR

Oregon Department of Environmental Quality
Underground Storage Tank
Installation Check List

DEQ FACILITY NUMBER: 1200

DEQ FACILITY ADDRESS: 409 S. Redwood Highway
Cave Junction

This check list must be filled out by the DEQ licensed Supervisor and submitted as part of the installation record in accordance with OAR Chapter 340, Divisions 150 and 160. A new installation must be inspected a minimum of three times and all the requested information provided to the DEQ. (Where a specific item is "NOT APPLICABLE" to the situation, please check the N/A box.) If this form is used by DEQ inspectors, it will be for oversight purposes. DEQ inspectors may not be on site for the entire installation. The licensed UST Service Provider must have a DEQ licensed Supervisor on site during all of the following operations. This checklist must be signed by an executive of the UST Service Provider firm and by the licensed UST Supervisor.

DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
JUL 22 1993

FIRST INSPECTION - PRIOR TO PLACEMENT OF THE UNDERGROUND STORAGE TANK INTO THE EXCAVATION.

1. The tank installer is licensed by DEQ as a UST Service Provider. DEQ Service Provider License number: 10536

SOUTHWEST REGION OFFICE

2. Facility has submitted the DEQ permit application 30-day prior to the installation with the appropriate permit fees. Date submitted: 4-5-93
Jeff Styles

3. The DEQ Regional Office was notified 72 hours in advance of the installation. Date Notified: olympus

4. Has any soil hydrocarbon fuel contamination been observed? If so, was it reported to DEQ? Reported to: _____
Phone number: olympus

5. Tank and piping materials comply with 40 CFR 280.20 as modified by OAR Chapter 340, Division 150.

6. Manufacturer's specification for preinstallation practices have been followed.

7. Any detected damage has either been repaired or replaced in a manufacturer approved manner prior to placement in the excavation.

8. Tanks have been pressure tested and satisfy API #1615 specifications.

9. Tank excavation complies with the standards of API #1615 or PEI/RP 100-90.

10. Backfill materials fulfill the tank manufacturer's recommendations.

11. Electrical continuity exists between the anode and lead wire.

12. Anode locations are such to provide sufficient current distribution for corrosion protection.

Yes	No	Unknown	N/A
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

RECEIVED
JUL 19 1993

UST Compliance Section

13. In areas subject to a high water table or flooding, provisions have been made to insure proper anchoring of tanks (full or empty) in accordance with the manufacturer's specifications.

14. The above conditions are in compliance and the tanks may be placed into the excavations without any violations.

Yes	No	Unknown	N/A
✓			
✓			

Warren Weast
 Licensed UST Supervisor's Signature

Inspection Date 6-18-93

Print Name Warren Weast

Supervisor's License Number 10429

- Construction

SECOND INSPECTION - AFTER PLACEMENT OF THE UNDERGROUND STORAGE TANK, BUT PRIOR TO BACKFILLING.

15. Tank placement was done in accordance with the manufacturer's specifications.

16. Tank was not damaged during installation.

Yes	No	Unknown	N/A
✓			
✓			
✓			
✓			
✓			
			✓
			✓
			✓
			✓

SACRIFICIAL ANODE SYSTEMS

17. Anodes, dielectric bushings, coatings did not incur any damage during installation.

18. Damage to anode connections, coatings or tanks have been repaired in accordance with the manufacturer's specifications.

19. Necessary prepacking on each anode has been removed or kept intact according to manufacturer's instructions and/or each anode has been properly placed in its prepackaged backfill material.

IMPRESSED CURRENT SYSTEMS

20. High silicon iron, graphite or platinum anodes have not been damaged and the associated lead wires and insulation are intact.

21. Anodes have been installed according to the manufacturer's specifications.

22. The negative terminal of the rectifier has been connected to the structure and the positive terminal to the anodes.

23. Continuity of the wire has been tested.

Oregon DEQ Underground Storage Tank
 DEQ Facility Number 12001

Installation Check List

Yes	No	Unknown	N/A
✓			
✓			

24. Cathodically protected structures have not been grounded in such a way as to nullify cathodic protection to the underground storage tank system.

25. A cathodic protection test station is installed.

Warren Weast
 Licensed UST Supervisor's Signature

Inspection Date 6-21-93

Print Name Warren Weast

Supervisor's License Number 10429

THIRD INSPECTION - PRIOR TO PLACEMENT INTO ACTIVE SERVICE
 AND AFTER BACKFILLING.

26. Backfill material and installation procedures were done in accordance with the tank manufacturer's specifications.

27. All electrical equipment, wiring and related installation has been done in accordance with NFPA 70 and NACE RP-02-85.

28. Piping has been pressure tested and satisfies API #1615 specifications.

29. Overfill protection devices have been properly installed.

30. Piping was not damaged during installation.

31. Non-corrosion resistant piping has been cathodically protected.

32. Pipe coating (if applicable) has all existing damage (holidays, chips, scratches, etc) repaired in accordance with the manufacturer's specifications.

33. Piping has been electrically isolated from dispensers, structures, tanks and other piping systems or conduits.

34. Piping has electrical continuity.

35. Cathodic protection system installation has been done in accordance with API #1632 or NACE RP-02-85 standards.

36. Dissimilar metals have not been connected together.

37. All dielectric bushings and fittings are compatible with the liquid stored and the operating pressure of the tank system.

Yes	No	Unknown	N/A
✓			
✓			
✓			
✓			
✓			
			✓
✓			
✓			
✓			
✓			
✓			
✓			

- 38. Protection has been provided for those gauges, monitoring devices, and other systems which, when subject to failure by corrosion, would cause a release or impair the operation of a monitoring system.
- 39. All piping slopes at an incline towards the tanks.
- 40. Adequate clearance has been provided between piping and trench walls, conduit, monitoring well, utilities, nearby structures, and other system components following NFPA, API or PEI standards.
- 41. Piping joints have been assembled in accordance with the piping and sealant manufacturer's preparation, application and assembly instructions.
- 42. All piping installment requirements specified by the manufacturer have been followed and implemented.
- 43. Assembled piping shows no evidence of leakage at any connection of flexible connectors under both pressure testing and normal conditions.
- 44. Both overfill protection and leak detection monitoring system requirements of OAR 340-150-001 through 150 have been met and are functioning properly.
- 45. Tank deflection measurements for FRP tanks have been remeasured at this point and remain within the acceptable limits of the manufacturer's specifications.
- 46. Installed cathodic protection systems have been tested at this point and are providing adequate protection.
- 47. Internal and external monitoring and gauging systems are working properly.
- 48. The above conditions are in compliance and have been installed properly in accordance with OAR Chapter 340, Division 150.
- 49. Two copies of the as built drawings of the installation have been provided with this checklist and sent to DEQ.

Yes	No	Unknown	N/A
✓			
✓			
✓			
✓			
✓			
✓			
			✓
✓			
✓			
✓			

 Licensed UST Supervisor's Signature

Date _____

 Print Name

 Supervisor's License Number

Installer's Oath: I certify that the information concerning the installation provided on this checklist is true to the best of my belief and knowledge.

Installer: Warren Weast

Date 7-7-93

Position: owner

Company: Weast Service & Equip

Warren Weast
Executive Officer Signature - UST Service Provider Firm

Date 7-7-93

Print Name Warren Weast

Owner's Financial Responsibility Information Section

The tank owner has financial responsibility, if applicable, in accordance with OAR 340-150-004. Please specify:

Method: COVERED BY STATION POLICY

Insurer: HART INS. GRANTS PASS, ORE 1-479-5521

Policy Number: PK 55757 MUTUAL OF ENUMCLAW

DEQ Mailing Address:

This form must be mailed to DEQ 30 days after the installation is completed.

Department of Environmental Quality
HSW - UST Compliance Section
811 S.W. Sixth Avenue
Portland, OR 97204

For information, call the Underground Storage Tank program, toll free in Oregon at 1-800-452-4011 or (503) 229-5733.

DEQ Inspections

This form may be used by DEQ inspectors for oversight purposes. A DEQ inspector is not required to inspect the installation. A DEQ inspector may not be on site during all of the inspection times listed on this form. In the case of an oversight inspection, the DEQ inspector should check all boxes that are appropriate for the inspection(s) and forward a copy to headquarters for the facility file.

DEQ Inspector's Signature _____

Inspection Date(s) _____



Chevron

February 3, 1994

Mr. Byron Peterson
Department of Environmental Quality
201 W. Main Street
Suite 2-D
Medford, OR 97501

Chevron U.S.A. Products Company
2410 Camino Ramon
San Ramon, CA 94583
P.O. Box 5004
San Ramon, CA 94583-0804

Marketing Department
State of Oregon
Phone 510 842 9900
DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
FEB 7 1994

Re: Chevron Station #9-2934
409 Redwood Highway
Cave Junction, OR.
DEQ File No. 17-91-83

SOUTHWEST REGION OFFICE

Mr. Peterson:

Enclosed is the Olympus Environmental, Inc. Underground Storage Tank Closure Report dated January 13, 1993, for the site referenced above. This report presents the results of the decommissioning of the underground storage tanks and lines that took place in May 1993.

As indicated in the enclosed report, twenty-seven soil samples and one water sample were collected and submitted for laboratory analyses during tank removal activities. All final confirmation soil samples were either not detected for petroleum hydrocarbons or were at concentrations below Oregon DEQ Soil Matrix Level 1 cleanup standards. No petroleum hydrocarbons were detected in the water sample collected from the underground gasoline storage tank excavation. Hydrocarbon impact was observed to be minimal and limited to site backfill materials.

Based on the results of this investigation, further soil and groundwater assessment at this site should not be required. However, further soil assessment of the adjacent property located to the east of the active service station is necessary. Chevron will continue the semi-annual groundwater sampling program for this site, and will begin further assessment of the adjacent property to the east no later than the third quarter of this year. If you should have any questions or comments regarding this project, please feel free to call me at (510) 842-9015.

Sincerely,

Jerry W. Mitchell
Environmental Engineer

enclosure

Oregon Department of Environmental Quality
UNDERGROUND STORAGE TANK DECOMMISSIONING CHECKLIST

DEQ FACILITY NUMBER: 1200 DATE: _____
 FACILITY NAME: CHEVRON U.S.A. PRODUCTS COMPANY
 FACILITY ADDRESS: 409 REDWOOD HIGHWAY
CAVE JUNCTION, OREGON
 PHONE: _____

A. SAFETY EQUIPMENT ON JOB SITE:

Flie Extinguishers: Type/Size: ABC 516 2 EACH Recharge Date: 3-7-93
 Combustible Gas Detector: Model: GASTECH 2862 Calibration Date: 5-12-93
 Oxygen Analyzer: Model: GASTECH 2862 Calibration Date: 5-12-93

**II. DECOMMISSIONING: All Tanks: (Unk. = Unknown, N/A = Not Applicable)
 (Check Appropriate Box)**

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?

Yes	No	Unk	N/A
X			
X			
X			
			X
			X
X			
X			
X			
			X
X			
X			
X			
X			
X			

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)**

17. Contamination concerns fully resolved?

18. Fill Material? Type: 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: OOLEL

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: 5-14-93

29. Was contamination reported to DEQ? By: BRAD HARRIS
Date/Time: 5-17-93-8:15am DEQ Staff: JOHN BECKER

30. Was hazardous waste determination made for tank contents (Liquids/sludges)?

31. Disposal location of tank(s) contents.

Name: PENDING Date: _____

Address: _____

Attach disposal receipt.

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

Name: SCHNITZER STEEL Date: 7-16-93

Address: 1205 N. BURGARD
PORTLAND, OREGON 97203

Attach disposal receipt.

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

Name: _____ Date: _____

Address: _____

Purpose of Reuse: _____

Yes	No	Unk	N/A
X			

X			
X			
X			
X			
X			
X			

X			
X			
X			
X			
X			
			X

F. WORK PERFORMED BY:

DEQ Service Provider's License #: 11633

Name: OLYMPUS ENVIROMENTAL INC.

Telephone: (503) 254-7400

DEQ Decommissioning Supervisor's License #: 12685

Name BRAD J. HARRIS

Telephone: (503) 254-7400

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

Signature: _____ Date: _____
(Licensed Supervisor)

Signature: _____ Date: _____
(Owner or Operator)

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

July 1, 1991
Oregon DEQ

UST Decommissioning Checklist

Page 3 of 3

Oregon Department of Environmental Quality
UNDERGROUND STORAGE TANK DECOMMISSIONING/SERVICE CHANGE REPORT

DEQ FACILITY NUMBER: 1200

DATE: _____

FACILITY NAME: Chevron U.S.A. Products Co.

FACILITY ADDRESS: 409 Redwood Highway

Cave Junction, OR

PHONE: _____

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 through -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: 8-31-92 (30 days before work starts)

Work Start Telephone Notice - Date Submitted: 5-7-93 (3 working days before work starts)

DEQ Person Notified: _____

Date Work Started: 5-12-93

Date Work Completed: _____

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: 5-17-93 By: Brad Harris

DEQ Person Notified: John Becker

Backfill Telephone Notice - Date Called: 6-11-93 (before backfilling)

DEQ Person Notified: John Becker/Byron Peterson

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: _____

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
1		10,000	Gasoline		X			X	
2	AGEJJ	10,000	Gasoline		X			X	
3	AGFKK	5,000	Gasoline		X			X	
4		550	Diesel		X			X	
5	AGFKR	1,000	Used Oil		X			X	

* 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

* 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)

* 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.)

G. WORK PERFORMED BY:

DEQ Service Provider's License #: 11633 Construction Contractors License #: _____
Name: Olympus Environmental, Inc.

Telephone: (503) 254-7400

DEQ Decommissioning Supervisor's License #: 12685
Name: Brad J. Harris

Telephone: (503) 254-7400

DEQ Soil Matrix Service Provider's License #: 11995 (If applicable)
Name: Olympus Environmental, Inc.

Telephone: (503) 254-7400

DEQ Soil Matrix Supervisor's License #: 12686 (If applicable)
Name: Brad J. Harris

Telephone: (503) 254-7400

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.
Portland, Oregon 97204

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

Signature: _____ Date: _____
(Owner or Operator)

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



Remit and Make Checks Payable to:
Department of Environmental Quality

Attn: Business Office
811 S.W. Sixth Avenue
Portland, OR 97204

DETACH

BILLING ADDRESS

1995 INVOICE

DETACH

FOR DEQ USE ONLY

Date Received: _____
Amount Received: 4105⁰⁰ Partial
Check No.: 13107

JEFF A. STILES

95193

OREGON CAVES CHEURON

PO BOX 1732

CAVE JUNCTION OR 97523-1732

INVOICE UST95-00503
NUMBER

DATE 01/03/95

FACILITY NUMBER	FACILITY NAME AND LOCATION	AMOUNT DUE	DATE DUE
1200	OREGON CAVES CHEURON 409 S REDWOOD HWY CAVE JUNCTION OR 97523	280.00 105-	02/17/95

3 X 1995 ASSESSMENT
Tank(s) at \$35.00 ea = 280.00
Credit \$.00
Balance \$ 280.00 105-

UPGRADE INFORMATION
(CHECK HERE) →
SEE BACK OF THIS INVOICE



NOTE: Please return pink portion of this invoice with your remittance to ensure proper credit.

Fill out this portion for tanks upgraded between January 1, 1994 and December 31, 1994

Upgrade Options

Leak Detection (Tank):

- A1 Automatic Tank Gauge
- A2 Groundwater Monitor
- A3 Vapor Monitor
- A4 Interstitial Monitor

Corrosion Protection (Tank):

- B1 Internal Lining
- B2 Cathodic Protection
- B3 Fiberglass
- B4 Composite

Spill and Overfill Prevention:

- C1 Spill Containment Basin
- C2 Automatic Shutoff Device
- C3 Overfill Alarm
- C4 Ball Float Valve

Leak Detection (Piping):

- A5 Groundwater Monitor
- A6 Vapor Monitor
- A7 Interstitial Monitor
- A8 Continuous Monitor with Alarm
- A9 Automatic Shutoff
- A10 Modify Foot Valve

Corrosion Protection (Piping):

- B5 Cathodic Protection
- B6 Fiberglass

Upgraded Tanks

Please fill in all option letters listed above for all tanks upgraded.

	Permit #	Tank #	Letter Designation and Date Installed					
Example:	EEGG	1	A1	12/1/94	C4	12/1/94	A10	7/1/94

RETURN TO: DEQ. ATTN: BUSINESS OFFICE, 811 SW 6th, PORTLAND, OR 97204-1390

FACILITIES REPORT AND APPLICATION FOR PERMIT MODIFICATION

This is the information that DEQ has in the records for your facility.

FINANCIAL ASSISTANCE CONTACT

Jeff A. Stiles
CHEVRON USA INC SS 92934
PO Box 1732
Cave Junction, OR 97523

FACILITY INFORMATION

Make Corrections Here

ID 1200
NAME CHEVRON U.S.A., INC. - 92934

409 REDWOOD HWY.

CAVE JUNCTION, OR 97523

NO CHANGES HERE

TANK INFORMATION

Permit Number	Tank ID	Permit Number	Tank ID
AGEJH	1	AGEJJ	2
AGFKK	3	AGFKB	5
AGFKC	HOIST6	AGFKD	HOIST7

TANK OWNER

Steve Merritt
Chevron USA, Inc.
PO Box 220

Seattle, WA 98111

TILL 10-1-92

Make Corrections Here NEW TANK OWNER

WILL BE JEFF A STILES
AS OF OCT 1, 1992

Signature Jeff A Stiles

PROPERTY OWNER

~~Don Baumgartner
United States EPA
Hatfield Marine Science Center
867-5042
Newport, OR 97365~~

NEW PROPERTY OWNER WILL BE
JEFF A. STILES AS OF

Signature Jeff A. Stiles
OCT 1, 1992

PERMITTEE

Jeff A. Stiles
CHEVRON USA INC SS 92934
PO Box 1732

Cave Junction, OR 97523

JEFF A STILES WILL REMAIN
THE PERMITTEE

Signature Jeff A Stiles

If the facility, tank owner, property owner, or permittee information is incorrect, you will need to submit this form as a modified permit application. If any of your tanks are not registered or permitted, you will need to submit a permit application.

RECEIVED
OCT 31 1996

Waste Management & Cleanup Division
Department of Environmental Quality

FACILITY FOLLOW-UP REPORT

TO: Stephanie Holmes, Headquarters

DATE: 10-29-96

FROM: John Blanchard

FACILITY # 1200

Please return this form with the Past Due Notice to Headquarters for necessary Headquarters action and filing no later than November 30, 1996.

Incorrect number of tanks

- the correct number of tanks is 4
- for sites with unregistered tanks, permittee has been given permit application along with instructions to pay back fees

Tank (s) # _____ have been decommissioned

- checklist and report was on file in the Regional office-HQ please cancel permit fees
- contacted permittee or Service Provider and obtained checklist and report.
- coordinated with HQ regarding past due fees
- data entry complete/permits terminated

Tanks are out of service. Permittee has been informed of decommissioning requirements and that fees are owed until the tanks have been permanently decommissioned.

Comments: Owner notified that 2 compartment-tank counts as 2 tanks and his correct annual fee should be \$140.

Subsequent billing record is confusing but total fee paid for 95 + 96 would be correct for 4 tanks for 2 years.

UNDERGROUND STORAGE TANK PROGRAM

Invoicee: Jeff A. Stiles 95193
Oregon Caves Chevron
PO Box 1732
Cave Junction OR 97523

PAST DUE NOTICE

Date: 03/29/96
Invoice Number: **UST96-00464**
Facility Number: **1200**

Facility: OREGON CAVES CHEVRON
409 S REDWOOD HWY
CAVE JUNCTION OR 97523

FOR DEQ USE ONLY

Date Received: _____

Amount Received: _____

Check No.: _____

Amount Billed: 280.00

Amount Paid: 105.00

Amount Past Due: 175.00

\$70 sent ✓ #14897

The Department of Environmental Quality has not yet received the full payment for the tanks located at the facility listed above. All underground storage tanks, both "in use" and "out of use" during any part of 1996 must pay the annual permit compliance fee.

Please remit the Amount Past Due to:

Department of Environmental Quality
Attn: Business Office
811 S.W. 6th
Portland, OR 97204

Make checks payable to "Department of Environmental Quality".

If you feel this billing is in error, please use the following lines to explain. Exempt tanks such as heating oil tanks or tanks that were permanently decommissioned (either by removal or filling in place with an inert solid material) before January 1, 1996 do not owe the fee. Please note that a tank is not permanently decommissioned until the Department has received the UST Decommissioning Checklist form and the UST Decommissioning/Change in Service form due within 30 days after decommissioning.

*we have only 3 underground tanks
(one is divided into 2)*



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5733

PLEASE RETURN THIS NOTICE WITH PAYMENT



Oregon Department of Environmental Quality
811 SW Sixth Avenue
Portland, Oregon 97204-1334
503-229-5733 and in Oregon 1-800-742-7878

**UNDERGROUND STORAGE TANK PROGRAM
TEMPORARY PERMIT**

PERMITTEE

OREGON CAVES CHEVRON
409 S REDWOOD HIGHWAY
CAVE JUNCTION, OR 97523

FACILITY NAME AND LOCATION

OREGON CAVES CHEVRON
409 S REDWOOD HIGHWAY
CAVE JUNCTION, OR 97523
JOSEPHINE COUNTY

FACILITY ID No.: 1200

APPLICATION RECEIVED: 7/19/93

APPLICATION TYPE: NEW

<u>UST PERMIT NUMBER</u>	<u>TANK ID NUMBER</u>	<u>TANK SIZE</u>	<u>TANK CONTENTS</u>
BCGED	No.1A	6,000gallons	Diesel
BCGEE	No.2A	12,000gallons	Gasoline
BCGEF	No.3A	6,000gallons	Gasoline
BCGEG	No.4A	6,000gallons	Gasoline

The Department of Environmental Quality issues this temporary permit with the understanding that the Permittee is to comply with the conditions of this temporary permit and all applicable regulations.

ISSUE DATE: 8/15/96



Michael H. Korten
Manager, UST Compliance Program
Waste Management and Cleanup Division

Temporary Permit Conditions

1. The Permittee shall maintain a copy of this temporary permit at the facility and, upon request, present it to an authorized Department of Environmental Quality (Department) representative for inspection.
2. The Permittee shall submit a new permit application to the Department within 120 days of a change in tank ownership, property ownership, the name of the Permittee or the operational status of the tank (e.g., changing the tank contents).

3. The Permittee shall grant, to the Department and its authorized representative(s), access to the facility and to any records required by the underground storage tank regulations. Access shall be provided during normal business hours or immediately in the event of an emergency.
4. Issuance of this permit does not constitute a defense for non-compliance with the requirements of the federal interim prohibition. The interim prohibition requires that tanks installed after May 7, 1985, but before the issuance date of this permit must, for the operational life of the installed tank, conform to the following standards:
 - a. The tank is installed in a manner to prevent releases from corrosion for the operational life of the tank by being cathodically protected, made of non-corrosive materials, or the tank is clad (coated) with a non-corrosive material;
 - b. The tank is installed in a manner which prevents releases from structural failure; and
 - c. The tank is compatible with the material it will contain.
5. This temporary permit does not remove the obligation of the Permittee to comply with any applicable federal, state, county or local regulations pertaining to underground storage tanks.
6. When the tank is taken out of service and permanently decommissioned, the Permittee shall:
 - a. Provide written notice to the Department 30 days prior to decommissioning and verbal notice to the regional office 3 days prior to the confirmed decommissioning date.
 - b. Permanently decommission the tank by either removing it from the ground or filling it in place with an inert solid material.
 - c. Notify the Department within 24 hours of observing that a tank leak has occurred.
 - d. Maintain records relating to decommissioned tanks, including records showing the ultimate disposition of the tank, for a period of three years.
7. Pursuant to Oregon Administrative Rule (OAR) 340-150-100, this temporary permit may be suspended or revoked if the tank or its operation is not in conformance with any applicable law, regulation or the conditions of this underground storage tank permit.
8. This temporary permit remains effective until it is terminated, suspended, revoked, modified or expires.
9. An annual compliance fee shall be paid by the Permittee beginning on March 1, 1989.
10. This temporary permit automatically terminates:
 - a. Within 120 days after any change in ownership of property in which the tank is located, ownership of tank or Permittee unless a new underground storage and permit application is submitted;
 - b. Within 120 days after a change in the nature of activities and operations from those of record in the last application unless a new underground storage tank permit application is submitted;
 - c. When the Department issues a final permit.
11. This temporary permit is non-transferable.
12. This temporary permit, by designating a Permittee, does not limit or exclude the tank owner and property owner from their respective responsibilities under applicable statutes and regulations or from liability for releases from the tank.

TORAN Greg

***DEQ**

From: PETERSON Byron *DEQ
To: TORAN Greg *DEQ
Subject: RE: Oregon Caves Chevron Facility ID #1200
Date: Wednesday, January 24, 1996 8:22AM

I found copies in the back of a report. Does not look like HQ was sent copies. I'll send a set in the mail. Along with the permit application for the new tanks and installation checklist. we received the decommissioning report in February of 1994. That was about the time Becker went to AQ and I was left holding down the fort.

From: TORAN Greg *DEQ
To: -UST STAFF @ MEDFORD DEQ
Cc: TORAN Greg *DEQ
Subject: Oregon Caves Chevron Facility ID #1200
Date: Tuesday, January 23, 1996 5:00PM

Hi folks! I am seaching for decommissioning reports and checklists for this site. UST's were installed in 1993/94. We are invoicing for 8 UST's and the RP claims to have pulled 5. The reports have not been logged in at HQ. Do you have them? Please let me know....thanx.

LUST COST RECOVERY REPORT

=====

List of LUST Incidents With Cost Recovery Activity

Report Date: 13-MAR-95

SITE NAME	LOG NUMBER	RP NAME	CLEANUP END DATE	GUIDELINE	CLEANUP FUND CODE	CLEANUP LEAD
16141 S.E. DIVISION ST. PORTLAND 97236		Arco Products Co 2000 Alameda de las Pulgas San Mateo CA 94402				
ARCO SS #6029 1110 S.E. POWELL BLVD. PORTLAND 97202	26-92-0079	Kyle Christie Arco Products Co 2000 Alameda de las Pulgas San Mateo CA 94402		C.A.P.	FLTR	
ARCO SS #6058 9560 NW GLENCOE RD NORTH PLAINS 97133	34-92-0052	Kyle Christie Arco Products Co 2000 Alameda de las Pulgas San Mateo CA 94402		C.A.P.	FLTR	
ARCO SS #6070 10975 S.W. BEAVERTON HLS. BEAVERTON 97005	34-89-0150	Kyle Christie Arco Products Co 2000 Alameda de las Pulgas San Mateo CA 94402		C.A.P.	FLTR	
ARCO SS #6125 - #2 8120 S.E. 13TH AVE. PORTLAND 97202	26-91-0450	Roy Thun ARCO Products Company 1055 West 7th Street Los Angeles CA 90051-0570		C.A.P.	FLTR	
ARCO SS #889 1511 N.E. 102ND ST. PORTLAND 97220	26-92-0078	Kyle Christie Arco Products Co 2000 Alameda de las Pulgas San Mateo CA 94402		C.A.P.	FLTR	
ARCO SS #918 2955 COMMERCIAL ST., S.E. SALEM 97301	24-82-4002	J L Mason ARCO Products Company PO Box 6038 Artesia CA 90702-6038		C.A.P.	FLTR	
ARCO WOODBURN - S.S. #4413 2720 NEWBURG HWY. WOODBURN 97071	24-89-4107	Kyle Christie Arco Products Co 2000 Alameda de las Pulgas San Mateo CA 94402		C.A.P.	FLTR	RP
ARDEN DANIELSON 1040 NE 25TH AVENUE HILLSBORO 97124	34-93-0006	Ron Danielson c/o Arden Danielson 7885 NW 214th Place Hillsboro OR 97124	11-APR-94	C.A.P.	FLTR	RP

(costrec2.sql)

----- Compliance Payments -----

Facility ID 1200
Facility Name OREGON CAVES CHEVRON

Invoice ID	Status	Billed	Fee Received
UST96-00464	DUE	280	0
UST95-00503	DUE	280	105
UST94H-1413	CANC	140	0
UST94-00546	CANC	140	0
UST94-00547	PAID	105	105
UST93-00610	PAID	100	100
UST92-00655	PAID	100	100
UST91-00722	PAID	100	100
UST90-00803	PAID	75	75

Count: *9

<Replace>

LUST COST RECOVERY REPORT

=====

List of LUST Incidents With Cost Recovery Activity

Report Date: 13-MAR-95

SITE NAME	LOG NUMBER	RP NAME	CLEANUP END DATE	GUIDELINE	CLEANUP FUND CODE	CLEANUP LEAD
		San Mateo CA 94402				
ARCO SS #4031 6257 S.W. CAPITOL HWY PORTLAND 97219	26-88-0023	Kyle Christie Arco Products Co 2000 Alameda de las Pulgas San Mateo CA 94402		C.A.P.	FLTR	
ARCO SS #4186 805 COMMERCIAL ST. S.E. SALEM 97302	24-90-4021	Kyle Christie Arco Products Co 2000 Alameda de las Pulgas San Mateo CA 94402		C.A.P.	FLTR	RP
ARCO SS #4192 18030 E. BURNSIDE PORTLAND 97233	26-91-0156	Kyle Christie Arco Products Co 2000 Alameda de las Pulgas San Mateo CA 94402		C.A.P.	FLTR	RP
ARCO SS #4271 7509 N.E. UNION AVE. PORTLAND 97217	26-89-0191	Arco 4271 7509 NE Union and Lombard Portland OR 97217		C.A.P.	FLTR	RP
ARCO SS #4384 3917 N.E. TILLAMOOK ST. PORTLAND 97212	26-90-0008	Chuck Carmel Arco PO Box 5811 San Mateo CA 94402		C.A.P.	FLTR	RP
ARCO SS #4441 (3488) 3488 GATEWAY ST. SPRINGFIELD 97477	20-90-4280	Kyle Christie Arco Products Co 2000 Alameda de las Pulgas San Mateo CA 94402		C.A.P.	FLTR	RP
ARCO SS #4471 2550 N.E. 238TH DR. WOOD VILLAGE 97060	26-91-0178	Kyle Christie Arco Products Co 2000 Alameda de las Pulgas San Mateo CA 94402		C.A.P.	FLTR	
ARCO SS #4475 1305 N. HAYDEN ISLAND DR. PORTLAND 97217	26-89-0149	Kyle Christie Arco Products Co 2000 Alameda de las Pulgas San Mateo CA 94402		C.A.P.	FLTR	RP
ARCO SS #4477 (costrec2.sql)	26-89-0251	Kyle Christie	29-JUN-92	MATRIX	FLTR	RP

WASTE MANAGEMENT & CLEANUP DIVISION
Phone Memo

Date: 29 JAN 96 Time: _____ File No: 1200

Call From/To: Karen / Jeff Stiles

Title: _____

Company: Oregon Cales Charroy

Location: _____

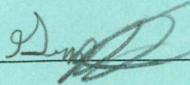
Phone Number: 541-592-3561 541-592-3080

cc: _____

Re: number of UST's @ -facility

Summary of Call:

called left message 29 JAN 96.

By: 

WASTE MANAGEMENT & CLEANUP DIVISION
Phone Memo

Date: 29 JAN 96 Time: _____ File No: 1200

Call From/To: _____

Title: _____

Company: Olympus Environmental

Location: _____

Phone Number: 254-7400

cc: _____

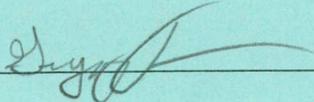
Re: Number of UST's at facility.

Summary of Call:

Closure of (5) UST's in 1993 included 550 gallon HOT. No mention of UST discovered at time of decommissioning (#6).

Permitter claims to have only (3) UST's. Installation records show (4) new installs in 93. Subcontractor on job was Warren West of West Service and Equipment. 474-2789 / 772-6488.

Will check into records and get back to me.

By: 

FACILITY ID# 1200

DATE 24 JAN 96

- ACCESS ENTRY
- Request D/report
 - Request D/checklist
 - Request I/checklist
 - Request fees
 - 30 Day Notice

- LETTER TO MAIL
- Copy region office
 - Enclosures
 - Action requested (list below)
 - Copy HQ facility file

- REPORTS RECEIVED
- 30 Day
 - D/report
 - D/checklist
 - I/checklist
 - Notice to upgrade
 - Oracle updated
 - Reports sent to region
 - Access updated

UST's of Concern 1 2 3 4 5 6 7 8 9 other _____

Response due date: 15 Feb 96

Initial GET

Action: waiting for reports, copies @ medford office.

UST PERMIT SECTION

Date received _____ Region WR-m County _____

Fees: _____

Permit Type: New Mod Existing Replacement

Response Due date _____

Property Owner # _____ Tank Owner # _____ Permittee # _____

Permit #	Tank ID #	UST Size	Product	Date Issued	Date Closed

Comments: Checked w/ WR-m for D/reports and checklists. (8) UST's on system. RP claims to have (3). (4) UST's listed on permit app 7/93.

UNDERGROUND STORAGE TANK PROGRAM

Invoicee: Jeff A. Stiles 95193
Oregon Caves Chevron
PO Box 1732
Cave Junction OR 97523

PAST DUE NOTICE

Date: 03/24/95
Invoice Number: **UST95-00503**
Facility Number: **1200**

Facility: OREGON CAVES CHEVRON
409 S REDWOOD HWY
CAVE JUNCTION OR 97523

FOR DEQ USE ONLY

Date Received: _____

Amount Received: _____

Check No.: _____

Amount Billed: 280.00

Amount Paid: 105.00

Amount Past Due: 175.00

The Department of Environmental Quality has not yet received the full payment for the tanks located at the facility listed above. All underground storage tanks, both "in use" and "out of use" during any part of 1995 must pay the annual permit compliance fee.

Please remit the Amount Past Due to:

Department of Environmental Quality
Attn: Business Office
811 S.W. 6th
Portland, OR 97204

Make checks payable to "Department of Environmental Quality".

If you feel this billing is in error, please use the following lines to explain. Exempt tanks such as heating oil tanks or tanks that were permanently decommissioned (either by removal or filling in place with an inert solid material) before January 1, 1995 do not owe the fee. Please include that information below.

*we have only 3 underground tanks on
our property. Others were removed in
1994. 1-541-592-3561 Karen Stiles*

*8 Active on system
Paid for 3 UST's in 1995. Billed for 8
Billed for 8 in 1996.*



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5733

PLEASE RETURN THIS NOTICE WITH PAYMENT



August 14, 1993

Chevron USA Products Co.
PO Box 5004
San Ramon, CA 94583-0804

Dear Tank Owner:

The Department of Environmental Quality (DEQ) received notice that you decommissioned your facility #1200. According to 40 CFR 280.71(a) and OAR 340-150-130, you are responsible for notifying the DEQ in writing thirty (30) days before permanently decommissioning your tanks, there are also a Decommissioning Service Change Report and a Decommissioning Checklist to be completed and returned to DEQ 30 days after the decommissioning was done.

Even if you have already removed your tank(s) you must submit these reports. This gives DEQ the information needed to properly terminate the tank permits. Please fill out the enclosed form(s) and return to the DEQ at the address listed on the back of the forms. Enforcement action can be taken unless you correct this oversight immediately.

If you have any questions please feel free to call me at (503) 229-5733.

Sincerely,

Cindy Salter

Cindy Salter
Office Specialist, UST Compliance
Hazardous & Solid Waste Division

enclosure



811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
TDD (503) 229-6993
DEQ-1



UNDERGROUND STORAGE TANK PROGRAM
GENERAL PERMIT REGISTRATION FORM TO OPERATE
 FOR HOLDERS OF TEMPORARY UST PERMITS

TO PERMITTEE:

Jeff A. Stiles
 Oregon Caves Chevron
 PO Box 1732
 Cave Junction, OR 97523

FOR EXISTING FACILITY:

Facility ID Number: 1200
 OREGON CAVES CHEVRON
 409 S REDWOOD HWY
 CAVE JUNCTION, OR 97523

DEQ records indicate the following tanks may qualify to receive a general permit registration certificate to operate which will allow the tanks to receive regulated substances (i.e. motor fuel) on or after December 23, 1998. To register for an operating certificate for the tanks listed below, both the tank owner and permittee must sign below and return this registration to the Department of Environmental Quality, UST Program, 811 SW 6th Avenue, Portland, OR 97204.

Tank ID Number	Tank Permit Number	Tank ID Number	Tank Permit Number	Tank ID Number	Tank Permit Number
1A	BCGED	2A	BCGEE	3A	BCGEF
4A	BCGEG				

Note: Failure to register and receive a general permit registration certificate to operate under the recently adopted rules means that after December 22, 1998 your tanks are no longer permitted, regulated substance cannot be deposited into the tanks and you are subject to immediate enforcement action for operating without a permit.

<p><u>JEFF A. STILES</u> Legal Name* of Tank Owner as registered with the Secretary of State, Corporations Division</p> <p><u>JEFF A. STILES</u> Name of Official (Please Print)</p> <p><u>Jeff A. Stiles</u> <u>11/23/98</u> Signature of Official Date</p>	<p><u>JEFF A. STILES</u> Legal Name* of Permittee as registered with the Secretary of State, Corporations Division</p> <p><u>JEFF A. STILES</u> Name of Official (Please Print)</p> <p><u>Jeff A. Stiles</u> <u>11/23/98</u> Signature of Official Date</p>
---	--

I hereby register to operate the USTs described above in accordance with the conditions and requirements of the general permit pursuant to OAR 340-150-0163. I also certify that these tanks meet the 1998 technical standards for corrosion control, spill and overfill prevention and leak detection and I have arranged financial responsibility.

* If you are not registered with the Secretary of State, Corporations Division, provide the name that you currently use to identify your business to customers.

RECEIVED

NOV 25 1998

Waste Management & Cleanup Division
 Department of Environmental Quality

BEAVERTON CLASS LIST

Ye
3/17/04

I certify this class was held February 26 2004 following the Operator training manual and DEQ guidelines



Linda Richards

Contract Environmental Service

503-591-9171

Dept. of Environmental Quality
RECEIVED
MAR 02 2004
Land Quality Division

BEAVERTON REGISTRATION

NAME	FACILITY	FACILITY #	SIGNATURE
Sivanh Tzeo	Aumsville Shell & Foodmart Main St. Mini Mart 522 Main St. Aumsville OR 97325 503/749-2700	621 ✓	<u>Tzeo Sivh</u>
Debbie Baisley	Central Coast Oil 11545 Los Osos Valley Rd San Luis Obispo CA 93405 805/541-0352		<u>D. Baisley</u>
	Texaco Station 8725 SW Hall Blvd Tigard OR 97223	8351 ✓	
	Texaco Station 11850 SW Canyon Rd Beaverton OR 97005	1382 ✓	
Clive Harrison	City Limits Country Store 5800 NW Hwy 99 W Corvallis OR 97330 541/745-7194	2107 ✓	<u>CH Harrison</u>

Cheryl Robertson

Colton Market
20867 So Hwy 211
Colton OR 97017
503/824-2241

11966

X Cheryl Robertson

David Sester

First Student Inc Gresham
11625 SE Hogan Rd
Gresham OR 97080
503/665-8193

3794

X [Signature]

3794 + 3690 X

David Chatfield

First Student Inc Region 10
11818 SE Mill Plain Suite 412
Vancouver WA 98684
360/896-9500 X5

all sites

X [Signature]

Steve Wright

First Student Inc Canby
770 SW 4th
Canby OR 97013
503/434-5631

3690

X [Signature]

Regnell Carman

Jerry's Gas & Food Mart
203 Bishop Way
Brownsville OR 97327
541/466-5565

7143

X Regnell A Carman

Amin Douraghi

Friendly Food Mart
6010 NE Killingsworth
Portland OR 97218
503/335-8001

8835

X Amin Douraghi

David Traeger

Great Pacific Aviation Services
Grants Pass Airport
1441 Brookside Blvd
Grants Pass OR 97526

4333

X David Traeger
Alex Grossi

Alex Grossi

Brent W. Hodge

Hodge Distributor, Inc
PO Box 378
Port Orford OR 97465
541/332-3511

Brent W Hodge

Port Orford Bulk Plant
1556 N Oregon St
Port Orford OR 97465

905

X

Port Orford Cardlock
1360 Idaho St
Port Orford OR 97465

11862

X

Richard C Hodge

Hodge Distributor, Inc
1893 Roseburg Rd.
Myrtle Point OR 97458
541/572-2962

620

X Richard Hodge

Mark A. McKay

McKay Acres Inc
19393 French Prairie Rd NE
St Paul OR 97137
503/633-4052

11989 X Mark A. McKay

Jeff Stiles

Oregon Caves Chevron
409 So Redwood Hwy
Cave Junction OR 97523

1200 X J. A. Stiles

~~William C Miller~~

ODOT
Baldock Maintenance Station
9637 SW 35th Dr.
Portland OR 97219
503/229-5303

997 X [Signature]

Douglas E Holley

[Signature]

Donald M Davis

Donald M Davis

David Richardson

R & D Market
109656 Hwy 97 North
Chemult OR 97731
541/365-2349

8897 X David Richardson

Dudley Spencer

Reynolds School District #7
Reynolds School District Transportation
1204 NE 201
Fairview OR 97024
503/492-4921

5081 X Dudley Spencer

Ken Pomerleau

Ken Pomerleau

Mark VanRiper

[Signature]

Martin Allsup

Ross Island Sand & Gravel Co.
503/239-5504

Tait Plant
2611 SE Fourth Ave
Portland OR 97214

1889

X



Vanport Plant
1835 N. Marine Drive
Portland OR 97217

1890

X

James Monsen-Daniels

Rosboro Truck Shop
170 So. 21st
Springfield OR 97477
541/736-2146

2652

X



Stan Schneider

Schneider Equipment Inc
21881 River Rd. NE
St Paul OR 97137
503/633-2666

1577

X



----- Cut here and return this portion with payment -----

Remit and make checks payable to:

Dept. of Environmental Quality
Attn: Business Office
811 SW Sixth Avenue
Portland, OR 97204-1390

Facility Name: OREGON CAVES CHEVRON

Facility Number: 1200

Address ID: 95193

Check box if your address has changed and
complete back of invoice:

Check box if the facility has been sold and
complete back of invoice:

Amount Due: \$240.00

Invoice Number: UST00-00309

Amount Enclosed:

240

5H
3/2/00



UST00-00309

Enter change of address below:

(Organization Name)

same

(Contact Name)

P.O. Box 1817

(Address)

(City, State, Zip)

same

(Phone)

Enter new owner information below:

(Organization Name)

(New Owners Name)

(Address)

(City, State, Zip)

(Phone)

Tank Information by Facility

DOCUMENTED CHANGES FOR UST DATABASE YES / NO

S# 5/04

Fac. ID: Facility Name:

Tank ID: Permit No.: Tank Empty? Decommissioned?

Est. Install. Date: Tank Size (gal.): Upgraded? DEQ Verified? *Y*

Contents: Gas? Diesel? Kerosene? Used Oil? Other?

Record data to change here: _____

Spill and Overfill Protection?

Material and Construction Information

Tank: *Fiberglass clad steel* *Double wall tanks* *single wall tanks* Containment: (D=D/Wall, S=S/Wall,)

Interior: CP? Lined? None? Unknown? Other?

Exterior: CP? Painted? FRP? None? Unknown? Other?

Piping: Bare Steel? Galv. Steel? FRP? *N* CP? Unknown? Other?

No Soil Contact CP? Unprotected Metal? Corros. Resist. Material?

DW? *N* Secondary Containment? Interior Lined Pipe? Unknown? Corros. Resist. Coating?

Record code to delete here: _____

Record code to add here: _____

Leak Detection Methods

Tank: MTG or IC? TTT? Visual? ATG Instrument?

Vapor Mon? GW Mon? In-ground sensor? Interstit. tank sensor?

Other LD Method?

Tank Internally Inspected?

Piping: ALLD? *N*

Record methods currently in use here: _____

Fac. ID: Facility Name:

Tank ID: Permit No.: Tank Empty? Decommissioned?

Est. Install. Date: Tank Size (gal.): Upgraded? DEQ Verified? *Y*

Contents: Gas? Diesel? Kerosene? Used Oil? Other?

Record data to change here: _____

Spill and Overfill Protection?

Material and Construction Information

Tank: Containment: (D=D/Wall, S=S/Wall,)

Interior: CP? Lined? None? Unknown? Other?

Exterior: CP? Painted? FRP? None? Unknown? Other?

Piping: Bare Steel? Galv. Steel? FRP? CP? Unknown? Other?

No Soil Contact CP? Unprotected Metal? Corros. Resist. Material?

DW? Secondary Containment? Interior Lined Pipe? Unknown? Corros. Resist. Coating?

Record code to delete here: _____

Record code to add here: _____

Leak Detection Methods

Tank: MTG or IC? TTT? Visual? ATG Instrument?

Vapor Mon? GW Mon? In-ground sensor? Interstit. tank sensor?

Other LD Method?

Tank Internally Inspected?

Piping: ALLD? *Y*

Record methods currently in use here: _____

Fac. ID: Facility Name:

Tank ID: Permit No.: Tank Empty? Decommissioned?

Est. Install. Date: Tank Size (gal.): Upgraded? DEQ Verified? *Y*

Contents: Gas? Diesel? Kerosene? Used Oil? Other?

Record data to change here: _____

Spill and Overfill Protection?

Material and Construction Information

Tank: *Fiberglass clad steel* Containment: (D=D/Wall, S=S/Wall,)

Interior: CP? Lined? None? Unknown? Other?

Exterior: CP? Painted? FRP? None? Unknown? Other?

Piping: Bare Steel? Galv. Steel? FRP? *N* CP? Unknown? Other?

No Soil Contact CP? Unprotected Metal? Corros. Resist. Material?

DW? *N* Secondary Containment? Interior Lined Pipe? Unknown? Corros. Resist. Coating?

Record code to delete here: _____

Record code to add here: _____

Leak Detection Methods

Tank: MTG or IC? TTT? Visual? ATG Instrument?

Vapor Mon? GW Mon? In-ground sensor? Interstit. tank sensor?

Other LD Method?

Tank Internally Inspected?

Piping: ALLD? *Y*

Record methods currently in use here: _____

Fac. ID: Facility Name:

Tank ID: Permit No.: Tank Empty? Decommissioned?

Est. Install. Date: Tank Size (gal.): Upgraded? DEQ Verified? *Y*

Contents: Gas? Diesel? Kerosene? Used Oil? Other?

Record data to change here: _____

Spill and Overfill Protection?

Material and Construction Information

Tank: Containment: (D=D/Wall, S=S/Wall,)

Interior: CP? Lined? None? Unknown? Other?

Exterior: CP? Painted? FRP? None? Unknown? Other?

Piping: Bare Steel? Galv. Steel? FRP? CP? Unknown? Other?

No Soil Contact CP? Unprotected Metal? Corros. Resist. Material?

DW? Secondary Containment? Interior Lined Pipe? Unknown? Corros. Resist. Coating?

Record code to delete here: _____

Record code to add here: _____

Leak Detection Methods

Tank: MTG or IC? TTT? Visual? ATG Instrument?

Vapor Mon? GW Mon? In-ground sensor? Interstit. tank sensor?

Other LD Method?

Tank Internally Inspected?

Piping: ALLD?

Record methods currently in use here: _____

SWR

Oregon Department of Environmental Quality
Underground Storage Tank
Installation Check List

DEQ FACILITY NUMBER: 1200

DEQ FACILITY ADDRESS: 409 S. Redwood Highway
Cave Junction

This check list must be filled out by the DEQ licensed Supervisor and submitted as part of the installation record in accordance with OAR Chapter 340, Divisions 150 and 160. A new installation must be inspected a minimum of three times and all the requested information provided to the DEQ. (Where a specific item is "NOT APPLICABLE" to the situation, please check the N/A box.) If this form is used by DEQ inspectors, it will be for oversight purposes. DEQ inspectors may not be on site for the entire installation. The licensed UST Service Provider must have a DEQ licensed Supervisor on site during all of the following operations. This checklist must be signed by an executive officer of the UST Service Provider firm and by the licensed UST Supervisor.

FIRST INSPECTION - PRIOR TO PLACEMENT OF THE UNDERGROUND STORAGE TANK INTO THE EXCAVATION.

- The tank installer is licensed by DEQ as a UST Service Provider. DEQ Service Provider License number: 10536
- Facility has submitted the DEQ permit application 30-day prior to the installation with the appropriate permit fees. Date submitted: 4-5-93
Jeff Stiles
- The DEQ Regional Office was notified 72 hours in advance of the installation. Date Notified: _____
Olympus
- Has any soil hydrocarbon fuel contamination been observed? If so, was it reported to DEQ? Reported to: _____
Phone number: _____
Olympus
- Tank and piping materials comply with 40 CFR 280.20 as modified by OAR Chapter 340, Division 150.
- Manufacturer's specification for preinstallation practices have been followed.
- Any detected damage has either been repaired or replaced in a manufacturer approved manner prior to placement in the excavation.
- Tanks have been pressure tested and satisfy API #1615 specifications.
- Tank excavation complies with the standards of API #1615 or PEI/RP 100-90.
- Backfill materials fulfill the tank manufacturer's recommendations.
- Electrical continuity exists between the anode and lead of Environmental Quality
- Anode locations are such to provide sufficient current distribution for corrosion protection.

Yes	No	Unknown	N/A
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

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JUL 19 1993
UST Compliance Section

13. In areas subject to a high water table or flooding, provisions have been made to insure proper anchoring of tanks (full or empty) in accordance with the manufacturer's specifications.

14. The above conditions are in compliance and the tanks may be placed into the excavations without any violations.

Yes	No	Unknown	N/A
✓			
✓			

Warren Weast
 Licensed UST Supervisor's Signature

Inspection Date 6-18-93

Print Name Warren Weast

Supervisor's License Number 10429

SECOND INSPECTION - AFTER PLACEMENT OF THE UNDERGROUND STORAGE TANK, BUT PRIOR TO BACKFILLING.

15. Tank placement was done in accordance with the manufacturer's specifications.

16. Tank was not damaged during installation.

SACRIFICIAL ANODE SYSTEMS

17. Anodes, dielectric bushings, coatings did not incur any damage during installation.

18. Damage to anode connections, coatings or tanks have been repaired in accordance with the manufacturer's specifications.

19. Necessary prepacking on each anode has been removed or kept intact according to manufacturer's instructions and/or each anode has been properly placed in its prepackaged backfill material.

IMPRESSED CURRENT SYSTEMS

20. High silicon iron, graphite or platinum anodes have not been damaged and the associated lead wires and insulation are intact.

21. Anodes have been installed according to the manufacturer's specifications.

22. The negative terminal of the rectifier has been connected to the structure and the positive terminal to the anodes.

23. Continuity of the wire has been tested.

Yes	No	Unknown	N/A
✓			
✓			
✓			
✓			
✓			
			✓
			✓
			✓
			✓

Oregon DEQ Underground Storage Tank
 DEQ Facility Number 12001

Installation Check List

Yes	No	Unknown	N/A
✓			
✓			

24. Cathodically protected structures have not been grounded in such a way as to nullify cathodic protection to the underground storage tank system.

25. A cathodic protection test station is installed.

Warren Weast
 Licensed UST Supervisor's Signature

Inspection Date 6-21-93

Print Name Warren Weast

Supervisor's License Number 10429

THIRD INSPECTION - PRIOR TO PLACEMENT INTO ACTIVE SERVICE AND AFTER BACKFILLING.

26. Backfill material and installation procedures were done in accordance with the tank manufacturer's specifications.

27. All electrical equipment, wiring and related installation has been done in accordance with NFPA 70 and NACE RP-02-85.

28. Piping has been pressure tested and satisfies API #1615 specifications.

29. Overfill protection devices have been properly installed.

30. Piping was not damaged during installation.

31. Non-corrosion resistant piping has been cathodically protected.

32. Pipe coating (if applicable) has all existing damage (holidays, chips, scratches, etc) repaired in accordance with the manufacturer's specifications.

33. Piping has been electrically isolated from dispensers, structures, tanks and other piping systems or conduits.

34. Piping has electrical continuity.

35. Cathodic protection system installation has been done in accordance with API #1632 or NACE RP-02-85 standards.

36. Dissimilar metals have not been connected together.

37. All dielectric bushings and fittings are compatible with the liquid stored and the operating pressure of the tank system.

Yes	No	Unknown	N/A
✓			
✓			
✓			
✓			
✓			
			✓
✓			
✓			
✓			
✓			
✓			
✓			

38. Protection has been provided for those gauges, monitoring devices, and other systems which, when subject to failure by corrosion, would cause a release or impair the operation of a monitoring system.

39. All piping slopes at an incline towards the tanks.

40. Adequate clearance has been provided between piping and trench walls, conduit, monitoring well, utilities, nearby structures, and other system components following NFPA, API or PEI standards.

41. Piping joints have been assembled in accordance with the piping and sealant manufacturer's preparation, application and assembly instructions.

42. All piping installment requirements specified by the manufacturer have been followed and implemented.

43. Assembled piping shows no evidence of leakage at any connection of flexible connectors under both pressure testing and normal conditions.

44. Both overfill protection and leak detection monitoring system requirements of OAR 340-150-001 through 150 have been met and are functioning properly.

45. Tank deflection measurements for FRP tanks have been remeasured at this point and remain within the acceptable limits of the manufacturer's specifications.

46. Installed cathodic protection systems have been tested at this point and are providing adequate protection.

47. Internal and external monitoring and gauging systems are working properly.

48. The above conditions are in compliance and have been installed properly in accordance with OAR Chapter 340, Division 150.

49. Two copies of the as built drawings of the installation have been provided with this checklist and sent to DEQ.

Yes	No	Unknown	N/A
✓			
✓			
✓			
✓			
✓			
✓			
			✓
✓			
✓			
✓			

 Licensed UST Supervisor's Signature

 Print Name

Date _____

 Supervisor's License Number

Installer's Oath: I certify that the information concerning the installation provided on this checklist is true to the best of my belief and knowledge.

Installer: Warren Weast

Date 7-7-93

Position: owner

Company: Weast Service & Eq. Co

Warren Weast

Date 7-7-93

Executive Officer Signature - UST Service Provider Firm

Print Name Warren Weast

Owner's Financial Responsibility Information Section

The tank owner has financial responsibility, if applicable, in accordance with OAR 340-150-004. Please specify:

Method: COVERED BY STATION POLICY

Insurer: HART INS. WRANTS PASS, ORE 1-479-5521

Policy Number: PK 55757 MUTUAL OF ENUMCLAW

DEQ Mailing Address:

This form must be mailed to DEQ 30 days after the installation is completed.

Department of Environmental Quality
HSW - UST Compliance Section
811 S.W. Sixth Avenue
Portland, OR 97204

For information, call the Underground Storage Tank program, toll free in Oregon at 1-800-452-4011 or (503) 229-5733.

DEQ Inspections

This form may be used by DEQ inspectors for oversight purposes. A DEQ inspector is not required to inspect the installation. A DEQ inspector may not be on site during all of the inspection times listed on this form. In the case of an oversight inspection, the DEQ inspector should check all boxes that are appropriate for the inspection(s) and forward a copy to headquarters for the facility file.

DEQ Inspector's Signature

Inspection Date(s) _____

UST FACILITY INFORMATION

Oregon Cares
Chevron

FACILITY ID# 1200

Property Owner # 95193 Tank Owner # 95193 Permittee # 95193

Property Owner # _____ Tank Owner # _____ Permittee # _____

Property Owner # _____ Tank Owner # _____ Permittee # _____

Temp UST Permit Issued Date Issued 11 July 96

Long Term/Green Permit Issued Date Issued _____

Permit #	Tank ID #	UST Size	Product	Date On System	Date Closed
AGEJH	1	10,000	GAS	5/71	5/93
AGEJJ	2	10,000	GAS	5/71	5/93
AGFKK	3	5,000	GAS	5/71	5/93
—	4	—	—	—	—
AGFKB	5	1000	used oil	5/71	5/93
—	6	1,000	Diesel	—	6/95
BCGED	1A	6,000	Diesel	6/93	
BCGEE	2A	12,000	GAS	6/93	
BCGEF	3A	6,000	GAS	6/93	

FEE INFORMATION

Tank #	Permit #	'88	'89	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	COMMENTS
1		25	25	25	25	25	25	35	35	35					
2		25	25	25	25	25	25	35	35	35					
3		25	25	25	25	25	25	35	35	35					
5		25	25	25	25	25	25	35	35	35					
1A		25	25	25	25	25	25	35	35	35					1994 Invoice records not clear.
2A		25	25	25	25	25	25	35	35	35					
3A		25	25	25	25	25	25	35	35	35					
4A		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					

Comments: # 6 PIF at Closure.
Billed for wrong # of tanks in 95 and 96. Paid for 3 tanks in 95
and 3 tanks in 96 which balances out to 4 tanks a year
(the correct amount) PIF sh 8/14/96

UST FACILITY INFORMATION

FACILITY ID# _____

Property Owner # _____ Tank Owner # _____ Permittee # _____

Property Owner # _____ Tank Owner # _____ Permittee # _____

Property Owner # _____ Tank Owner # _____ Permittee # _____

Temp UST Permit Issued Date Issued _____

Long Term/Green Permit Issued Date Issued _____

Permit #	Tank ID #	UST Size	Product	Date On System	Date Closed
BCGEG	4A	6,000	Gas	8/93	
AGFKC	Hoist 6	40	Oil	—	9/89
AGFKD	Hoist 7	40	Oil	—	9/89

FEE INFORMATION

Tank #	Permit #	'88	'89	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	COMMENTS
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					
		25	25	25	25	25	25	35	35	35					

Comments: _____

FACILITY ID# 1200

DATE 29 JAN 96

Oregon Caves
Chevron

ACCESS ENTRY

- Request D/report
- Request D/checklist
- Request I/checklist
- Request fees
- 30 Day Notice

LETTER TO MAIL

- Copy region office
- Enclosures
- Action requested (list below)
- Copy HQ facility file

REPORTS RECEIVED

- 30 Day
- D/report
- D/checklist
- I/checklist
- Notice to upgrade
- Oracle updated
- Reports sent to region
- Access updated

UST's of Concern 1 2 3 4 5 6 7 8 9 other _____

Response due date: 29 Feb 96

Initial GET

Action: Update Access and file. Reports received @ medford office Feb 7, 1994.

UST PERMIT SECTION

Date received 19 July 93 Region _____ County _____

Fees: PAID FOR 3 UST'S in 1995. 1996 Due. (4) Active UST'S plus number 6 = (5). permit not issued for #6.

Permit Type: New Mod Existing Replacement

Response Due date _____

Property Owner # _____ Tank Owner # _____ Permittee # _____

Permit #	Tank ID #	UST Size	Product	Date Issued	Date Closed
AGEJH	1	10k	GAS		5/93
AGEJJ	2	10k	GAS		5/93
AGFKK	3	5k	GAS		5/93
on system Plev Closeb	4	550	HOT		5/93
AGFKR	5	1000	w/oil		5/93
not issued	6	1000	Diesel		6/95

Comments: ⁽⁵⁾ UST'S removed May 15, 1993. ⁽⁴⁾ UST'S installed 21 June 93. UST #6 discovered during closure - back for PIF. No records of #6 being removed.

FACILITY ID# _____

DATE _____

ACCESS ENTRY

- Request D/report
- Request D/checklist
- Request I/checklist
- Request fees
- 30 Day Notice

LETTER TO MAIL

- Copy region office
- Enclosures
- Action requested (list below)
- Copy HQ facility file

REPORTS RECEIVED

- 30 Day
- D/report
- D/checklist
- I/checklist
- Notice to upgrade
- Oracle updated
- Reports sent to region
- Access updated

UST's of Concern 1 2 3 4 5 6 7 8 9 other _____

Response due date: _____

Initial _____

Action: _____

UST PERMIT SECTION

Date received _____

Region _____

County _____

Fees: _____

Permit Type: New Mod Existing Replacement

Response Due date _____

Property Owner # _____ Tank Owner # _____ Permittee # _____

Permit #	Tank ID #	UST Size	Product	Date Issued	Date Closed

Comments: _____

FACILITY ID# 1700

DATE 29 JAN 96

- ACCESS ENTRY
- Request D/report
 - Request D/checklist
 - Request I/checklist
 - Request fees
 - 30 Day Notice

- LETTER TO MAIL
- Copy region office
 - Enclosures
 - Action requested (list below)
 - Copy HQ facility file

- REPORTS RECEIVED
- 30 Day
 - D/report
 - D/checklist
 - I/checklist
 - Notice to upgrade
 - Oracle updated
 - Reports sent to region
 - Access updated

UST's of Concern 1 2 3 4 5 6 7 8 9 other _____

Response due date: 28 Feb 96

Initial _____

Action: Additional information requested

UST PERMIT SECTION

Date received _____ Region _____ County _____

Fees: _____

Permit Type: New Mod Existing Replacement

Response Due date _____

Property Owner # _____ Tank Owner # _____ Permittee # _____

Permit #	Tank ID #	UST Size	Product	Date Issued	Date Closed

Comments: _____

FACILITY ID# _____

DATE _____

ACCESS ENTRY

- Request D/report
- Request D/checklist
- Request I/checklist
- Request fees
- 30 Day Notice

LETTER TO MAIL

- Copy region office
- Enclosures
- Action requested (list below)
- Copy HQ facility file

REPORTS RECEIVED

- 30 Day
- D/report
- D/checklist
- I/checklist
- Notice to upgrade
- Oracle updated
- Reports sent to region
- Access updated

UST's of Concern 1 2 3 4 5 6 7 8 9 other _____

Response due date: _____

Initial _____

Action: _____

UST PERMIT SECTION

Date received _____

Region _____

County _____

Fees: _____

Permit Type: New Mod Existing Replacement

Response Due date _____

Property Owner # _____ Tank Owner # _____ Permittee # _____

Permit #	Tank ID #	UST Size	Product	Date Issued	Date Closed

Comments: _____



UNDERGROUND STORAGE TANK PROGRAM GENERAL PERMIT REGISTRATION CERTIFICATE TO OPERATE

ISSUED TO:

Jeff A. Stiles
Oregon Caves Chevron
PO Box 1732
Cave Junction, OR 97523

REGISTRATION CERTIFICATE

NUMBER: 17-1200-1998-OPER

FACILITY NAME AND LOCATION:

OREGON CAVES CHEVRON
409 S REDWOOD HWY
CAVE JUNCTION, OR 97523

TANK OWNER:

Jeff A. Stiles

PERMITTEE:

Jeff A. Stiles

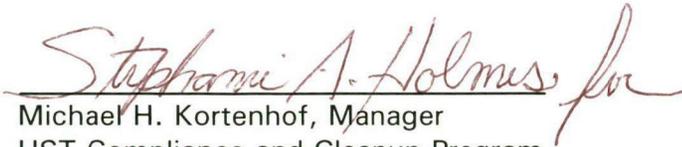
REGISTRATION TYPE: Operate
Regulated Substance Delivery Authorized

<u>TANK PERMIT NO:</u>	<u>TANK ID NO:</u>	<u>TANK SIZE:</u>	<u>TANK CONTENTS:</u>
BCGED	1A	6,000 gallons	Diesel
BCGEE	2A	12,000 gallons	Gasoline
BCGEF	3A	6,000 gallons	Gasoline
BCGEG	4A	6,000 gallons	Gasoline

Issued in accordance with the provisions of ORS Chapter 466.706 to 466.835, 466.994 and 466.995 and OAR 340-150-0001 to -0166 and ORS 465.200 to 465.455 and 465.990 and OAR 340-122-0205 to -0360.

The Oregon Department of Environmental Quality issues this registration certificate with the understanding that the permittee will operate in accordance with the conditions and requirements of the general permit to operate an underground storage tank pursuant to OAR 340-150-0163. This registration certificate remains valid until such time as a modified registration form is received by the department or the department suspends or revokes the registration certificate. Certificates may be suspended or revoked for failure by the permittee to comply with the conditions and requirements of the general permit to operate or applicable statutes or rules.

ISSUE DATE: 12/5/98


Michael H. Korten Hof, Manager
UST Compliance and Cleanup Program
Waste Management and Cleanup Division

Regulated Substance Delivery Authorized

Certificate of Insurance Storage Tank Systems

#1200



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer
USC 5892290 03	04/15/2008	04/15/2009	04/15/2008	65478000

Named Insured and Mailing Address:

CRATER RIM INC. DBA OREGON CAVES CHEVRON
5265 DICK GEORGE ROAD
CAVE JUNCTION OR 97523

Producer:

USASSURE INSURANCE SERVICES, INC.
PO BOX 10630
JACKSONVILLE FL 32247-0630

CERTIFICATE:

1. Zurich American Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

Per Attached Scheduled Locations and
Scheduled Storage Tank(s) Systems

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are \$ 1,000,000 each occurrence and \$ 1,000,000 annual aggregate, exclusive of legal defense costs which are subject to a separate limit under the policy. This coverage is provided under policy # USC 5892290. The effective date of said policy is 04/15/2008.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
 - b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
 - c. Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the Policy and all endorsements.
 - d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.

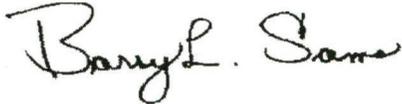
U-ENVL-151-A CW (1/99)
Page 1 of 2

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- 001 #
- e. The insurance covers claims otherwise covered by the Policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97 (b) (2) and that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Barry L. Sams
Assistant Vice President
Authorized Representative of
Zurich American Insurance Company
550 West Washington
Chicago, Illinois 60661

Scheduled Storage Tank System(s) Retroactive Date(s)



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
USC 5892290 03	04/15/2008	04/15/2009	04/15/2008	65478000	\$ 0.00	\$ 0.00

Named Insured and Mailing Address:

CRATER RIM INC. DBA OREGON CAVES CHEVRON
5265 DICK GEORGE ROAD
CAVE JUNCTION OR 97523

Producer:

USASSURE INSURANCE SERVICES, INC.
PO BOX 10630
JACKSONVILLE FL 32247-0630

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

Storage Tank System Third Party Liability and Cleanup Policy

In consideration of the payment of premium and the Deductible by you and in reliance upon the statements in the Application made a part hereof, we agree with you, subject to all the terms, exclusions and conditions of the policy, that the Declarations shall be amended to include the following "scheduled storage tank system(s)":

See Attached Scheduled Storage Tank System Attachment which is incorporated to and made a part of this Endorsement.

The "retroactive date" shall be the earliest date that a "release" can occur for coverage to be provided under the policy. If no entry appears in the "retroactive date" then the "retroactive date" shown in the Declarations shall apply or if N/A appears in the "retroactive date" then a "retroactive date" shall not apply to the policy or that specific "scheduled storage tank system(s)".

All other terms and conditions of the policy shall apply and remain unchanged.

Signed by: _____

Authorized Representative

02/13/2008

Date

U-ENVL-158-A CW (1/99)
Page 1 of 1

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Scheduled Storage Tank Systems Attachment



Policy No. USC 5892290 03
 Named Insured: CRATER RIM INC. DBA OREGON CAVES CHEVRON

Location No. 1200						
Location Name OREGON CAVES CHEVRON DBA OREGON CAVES						
Location Address 407 S REDWOOD HWY CAVE JUNCTION OR 97523						
Tank #	Type	Installation Date	Capacity	Cleanup Costs Retroactive Date	Bodily Injury and Property Damage excluding Cleanup Costs Retroactive Date	
1	UST	06/01/1993	12,000	04/15/2003	04/15/2003	
2	UST	06/01/1993	12,000	04/15/2003	04/15/2003	
3	UST	06/01/1993	12,000	04/15/2003	04/15/2003	

Location No. 1200						
Location Name OREGON CAVES CHEVRON DBA OREGON CAVES						
Location Address 407 S REDWOOD HWY CAVE JUNCTION OR 97523						
Tank #	Type	Installation Date	Capacity	Cleanup Costs Retroactive Date	Bodily Injury and Property Damage excluding Cleanup Costs Retroactive Date	
4	AST	06/01/1993	1,000	04/15/2003	04/15/2003	

Location No.						
Location Name						
Location Address						
Tank #	Type	Installation Date	Capacity	Cleanup Costs Retroactive Date	Bodily Injury and Property Damage excluding Cleanup Costs Retroactive Date	



State of Oregon
Department of
Environmental
Quality

CERTIFICATE TO OPERATE

UNDERGROUND STORAGE TANKS

REGISTRATION CERTIFICATE NUMBER:

17-1200-2008-OPER

FACILITY NAME AND LOCATION

OREGON CAVES CHEVRON
409 S REDWOOD HWY
CAVE JUNCTION, OR 97523

PERMITTEE

Jeff A. Stiles
Oregon Caves Chevron
PO Box 1817
Cave Junction, OR 97523-1817

TANK PERMIT

BCGED
BCGEE
BCGEF
BCGEG

TANK ID NO

1A
2A
3A
4A

TANK SIZE

6,000 Gallons
12,000 Gallons
6,000 Gallons
6,000 Gallons

TANK CONTENTS

Diesel
Gasoline
Gasoline
Gasoline

CERTIFICATE EXPIRES: June 30, 2009

ISSUE DATE: 06/05/2008

Andree Pollock

Andree Pollock, UST Program Manager
Land Quality Division

Post this certificate where it is visible to the person delivering fuel.

Facility ID #1200
 Orego - Caves Chevron -
 FR okay RPR

Certificate of Insurance Storage Tank Systems



ZURICH

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer
USC 5892290 04	04/15/2009	04/15/2010	04/15/2009	65478000

2-24-09

Named Insured and Mailing Address:

Producer:

CRATER REM INC 104A OREGON CAVES CHEVRON
 5265 DECK GEORGE ROAD
 CAVE JUNCTION OR 97523

LIANKURE INSURANCE SERVICES, INC.
 10000 10630
 JACKSONVILLE FL 32247-0630

CERTIFICATE:

1. Zurich American Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

Per Attached Scheduled Locations and
 Scheduled Storage Tank(s) Systems

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are \$ 1,000,000 each occurrence and \$ 1,000,000 annual aggregate, exclusive of legal defense costs which are subject to a separate limit under the policy. This coverage is provided under policy # USC 5892290. The effective date of said policy is 04/15/2009.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
 - The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
 - Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the Policy and all endorsements.
 - Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.

0-ENRVL-151-A CW (1/99)
 Page 1 of 2

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Received Time Feb. 24, 2009 11:53AM No. 1562

- e. The insurance covers claims otherwise covered by the Policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97 (b) (2) and that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Heather M. Rehm-Stellar
Product Line Manager
Authorized Representative of
Zurich American Insurance Company
One Liberty Plaza
New York, New York 10006

Scheduled Storage Tank Systems Attachment

Policy Number: USC 5892290 04

Named Insured: CRATER RIM INC. DBA OREGON CAVES CHEVRON

Location Number: 1200

Location Name: OREGON CAVES CHEVRON DBA OREGON CAVES

Location Address: 407 S REDWOOD HWY

CAVE JUNCTION OR 97529

Total Number of Tanks: 004

Tank #	Type	Installation Date	Capacity	Contents	Cleanup Costs Retroactive Date	Bodily Injury & Property Damage excluding Cleanup Costs Retroactive Date
1	UST	06/01/1993	12,000	Gasoline	04/15/2003	04/15/2003
2	UST	06/01/1993	12,000	Gasoline	04/15/2003	04/15/2003
3	UST	06/01/1993	12,000	Diesel	04/15/2003	04/15/2003
4	AST	06/01/1993	1,000	Waste Oil	04/15/2003	04/15/2003
					Cleanup Costs Retroactive Date	Bodily Injury & Property Damage excluding Cleanup Costs Retroactive Date



F A X



Hart Insurance

To:
Company: DEQ
Fax number: 1-503-229-6977

From: Misty Whorley
Company: Hart Insurance
Fax number: 541.474.1890
Business phone: 541.479.5521
Home phone: 541.479.5521
Address:

Date_Time: 2/24/2009, 11:54:25 AM
Pages: 6
Re:

Renewal certificate

Thank you,

Misty



State of Oregon
Department of
Environmental
Quality

CERTIFICATE TO OPERATE

UNDERGROUND STORAGE TANKS

REGISTRATION CERTIFICATE NUMBER:

17-1200-2009-OPER

FACILITY NAME AND LOCATION

OREGON CAVES CHEVRON
409 S REDWOOD HWY
CAVE JUNCTION, OR 97523

PERMITTEE

Jeff A. Stiles
Oregon Caves Chevron
PO Box 1817
Cave Junction, OR 97523-1817

TANK PERMIT

BCGED
BCGEE
BCGEF
BCGEG

TANK ID NO

1A
2A
3A
4A

TANKS SIZE

6,000 Gallons
12,000 Gallons
6,000 Gallons
6,000 Gallons

TANK CONTENTS

Diesel
Gasoline
Gasoline
Gasoline

CERTIFICATE EXPIRES:

June 30, 2010

ISSUE DATE: 06/19/2009

Andree Pollock

Andree Pollock, UST Program Manager
Land Quality Division

Post this certificate where it is visible to the person delivering fuel.

Scanned to PDF
3-3-10
RFR

FACT#
1200
FR-dk
1 MAR 10
AP.



Certificate Of Insurance Storage Tank Systems

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l Prem.	Return Prem.
USC 5892290 05	04/15/2010	04/15/2011	04/15/2010	65478000	\$0	\$0

Named Insured and Mailing Address:

CRATER RIM INC. DBA OREGON CAVES CHEVRON
5265 DICK GEORGE ROAD
CAVE JUNCTION OR 97523

Producer:

USASSURE INSURANCE SERVICES, INC.
PO BOX 10630
JACKSONVILLE FL 32247-0630

CERTIFICATE:

1. Zurich American Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

Per Attached Scheduled Locations and
Scheduled Storage Tank(s) Systems

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are \$ 1,000,000 each occurrence and \$ 1,000,000 annual aggregate, exclusive of legal defense costs which are subject to a separate limit under the policy. This coverage is provided under policy # USC 5892290 05. The effective date of said policy is 04/15/2010.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
 - b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
 - c. Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the Policy and all endorsements.
 - d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
 - e. The insurance covers claims otherwise covered by the Policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97 (b) (2) and that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Heather M. Rehm-Stelter
Product Line Manager
Authorized Representative of
Zurich American Insurance Company
One Liberty Plaza
New York, New York 10006



Scheduled Storage Tank Systems Attachment

Policy Number: USC 5892290 05
Named Insured: CRATER RIM INC. DBA OREGON CAVES CHEVRON

Location Number: 1200
Location Name: OREGON CAVES CHEVRON DBA OREGON CAVES
Location Address: 407 S REDWOOD HWY
 CAVE JUNCTION OR 97523

Total Number of Tanks: 004

Tank #	Type	Installation Date	Capacity	Contents	Cleanup Costs Retroactive Date	Bodily Injury & Property Damage excluding Cleanup Costs Retroactive Date
1	UST	06/01/1993	12,000	Gasoline	04/15/2003	04/15/2003
2	UST	06/01/1993	12,000	Gasoline	04/15/2003	04/15/2003
3	UST	06/01/1993	12,000	Diesel	04/15/2003	04/15/2003
4	AST	06/01/1993	1,000	Waste Oil	04/15/2003	04/15/2003



State of Oregon
Department of
Environmental
Quality

**CERTIFICATE TO OPERATE
UNDERGROUND STORAGE TANKS
REGISTRATION CERTIFICATE NUMBER**

17-1200-2010-OPER

FACILITY NAME AND LOCATION

OREGON CAVES CHEVRON
409 S REDWOOD HWY
CAVE JUNCTION, OR 97523

PERMITTEE

Jeff A. Stiles
Oregon Caves Chevron
5265 Dick George Rd
Cave Junction, OR 97523

TANK PERMIT:

BCGED
BCGEE
BCGEF
BCGEG

TANK ID NO:

1A
2A
3A
4A

TANK SIZE:

6,000 GALLONS
12,000 GALLONS
6,000 GALLONS
6,000 GALLONS

TANK CONTENTS:

DIESEL
GASOLINE
GASOLINE
GASOLINE

CERTIFICATE EXPIRES: June 30, 2011

ISSUE DATE: 06/09/2010

DEQSQL1\PROD

Andree Pollock
UST Program Manager
Land Quality Division

Post this certificate where it is visible to the person delivering fuel.

Rev. 20100510