



## OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY UNDERGROUND STORAGE TANK PROGRAM

### UNDERGROUND STORAGE TANK DECOMMISSIONING CHECKLIST AND SITE ASSESSMENT REPORT

#### A. FACILITY INFORMATION:

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

DEQ FACILITY NUMBER:	61019		
FACILITY NAME:	Myers Autobody		
FACILITY ADDRESS:	1555 Monmuth St, Independence, OR 97361		
PERMITTEE PHONE:	503-580-9273	DATE:	7/24/2025

#### B. WORK PERFORMED BY:

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

DEQ Service Provider's License #:	17684	Construction Contractors Board License #:	152125
Name:	Alpha Environmental		
Telephone:	503-292-5346		
DEQ Decommissioning Supervisor's License #:	27441		
Name:	Tyler Gass		
Telephone:	503-319-3546		
DEQ Soil Matrix Service Provider's License #:		(If applicable)	
Name:			
Telephone:			
DEQ Soil Matrix Supervisor's License #:		(If applicable)	
Name:			
Telephone:			

**C. DATES:**Decommissioning/Change-in-Service Notice - Date Submitted: 7/15/2025 (30 days before work starts).Work Start Telephone Notice - Number issued by DEQ: 27-3D-25-0043 (3 working days before work starts).DEQ Person Notified: Online / YDODate Work Started: 7/24/2024 Date Work Completed: \_\_\_\_\_

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

Date Contamination Reported: 7/25/2025 By: Amber BakerDEQ Person Notified: YDO**D. OTHER DEQ PERMITS MAY BE NEEDED WHERE SOIL OR WATER CLEANUP IS REQUIRED.**

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

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

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

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

**E. TANK INFORMATION:**

			PRODUCT: GASOLINE, DIESEL, USED OIL, OTHER?		CLOSURE OR CHANGE-IN- SERVICE?			TANK TO BE REPLACED?	
TANK ID #	DEQ-UST PERMIT #	TANK SIZE IN GALLONS	PRESENT	NEW	TANK REMOVAL	CLOSURE IN PLACE ♦	CHANGE IN SERVICE ♦	YES	NO
1	61019_A	420	Used Oil		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

**F. DISPOSAL INFORMATION:**

TANK ID #	TANK AND PIPING DISPOSAL METHOD				DISPOSAL LOCATION OF TANK CONTENTS	
	SCRAP	LAND-FILL	OTHER	IDENTIFY LOCATION & PROPERTY OWNER	LIQUIDS	SLUDGES
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metro Metals	ORRCO	ORRCO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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

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

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

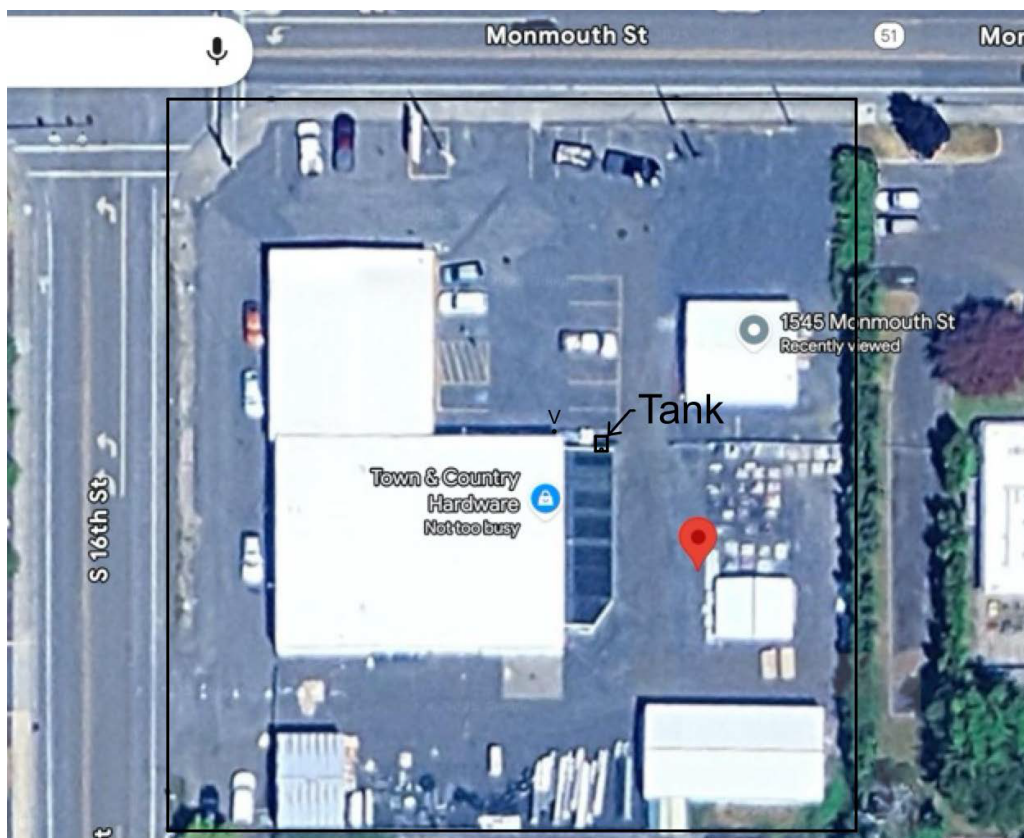
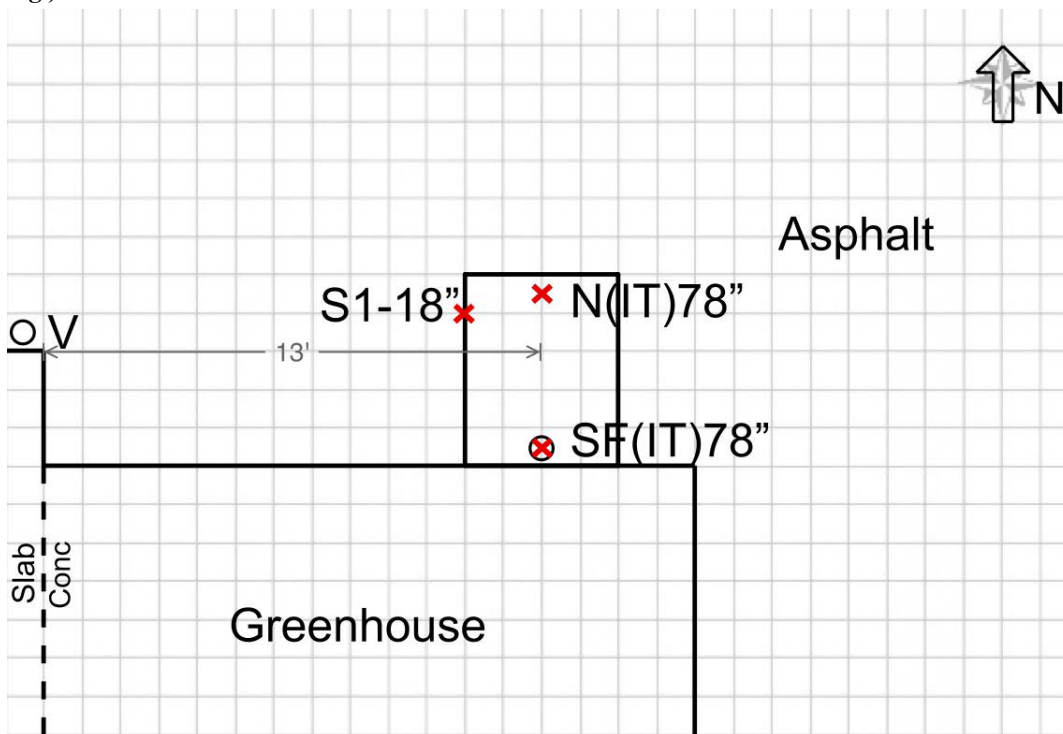
**G. CONTAMINATION INFORMATION:**

TANK ID #	GROUND WATER IN PIT ?	PRODUCT ODOR IN SOIL ?	PRODUCT STAINS IN SOIL ?	NUMBER OF SAMPLES	LABORATORY ( NAME, CITY, STATE, PHONE )
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	Apex Laboratories, LLC, Tigard, OR 503-718-2323
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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

**NOTE 2:** If contamination is detected, DEQ requires you notify both the UST Program and Clean Up Program within 24 hours of observed contamination and/or analytical results. You must submit a [20 Day Report Form for UST Cleanup Projects](#) to the Cleanup Program and attach a copy of the form to this checklist.

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



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

Fire Extinguisher:	Type/Size: ABC/5KG	Recharge Date: 1/5/2024
Combustible Gas Detector:	Model: Drager X-AM 2000	Calibration Date: 9/21/2023
Oxygen Analyzer:	Model: Drager X-AM 2000	Calibration Date: 9/21/2023

**J. DECOMMISSIONING:**

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

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

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

**L. TANK REMOVAL:**

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

**M. SITE ASSESSMENT:**

All Tanks: N/A = Not Applicable (Check (√) Appropriate Box)	YES	NO	UNKNOWN	N/A
25. Site assessed for contamination? See OAR 340-122-0340	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Soil samples taken and analyzed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Was contamination found? Date/Time: <u>7/24/2025</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Was hazardous waste determination made for tank contents (Liquids/sludges)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**N. REQUIRED SIGNATURES:**

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

Permittee or Tank Owner: David Upton  
(Please Print)

Permittee or Tank Owner: David Upton Date: Sep 1, 2025  
(Signature)

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

Licensed Supervisor: Tyler Gass  
(Please Print)

Licensed Supervisor: Tyler Gass Date: 8/29/2025  
(Signature)

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

Executive Officer: Mathew Michellety  
Licensed Service Provider Mathew Michellety (Please Print)

Executive Officer: Mathew Michellety Date: 8/29/2025  
Licensed Service Provider Mathew Michellety (Signature)

## O. REPORT FILING:

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

## P. HELP WITH THIS REPORT:

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

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

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

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

<https://www.oregon.gov/deq/tanks/Pages/UST-Forms.aspx>

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

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

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


# 1555 Monmouth USTDecomChecklist


Final Audit Report


2025-09-01


Created:	2025-08-30
By:	Amber Baker (tanks@alphaenvironmental.net)
Status:	Signed
Transaction ID:	CBJCHBCAABAAMdPAWJRxwlpahHaX3CRok-b29aMspuGc


## "1555 Monmouth USTDecomChecklist" History


 Document created by Amber Baker (tanks@alphaenvironmental.net)  
2025-08-30 - 6:25:53 PM GMT

 Document emailed to pianodave@att.net for signature  
2025-08-30 - 6:27:21 PM GMT

 Email viewed by pianodave@att.net  
2025-08-30 - 10:03:39 PM GMT

 Signer pianodave@att.net entered name at signing as David Upton  
2025-09-01 - 4:39:31 PM GMT

 Document e-signed by David Upton (pianodave@att.net)  
Signature Date: 2025-09-01 - 4:39:33 PM GMT - Time Source: server

 Agreement completed.  
2025-09-01 - 4:39:33 PM GMT