



State of Oregon Department of Environmental Quality  
**Initial Twenty Day Report Form**  
Leaking Underground Storage Tank Program

This report is due twenty (20) days from the date of release. Keep a copy of this report with your facility records.

DEQ Project No. \_\_\_\_\_

DEQ Facility ID No. \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

### Initial Cleanup Information

1. Type of contamination (check  all that apply):  
Gasoline                      Diesel                      Waste Oil                      Heating Oil  
Other (specify) \_\_\_\_\_

2. Estimate quantity of release (based on information known to date, select only one):  
<100 gal.              100-499 gal.              500-999 gal.              1,000-5,000 gal.              >5,000 gal.

### Site Information (check yes or no)

3.        **Y**        **N**        Did any water enter the excavation? If yes, please describe and identify the depth to groundwater in feet below ground surface: \_\_\_\_\_

4.        **Y**        **N**        Was a sheen or odor observed on any water in the excavation?

**Note:** If groundwater is encountered, soil samples from the soil/water interface must be collected and analyzed for BTEX and by the appropriate TPH method.

At sites where diesel or other non-gasoline products have been released, the water may also have to be screened or tested for polynuclear aromatic hydrocarbons (PAHs). Please refer to [OAR 340-122-0218](#).

5.        **Y**        **N**        Was water pumped from the excavation?

**Y**        **N**        If yes, did groundwater recharge within 24 hours after pumping?

Please describe the pumping procedure and disposal option selected for the purged excavation water:

6.        **Y**        **N**        Were any water samples collected from the excavation? If yes, please describe.  
          \_\_\_\_\_

7.        **Y**        **N**        Have any soil and/or water sample results been received at this time? **If so, please attach any lab reports.**

**samples collected by others. highest TPH-Gx = 7,600 mg/kg. Constituents below RBCs.**

If groundwater has been encountered, please answer questions #8-13, below.

If no water has been encountered, please skip to question #14.

8. What are the known uses of groundwater within a 500-foot radius of the release site (check  all that apply)?

non-use                      industrial                      agricultural                      drinking supply

9. If groundwater in this area is being used as a drinking water supply, please check  the type and size of population served by the supply:

Community (community well used for drinking water year round, select only one)

size:                      <1,000 people                      1,000 - 5,000 people                      >5,000 people

Intermittent use (public water used for drinking water only on a part-time basis, select only one)

size:                      <50 people                      50 - 300 people                      > 300 people

Private wells (individual private well or wells used for drinking water, select only one)

size:                      <10 people                      10 - 25 people                      >25 people

10.                      **Y**                      **N** Is there any evidence this water supply has been or is likely to be impacted from the petroleum product release? If yes, estimate how difficult it would be to replace the existing supply:

bottled water is the only alternative

on-site water treatment; bulk water delivery; new wells are available

able to connect to existing water supply

do not know what alternatives would be available

11.                      **Y**                      **N** Are/were vapors present in on-site or nearby buildings? If yes:

A. Are you monitoring and/or mitigating any potential fire and safety hazards posed by vapors and free product? Explain: \_\_\_\_\_

B. Estimate the number of people potentially affected by vapors – • select only one:

1-2 people                      3-10 people                      >10 people

12.                      **Y**                      **N** Are vapors or is petroleum contamination present in the utility corridors?

If yes, please explain:

13.                      **Y**                      **N** Are natural areas located within 1/4 mile of the site? If so, please describe types (parks, rivers, wetlands, sensitive habitats, etc.) and proximity:

14.                      **Y**                      **N** If groundwater was not encountered in the excavation, do you believe that this cleanup project can be conducted under the requirements for an UST Cleanup Matrix site? If yes, then refer to [OAR 340-122-0305](#) through [0360](#).

**Area Site Conditions**

- 15. Mean annual rainfall: <20 inches      20-45 inches      >45 inches
- 16. Soil type(s) of the naturally occurring soils, not the backfill around the tank, select only one:

clays, compact tills, shales, and unfractured metamorphic and igneous rocks

sandy loams, loamy sands, silty clays, clay loams, moderately permeable limestone, dolomite, sandstones, moderately fractured igneous and metamorphic rock

fine and silty sands, sands and gravels, highly fractured igneous and metamorphic rock, permeable basalts and lavas, karst limestones and dolomites

**Soil Management**

- 17. If soil sample results have been received:  

**Y**      **N**      Will the level of contamination detected require removal of contaminated soil for treatment or disposal?
- 18. All contaminated soil temporarily stockpiled on-site prior to treatment or disposal must be contained within a bermed area, kept covered, and the entire area secured to prevent unauthorized access by the public. If you haven't done this, please explain why:

**Note:** It is a violation to stockpile petroleum contaminated soil (PCS) on-site for greater than 30 days without a DEQ [Solid Waste Letter Authorization \(SWLA\) Permit](#).

- 19. If contaminated soil is currently stockpiled on-site, please indicate when disposal will occur or when treatment will begin:
- 20. Estimated volume of contaminated soil (specify tons or cubic yards):
- 21. Intended disposition of soils (select only one):

On-site/off-site treatment, Solid Waste Letter Authorization Permit Application attached.

Thermal treatment off-site at an authorized facility.

Facility name: \_\_\_\_\_

Landfill disposal.

Landfill name: \_\_\_\_\_

**Note:** Please attach additional information as necessary to explain any unusual circumstances associated with this project.

Attempted pump out and tank rinse on 12/19/25. Fill port is obstructed.

This initial report is intended to provide the Department with the basic initial information about activities associated with the release. Future reports should provide a more detailed and complete picture of the cleanup project.

Please be aware that a DEQ permit/authorization is required for the following activities:

- 1) Soil aeration, bioremediation (on-site or off-site), or on-site thermal treatment.
- 2) Water discharges to a stream/storm drain from the excavation or treatment tank.

If these activities will be included in your cleanup project, contact the [regional DEQ office](#) for the appropriate application forms, information on permit fees and guidance documents.

This report was prepared by:

Individual: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Return this form to the regional office in which the site is located or by emailing [info.lust@deq.oregon.gov](mailto:info.lust@deq.oregon.gov).
2. For all tanks, **except heating oil tanks**, you must submit an [UST Decommissioning Checklist and Site Assessment Report](#) to the appropriate regional office **within 30 days** of the UST decommissioning. Failure to do so can result in delays to your project and may result in continued billing for the annual tank permit fees.
3. Copies of the LUST Cleanup Manual and other guidance can be viewed and downloaded from the [Leaking Underground Storage Tank Cleanup Guidance](#) web page.
4. For Program assistance Contact the [DEQ regional office](#).

### Translation or other formats

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