



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.**

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.

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.
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

[Español](#) | [한국어](#) | [繁體中文](#) | [Русский](#) | [Tiếng Việt](#) | [العربية](#)
800-452-4011 | TTY: 711 | deqinfo@deq.oregon.gov

Non-discrimination statement

DEQ does not discriminate on the basis of race, color, national origin, disability, age or sex in administration of its programs or activities. Visit DEQ's [Civil Rights and Environmental Justice page](#).



Requested Facility: Hillsboro Landfill Profile Number: 146207OR
Multiple Generator Locations (Attach Locations) Request Certificate of Disposal Renewal? Original Profile Number:

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

- 1. Generator Name: Pilot Travel Center
2. Generator Site Address: 4220 Brooklake Rd NE (City, State, ZIP) Salem OR 97303
3. County: Marion
4. Contact Name: Jaren Rhea
5. Email: jrhea@republicservices.com
6. Phone: (503) 507-2684 7. Fax:
8. Generator EPA ID: ORV5QG
9. State ID:

C. MATERIAL INFORMATION

- 1. Common Name: Diesel Impacted Absorbents and Debris
Describe Process(es) Generating Material: Diesel fuel spill to soil cleaned up with excavator.
2. Material Composition and Contaminants:
Table with 2 columns: Contaminant, Percentage
3. State Waste Codes:
4. Color: Various
5. Physical State at 70°F: Solid
6. Free Liquid Range Percentage:
7. pH:
8. Strong Odor: No
9. Flash Point: ≥200°F

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

- 1. Analytical attached
Please identify Lab Report(s) and list specific representative Sample ID#:
2. Other information attached (such as SDS)?

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this Waste Management ("WM") Profile, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided.

- I am authorized to sign on behalf of the Generator and I have confirmed with the Generator that information contained in this profile, as well as supporting documents provided, are accurate and complete.
I am a duly authorized employee of Generator holding a position of technical responsibility with direct knowledge of the waste stream and the information contained in this profile, and I confirm that information contained in this profile, as well as supporting documents are accurate and complete.

QUESTIONS? CALL 800 963 4776 FOR ASSISTANCE

B. BILLING INFORMATION SAME AS GENERATOR

- 1. Billing Name: Republic Services
2. Billing Address: 6211 N ENSIGN ST (City, State, ZIP) Portland OR 97217
3. Contact Name: Harry Campbell
4. Email: hcampbell@republicservices.com
5. Phone: (503) 568-0416 6. Fax:
7. P.O. Number:
8. Payment Method: Credit Account Cash Credit Card at Gate

D. REGULATORY INFORMATION

- 1. EPA Hazardous Waste?
2. State Hazardous Waste?
3. Is this material non-hazardous due to Treatment, Delisting, or an Exclusion?
4. Contains Underlying Hazardous Constituents?
5. Does the material contain benzene?
6. Facility remediation subject to 40 CFR 63 GGGGG?
7. CERCLA or State-mandated clean-up?
8. NRC, State-regulated, NORM or TENORM waste?
9. Contains PCBs?
10. Regulated and/or Untreated Medical/Infectious Waste?
11. Contains Asbestos?
12. Contains Dioxins? (If Yes, please attach analysis)

F. SHIPPING AND DOT INFORMATION

- 1. One-Time Event Repeat Event/Ongoing Business
2. Estimated Annual Quantity/Unit of Measure: 30
3. Container Type and Size:
4. USDOT Proper Shipping Name
5. Estimated Start Date
6. Transportation Needed?

Name (Print): Chip Hughes
Title: Manager, Environmental
Company: Pilot Company
Date: 12/2/2025

Certification Signature

NON-HAZARDOUS
WASTE MANIFEST

1. Generator ID Number
ORQ 000 026 854

2. Page 1 of
1

3. Emergency Response Phone
(800) 899-4672

4. Waste Tracking Number
P216.20674-01

5. Generator's Name and Mailing Address
PILOT TRAVEL CENTER #386
4220 BROOKLAKE ROAD NE

Generator's Site Address (if different than mailing address)

BROOKS, OR 97305

Generator's Phone: (304) 281-4404

6. Transporter 1 Company Name
NRC ENVIRONMENTAL SERVICES INC

U.S. EPA ID Number
CAR 000 030 114

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address
HILLSBORO LANDFILL
3205 SE MINTER BRIDGE ROAD
HILLSBORO, OR 97123

U.S. EPA ID Number

Facility's Phone: (866) 909-4458

9. Waste Shipping Name and Description

10. Containers

11. Total
Quantity

12. Unit
Wt./Vol.

1. MATERIAL NOT REGULATED BY D.O.T., NR, ERG #158

No.
001

Type
DT

~~30~~
26 (WT)

T

2.

3.

4.

13. Special Handling Instructions and Additional Information

1. 1 x DT Profile# 146207OR
WO# [W:66.50.435900] Job# [P216.20674] PM:DO

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name

Signature

Month Day Year
12 19 25

Breedlove

15. International Shipments Import to U.S. Export from U.S.

Port of entry/exit:

Transporter Signature (for exports only):

Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year
12 19 25

Paulo Fu

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space Quantity Type

Residue

Partial Rejection

Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name

Signature

Month Day Year
12 19 25

Travis Long

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY



Hillsboro Landfill, Inc
3205 SE Minter Bridge
Hillsboro, OR, 97123
Ph: (503)-640-9427

Original
Ticket# 1775178

Customer Name REPUBLIC SERVICES 146207OR Pi Carrier Republic
Ticket Date 12/19/2025 Vehicle# 22250 TRUCK AND PU Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0005380
State Waste Code Gen EPA ID
Manifest p216.206784-01
Destination Grid
PO
Profile 146207OR (Diesel Impacted Absorbents and Debris: LF01)
Generator PILOT TRAVEL-4220 Pilot Travel Center 4220 Brooklake Rd NE Salem

	Time	Scale	Operator	Inbound	Gross	
In	12/19/2025 11:46:26	Inbound 1	tlong5		95380 lb	
Out	12/19/2025 12:03:42	Outbound	tLONG5		Tare 41920 lb	
					Net 53460 lb	
					Tons 26.73	

Comments

Consumer Comments? We want to know. Please call.

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	26.73	Tons				MARION
2 EVC-Energy Surchar	100		%				MARION

Total Tax
Total Ticket

Driver's Signature

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number
ORQ 000 026 854

2. Page 1 of
1

3. Emergency Response Phone
(800) 899-4672

4. Waste Tracking Number
P216.20674-02

5. Generator's Name and Mailing Address
**PILOT TRAVEL CENTER #386
4220 BROOKLAKE ROAD NE**

Generator's Site Address (if different than mailing address)

BROOKS, OR 97305

Generator's Phone: **(304) 281-4404**

6. Transporter 1 Company Name
NRC ENVIRONMENTAL SERVICES INC

U.S. EPA ID Number
CAR 000 030 114

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address
**HILLSBORO LANDFILL
3205 SE MINTER BRIDGE ROAD
HILLSBORO, OR 97123**

U.S. EPA ID Number

Facility's Phone: **(866) 909-4458**

9. Waste Shipping Name and Description

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

1. MATERIAL NOT REGULATED BY D.O.T., NR, ERG #158

No. 001

Type DT

10

T

13. Special Handling Instructions and Additional Information

1. 1 x DT Profile # 146207OR
WO# [W:66.50.435900] Job# [P216.20674] PM:DO

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offorer's Printed/Typed Name

Breedlove

Signature

[Signature]

Month Day Year

12 19 25

15. International Shipments Import to U.S. Export from U.S.

Port of entry/exit:

Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Paulo [Signature]

Signature

Month Day Year

12 19 25

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space

Quantity

Type

Residue

Partial Rejection

Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name

Sue Botzker

Signature

[Signature]

Month Day Year

12 19 25



Hillsboro Landfill, Inc
3205 SE Minter Bridge
Hillsboro, OR, 97123
Ph: (503)-640-9427

Original
Ticket# 1775200

Customer Name REPUBLIC SERVICES 146207OR Pi Carrier Republic
Ticket Date 12/19/2025 Vehicle# 22250 TRUCK AND PU Volume
Payment Type Credit Account Container
Manual Ticket# Driver
Hauling Ticket# Check#
Route Billing # 0005380
State Waste Code Gen EPA ID
Manifest P216.20674-02
Destination Grid
PO
Profile 146207OR (Diesel Impacted Absorbents and Debris: LF01)
Generator PILOT TRAVEL-4220 Pilot Travel Center 4220 Brooklake Rd NE Salem

	Time	Scale	Operator	Inbound	Gross	54760 lb
In	12/19/2025 15:26:10	Inbound 1	sbodtker		Tare	41820 lb
Out	12/19/2025 15:37:21	Outbound	TGONZAL7		Net	12940 lb
					Tons	6.47

Comments

Consumer Comments? We want to know. Please call.

Product	LD%	Qty	UOM	Rate	Tax	Amount	Origin
1 Special Misc-Tons-	100	6.47	Tons				MARION
2 EVC-Energy Surchar	100		%				MARION

Total Tax
Total Ticket

Driver's Signature