



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
Underground Storage Tank Program

UNDERGROUND STORAGE TANK SYSTEM MODIFICATION REPORT AND CHECKLIST

INSTRUCTION PAGE

This report and checklist must be filled out by the DEQ licensed supervisor and submitted as part of the modification record in accordance with OAR Chapter 340, Divisions 150 and 160. This report and checklist must also be used to report on the repair or replacement of metal underground piping and fittings (see OAR 340-150-0350 & -0354). The DEQ licensed UST Service Provider must have a DEQ licensed Supervisor on site during all modification work. This report and checklist must be signed by an executive officer of the UST Service Provider firm, the licensed UST Supervisor, and the permittee.

The purpose of this report and checklist is to document that the modification of underground storage tank (UST) system components complied with OAR 340-150-0352. It will also be used to record any changes to information previously provided on the 30-day modification notification form. **The permittee must sign the modification certification statement on page 7.**

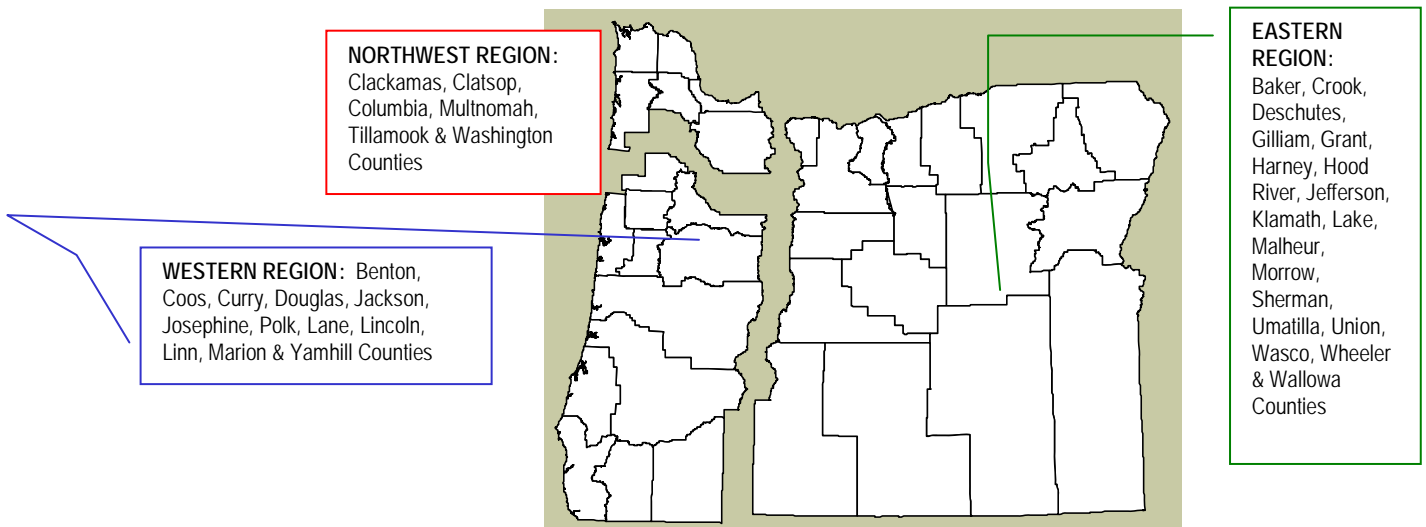
If identical modifications are performed on all components of UST systems, please complete pages 3, 4, 5, 6 and 7 just once. If different work is performed on different UST systems, please complete a separate page 4 for each modified UST System along with pages 3, 5, 6 and 7 just once.

IMPORTANT REMINDERS

- **Attach documentation, including equipment receipts, for any equipment that was modified, including the repair or replacement of metal piping and fittings.**
- **Report any petroleum-contaminated soil or groundwater encountered to the appropriate DEQ Regional Office – for office locations and phone numbers see page 2. A site assessment must be performed to characterize the level of soil or groundwater contamination.**
- **Local planning or fire department approvals or permits may be needed before modifying tank and associated piping systems. Compliance with all local, state and federal requirements is necessary when planning and conducting modification or addition work.**

- A copy of the completed form must be mailed within 30 days of completion of the tank system modification work to:
 - The appropriate DEQ Regional Office (see below for locations) and to the
 - Department of Environmental Quality
UST Program
811 SW 6th Avenue
Portland, OR 97204

DEQ Regional Offices – Addresses and Phone Numbers



EASTERN REGION / BEND 475 NE BELLEVUE, SUITE 110 BEND, OR 97701 Phone: 541-388-6146 Fax: 541-388-8283	NORTHWEST REGION 700 NE MULTNOMAH ST. PORTLAND, OR 97232 Phone: 503-229-5263 Fax: 503-229-6945	WESTERN REGION / COOS BAY 381 N SECOND ST. COOS BAY 97420 Phone: 541-269-2721 Fax: 541-269-7984
WESTERN REGION / EUGENE 165 EAST 7TH AVE., SUITE 100 EUGENE, OR 97401 Phone: 541-686-7838 Fax: 541-686-7551	WESTERN REGION / MEDFORD 221 STEWART AVE., SUITE 201 MEDFORD, OR 97501 Phone: 541-776-6010 Fax: 541-776-6262	

**For information or assistance with this form call (503) 229-6652 or the UST HELPLINE:
 1-800-742-7878 (Toll Free in Oregon).**

**Program information, registration forms, administrative rules and
 other publications can also be found on our Web Site at:**

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



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Underground Storage Tank Program

UNDERGROUND STORAGE TANK SYSTEM MODIFICATION REPORT AND CHECKLIST

Modification work conducted at one UST facility may be reported together by completing pages 3, 4, 5, 6, and 7 once for the entire facility. Make additional copies of page 4, as needed.

1. UST SYSTEM PERMITTEE AND LOCATION (*PLEASE PRINT*):

DEQ Facility ID Number: _____
DEQ UST Facility Name: _____
Facility (location) Address: _____

UST permittee name: _____
Permittee mailing address: _____

Permittee Telephone: _____

2. TANK MODIFICATION OR ADDITION PERFORMED BY:

Service Provider: _____ **DEQ License Number** _____
(Please Print)
Address: _____ **Lic. Expiration Date:** _____

Telephone: _____

Licensed Supervisor: _____ **DEQ License Number** _____
(Please Print) **Lic. Expiration Date:** _____

6. AS-BUILT DRAWING OF TANK SYSTEM MODIFICATION

Attach documentation, including equipment receipts, for any equipment that was modified, including the repair or replacement of metal piping and fittings.

7. SUPERVISOR'S OATH: I certify that I have been the Oregon DEQ licensed supervisor present on site during the above listed modification work and to the best of my knowledge the work has been conducted in compliance with all local, state and federal laws, regulations and industry standards and procedures pertaining to underground storage tank systems. I further certify that the information contained in this report and checklist is true to the best of my belief and knowledge.

Supervisor: _____
(Print Name) (Signature)

Service Provider: _____ Date: _____

UST Service Provider Firm, Executive Officer:

(Print Name) (Signature) (Date)

8. UST PERMITTEE MODIFICATION CERTIFICATION STATEMENT:

I hereby certify that the information provided on this report and checklist concerning the modification work on my tank and associated piping system is accurate.

(Print Permittee Name) (Signature) (Date)

For information, call the appropriate DEQ Regional Office (see Page 2) or the toll free number, 1-800-742-7878. Two copies of this form must be mailed within 30 days after the modification or addition work is completed to:

1. **One copy to the appropriate DEQ Regional Office (see page 2)**

Check here that this copy has been mailed

2. **One copy to the UST Program Office at:**

Department of Environmental Quality

UST Program

811 SW 6th Avenue

Portland, OR 97204

Check here that this copy has been mailed

DEQ INSPECTIONS: This form may be used by DEQ Inspectors for oversight purposes. A DEQ inspector is not required to inspect the modification.

DEQ Inspector's Signature: _____ Inspection Date(s): _____