



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
Underground Storage Tank Program

HEATING OIL TANK SERVICES
SERVICE PROVIDER REPORT CERTIFICATION

DECOMMISSIONING CHECKLIST

COMPLETE this checklist for any voluntary decommissioning project certified. Important: This checklist is for decommissioning projects where no contamination has been detected. If contamination is present, use the Cleanup Checklist.

GENERAL INFORMATION

Tank Owner Name: _____

Tank Site Address: _____

Tank Owner Phone Number: _____

Please
Print or
Type

Licensed Service Provider
Company Name: _____

License Number

Expiration Date

✓ **Check each item that is complete and correct (i.e. true).** By checking any of the boxes in this checklist, you are indicating that the statement applies to this project. If there are any exceptions to the statement, please note them in the comment area provided. If the statement does not apply, please do not check the box. *Important: This checklist must be signed on page 2 by the supervisor with responsibility for this project.*

Check one of the following three statements - **A, B, or C.**

A. The decommissioning was performed after March 15, 2000.

B. The decommissioning was performed prior to March 15, 2000 by a licensed service provider (Soil Matrix Cleanup or UST Decommissioning) and two soil samples were collected in general conformity with OAR 340-177-0025.

Service Provider Name: _____ License No.: _____

C. The decommissioning was performed prior to March 15, 2000 by an unlicensed contractor or no soil samples were originally collected at time of decommissioning. If this box is checked as yes, then this checklist is used to document current site assessment actions taken to comply with the requirements of OAR 340-177-0025.

Check all of the statements below that are true.

1. No contamination was detected during the site assessment of 50 mg/kg or greater NWTPH-Dx or was non-detect for NWTPH-HCID.
2. The tank was decommissioned using a national code of practice.
3. The tank was cleaned to the maximum extent practicable. Disposal receipts for the tank contents are included in the report.
4. Check one of the following:
 - 4.A. The tank was decommissioned in-place, and was filled with a solid inert substance that completely filled the tank void space.
 - 4.B. The tank was decommissioned by removal.
5. A site assessment was conducted that meets the requirements of OAR 340-177-0025.
6. Water was present in the tank pit and the requirements of OAR 340-177-0025(2)(3) have been met.
7. A site sketch, drawn approximately to scale, has been made of this site (OAR 340-177-0025(e) and (f)) which clearly shows:
 - The location of all buildings and other key features, both man-made and natural;
 - The names of adjacent streets and properties;
 - The location of all excavations including those that were for the removal of tanks and associated piping;
 - The location of all underground storage tanks, including those that were decommissioned as well as those that remain on the site; and
 - All soil and water sample locations including sample depths.
8. All soil and/or water samples have been collected, coded, stored, shipped, and analyzed as required, and chain-of-custody forms have been filled out (OAR 340-122-0218, 340-122-0340, 340-122-0345 and 340-177-0025).
9. A report has been prepared which includes a detailed description of everything that was observed and performed at the site, and that meets the requirements of OAR 340-177-0025(3).

Additional Comments

“By my signature below, I state that the information contained in this report is true and complete to the best of my knowledge.”

Name of person preparing report: _____
(please print)

Signature: _____

Date: _____

Supervisor License No.: _____ Expiration Date: _____