



State of Oregon  
Department of  
Environmental  
Quality

## 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: _____
FACILITY NAME: _____
FACILITY ADDRESS: _____
PERMITTEE PHONE: _____ DATE: _____

#### 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 #: _____ Construction Contractors Board License #: _____
Name: _____
Telephone: _____
DEQ Decommissioning Supervisor's License #: _____
Name: _____
Telephone: _____
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: \_\_\_\_\_ (30 days before work starts).

Work Start Telephone Notice - Number issued by DEQ: \_\_\_\_\_ (3 working days before work starts).

DEQ Person Notified: \_\_\_\_\_

Date Work Started: \_\_\_\_\_ 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: \_\_\_\_\_ By: \_\_\_\_\_

DEQ Person Notified: \_\_\_\_\_

**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:**

TANK ID #	DEQ-UST PERMIT #	TANK SIZE IN GALLONS	PRODUCT: GASOLINE, DIESEL, USED OIL, OTHER?		CLOSURE OR CHANGE-IN- SERVICE?			TANK TO BE REPLACED?	
			PRESENT	NEW	TANK REMOVAL	CLOSURE IN PLACE ♦	CHANGE IN SERVICE ♦	YES	NO

**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

**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 )

**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 and a Level 2 or Level 3 soil matrix cleanup standard is applied to the site, attach a copy of the soil matrix analysis including methods of determining soil type, depth to groundwater, and sensitivity of uppermost aquifer.

**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: _____	Recharge Date: _____
Combustible Gas Detector:	Model: _____	Calibration Date: _____
Oxygen Analyzer:	Model: _____	Calibration Date: _____

**J. DECOMMISSIONING:**

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

**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: _____				
17. Contamination concerns fully resolved?				
18. Fill Material? Type: _____				

**L. TANK REMOVAL:**

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

**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				
26. Soil samples taken and analyzed?				
27. Was contamination found? Date/Time: _____				
28. Was hazardous waste determination made for tank contents (Liquids/sludges)?				

**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: \_\_\_\_\_  
(Please Print)

Permittee or Tank Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(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: \_\_\_\_\_  
(Please Print)

Licensed Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
(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: \_\_\_\_\_  
Licensed Service Provider (Please Print)

Executive Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
Licensed Service Provider (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:**

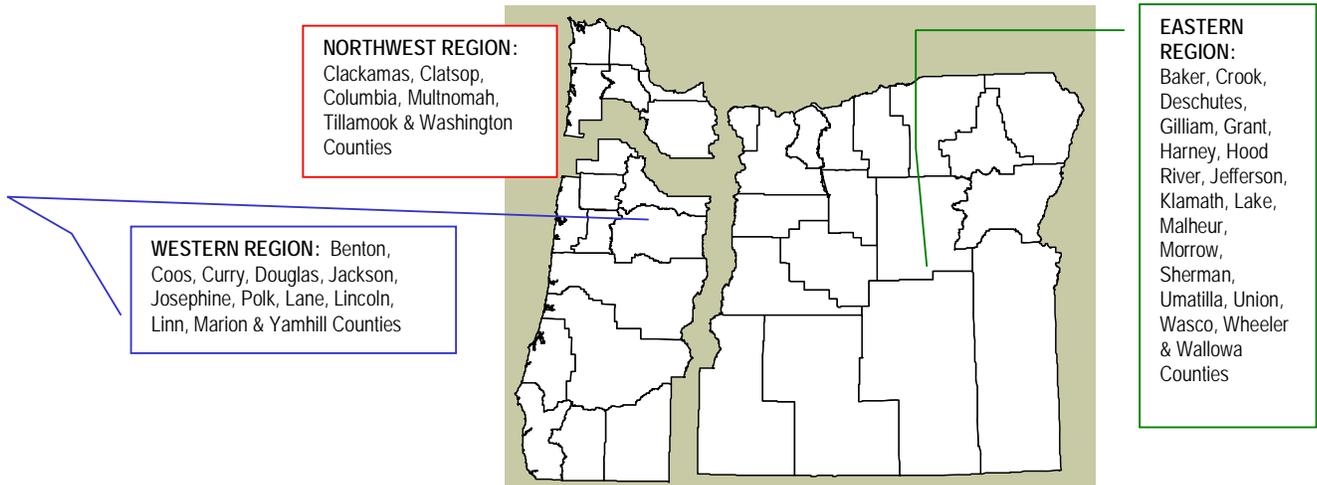
If you have any questions about this decommissioning checklist and site assessment report, please phone your DEQ Regional Office. You can also phone the UST Program’s toll-free number, 1-800-742-7878. This is a message answering machine for calls made within Oregon. Underground Storage Tank Program staff will return your calls within 24 hours. You can also send an e-mail to [tanks.info@deq.state.or.us](mailto:tanks.info@deq.state.or.us). 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.state.or.us](mailto:tanks.info@deq.state.or.us) or
4. Downloading from the UST home page at:

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



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