



State of Oregon
Department of
Environmental
Quality

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY UNDERGROUND STORAGE TANK PROGRAM

GENERAL PERMIT REGISTRATION FORM TO DECOMMISSION EXISTING UNREGISTERED TANKS

and

30-DAY NOTICE OF INTENT TO DECOMMISSION USTS

- This form for registration of existing tanks that have never been reported to DEQ should be submitted at least 30-days before beginning decommissioning by permanent closure.
- To register existing tanks you must submit pages 4 through 8 of this registration form and a check for the amount of the required registration fee. See page 4 to calculate the required fee.
- If you are registering more than five (5) tanks, please make a copy of pages 7 and 8. List the additional tanks on the copy.
- You must call your regional office to receive authorization to proceed with the decommissioning at least 72 hours prior to beginning work. See page 3 for phone numbers.
- You must submit the Underground Storage Tank Decommissioning Checklist and Site Assessment Report to your local Regional Office within 30 days following completion of the tank decommissioning or change-in-service **regardless if cleanup work is ongoing.**

CHECKLIST

1. Be sure signatures are provided for the tank owner, permittee and property owner, **even where one person fills all three roles.**
2. Complete the registration form for all tanks being registered at the facility.
3. Make copies for your records.
4. Enclose your check payable to:
Oregon Department of Environmental Quality
5. Please return the general permit registration form and applicable registration fee to:

Department of Environmental Quality
Attn: Revenue Section
700 NE Multnamah St.
Portland, Oregon 97232

INSTRUCTION PAGE

DESCRIPTION OF GENERAL PERMIT PROGRAM

In lieu of issuing individual permits, Oregon's UST permitting program has adopted a general permit by rule to decommission USTs that identifies the conditions and requirements for temporary and permanent closure or completing a change-in-service. By signing the registration forms, you are certifying that you will comply with all the conditions and requirements of the general permit to decommission USTs.

DEFINITIONS

Facility – the place where the tank is located.

Decommission – means temporary or permanent closure, including temporary or permanent removal from operation, filling in-place, removal from the ground or change-in-service to non-regulated status.

Owner – means a person who currently owns an UST or owned an UST during the tanks operational life. If registered with the Secretary of State, Corporations Division, the UST owner is the legal business name.

Permittee – means the owner or person designated by the owner, who is in control or has responsibility for daily UST system operation and maintenance, financial responsibility and UST operator training requirements under a general permit pursuant to OAR 340-150-0160 through 340-150-0168. If registered with the Secretary of State, Corporations Division, the permittee is the legal business name. The permittee is mailed the annual compliance fee invoice.

Property owner – means the legal owner of the real property on which an UST is located (the name that appears on the County deed records).

GENERAL PERMIT REGISTRATION FORM

1. Please fill in the name, address and phone number of the facility. If this facility is registered with DEQ please include the DEQ facility number.
2. Please fill in the number of tanks in the space provided in the general permit registration fee section. For existing tanks not previously registered, back fees are required by OAR 340-150-0110 (6). Calculate the total amount due.
3. Please fill in the tank owner's legal name, address and phone number. The legal name is the name of the tank owner as filed with the Secretary of State, Corporations Division, if applicable. The tank owner must sign the registration form.
4. The tank owner can designate a permittee for each facility. Please ask the permittee in charge of the facility to fill in their legal name, address and phone number. The legal name is the name of the permittee as filed with the Secretary of State, Corporations Division, if applicable. The permittee must sign the registration form.
5. Please fill in the property owner's name, address and phone number. The property owner's name should be the name in the county deed records. The property owner must sign the registration form.
6. There must be three signatures for each completed registration form – the tank owner, permittee and property owner. **IF ONE PERSON FILLS ALL THREE ROLES, THAT PERSON MUST SIGN THREE TIMES.**
7. Complete all sections and pages of the form.

LICENSED SERVICE PROVIDERS AND SUPERVISORS

ORS 466.750 and OAR 340 – Division 160 requires that licensed service providers perform tank decommission work. If contaminated soil is discovered during decommissioning, and a decision is made to remediate the site using the soil matrix rules, ORS 466.750 and OAR 340 – Division 162 requires that licensed service providers perform soil matrix cleanup work. During certain critical phases as specified in the rules, a licensed supervisor must be present on site to monitor the work. A list of licensed service providers and supervisors is available upon request by calling (503) 229-6652 or toll-free in Oregon 1-800-742-7878 (a message answering machine). **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 (OAR 340-150-0156).**

INSTRUCTION PAGE

HELP WITH THIS REGISTRATION FORM

If you have any questions about this registration form, please phone the DEQ UST Program at (503) 229-6652. You can also phone the UST Program's toll-free Oregon number, 1-800-742-7878. This is a message answering machine for calls made in Oregon. Underground Storage Tank Program staff will return your call within 24 hours (one business day). You can also send an e-mail to tanks.info@deq.state.or.us. Our regional staff is also available to answer questions regarding the general permit program and this general permit registration form (see below for telephone numbers).

COPIES OF GENERAL PERMIT CONDITIONS AND REQUIREMENTS AND UST PROGRAM RULES

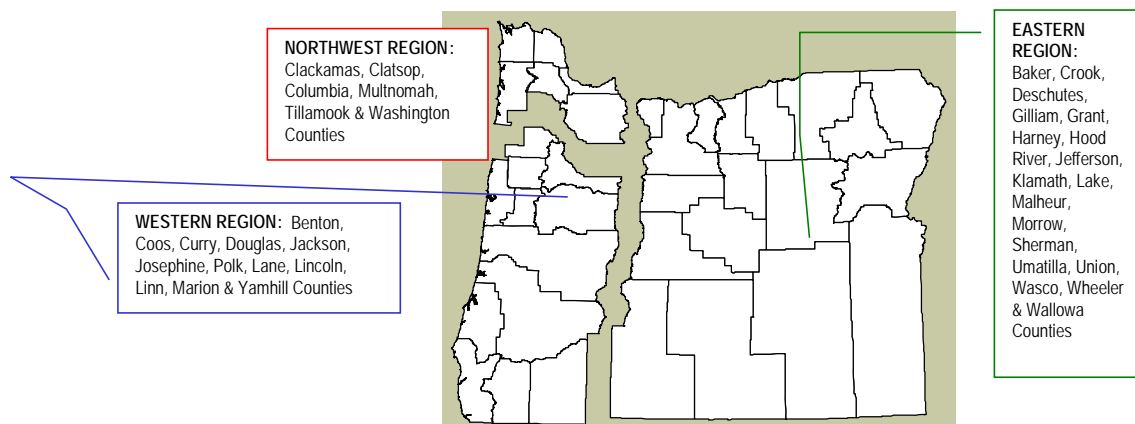
Copies of the general permit to decommission conditions and requirements and UST Program rules and laws can be obtained from:

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, or
4. Downloading from the UST home page at:

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

View Oregon Administrative Rules (OAR) and open Division 150 to OAR 34-150-0166 & 340-150-0168.

View Oregon Revised Statutes (ORS) and open Chapter 466 to ORS 466.706 to 466.845



EASTERN REGION / BEND

Phone: 541-388-6146

NORTHWEST REGION / PORTLAND

Phone: 503-229-5263

UST HELPLINE: 1-800-742-7878
(toll free in Oregon)

WESTERN REGION / MEDFORD

Phone: 541-776-6010

WESTERN REGION / COOS BAY

Phone: 541-269-2721

WESTERN REGION / EUGENE

Phone: 541-686-7838

GENERAL PERMIT REGISTRATION FORM
TO DECOMMISSION UNREGISTERED USTs

PLEASE PRINT

FACILITY NAME: _____

FACILITY ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE: _____ **FACILITY NUMBER:** _____
(If known)

GENERAL PERMIT REGISTRATION FEE

For existing tanks installed in 1988 or earlier the registration fee is \$500 per tank.

Number of existing tanks being registered ____ x \$500 = \$_____ Total Fee Due

Note: If an existing tank was installed after 1988 please contact the Department at 503-229-6652 or 1-800-742-7878 for assistance in calculating the fee.

For existing tanks not previously registered and permitted, back fees are due and payable with this general permit registration form in accordance with OAR 340-150-0110 (6).

30-DAY NOTICE OF INTENT TO DECOMMISSION INFORMATION

Work To Be Performed By: _____
(Name of Permittee, Tank Owner, Property Owner or Licensed Service Provider)

If performed by Service Provider: License # _____

Contact Phone: _____ Contact Mobile Phone: _____

Will tank removal or potential cleanup affect adjacent property or right-of-way property?

Yes _____ No _____

Date decommissioning is scheduled to begin: _____

**GENERAL PERMIT REGISTRATION FORM
TO DECOMMISSION UNREGISTERED USTs**

1. TANK OWNER* as registered with
the Secretary of State, Corporations Division

Name of Official (*Please Print*)

Signature of Official Date

I will decommission the USTs described on the *Notification and Description of Underground Storage Tank Systems* pages in accordance with the conditions and requirements of the general permit to decommission.

Mailing Address (*Please Print*)

City, State and Zip Code

Area Code and Telephone Number

2. PERMITTEE* as registered with the
Secretary of State, Corporations Division

Name of Official (*Please Print*)

Signature of Official Date

I will decommission the USTs described on the *Notification and Description of Underground Storage Tank Systems* pages in accordance with the conditions and requirements of the general permit to decommission.

Mailing Address (*Please Print*)

City, State and Zip Code

Area Code and Telephone Number

3. PROPERTY OWNER is name that
appears on the County deed record for this property.

Name of Official (*Please Print*)

Signature of Official Date

Mailing Address (*Please Print*)

City, State and Zip Code

Area Code and Telephone Number

* If this facility or tanks are owned by a person, or operated by a permittee that is a business registered with the Secretary of State, Corporations Division, you must use that legal business name for purposes of registering these USTs with the Department. Please make sure that your business registration with the Oregon Corporations Division (503-986-2200) is active or your application may be placed on hold until your registration has been renewed.

Return Completed Form to: Department of Environmental Quality
Attn.: Revenue Section
700 NE Multnomah St.
Portland, OR 97232

Notification and Description of Underground Storage Tank Systems

TYPE OF OWNER		INDIAN COUNTRY	
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Local Government	<input type="checkbox"/> Commercial <input type="checkbox"/> Private	Tanks are located on land within an Indian Reservation or on trust lands outside reservation boundaries. <input type="checkbox"/> Tanks are owned by a Native American nation or tribe. <input type="checkbox"/>	Tribe or Nation:
TYPE OF FACILITY			
<input type="checkbox"/> Gas Station <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Air Taxi (Airline) <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Railroad <input type="checkbox"/> Federal - Non-Military <input type="checkbox"/> Federal - Military <input type="checkbox"/> Industrial <input type="checkbox"/> Contractor	<input type="checkbox"/> Trucking/Transport <input type="checkbox"/> Utilities <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Other (Explain)	
FINANCIAL RESPONSIBILITY			
<input type="checkbox"/> I will meet the financial responsibility requirements in accordance with OAR 340 – Division 151			
Check All that Apply			
<input type="checkbox"/> Pollution Liability Insurance <input type="checkbox"/> Self Insurance <input type="checkbox"/> Exempt (Federal or State Government)	<input type="checkbox"/> Letter of Credit <input type="checkbox"/> Surety Bond	<input type="checkbox"/> Guarantee <input type="checkbox"/> Local Government	

The financial responsibility requirements are designed to make sure that the tank owner, property owner or permittee can pay the costs of cleaning up leaks and compensating third parties for bodily injury and property damage caused by leaking USTs. A plain language summary of the financial responsibility requirements can be downloaded from the Internet at <http://www.epa.gov/swerust1/pubs/dollars.htm>. For a list of known insurance providers go to <http://www.epa.gov/swerust1/pubs/inlist.htm>.

CONTACT PERSON IN CHARGE OF TANKS			
Name:	Job Title:	Address:	Phone Number (Include Area Code):
CERTIFICATION (Read and sign after completing all section)			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			
Name and official title of owner or owner's authorized representative (Print) Name: Title:	Signature	Date Signed	

NOTIFICATION AND DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS

(Complete for each tank at this location)

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
1. Status of Tank (Check (√) only one)					
Currently in Use					
Temporarily Out of Use					
Permanently Out of Use					
2. Date of Installation (month & year)					
3. Estimated Total Capacity (gallons)					
4. Material of Construction (Check (√) all that apply)					
Asphalt Coated or Bare Steel					
Cathodically Protected Steel					
Epoxy Coated Steel					
Composite (Steel with Fiberglass)					
Fiberglass Reinforced Plastic					
Lined Interior					
Double Walled					
Polyethylene Tank Jacket					
Concrete					
Excavation Liner					
Unknown					
Other Material, Please Specify					
Has Tank been Repaired?					
Check (√) Box if Yes					
Date of Repairs					
5. Piping – Material (Check (√) all that apply)					
Bare Steel					
Bare Steel Wrapped					
Galvanized Steel					
Fiberglass Reinforced Plastic					
Copper					
Cathodically Protected					
Double Walled					
Secondary Containment					
Unknown					
Not in Contact with Soil					
Other Material, Please Specify					
6. Piping – Type (Check (√) all that apply)					
Suction – No Valve at Tank					
Suction – Valve at Tank					
Pressure					
Gravity Feed					
Has Piping been Repaired?					
Check (√) Box if Yes					
Date of Repair					

NOTIFICATION AND DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS

(Complete for each tank at this location)

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
-----------------------------------	-----------------	-----------------	-----------------	-----------------	-----------------

7. Substance Currently or Last Stored in Greatest Quantity by Volume

Check (√) Only One Substance per Tank)

Gasoline					
Diesel					
Gasohol					
Kerosene					
Heating Oil					
Used Oil					

Hazardous Substance					
CERCLA Name and/or					
CAS Number					

Mixture of Substances					
Please Specify Mixture					

Other					
Please Specify Other					

8. Release Detection (Check (√) all that Apply)

	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe	Tank	Pipe
Manual Tank Gauging		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Tank Tightness Testing										
Inventory Control										
Automatic Tank Gauging										
Vapor Monitoring										
Groundwater Monitoring										
Secondary Containment										
Automatic Line Leak Detector	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Line Tightness Testing	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
No Release Detection Required (Emergency Generator // Field Constructed Tanks)										
Other Method Allowed by Department										
Other Method, Please Specify										

9. Spill and Overfill Protection

Overfill Device Installed					
Spill Device Installed					