



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
Underground Storage Tank Program**

UST SYSTEM MODIFICATION - 30-DAY NOTICE

1. FACILITY (Location of Tanks)	2. PERMITTEE
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
DEQ Facility ID Number: _____	
Work To Be Performed By: _____ (Permittee, Tank Owner, Property Owner or Licensed Service Provider)	License # _____ (Service Provider)
Phone: _____	Mobile Phone: _____

**THIS FORM MUST BE SUBMITTED BY THE UST PERMITTEE 30 DAYS BEFORE START OF WORK
YOU MUST CONTACT YOUR LOCAL DEQ REGIONAL OFFICE
3 DAYS BEFORE STARTING ANY MODIFICATION WORK.**

Date work is scheduled to begin: _____ (Phone numbers for 3-day telephone notice are listed on Page 2)

TANK #	DEQ-UST PERMIT #	TANK SIZE IN GALLONS	PRODUCT	DESCRIBE WORK TO BE PERFORMED: (Attach separate sheets if additional space is needed; include Tank # and Permit #.)

Permittee: _____
(Please Print)

Signature: _____ Date: _____
(Permittee)

VJ KUPQVIEG'CPF'VJ G'5/FC['VGNGRJ QPG'PQVIEG'CTG'TGS WKTGF' prior to starting work to modify underground storage tank components, including the repair or replacement of metal underground piping. Modification includes but is not limited to underground piping (product, vent and vapor recovery piping), tank lining, leak detection equipment, monitoring and observation wells, and cathodic protection. (See OAR 340-150-0352).

VJ KUPQVIEG'KUPQV'TGS WKTGF' for maintenance work on components (replacement or repair) or installation of aboveground piping, such as installation and connection of dispensers and pumps to underground piping. (See OAR 340-150-0350 & -0354).

VJ KUPQVIEG'KUPQV'TGS WKTGF' for installation of a new tank system. Instead, a *General Permit Registration Form to Install and Operate USTs* and the appropriate general permit registration fee must be submitted **52/f c{ u'f t kqt 'vq'lwct v'qly qt n0'**

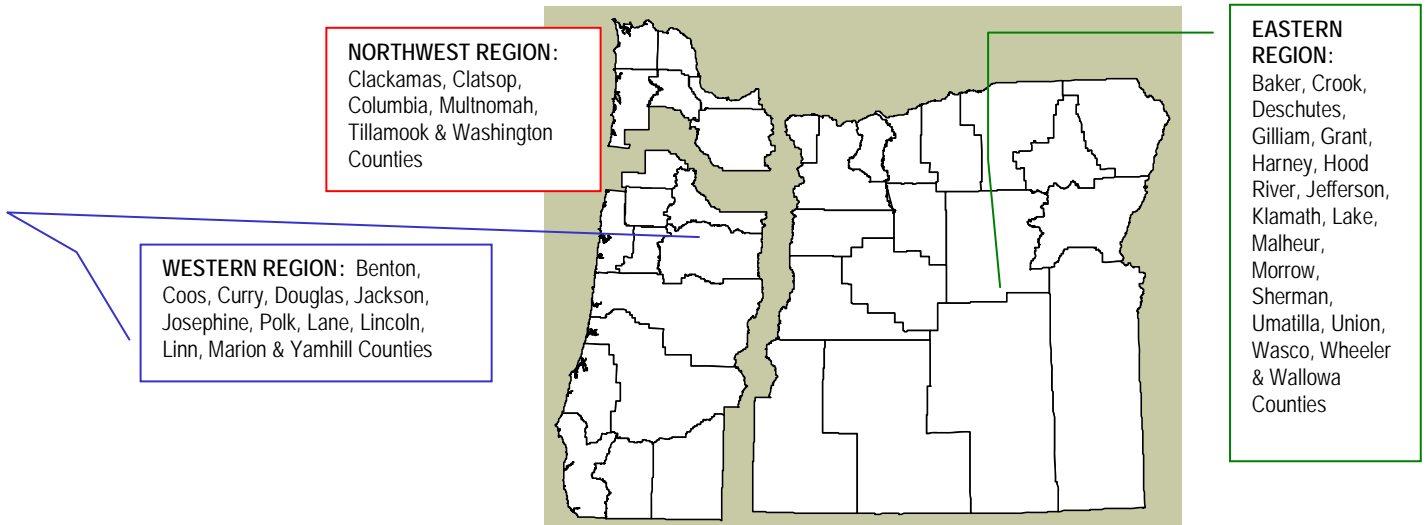
OCMG'UWTG'VJ KUHQTO 'KUEQORNGVG. A notice that is incomplete or unsigned will not be accepted by the Department and will be returned to permittee for completion.

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5/FC['PQVIEG<Eqpwev' qwt 'hceciF GS 'Tgi kqpcnQHheg'5/f c{ u'dghqt g'lwct v'pi 'y qt n0'

***Rj qpg'pwo dgt u'bt g'hwgf 'dgnj +0'**



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	

Hqt 'lphqt o c'vqp'qt 'cukwpeg'y kj 'vj k'lhqt o 'ecm'725+'44; /8874'qt 'vj g'WUV'J GNRNIP G<'
3/: 22/964/9: 9: '*VqmHt gg'lp'Qt gi qp+0'

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qvj gt 'f wdrk c'vqp'u'ecp'c'nu'dg'hqwpf 'qp'qwt 'Y gd'Usg'c'v<'

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