



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.**

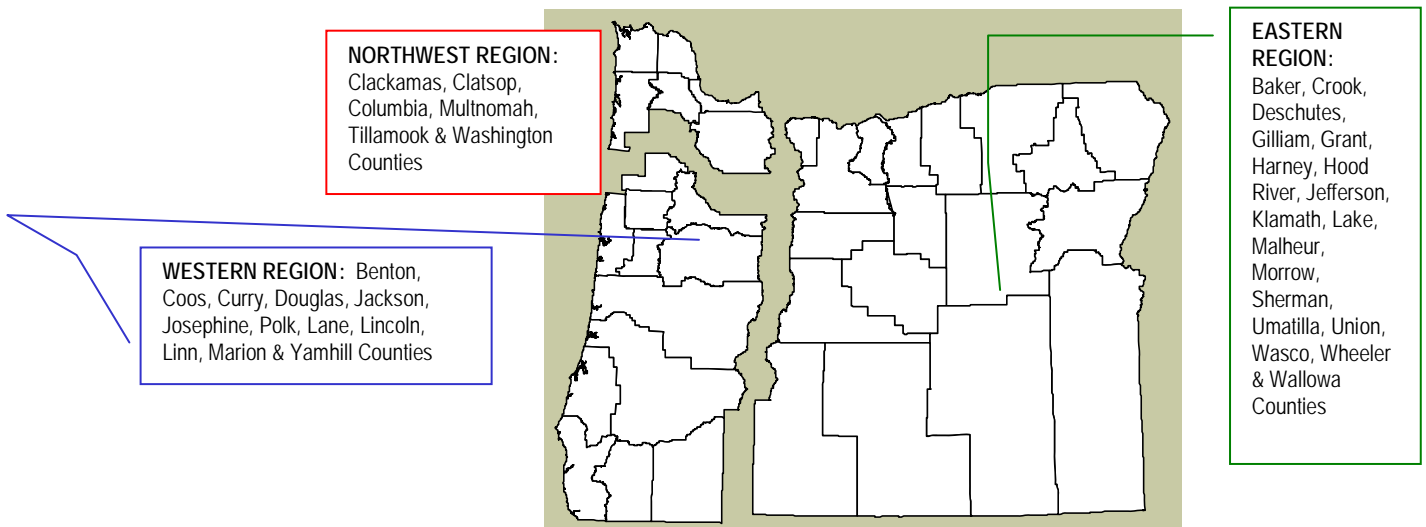
If identical modifications are performed on all components of UST systems, please complete pages 3, 4, 5, 6 and 7 just once. If different work is performed on different UST systems, please complete a separate page 4 for each modified UST System along with pages 3, 5, 6 and 7 just once.

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
700 NE Multnomah St., Suite 600
Portland, OR 97232

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 / 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.oregon.gov/deq/tanks/Pages/UST.aspx>



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
Underground Storage Tank Program

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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: _____

IMPORTANT NOTE REGARDING USE OF THIS PAGE (Page 4 of 7)

If the same work is completed on each tank and associated piping system, fill out this page just once. If different work is completed on each tank and associated piping system, make copies of this page and fill one out for each tank and associated piping system that has been modified, added to, or that has had metal underground piping and fittings repaired or replaced.

3. TANK AND ASSOCIATED PIPING SYSTEM INFORMATION

TANK #	DEQ-UST PERMIT #	TANK SIZE IN GALLONS	PRODUCT STORED		TYPE OF ASSOCIATED PIPING <small>(i. e. metal, fiberglass, flexible, single-walled, double-walled, etc.)</small>	
			CURRENT	FUTURE	CURRENT	FUTURE

4. MODIFICATION AND METAL PIPING, REPAIR OR REPLACEMENT INFORMATION (Please write a narrative description of the work that was completed).

5. CHECKLIST: (Check YES or NO. Where a specific item is “not applicable” to the situation, please check the N/A box)

Was the DEQ Regional Office notified at least 30 days in advance of the planned modification or addition start date?

Was the DEQ Regional Office notified 72 hours in advance prior to beginning the modification or addition? If yes, indicate 3-day number issued: _____

Was external cathodic protection (CP) installed, modified or added to?

Was a separate CP report submitted or attached?

Was a CP test station installed?

Is a 6-month CP follow-up inspection/test scheduled?

Projected inspection date: _____

Was a site assessment conducted?

Was contamination, including simple overflow, encountered and was it reported to DEQ? If so, indicate DEQ LUST number issued: ___ - ___ - _____

Were internal inspections of all USTs completed before lining began on any UST?

Have the results of the internal tank inspections been submitted to and/or discussed with DEQ?

If there were holes in any of the USTs, has a SUSPECTED release been reported to DEQ? If yes, indicate date reported: _____

Was the system tight-tested before placing back into service?

Do all tank and piping materials comply with OAR 340-150-0300?

Have all items checked above been modified or added to in accordance with all codes, manufacturer’s requirements and federal and state regulations?

Has the UST system permittee been provided with written documentation of the item(s) modified or added to and has the permittee been instructed to preserve these records?

YES	NO	N/A

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

700 NE Multnomah St., Suite 600

Portland, OR 97232

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): _____