State of Oregon Department of Environmental Quality

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
Underground Storage Tank Program

HEATING OIL TANK SERVICES
SERVICE PROVIDER REPORT CERTIFICATION

HEATING OIL TANK DECOMMISSIONING REPORT FORM

Completion of this form meets the requirements of OAR 340-177-0025. **Be sure to sign and date page two after answering all questions.**

DEQ Use Only: File No. _____

Property Owner Name:_____

Property Address:_____

City/State/Zip Code:_____ County:_____

Owner Phone Number:_____

Owner Mailing Address (if different): _____

_____

Licensed Heating Oil Tank Service Provider:_____

License Number:_____ Expiration Date:_____

Yes ____ No ____ A narrative report is attached. (check √ yes or no)

1. What national code of practice was followed during decommissioning?

   _____

2. The tank and associated piping must be cleaned as thoroughly as possible to the maximum extent practicable of all product, sludge and/or water.
   Describe how the tank was cleaned:

   _____

   How much product was removed? _____ gallons Sludge? _____ gallons Water? _____ gallons

   Where was the product/sludge/water **recycled?**_____ **disposed**? _____

3. _____ Date tank was **removed** ____ or decommissioned **in-place** ____. **(check √ removed or in-place)**

   Approx. size of tank:_____ gallons

   If tank filled in-place, what type of fill material was used?_____ amount?_____ gal.
   Tank must be completely filled with inert solid material that is compacted and appropriate for site conditions.

   If tank was removed, where was it **recycled** ____ **disposed** ____ of? **(check √ recycled or disposed)**

   Name and location of business_____

4. What was observed when the tank was removed from the pit or decommissioned in-place? Describe tank condition and excavation, etc.:

   _____

(check √ yes or no)

5. Yes ☐ No ☐ Groundwater was encountered in the tank pit. If yes, ATTACH a separate summary of the data collected . *DEQ must be notified immediately if groundwater encountered.*

6. A site assessment must be performed that meets the requirements of OAR 340-177-0025(2)(c) and (d).

   Provide a summary of the concentrations measured for soil samples collected from each sample location. NWTPH-HCID test may be used, however any positive results must be confirmed by NWTPH-Dx.
   Note: If concentrations of TPH-Dx are greater than 50 mg/kg, this is a confirmed release and must be reported to DEQ; this project is then considered a cleanup and use of this form is not appropriate.

Sample ID	Sample Location	Sample Depth	NWTPH-HCID (detect/non-detect)	NWTPH-Dx Conc. (mg/kg)

7. The following information should be ATTACHED as part of this report (list the attachment number assigned for each one):

Attachment Number

_____ Site map, drawn roughly to scale, showing the location of all buildings on the property and on adjacent properties and the location of the heating oil tank. Include distances in feet between objects.

_____ Sketch of the property that clearly shows the sample locations and depths of all soil and/or water samples collected and identifies each location and sample with an unique sample identification code.

_____ Copies of chain-of-custody forms for all soil and water samples collected.
Note: Chain-of-custody forms should include the date, time, and location of each sample collected; the name and company of the person collecting the samples; a description of how the samples were collected, stored, and shipped to the laboratory; and note any problems encountered during the cleanup or sampling process that may have affected sample integrity. Forms should clearly state the address of where samples were collected as a unique identifier.

_____ Copies of all laboratory data reports. Test methods used, including method reporting limits, must be included.

_____ Copies of all receipts or permits related to the disposal of any **product** / **sludge** / **water**, and/or decommissioned **tank** and/or **piping** (circle all in **bold** that apply).

_____ Photographs taken at the time of heating oil tank decommissioning and cleanup (not required, but helpful).

"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:_____

NOTE: If decommissioning work and report documentation was conducted by the homeowner, on a separate sheet of paper, please describe how you learned how to perform this work.

Clears All Entries **Print Form**