



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
Underground Storage Tank Program

HEATING OIL TANK SERVICES
SERVICE PROVIDER REPORT CERTIFICATION

FINAL HEATING OIL CLEANUP REPORT FORM

Complete this FINAL report and submit it to the DEQ NWR Eastside office (1550 NW Eastman Parkway, Suite 290, Gresham, OR 97030) **as soon as possible**, but within sixty (60) days from the date the release from a heating oil tank is cleaned up. If this report cannot be submitted within the required time frame, contact DEQ (503-667-8414) to request an extension. OAR 340-177-0055(6)

Property Owner Name: _____ DEQ Cleanup File No.: _____

Property Address: _____

City/State/Zip Code: _____ County: _____

Owner Phone Number: _____

Owner Mailing Address (if different): _____

Licensed Cleanup Service Provider Company: _____

License Number: _____ Expiration Date: _____

_____ Date tank **removed** or decommissioned **in-place**. Approx. size of tank: _____ gallons
(check all that apply and provide requested information)

If tank filled in-place:

What type of fill material was used? _____ How much? _____ gallons

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 or disposed of? _____

What national code of practice was followed during decommissioning?

Describe how the tank was cleaned as thoroughly as possible to the maximum extent practicable:

How much product (oil) was removed? _____ gal. Sludge? _____ gal. Water? _____ gal.

Where was the product/sludge/water recycled? _____ Disposed? _____

_____ Date cleanup **started**. _____ Date cleanup **completed**.

(Check Yes or No)

_____ Yes _____ No An INITIAL heating oil cleanup report form has already been submitted. *If cleanup had not been started at the time of the initial report, include a new initial report form that has the missing information completed.*

_____ Yes _____ No A narrative report is attached.

Complete the rest of this form. Be sure to sign and date page two after answering all questions.

1. How was the release discovered? Describe: _____

2. What initial measures were taken to control the spread of contamination? Describe: _____

3. What was observed when the tank was removed from the pit or decommissioned in-place? Describe: _____

HOT Final Cleanup Report Form

4. How much contaminated soil was removed? _____ cubic yards _____ tons

5. What was done with the contaminated soil? (check all that apply)

___ Disposed of at: _____ (name of disposal company)

___ Treated off-site at: _____ (name of treatment company)

___ Treated on-site. ATTACH copy of Solid Waste Letter Authorization permit approved by DEQ.

___ Yes ___ No On-site treatment of contaminated soil is complete.

6. What actions were taken during cleanup? Describe: _____

(check one)

7. ___ Yes ___ No Groundwater was encountered in the tank pit. If yes, ATTACH a separate summary of the data collected and decision made by DEQ in accordance with OAR 340-122-0355(3).

8. What is the highest TPH-Dx concentration measured? _____ mg/kg Sample ID No. _____

9. Provide a summary of the concentrations measured in the FINAL round of samples from each sample location.

Note: Write in the specific unit of measurement for each contaminant. Write in "N/A" if sample was not analyzed for a contaminant. Use additional pages as necessary to summarize final results.

Sample ID	Sample Location	NWTPH-Dx Conc. (mg/kg)	B T E or X Detected?	Any PAH's Detected?	Media Soil/Water
_____	_____	_____	___Yes ___No ___N/A	___Yes ___No ___N/A	_____
_____	_____	_____	___Yes ___No ___N/A	___Yes ___No ___N/A	_____
_____	_____	_____	___Yes ___No ___N/A	___Yes ___No ___N/A	_____
_____	_____	_____	___Yes ___No ___N/A	___Yes ___No ___N/A	_____

10. Check the type of remedial option selected for this cleanup project. Include any additional information necessary to satisfy the specific remedial option report requirements. (check only one)

___ Soil Matrix OAR 340-177-0065(1)(a) *Note: include matrix score sheet*

___ Risk-Based OAR 340-177-0065(1)(b)

___ Generic Remedy OAR 340-177-0065(1)(c)

11. The following information should be ATTACHED as part of this report (list the attachment number you assign 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 a 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 ___ oil / sludge, ___ free product, ___ contaminated soil, and/or decommissioned ___ tank and ___ piping (check all 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: _____