

T115b  
removed  
no replan

PORT OF SEATTLE  
RECORD OF CLOSURE OF UNDERGROUND STORAGE TANK

This form is intended to provide a complete record of all activity relating to tank removal and disposal or closure in place. It contains all information required by federal, state and local regulations.

NOTE: Tank removal and disposal must be conducted in accordance with the latest versions of: American Petroleum Institute (API) Recommended Practice 1604, Removal and Disposal of Used Underground Petroleum Storage Tanks; API Publication 2015, Cleaning Petroleum Storage Tanks; U.S.E.P.A Technical Standards and Corrective Action Requirements for Owners and Operators of Underground Storage Tanks(UST), (40 CFR Part 280/Federal Register, Volume 53, pp. 37194-212)); Uniform Fire Code, Section 79; Seattle Fire Department Inspection Guidelines, No. 80.25; Abandonment of Tanks; SeaTac Fire Department Manual, Abandonment and Status of Tanks, dtd. 2/1/88; Chapter 173-03, WAC, Dangerous Waste Regulations; EPA Memo To Tank Owners, From Region 10 UST Manager, Permanent Tank Closure, undated and, WDOE Draft dated August 1, 1988, Policies and Procedures for Underground Storage Tank Removal. All of the above are on file in the Environmental Management Section.

PORT OF SEATTLE  
RECORD OF CLOSURE OF UNDERGROUND STORAGE TANK

PART I - TANK INFORMATION (repeat for each tank)

DATE: 7/20/90 Name of Individual Completing Form: BRUNABEND

Location: T115 POS Tank Inventory #: T115 WDOE Inventory#:  
b

Tank Contents/Use: Gas

Location on Site (see diagram, Part IV):

Size of Tank (gals): 1000 (length x diam):

Tank Material: Tank Age: 17 yrs.

Corrosion Protection Method:

Status: Active X Temp Out of Svc \_\_\_ Abandoned \_\_\_

Date Rmvd from Svc:

Empty Filled, Gals: Contents:

Tank Testing History (attach or reference any available records):

Any documented spills or other incidents (attach or reference any available records):

Reason for Removal:

If tank is being removed as a part of a capital construction project indicate:

Project Name: Work Order Number:

Project Engineer: Resident Engineer:

Project Contractor:

If tank is being removed under other authority, describe briefly, indicate Work Order Number and Port staff in charge of activity.

7848V(2)

PORT OF SEATTLE  
RECORD OF CLOSURE OF UNDERGROUND STORAGE TANK

PART II - PRE-CLOSURE ACTIVITY

WDOE must be notified in writing at least 30 days prior to beginning of closure process. Attach copy of letter, any response received and describe any additional contacts..

Name of Individual Completing Form:

Tank and piping emptied and cleaned by:

Date:

Amount of Product:                      Amount of sludge:

Disposition of product, sludge and wash water (include Hazardous Waste Manifest if applicable and other documentation):

Costs:

Soils Sampling and Testing (Refer to PART V)

PORT OF SEATTLE  
RECORD OF CLOSURE OF UNDERGROUND STORAGE TANK

PART III - TANK REMOVAL AND DISPOSAL

Name of Individual Completing Form:

Fire Department Permit Number: (copy attached).

Tank Inerted by: (must be licensed Marine Engineer  
or Fire Dept. Inspector)

Fire Dept. Inspection by: Date:

Results:

Tank Removed By (name and address of contractor):

Disposition of tank, piping and related equipment:

Visual indication of Soil or Groundwater Contamination (include photos if appropriate)

Costs:

Soils Testing (Refer to Part V)

WDOE Inspection by: Date:

Results:

Additional Testing Required? \_\_\_\_\_ If yes, Refer to Part V.

POS Inventory Updated

By Whom: Date:

WDOE Notified of Change (attach correspondence)

7848V(4)

PORT OF SEATTLE  
RECORD OF CLOSURE OF UNDERGROUND STORAGE TANK

PART IIIA - Closure in Place

Name of Individual Completing Form:

Fire Department Permit Number (copy attached):

Tank and Piping Emptied and Cleaned By: Date:

Amount of Product: Amount of Sludge:

Disposition of Product, Sludge, Wash Water (include Hazardous Waste Manifest if applicable, and other documentation).

Tank Inerted By: (must be licensed Marine Engineer)

Date:

Fire Department Inspection By: Date:

Results:

Costs of above:

Fire Department Approval to Fill Tank in Place (attach correspondence):

WDOE Approval (include correspondence):

Tank Filled By:

Type and Amount of Fill Material:

Lines, Vents and Related Equipment Secured By: Date:

Above Ground Equipment Removed and Disposed of By:

Date:

Disposition:

Costs of above:

POS Inventory Updated Date: By:

WDOE Notified of Change Date: By:  
(Attach copy of Notification)

7848V(5)

PORT OF SEATTLE  
RECORD OF CLOSURE OF UNDERGROUND STORAGE TANK

PART IV - ADDITIONAL NOTES, DESCRIPTIONS, & INFORMATION

Name of Individual Completing Form:

Include sketch showing tank(s) location, sampling sites, etc. Attach photos.

PORT OF SEATTLE  
RECORD OF CLOSURE OF UNDERGROUND STORAGE TANK

PART V - SOILS TESTING

Name of Individual Completing Form:

- PRE-REMOVAL SOILS TESTING

Date of Sampling:

Who took Samples:

Number of Samples/Locations:

Testing By:

Date:

Results (include documentation):

If standards are exceeded, WDOE must be notified. Attach correspondence or describe who was contacted, by whom, when and results.

Costs of Above:

- SOILS TESTING DURING TANK REMOVAL

Any visual or other indications of soils or water contamination?

Samples (number/type/location/ by whom?):

Testing By:

Date:

Results (include documentation):

If standards are exceeded, WDOE must be notified. See above.

Costs of Above:

ADDITIONAL TESTING REQUIRED

Describe requirements, indicate who did what, when, results and costs. Include all appropriate documentation.

REMEDIAL ACTION REQUIRED? If yes, See Part VI.

7848V(7)

PORT OF SEATTLE  
RECORD OF CLOSURE OF UNDERGROUND STORAGE TANK

PART VI - REMEDIATION

Name of Individual Completing Form:

Summarize remediation requirements, actions taken from beginning to end and costs. Attach appropriate documentation.

7848V(8)



clean

# Laucks <sup>81</sup> YEARS Testing Laboratories, Inc.

940 South Harney St., Seattle, WA 98108 (206) 767-5060 FAX 767-5063

Chemistry, Microbiology, and Technical Services

CLIENT: Port of Seattle  
P. O. Box 1209  
Seattle, WA 98111

ATTN : Elizabeth L. Stetz

Work ID : 90UST-T-115B,1  
Taken By : Client  
Transported by: Hand Delivered  
Type : Soil

### Certificate of Analysis

Work Order# : 90-05-168  
DATE RECEIVED : 05/10/90  
DATE OF REPORT: 05/15/90  
CLIENT JOB ID : P-023670

#### SAMPLE IDENTIFICATION:

	<u>Sample Description</u>	<u>Collection Date</u>		<u>Sample Description</u>	<u>Collection Date</u>
01	T115L	05/09/90 12:00	03	Method Blank	N/A
02	T115B	05/10/90 12:19			

The flag "U" indicates the analyte of interest was not detected, to the limit of detection shown.

Unless otherwise instructed all samples will be discarded on 06/28/90

Respectfully submitted,  
Laucks Testing Laboratories, Inc.

*J.M. Owens*  
J. M. Owens

# Laucks <sup>81</sup><sub>YOUS</sub>

## Testing Laboratories, Inc.

940 South Harney St., Seattle, WA 98108 (206) 767-5060 FAX 767-5063

CLIENT : Port of Seattle  
Chemistry, Microbiology, and Technical Services

Certificate of Analysis

Work Order # 90-05-168

TESTS PERFORMED AND RESULTS:

Analyte	Units	<u>01</u>	<u>02</u>
TPH Oil & Grease	mg/kg DB	20. U	20. U
Total Solids	%	71.4	93.9

# Laucks <sup>81</sup> <sub>YEARS</sub>

## Testing Laboratories, Inc.

940 South Harney St., Seattle, WA 98108 (206) 767-5060 FAX 767-5063

Chemistry, Microbiology, and Technical Services

REPORT ON SAMPLE: 9005168-02A  
 Client Sample ID: T115B

Date Received : 05/10/90  
 Test Code : BTEX8S

Collection Date : 05/10/90  
 Test Method : SW8020/EP602

Compound	Result (ug/KG)	SDL (ug/KG)	Analysis Confirmation	
			Date	Date
Benzene.....	10 U	10	05/10/90	N/A
Toluene.....	10 U	10	05/10/90	N/A
Ethylbenzene.....	10 U	10	05/10/90	N/A
Total Xylenes.....	10 U	10	05/10/90	N/A

### Surrogate Recovery Report

Surrogate Compound	Percent Recovery	Limits:	
		Min.	Max.
n-Propylbenzene.....	110	71	120

Comments:  
 Sample size is actually 2.54g

\* Surrogate recovery is outside of control limits.

# Laucks <sup>81</sup><sub>FCAS</sub>

## Testing Laboratories, Inc.

940 South Harney St., Seattle, WA 98108 (206) 767-5060 FAX 767-5063

Chemistry, Microbiology, and Technical Services

REPORT ON SAMPLE: 9005168-03A  
 Client Sample ID: Method Blank

Date Received : 05/10/90  
 Test Code : BTEX8S

Collection Date :  
 Test Method : SW8020/EP602

Compound	Result (ug/KG)	SDL (ug/KG)	Analysis Confirmation	
			Date	Date
Benzene.....	10 U	10	05/10/90	N/A
Toluene.....	10 U	10	05/10/90	N/A
Ethylbenzene.....	10 U	10	05/10/90	N/A
Total Xylenes.....	10 U	10	05/10/90	N/A

### Surrogate Recovery Report

Surrogate Compound	Percent Recovery	Limits:	
		Min.	Max.
n-Propylbenzene.....	106	71	120

### Comments:

This blank applies to sample 9005168-02A.

\* Surrogate recovery is outside of control limits.

# Laucks <sup>81</sup><sub>YEARS</sub>

## Testing Laboratories, Inc.

940 South Harney St., Seattle, WA 98108 (206) 767-5060 FAX 767-5063

---

Chemistry, Microbiology, and Technical Services

### REPORT ON WORK ORDER 9005168 PREPARATION BLANKS

Test : TPH Oil & Grease  
Blank Name : B05140GS01 Preparation Date: 05/14/90  
Conc Found : 20.000 U Control Limit : 40.000  
Units : mg/kg DB

This blank and comments, if any, apply to the following sample(s):  
1-2

\* = outside control limits  
U = analyte not detected

**CHAIN OF CUSTODY RECORD**

DATE 5/10/19

PAGE 1 OF 1

NAME Elizabeth L Stebb  
ADDRESS Port of Seattle

ATTENTION: PROJECT NAME 90 UST - 7-115b, 1

JOB/R.O. NO. SAMPLER (SIGNATURE) Elizabeth Stebb (PRINTED NAME) EL STEBB

LAB NO.	LAB SA #	SAMPLE NO.	DATE	TIME	LOCATION
		1115L	5/9/19	12:00	4113 UST
		1115B	5/10/19	12:10	1113 UST

TESTING PARAMETERS

NO. OF CONTAINERS	TESTING PARAMETERS
1	HDL X KBLB
3	X

INSTRUCTIONS:

1. Shaded areas for lab use only.
2. Complete in ballpoint pen. Draw one line through errors and initial.
3. Be specific in test requests.
4. Check off tests to be performed for each sample.
5. Retain final copy after signing.
6. Provide name and telephone of your contact person.

NAME Elizabeth Stebb  
TELEPHONE 738-3191

SHIPMENT METHOD: auto

SPECIAL SHIPMENT, HANDLING OR STORAGE REQUIREMENTS:

RELINQUISHED BY Elizabeth Stebb  
SIGNATURE Elizabeth Stebb  
PRINTED NAME Elizabeth Stebb  
COMPANY Port of Seattle  
DATE 5/10/19  
TIME 12:50

RECEIVED BY [Signature]  
SIGNATURE [Signature]  
PRINTED NAME [Signature]  
COMPANY LAUCKS TESTING LABS  
DATE 5/10/19  
TIME 12:55

TOTAL NUMBER OF CONTAINERS: 3

SHIPPING METHOD: auto