



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

The purpose of this form is to certify the proper investigation of an UST site for the presence of a release. These activities shall be conducted in accordance with Chapter 173.360 WAC. A description of the various situations requiring a site check or site assessment is provided in the guidance document for UST site checks and site assessments.

This Site Check/Site Assessment Checklist shall be completed and signed by a person registered with the Department of Ecology to perform site assessments.

Two copies of the results of the site check or site assessment should be included with this checklist according to the reporting requirements in the guidance document for UST site checks and site assessments.

For further information about completing this form, please contact the Department of Ecology UST Program.

The completed checklist should be mailed to the following address:

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

MAR 11 1991

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: **Chemical Processors, Inc.**

Owners Address: **20245 76th Avenue South**

Street

Kent

WA

P.O. Box
98032

City

State

ZIP-Code

Telephone: (206) 872-8030

Site ID Number (on invoice or available from Ecology if tank is registered): **100079**

Site/Business Name: **Chempro**

Site Address: **20245 76th Avenue South**

Street

Kent

WA

King

County

98032

City

State

ZIP-Code

2. SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Registered Person: **Jerome P. Olson**

Address: **7440 West Marginal Way South**

Street

Seattle

WA

P.O. Box
98108

City

State

ZIP-Code

Telephone: (206) 682-4898

3. TANK INFORMATION

1. Tank ID Number (as registered with Ecology): 100079 2. Year installed: 1980
 3. Tank capacity in gallons: 5,000, 10,000, 10,000 4. Last substance stored: Gas, Gas, Diesel

4. REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT

Check one:

- Investigate suspected release due to on-site environmental contamination
- Investigate suspected release due to off-site environmental contamination
- Extend temporary closure of UST system for more than 12 months
- UST system undergoing change-in-service
- UST system permanently closed-in-place
- UST system permanently closed with tank removed
- Required by Ecology or delegated agency for UST system closed before December 22, 1988
- Other (describe): _____

5. CHECKLIST

Each item of the following checklist shall be initialed by the person registered with the Department of Ecology whose signature appears below.

	Yes	No
1. Has the site check/site assessment been conducted according to applicable procedures specified in the UST site check/site assessment guidance issued by the Department of Ecology?	X	
2. Has a release from the UST system been confirmed? <i>NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours.</i>	X	
3. Are the results of the site check/site assessment enclosed with this checklist? <i>NOTE: Two copies of the site check/site assessment results must be submitted to the Department of Ecology according to the reporting requirements specified in the UST site check/site assessment guidance.</i>	X	

I hereby certify that I have been in responsible charge of performing the site check/site assessment described above. Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

2-19-91

Date

Jerome P. Olson
Signature of Person Registered with Ecology

6. OWNER'S SIGNATURE

2/27/91

Date

Richard W. Lee Plant Manager
Signature of Tank Owner or Authorized Representative



UNDERGROUND STORAGE TANK Permanent Closure/Change-In-Service Checklist

The purpose of this form is to certify the proper closure/change-in-service of underground storage tank (UST) systems. These activities must be conducted in accordance with Chapter 173.360 WAC. Washington State UST rules require the tank owner or operator to notify Ecology in writing 30 days prior to closure or change-in-service of tanks. This must be done by completing the 30 Day Notice form (ECY 010-155).

This Permanent Closure Checklist shall be completed and signed by a Licensed Decommissioning Supervisor. The supervisor shall be on site when all tank permanent closure/change-in-service activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider. If any of the activities listed below have been supervised by a different licensed supervisor, a separate checklist must be filled out and signed by the licensed supervisor performing those activities.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping), except that UST systems at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of the completion of the closure or change-in-service.

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

Site Owner/Operator: Chemical Processors, Inc.

Owners Address: 20245 76th Avenue South
Street P.O. Box

Kent WA 98032
City State ZIP-Code

Telephone: (206) 872-8030

Site ID Number (on invoice or available from Ecology if tank is registered): 100079

Site/Business Name: Chempro

Site Address: 20245 76th Avenue South King
Street County

Kent WA 98032
City State ZIP-Code

2. TANK PERMANENT CLOSURE/CHANGE-IN-SERVICE PERFORMED BY:

Firm: Chempro License Number: S000313

Address: 7440 West Marginal Way South
Street P.O. Box

Seattle WA 98108
City State ZIP-Code

Telephone: (206) 682-4898

Licensed Supervisor: Jerome P. Olson Decommissioning License Number: W000163

This page must be completed separately for each tank permanently closed (decommissioned) or change-in-service at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK CLOSURE/CHANGE-IN-SERVICE INFORMATION

1. Tank ID Number (as registered with Ecology): 100079 2. Year installed: 1980
 3. Tank capacity in gallons: 5,000 4. Date of last use: 1990
 5. Last substance stored: Gasoline 6. Date of closure/change-in-service: 2-19-91
 7. Type of closure: Closure with Tank Removal In-place Closure Change-in-Service
 8. If in-place closure is used, the tank has been filled with the following substance: _____
 9. If change-in-service, indicate new substance stored in tank: _____
 10. Local permit(s) (if any) obtained from: Kent Fire Department

Always contact local authorities regarding permit requirements.

11. Has a site assessment been completed? Yes No

Unless an external release detection system is operating at the time of closure or change in service, and a report is provided as specified in WAC 173-360-390, a site assessment must be conducted. This site assessment must be conducted by a person registered with the Department of Ecology to perform site assessments. Results of the site assessment must be included with the Site Assessment Checklist (ECY 010-158).

4. CHECKLIST

Each item of the following checklist shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has all liquid been removed from product lines?	90		
2. Has all product piping been capped or removed?	90		
3. Have all non-product lines been capped or removed?	90		
4. Have all liquid and accumulated sludges been removed from the tank?	90		
5. Has the tank been properly purged or inerted?	90		
6. Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	90		
7. Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	90		
8. Have all sludges removed from the tank been designated and disposed of in accordance with the state of Washington's dangerous waste regulations (Chapter 173-303 WAC)?	90		
9. If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	90		

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed permanent closure activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

2-25-91
Date

Jerome P. Olson
Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

2-25-91
Date

Jerome P. Olson
Signature of Licensed Service Provider (firm) Owner or Authorized Representative

2/27/91
Date

Richard W. Lee Plant Manager
Signature of Tank Owner or Authorized Representative

This page must be completed separately for each tank permanently closed (decommissioned) or change-in-service at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK CLOSURE/CHANGE-IN-SERVICE INFORMATION

1. Tank ID Number (as registered with Ecology): 100079 2. Year installed: 1980
3. Tank capacity in gallons: 10,000 4. Date of last use: 1990
5. Last substance stored: Diesel 6. Date of closure/change-in-service: 2-19-91
7. Type of closure: Closure with Tank Removal In-place Closure Change-in-Service
8. If in-place closure is used, the tank has been filled with the following substance: _____
9. If change-in-service, indicate new substance stored in tank: _____
10. Local permit(s) (if any) obtained from: Kent Fire Department
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11. Has a site assessment been completed? Yes No

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Signature of Licensed Service Provider (firm) Owner or Authorized Representative

2/27/91
Date

Richard W. Lee Plant Manager
Signature of Tank Owner or Authorized Representative

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3. Tank capacity in gallons: 10,000 4. Date of last use: 1990
5. Last substance stored: Diesel 6. Date of closure/change-in-service: 2-19-91
7. Type of closure: Closure with Tank Removal In-place Closure Change-in-Service
8. If in-place closure is used, the tank has been filled with the following substance: _____
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Date

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2/27/91
Date

Richard W. Lee Plant Manager
Signature of Tank Owner or Authorized Representative