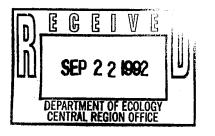


18/3e/5A/CRO 005695 FO UST



MORRILL5 890254.LTR

April 14, 1992

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

APR 1 6 1992

Dear Sir:

In December of 1990 Forsgren Associates completed a site assessment and permanent change in service checklist for Lucky's Texaco (Site ID # 005695) located at 14579 Highway 97, Entiat, Washington. (See attached vicinity map). Forsgren Associates had been contracted by Petro Tech, Inc., 307-A River Street, Wenatchee, Washington (663-6995), to perform the site assessment and closure forms for this site. Other services dealing with the removal, cleaning and disposal of the tanks were contracted and completed by Petro Tech, Inc. of Wenatchee, Washington.

Upon arrival at the site, the underground storage tanks were being removed and set aside of the excavation. Three underground storage tanks of 2000 gallon capacity, which had formerly stored regular gasoline, a 3000 gallon capacity tank formerly storing regular gasoline and a 8000 gallon tank formerly storing regular gasoline were excavated from a common excavation. Soil samples were collected as best possible with hand tools considering the extremely low temperatures due to the time of year the project was being completed. Additionally a small, unregistered 500 gallon tank was also removed from which a soil sample was collected. The Lucky Texaco Service Station sits on Highway 97 and is entirely surrounded by asphalt. Adjacent to the service station is a light commercially developed area. Lake Entiat, the back water to the Rocky Reach Reservoir is within a mile away. Ground water was not encountered as part of the excavation of this site. There is no evidence of an existing well within 200 feet of this site.

The underground storage tanks were inspected upon their removal and found to be in generally good condition with no obvious signs of leaks. Test results from the soil samples indicates that there is a slight detection of a leak from or more of the tanks but generally speaking, the levels detected are below the recognized trigger limits. The soil sample taken from the unregistered 500 gallon tank did have an elevated level of total petroleum hydrocarbon. The soil in this area was excavated and set aside. An additional sample collected 3 feet below this area was also sampled and tested. The test results for the soil sample taken 3 feet below the bottom of the tank demonstrated a level of contamination below the recognized trigger limits. Approximately 15 cubic yards of petroleum-contaminated soil was ultimately removed to a fenced area to the rear of the store awaiting final disposition. There are no plans for further remedial action for petroleum-contaminated soils at this site.

Department of Ecology Page 2 April 14, 1992

I apologize for the lack of timeliness for the submittal of this information. We have experienced a change in personnel who had been handling these projects and are just now being able to complete these open files.

If you have any questions, please feel free to contact me.

Sincerely,

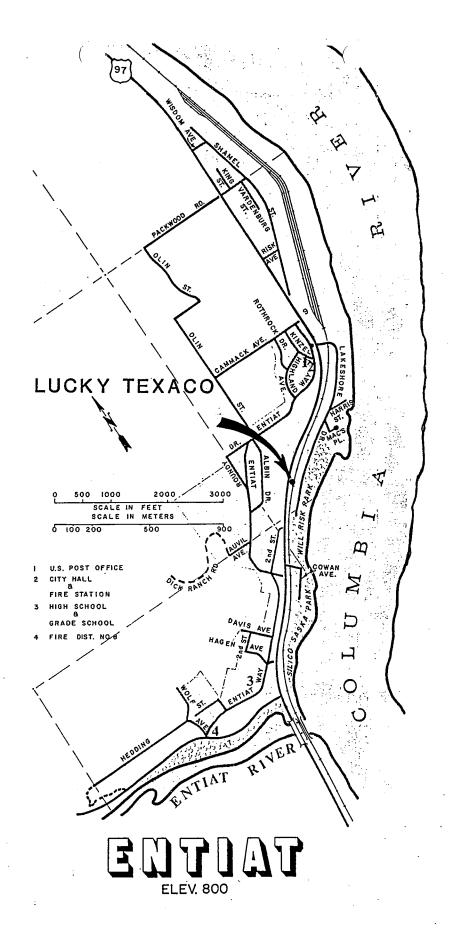
FORSGREN ASSOCIATES, p.a.

Scott K. Morrill, P.E. Project Engineer

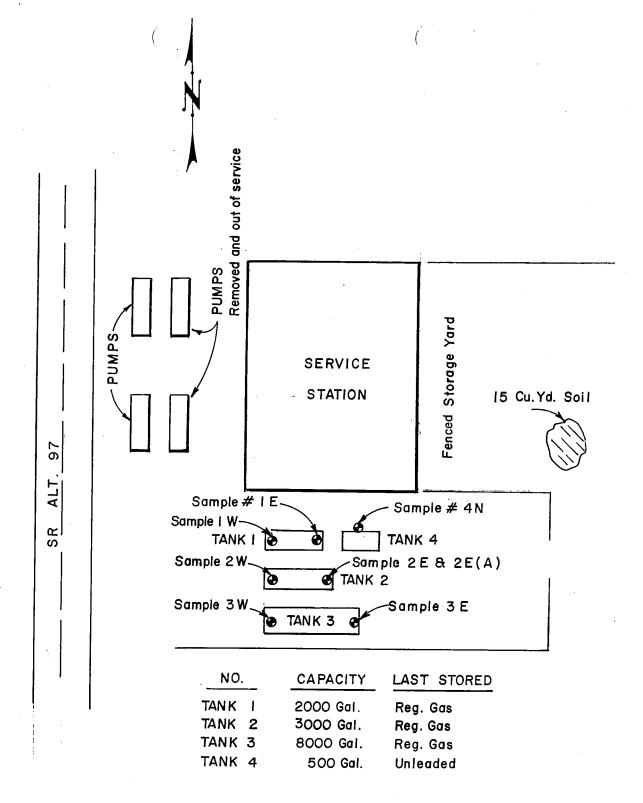
SKM:lkl

cc: Luckys' Texaco









SITE MAP

LUCKY TEXACO ENTIAT, WA.



PRECISION ANALYTICS, INC.

Communication of the Charles



N.E. 2345 Hopkins Court • Pullman, WA 99163 TEL. (509) 332-0928

December 26, 1990

Forsgren Associates, P.A. 125 McGee Street East Wenatchee, WA 98802 Attn: Greg Brizendine

Items: Soil Samples for TPH & BTEX

Date Received: 12/24/90

Project Name: Texaco Station-Entiat, Washington

Log In #: 965

Report #: FAP_1226.001

Samples received in EPA approved containers

Analysis

<u>TPH - EPA 418.1</u>

BTEX - EPA 5030, 8020

All results in mg/Kg

(mqq)

ND = Not Detected

DL = Detection Limit

Sample	Analyte	Concentration	DL,
1E(Tank #1 E.end) 1W(Tank #1 W.end)	TPH T P H	30 35	5.00
11 - 11	Benzene	ND	5.00 0.005
1.	Toluene E. benzene	ND ND	0.005
2E(Tank #2 E.end)	Xylene TPH	ND 60	0.005 5.00
2W(Tank #2 W.end)	TPH Benzene	50 ND	5.00
	Toluene	0.234	0.005 0.005
	E. benzene Xylene	0.140 1.457	0.005 0.005
3E(Tank #3 E.end) 3W(Tank #3 W.end)	TPH TPH	60 40	5.00 5.00
	Benzene Toluene	ND	0.005
	E. benzene	ND ND	0.005 0.005
4N(Tank #4 N.end)	Xylene TPH	ND 480	0.005 5.00
2E(A)(3'below tank	:)TPH	40	5.00

Respectfully,

J. Zhou (Analyst)



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.

DEPARTMENT OF ECOLOGY

The completed checklist should be mailed INDERGROUND AT I PROBE TANKS

APR 1 6 1992

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

1. UST SYSTEM OW	NER AND LO	CATION	
US)T Owner/Operator:	:	Alden B. Cates	
Owners Address:		14579 Highway 97	4 8 P.O. Box
	·	Entiat, WA	98822 ZP-Code
Telephone:	(509)	784-1818	State E-Cook
Site ID Number (on invo	ice or available	from Ecology if tank is registere	ed): 005695
Site/Business Name:		Lucky's Texaco	
Site Address:		14579 Highway 97	Chelan county
		Street Entiat, WA	98822
		City	State ZP-Code
2. SITE CHECK/SIT	E ASSESSME	NT CONDUCTED BY:	
Registered Person:		Greg Brizendine c/	o Forsgren Associates
Address:		125 McGee Street	P.O. Box
		East Wenatchee, WA	98802 State ZIP-Gode
Telephone:	(509)	884-1426	_

3. TANK INFORMATION	
Tank ID Number (as registered with Ecology):unregistered	· · · · · · · · · · · · · · · · · · ·
3. Tank capacity in gallons: 500 4. Last substance stored: Unleaded	
4. REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT	
Check one:	BERKER CHRISTIAN AND AND AND AND AND AND AND AND AND A
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	
X 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):	
Each item of the following checklist shall be initialed by the person registered with the Department of Ecosignature appears below.	logy whose
	Yes No
 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? 	Х
2. Has a release from the UST system been confirmed?	
* NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours.	X
Are the results of the site check/site assessment enclosed with this checklist?	
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.	X
I hereby certify that I have been in responsible charge of performing the site check/site assessment described abo Persons submitting false information are subject to penalties under Chapter 173.360 WAC. *Approximately 15 cubic yards of pcs.	ve.
Date Signature of Gerson Registered with Ecology	· · · · · · · · · · · · · · · · · · ·
6. OWNER'S SIGNATURE	
Date Signature of Tank Owner or Authorized Representative	



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

LINDFRGROUND STORAGE TANKS derground Storage Tank Section

Department of Ecology

Mail Stop PV-11 APR 1 6 1992 Olympia, WA 98504-8711

1. UST SYSTEM OW	NER AND LO	CATION	All Company and Co		en e
UST Owner/Operator:		Alden B. Cates			
Owners Address:		14579 Highway 97			4 8 P.O. Box
		Entiat, WA			98822 zp-code
Telephone:	(509)	784-1818	State		
Site ID Number (on invo	ice or available	from Ecology if tank is register	red):	0569	5
Site/Business Name:		Lucky's Texaco			
Site Address:		14579 Highway 97			Chelan
		Street Entiat, WA			98822 ZP-Code
e e		City	State		
2. SITE CHECK/SIT	E ASSESSME	ENT CONDUCTED BY:			
Registered Person:		Greg Brizendine c	/o Forsgren As:	sociates_	
Address:		125 McGee Street			7.O. 8ox
		East Wenatchee, WA	98802 State		ZIP-Code
Telephone:	(509)	884-1426	· · · · · · · · · · · · · · · · · · ·		
•					

3. TANK INFORMATION	
Tank ID Number (as registered with Ecology): 3 2. Year installed: 1963 Approx	
3. Tank capacity in gallons: 8000 4. Last substance stored: Gasoline	2
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	
X 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	Britanie vis
Each item of the following checklist shall be initialed by the person registered with the Department of Ecolo	ov whose
signature appears below.	, s.j
	Yes No
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?	x
* NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours.	
3. Are the results of the site check/site assessment enclosed with this checklist?	
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.	X
I hereby certify that I have been in responsible charge of performing the sile check/site assessment described abov	£,
Persons submitting false information are subject to penalties under Chapter 173.360 WAC. *Approximately 15 cubic yards of pcs.	
pcs.	
Oate Signature of Person Registered with Ecology	
Signature by Person Registered With Ecology	
6. OWNER'S SIGNATURE	- Adams of the
All DIA	



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 maile PERARTMENT OF ECOLOGY UNDERGROUND STORAGE TANKS

APR 1 6 1992

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

1. UST SYSTEM OW	NER AND LO	CATION		
UST Owner/Operator:		Alden B. Cates		
Owners Address:		14579 Highway 97		48
Owners Address.		Street		P.O. Sox
		Entiat, WA		98822 zp-code
	. (500)	70/L-1010	State	
Telephone:	(509)	784-1818		
Other ID More has done have	iee er available	from Ecology if tank is regist	ered).	5695
Site ID Number (on invo	ice of available	MOIN Ecology if talk is regist		
Site/Business Name:		Lucky's Texaco		
Site Address:		14579 Highway 97		Chelan
Olic Madioco.		Street		County
		Entiat, WA	State	98822 7P-Code
		City	State	
2. SITE CHECK/SIT	E ASSESSM	ENT CONDUCTED BY:		
Registered Person:		Greg Brizendine	c/o Forsgren Ass	<u>ociates</u>
Address:		125 McGee Street		P.O. Box
		East Wenatchee, W	A 98802	ZIP-Code
Telephone:	(509)	884-1426	•	
i eleptiona.		- 804-1440 		
				•

3. TANK INFORMATION		
Tank ID Number (as registered with Ecology): 2 Z. Year installed: 1963 Approx		
3. Tank capacity in gallons: 3000 4. Last substance stored: Gasolin	ne	
4. REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT		
Check one:	enselbile (Iballie)	
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		
X 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 Eco signature appears below.	logy wh	ose
	Yes	No
Has the site check/site assessment been conducted according to applicable procedures specified in the UST	Yes	No
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?	Yes	No
site check/site assessment guidance issued by the Department of Ecology?		No
site check/site assessment guidance issued by the Department of Ecology?		No
2. Has a release from the UST system been confirmed? * NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist?	X	No
2. Has a release from the UST system been confirmed? * NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours.	X	No
2. Has a release from the UST system been confirmed? * NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist? NOTE: Two copies of the site check/site assessment results must be submitted to the Department of Ecology according to the	X X	No
2. Has a release from the UST system been confirmed? * NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist? 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 hereby certify that I have been in responsible charge of performing the site check/site assessment described abord Persons submitting false information are subject to penalties under Chapter 173.360 WAC. *Approximately 15 cubic yards of pcs.	X X	No
2. Has a release from the UST system been confirmed? * NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist? 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 hereby certify that I have been in responsible charge of performing the site check/site assessment described aborders submitting false information are subject to penalties under Chapter 173.360 WAC. *Approximately 15 cubic yards of pcs.	X X	No
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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 TANKSUNDERGROUND STORAGE TANKSUND STOR

Department of Ecology Mail Stop PV-11

APR 1 6 1992

Olympia, WA 98504-8711

UST Owner/Operator:	·	Alden B. Cates	
Owners Address:		14579 Highway 97	4 8 P.O. Box
		Entiat, WA	98822 2P-Code
Telephone:	(509)	City State 784-1818	<u> </u>
			•
Site ID Number (on invo	oice or available	e from Ecology if tank is registered):	005695
Site/Business Name:		Lucky's Texaco	<u></u>
Site Address:		14579 Highway 97	Chelan County
		Street Entiat, WA	98822
		City State	ZIP-Code
2 SITE CHECK/SI	F ASSESSM	ENT CONDUCTED BY:	
Z. SITE CHECKSI	E ACCECO.		
Registered Person:		Greg Brizendine c/o Forsgren	Associates
Address:		125 McGee Street	P.O. Box
		East Wenatchee, WA 98802	ZIP-Gode
		•	<u> </u>
Telephone:	<u>(509</u>)	884-1426	

1. TANK INFORMATION		* <u>1, 71</u>
Tank ID Number (as registered with Ecology):		
3. Tank capacity in gallons: 2000 4. Last substance stored: Gasolin		
4. REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT		
	SESSESS COMMAN	
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		
X 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	or the second	
Each item of the following checklist shall be initialed by the person registered with the Department of Eco	ology who	ose
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?		-
site check/site assessment guidance issued by the Department of Ecology?	х	
site check/site assessment guidance issued by the Department of Ecology?	Х	
2. Has a release from the UST system been confirmed? **NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours.	X	
2. Has a release from the UST system been confirmed? * NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist?	X	
2. Has a release from the UST system been confirmed? **NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours.	V	
2. Has a release from the UST system been confirmed? * NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist? 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.	X	
 2. Has a release from the UST system been confirmed? **NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist? 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 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. 	X	
 2. Has a release from the UST system been confirmed? *NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist? 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 hereby certify that I have been in responsible charge of performing the site check/site assessment described about the check/sit	X	
 2. Has a release from the UST system been confirmed? **NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist? 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 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. 	X	
 2. Has a release from the UST system been confirmed? **NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist? 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 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. 	X	
 2. Has a release from the UST system been confirmed? **NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist? 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 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. 	X	
2. Has a release from the UST system been confirmed? * NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist? 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 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. *Approximately 15 cubic yards of pcs.	X	
2. Has a release from the UST system been confirmed? * NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours. 3. Are the results of the site check/site assessment enclosed with this checklist? 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 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. *Approximately 15 cubic yards of pcs. Date Date	X	



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 the systems at one site may be reported together by complete storing storing 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.

APR 1 6 1992

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

1. UST SYSTEM OW	NER AND LOCATION		
Site Owner/Operator:	Alden B. Cates		
Owners Address:	14579 Highway 97		4 &
	Entiat, WA		98822 ZIP-Code
Telephone:	(509) 784-1818	State	ZIF-COGE
Site ID Number (on invo	oice or available from Ecology if tank is req Lucky's Texaco	gistered):	005695
Site Address:	14579 Highway 97		Chelan
·	Street Entiat, WA City	State	County 98822 ZIP-Code
2. TANK PERMANE	NT CLOSURE/CHANGE-IN-SERVIC	E PERFORME	D BY:
Firm:	Forsgren Associates		License Number: S000172
Address:	125 McGee Street		P.O. Box
	Wenatchee, WA		98802 ZIP-Code
Telephone:	(509) 884-1426	State	ΔP-Code
Licensed Supervisor:	Greg Brizendine		Decommissioning License Number: W000749

This page must be completed se_ately for each tank permanently close __ecommissioned) 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): unregistered (4) 2. Year installed: 1963	Approx	cimately
3. Tank capacity in gallons: 500 4. Date of last use: 12/90)	
5. Last substance stored: Unleaded Gas 6. Date of closure/change-in-se	rvice: _1	12/20/90
7. Type of closure: Closure with Tank Removal XX In-place Closure Cha	nge-in-Se	ervice
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:	· ·	
Always contact local authorities regarding permit requirements.		
11. Has a site assessment been completed? Yes XX		
Unless an external release detection system is operating at the time of closure or change in service, and a report is p 173-360-390, a site assessment must be conducted. This site assessment must be conducted by a person registered Ecology to perform site assessments. Results of the site assessment must be included with the Site Assessment Cha	d with the D	Department of
4. CHECKLIST		2. 化基础分子 化基础
Each item of the following checklist shall be initialed by the licensed supervisor whose signature	appears t Yes	elow. No NA*
Has all liquid been removed from product lines?	Х	
2. Has all product piping been capped or removed?	Х	
3. Have all non-product lines been capped or removed?	Х	
4. Have all liquid and accumulated sludges been removed from the tank?	Х	
5. Has the tank been properly purged or inerted?	Χ	
6. Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	X	
7. Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	Х	
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)?	Х	
If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	Х	
*Item not applicable		
I hereby certify that I have been the licensed supervisor present on site during the above listed permanent the best of my knowledge they have been conducted in compliance with all applicable state and federal laprocedures pertaining to underground storage tanks.	closure a ws, regul	activities and to ations and
Persons submitting false information are subject to penalties under Chapter 173.360 WAC.		
Date Signature of Licensed Supervisor		
5. ADDITIONAL REQUIRED SIGNATURES		
Latt Marill		
Date Signature of Licensed Service Povider (firm) Owner or Authorized Representative		
Signature of Took Owner or Authorized Persecentalize		



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 to the problem of the closure or change-in-service.

UNDERGROUND STORAGE TANKS

Underground Storage Tank Section

Department of Ecology Mail Stop PV-11 Olympia, WA 98504-8711

APR 1 6 1992

1. UST SYSTEM OW	NER AND LOCATION		
Site Owner/Operator:	Alden B. Cates	·	
Owners Address:	14579 Highway 97		48
	Entiat, WA	State	98822 ZIP-Code
Telephone:	(509) 784-1818		
Site ID Number (on invo Site/Business Name:	ice or available from Ecology if tank is regi Lucky's Texaco	stered):	005695
Site Address:	14579 Highway 97		Chelan
	Street Entiat, WA City	State	County 98822 ZIP-Code
2. TANK PERMANE	NT CLOSURE/CHANGE-IN-SERVIC	E PERFORME	ED BY:
Firm:	Forsgren Associates		License Number: S000172
Address:	125 McGee Street		P.O. Box
	Wenatchee, WA	State	98802 ZP-Code
Telephone:	(509) 884-1426		Decommissioning
Licensed Supervisor:	Greg Brizendine		License Number: W000749

This page must be completed separately for each tank permanently closed ecommissioned) 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		etgell.				
1.	x ID Number (as registered with Ecology): / 2. Year installed:1963_Approximately						
3.	Tank capacity in gallons: 2,000 gallon 4. Date of last use: 12/90	capacity in gallons: 2,000 gallon 4. Date of last use: 12/90					
5.	Last substance stored: Gasoline 6. Date of closure/change-in-ser	vice: _	12/20/	90			
7.	Type of closure: Closure with Tank Removal X In-place Closure Char	nge-in-Se	ervice				
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:						
	Always contact local authorities regarding permit requirements.						
11.	Has a site assessment been completed? Yes XX 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?	X					
2.	Has all product piping been capped or removed?	Х					
3.	Have all non-product lines been capped or removed?	χ					
4.	Have all liquid and accumulated sludges been removed from the tank?	Х					
5.	Has the tank been properly purged or inerted?	Х					
6.	Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	Х					
7.	Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	Х					
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)?	Х					
9,	If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	Х					
*1	em not applicable						
th	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.						
Pe	Persons submitting false information are subject to penalties under Chapter 173.360 WAC.						
-	Date Signature of Ligersed Supervisor			<u>-</u>			
5.	5. ADDITIONAL REQUIRED SIGNATURES						
	Dott K MAMMILL						
-	Date Signature of Licensed Scruce Provider (firm) Owner or Authorized Representative						
1-	Signature of Tank Owner or Authorized Regresentative		 				



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 effollow completion of the closure or change-in-service.

DEPARTMENT OF TANKS Underground Storage Tank Section

DEPARIMENT OF TANKS Underground Storage Tank Section Mail Stop PV-11 Olympia, WA 98504-8711

APR 1 6 1992

1. UST SYSTEM OWNER AND LOCATION Alden B. Cates Site Owner/Operator: 48 14579 Highway 97 Owners Address: P.O. Box Street 98822 Entiat, WA 784-1818 (509) Telephone: Site ID Number (on invoice or available from Ecology if tank is registered): 005695 Lucky's Texaco Site/Business Name: Chelan 14579 Highway 97 Site Address: Street 98822 Entiat, WA ZIP-Code 2. TANK PERMANENT CLOSURE/CHANGE-IN-SERVICE PERFORMED BY: S000172 License Number: Forsgren Associates Firm: 125 McGee Street Address: P.O. Box Street 98802 Wenatchee, WA ZIP-Code 509) 884-1426 Telephone: Decommissioning W000749 License Number: Greq Brizendine Licensed Supervisor:

This page must be completed self-lately for each tank permanently closed ecommissioned) 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		
1.	Tank ID Number (as registered with Ecology): 2. Year installed: 1963 A	pproxim	ately			
3.	Tank capacity in gallons: 3,000 gallons 4. Date of last use: 12/90	<u> </u>				
5.	Last substance stored: Gasoline 6. Date of closure/change-in-se	rvice: 1	2/20/90			
7.	Type of closure: Closure with Tank Removal XX In-place Closure Cha	nge-i n- Se	rvice]		
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:					
	Always contact local authorities regarding permit requirements.					
11.	Has a site assessment been completed? Yes XX No					
	Unless an external release detection system is operating at the time of closure or change in service, and a report is p 173-360-390, a site assessment must be conducted. This site assessment must be conducted by a person registered Ecology to perform site assessments. Results of the site assessment must be included with the Site Assessment Che	d with the D	epartment of			
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?	Х				
2.	Has all product piping been capped or removed?	Х				
3.	Have all non-product lines been capped or removed?	X				
4.	Have all liquid and accumulated siudges been removed from the tank?	Х				
5.	Has the tank been properly purged or inerted?	Χ				
6.	Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	X				
7.	Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	X				
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)?	Х				
9.	If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	X				
1	em 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.						
-	Date Signature of Dicensed Sugervisor					
3.	5. ADDITIONAL REQUIRED SIGNATURES					
_	Leatteflarul					
	Date Signature of Licensed Service Provider (firm) Owner or Authorized Representative					
	Date Signature of Tank Owner or Authorized Representative					



UNDERGROUND _TORAGE 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

APR 1 6 1992

1. UST SYSTEM OW	NER AND LOCATION		in the second second		
.,		,			
Site Owner/Operator:	Alden B. Cates				
Owners Address:	14579 Highway 97		48		
Owileis Address.	Street		P.O. Box		
	Entiat, WA	-	98822 ZIP-Code		
Telephone:	City (509) 784-1818	State	ZIT COOL		
Site ID Number (on invo	ice or available from Ecology if tank is regis	stered):	005695		
Site/Business Name:	Lucky's Texaco		· · · · · · · · · · · · · · · · · · ·		
Site Address:	14579 Highway 97		Chelan		
	Street Entiat, WA		County 98822		
	City	State	ZIP-Code		
2. TANK PERMANE	NT CLOSURE/CHANGE-IN-SERVICE	PERFORM	ED BY:		
Firm:	Forsgren Associates		License Number: S000172		
Address:	125 McGee Street				
Wenatchee, WA			P.O. Box 98802		
Telephone:	City (509) 884–1426	State	∑IP-Code		
Licensed Supervisor:	Greg Brizendine		Decommissioning License Number: W000749		

This page must be completed se ately for each tank permanently close accommissioned) 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.		63 Approximately			
3.	Tank capacity in gallons: 8,000 Gallons 4. Date of last use: 12/90				
5.	Last substance stored: Gasoline/Diesel 6. Date of closure/change-in-se	rvice: _]	2/20/9	0	
7.	Type of closure: Closure with Tank Removal X In-place Closure Cha	ange-in-Service			
8.	If in-place closure is used, the tank has been filled with the following substance:		1.1		
9.	If change-in-service, indicate new substance stored in tank:				
10.	Local permit(s) (if any) obtained from:				
	Always contact local authorities regarding permit requirements.				
11.	Has a site assessment been completed? Yes X No				
	Unless an external release detection system is operating at the time of closure or change in service, and a report is p 173-360-390, a site assessment must be conducted. This site assessment must be conducted by a person registered Ecology to perform site assessments. Results of the site assessment must be included with the Site Assessment Change	d with the L	epartmen)	t of	
4.	CHECKLIST			<i>3</i>	
	Each item of the following checklist shall be initialed by the licensed supervisor whose signature	appears b Yes	elow. No	NA*	
1.	Has all liquid been removed from product lines?	Х			
2.	Has all product piping been capped or removed?	У Х			
3.	Have all non-product lines been capped or removed?	Х			
4.	Have all liquid and accumulated sludges been removed from the tank?	Χ			
5.	Has the tank been properly purged or inerted?	X			
6.	Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	X	-		
7.	Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	X	j		
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)?	Х			
9.	If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	Х			
*11	em 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 perputties under Chapter 173.360 WAC.					
-	Date Signature of Licensed Supervisor				
5.	ADDITIONAL REQUIRED SIGNATURES	maje j	To de les		
	A. Att Annual				
	Date Signature of Licensed Scryce Provider (firm) Owner or Authorized Representative				
-	Date Signature of Tank Owner or Authorized Representative				