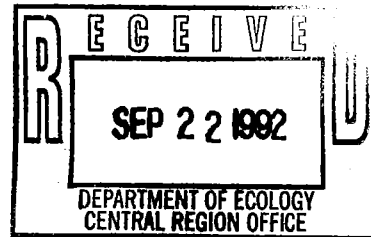




FORSGREN
ASSOCIATES / P.A.

1B/ 3e/5A/CRO
005695
FO UST

April 14, 1992



MORRILL5
890254.LTR

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

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

APR 16 1992

Dear Sir:

4 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.

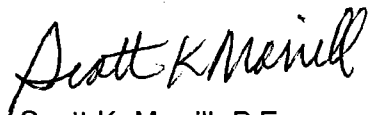
Department of Ecology
Page 2
April 14, 1992

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.

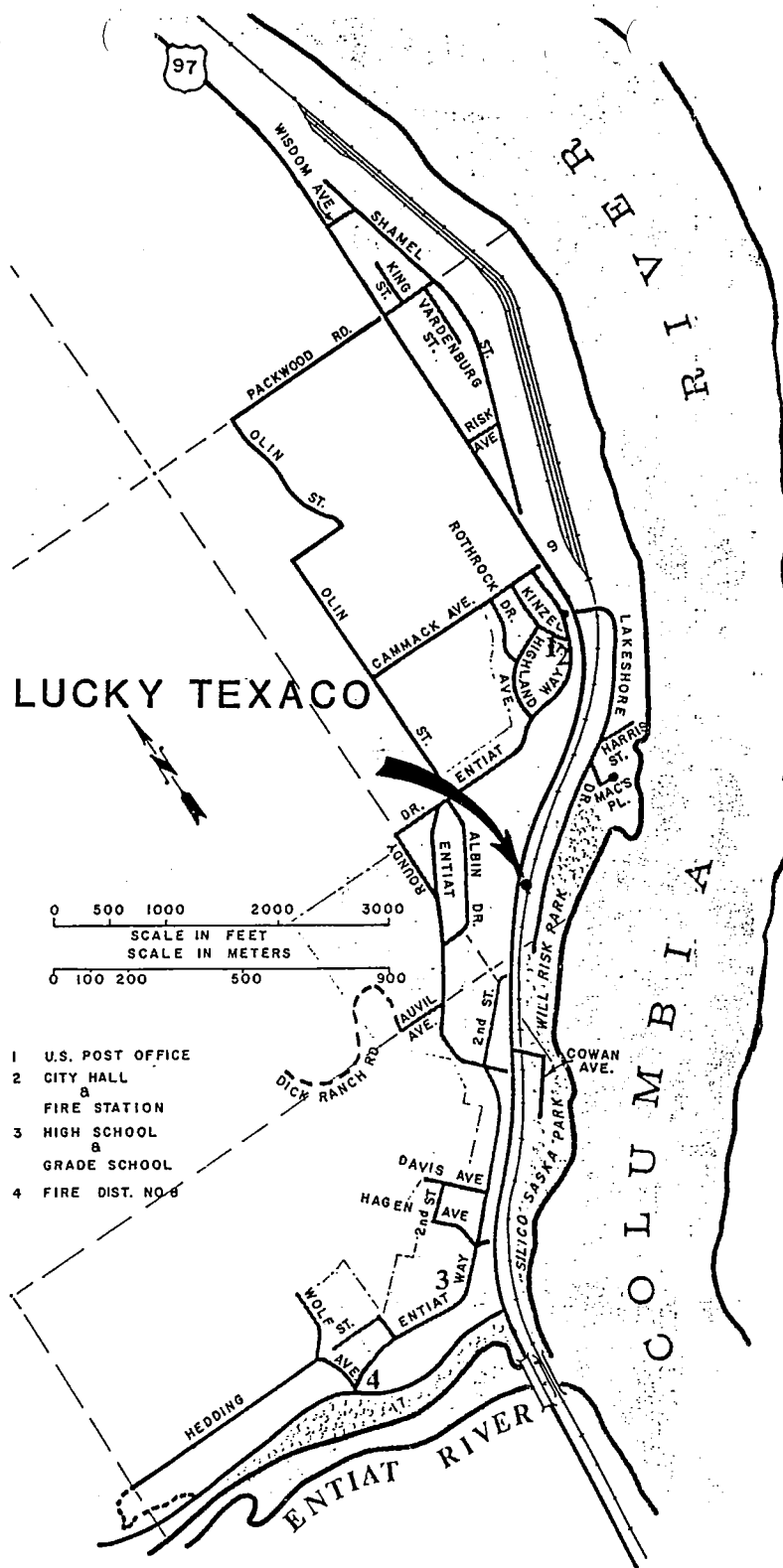
A handwritten signature in cursive script that reads "Scott K. Morrill".

Scott K. Morrill, P.E.
Project Engineer

SKM:iki

cc: Luckys' Texaco

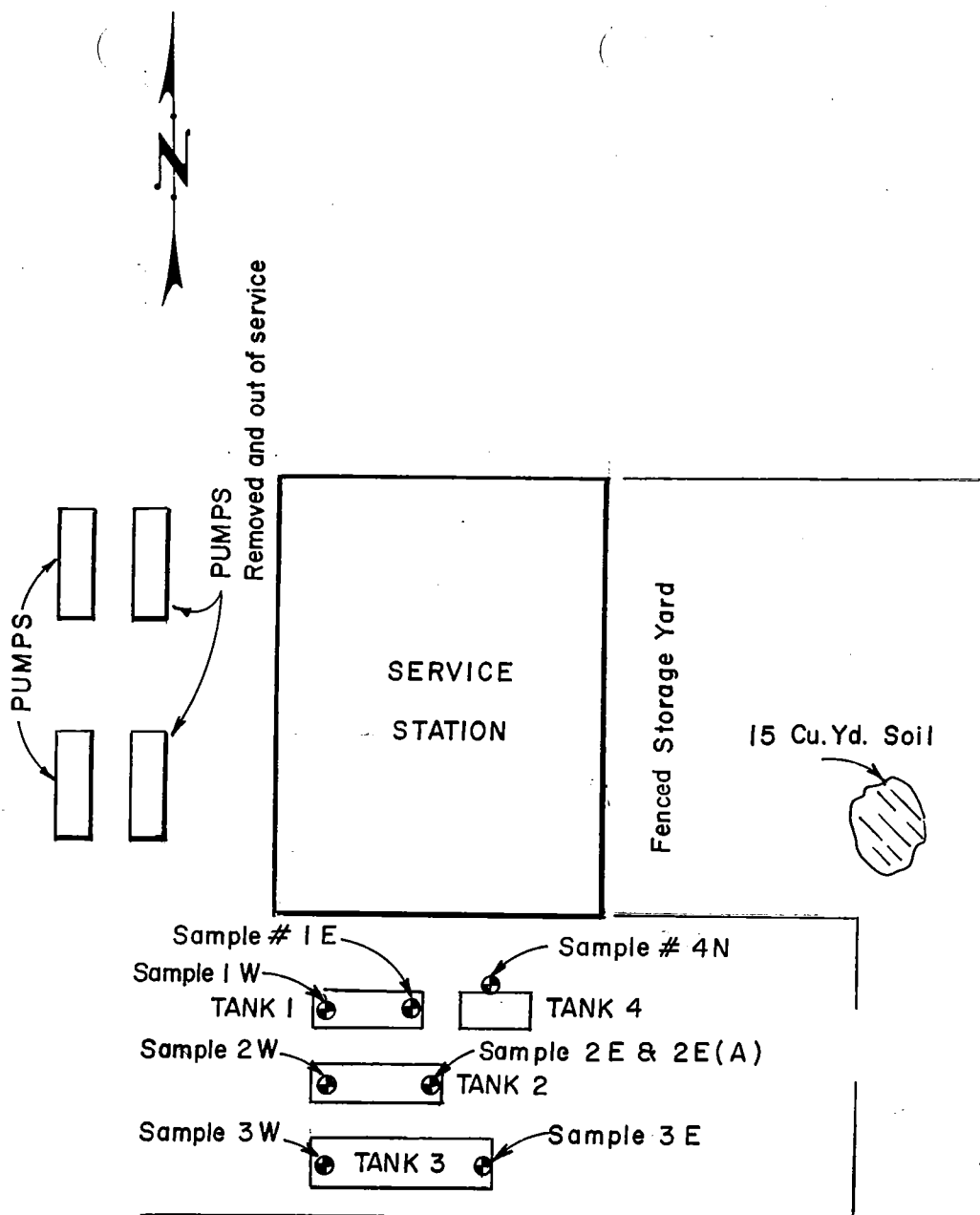




ENTTIAT

ELEV. 800

SR ALT. 97



<u>NO.</u>	<u>CAPACITY</u>	<u>LAST STORED</u>
TANK 1	2000 Gal.	Reg. Gas
TANK 2	3000 Gal.	Reg. Gas
TANK 3	8000 Gal.	Reg. Gas
TANK 4	500 Gal.	Unleaded

SITE MAP

LUCKY TEXACO
ENTIAT, WA.

PRECISION ANALYTICS, INC.

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

TPH - EPA 418.1
BTEX - EPA 5030.1 8020

All results in mg/Kg (ppm) ND = Not Detected
DL = Detection Limit

Sample	Analyte	Concentration	DL
1E(Tank #1 E.end)	TPH	30	5.00
1W(Tank #1 W.end)	TPH	35	5.00
	Benzene	ND	0.005
	Toluene	ND	0.005
	E. benzene	ND	0.005
	Xylene	ND	0.005
2E(Tank #2 E.end)	TPH	60	5.00
2W(Tank #2 W.end)	TPH	50	5.00
	Benzene	ND	0.005
	Toluene	0.234	0.005
	E. benzene	0.140	0.005
	Xylene	1.457	0.005
3E(Tank #3 E.end)	TPH	60	5.00
3W(Tank #3 W.end)	TPH	40	5.00
	Benzene	ND	0.005
	Toluene	ND	0.005
	E. benzene	ND	0.005
	Xylene	ND	0.005
4N(Tank #4 N.end)	TPH	480	5.00
2E(A)(3'below tank)	TPH	40	5.00

Respectfully,

J. Zhou (Analyst)



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.

DEPARTMENT OF ECOLOGY

The completed checklist should be mailed to the following address:

APR 16 1992

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

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Alden B. Cates

Owners Address: 14579 Highway 97 48

Street

P.O. Box

Entiat, WA

98822

City

State

ZIP-Code

Telephone: (509) 784-1818

Site ID Number (on invoice or available from Ecology if tank is registered): 005695

Site/Business Name: Lucky's Texaco

Site Address: 14579 Highway 97 Chelan

Street

County

Entiat, WA

98822

City

State

ZIP-Code

2. SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Registered Person: Greg Brizendine c/o Forsgren Associates

Address: 125 McGee Street

Street

P.O. Box

East Wenatchee, WA 98802

City

State

ZIP-Code

Telephone: (509) 884-1426

3. TANK INFORMATION

1. Tank ID Number (as registered with Ecology): unregistered 2. Year installed: 1963 approx
3. Tank capacity in gallons: 500 4. Last substance stored: Unleaded Gas

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.


**Approximately 15 cubic yards of pcs.*

Date


Signature of Person Registered with Ecology

6. OWNER'S SIGNATURE

Date


Signature of Tank Owner or Authorized Representative



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 TANK Section

Department of Ecology

Mail Stop PV-11

Olympia, WA 98504-8711

APR 16 1992

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Alden B. Cates

Owners Address: 14579 Highway 97 48

Street

P.O. Box

Entiat, WA

98822

City

State

ZIP-Code

Telephone: (509) 784-1818

Site ID Number (on invoice or available from Ecology if tank is registered): 005695

Site/Business Name: Lucky's Texaco

Site Address: 14579 Highway 97 Chelan

Street

County

Entiat, WA

98822

City

State

ZIP-Code

2. SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Registered Person: Greg Brizendine c/o Forsgren Associates

Address: 125 McGee Street

Street

P.O. Box

East Wenatchee, WA 98802

City

State

ZIP-Code

Telephone: (509) 884-1426

3. TANK INFORMATION

1. Tank ID Number (as registered with Ecology): 3 2. Year installed: 1963 Approx
3. Tank capacity in gallons: 8000 4. Last substance stored: Gasoline

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? * NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours.	X	
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 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


Signature of person Registered with Ecology

6. OWNER'S SIGNATURE

Date


Signature of Tank Owner or Authorized Representative



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

APR 16 1992

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

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Alden B. Cates

Owners Address: 14579 Highway 97 48
Street P.O. Box

Entiat, WA 98822
City State ZIP-Code

Telephone: (509) 784-1818

Site ID Number (on invoice or available from Ecology if tank is registered): 005695

Site/Business Name: Lucky's Texaco

Site Address: 14579 Highway 97 Chelan
Street County

Entiat, WA 98822
City State ZIP-Code

2. SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Registered Person: Greg Brizendine c/o Forsgren Associates

Address: 125 McGee Street
Street P.O. Box

East Wenatchee, WA 98802
City State ZIP-Code

Telephone: (509) 884-1426

3. TANK INFORMATION

1. Tank ID Number (as registered with Ecology): 2 2. Year installed: 1963 Approx
3. Tank capacity in gallons: 3000 4. Last substance stored: Gasoline

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? * NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours.	X	
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 site check/site assessment described above.

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

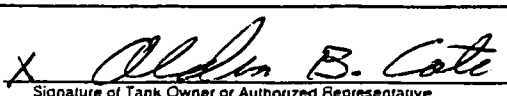
*Approximately 15 cubic yards of pcs.

Date _____


Signature of Person Registered with Ecology

6. OWNER'S SIGNATURE

Date _____

X 
Signature of Tank Owner or Authorized Representative



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

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

APR 16 1992

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Alden B. Cates

Owners Address: 14579 Highway 97 48
Street P.O. Box

Entiat, WA 98822
City State ZIP-Code

Telephone: (509) 784-1818

Site ID Number (on invoice or available from Ecology if tank is registered): 005695

Site/Business Name: Lucky's Texaco

Site Address: 14579 Highway 97 Chelan
Street County

Entiat, WA 98822
City State ZIP-Code

2. SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Registered Person: Greg Brizendine c/o Forsgren Associates

Address: 125 McGee Street
Street P.O. Box

East Wenatchee, WA 98802
City State ZIP-Code

Telephone: (509) 884-1426

1. TANK INFORMATION

1. Tank ID Number (as registered with Ecology): 1 2. Year installed: 1963 Approx.
3. Tank capacity in gallons: 2000 4. Last substance stored: Gasoline

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.

**Approximately 15 cubic yards of pcs.*

Date

Aug Brizendine
Signature of Person Registered with Ecology

6. OWNER'S SIGNATURE

Date

X *Allen B. Cate*
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 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.

APR 16 1992

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

1. UST SYSTEM OWNER AND LOCATION

Site Owner/Operator: Alden B. Cates

Owners Address: 14579 Highway 97 48
Street P.O. Box
Entiat, WA 98822
City State ZIP-Code

Telephone: (509) 784-1818

Site ID Number (on invoice or available from Ecology if tank is registered): 005695

Site/Business Name: Lucky's Texaco

Site Address: 14579 Highway 97 Chelan
Street County
Entiat, WA 98822
City State ZIP-Code

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

Firm: Forsgren Associates License Number: S000172

Address: 125 McGee Street
Street P.O. Box
Wenatchee, WA 98802
City State ZIP-Code

Telephone: (509) 884-1426

Licensed Supervisor: Greg Brizendine Decommissioning License Number: W000749

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): unregistered (4) 2. Year installed: 1963 Approximately
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-service: 12/20/90
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: _____
- 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?	X		
2. Has all product piping been capped or removed?	X		
3. Have all non-product lines been capped or removed?	X		
4. Have all liquid and accumulated sludges been removed from the tank?	X		
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		
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)?	X		
9. If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	X		

*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.

Date

Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

Date

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

Date

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 completion of the closure or change-in-service.

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

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

APR 16 1992

1. UST SYSTEM OWNER AND LOCATION

Site Owner/Operator: Alden B. Cates

Owners Address: 14579 Highway 97 48
Street P.O. Box

Entiat, WA 98822
City State ZIP-Code

Telephone: (509) 784-1818

Site ID Number (on invoice or available from Ecology if tank is registered): 005695

Site/Business Name: Lucky's Texaco

Site Address: 14579 Highway 97 Chelan
Street County

Entiat, WA 98822
City State ZIP-Code

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

Firm: Forsgren Associates License Number: S000172

Address: 125 McGee Street
Street P.O. Box

Wenatchee, WA 98802
City State ZIP-Code

Telephone: (509) 884-1426

Licensed Supervisor: Greg Brizendine Decommissioning License Number: W000749

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): 1 2. Year installed: 1963 Approximately
3. Tank capacity in gallons: 2,000 gallon 4. Date of last use: 12/90
5. Last substance stored: Gasoline 6. Date of closure/change-in-service: 12/20/90
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: _____

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 initiated 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?	X		
3. Have all non-product lines been capped or removed?	X		
4. Have all liquid and accumulated sludges been removed from the tank?	X		
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		
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)?	X		
9. If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	X		

*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.

Date

Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

Date

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

Date

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 completion of the closure or change-in-service.

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

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

APR 16 1992

1. UST SYSTEM OWNER AND LOCATION

Site Owner/Operator: Alden B. Cates

Owners Address: 14579 Highway 97 48
Street P.O. Box

Entiat, WA 98822
City State ZIP-Code

Telephone: (509) 784-1818

Site ID Number (on invoice or available from Ecology if tank is registered): 005695

Site/Business Name: Lucky's Texaco

Site Address: 14579 Highway 97 Chelan
Street County

Entiat, WA 98822
City State ZIP-Code

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

Firm: Forsgren Associates License Number: S000172

Address: 125 McGee Street
Street P.O. Box

Wenatchee, WA 98802
City State ZIP-Code

Telephone: (509) 884-1426

Licensed Supervisor: Greg Brizendine Decommissioning License Number: W000749

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): 2 2. Year installed: 1963 Approximately
3. Tank capacity in gallons: 3,000 gallons 4. Date of last use: 12/90
5. Last substance stored: Gasoline 6. Date of closure/change-in-service: 12/20/90
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: _____

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 initiated 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?	X		
3. Have all non-product lines been capped or removed?	X		
4. Have all liquid and accumulated sludges been removed from the tank?	X		
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		
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)?	X		
9. If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	X		

*Item not applicable

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Date

Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

Date

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

Date

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.

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

APR 16 1992

1. UST SYSTEM OWNER AND LOCATION

Site Owner/Operator: Alden B. Cates

Owners Address: 14579 Highway 97 48
Street P.O. Box
Entiat, WA 98822
City State ZIP-Code

Telephone: (509) 784-1818

Site ID Number (on invoice or available from Ecology if tank is registered): 005695

Site/Business Name: Lucky's Texaco

Site Address: 14579 Highway 97 Chelan
Street County
Entiat, WA 98822
City State ZIP-Code

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

Firm: Forsgren Associates License Number: S000172

Address: 125 McGee Street
Street P.O. Box
Wenatchee, WA 98802
City State ZIP-Code

Telephone: (509) 884-1426

Licensed Supervisor: Greg Brizendine Decommissioning License Number: W000749

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): 3 2. Year installed: 1963 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-service: 12/20/90
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: _____

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?	X		
2. Has all product piping been capped or removed?	X		
3. Have all non-product lines been capped or removed?	X		
4. Have all liquid and accumulated sludges been removed from the tank?	X		
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		
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)?	X		
9. If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	X		

*Item not applicable

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

Date

Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

Date

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

Date

Signature of Tank Owner or Authorized Representative