

**UNDERGROUND STORAGE TANK
TEMPORARY/PERMANENT CLOSURE
and SITE ASSESSMENT NOTICE**

See back of form for instructions
Please ☒ the appropriate box(es)
Please type or print information

For Office Use Only
Owner # W0008166
Site # 000892

☐ Temporary Tank Closure ☒ Permanent Tank Closure ☐ Change-In-Service ☐ Site Assessment/Service **RECEIVED**

SITE INFORMATION:

OCT 18 1994

Site ID Number (on invoice or available from Ecology if the tanks are registered): _____
Site/Business Name: MORSE CONSTRUCTION GROUP DEPT. OF ECOLOGY
Site Address: 5500 51ST Street Telephone: (206) 258-2731
EVERETT WA 98203
City State ZIP-Code

TANK INFORMATION:

Tank ID	Closure Date	Tank Capacity	Substance Stored
<u>1</u>	<u>9/1/94</u>	<u>~1200 gal</u>	<u>BLEADED GAS</u>

**CONTAMINATION
PRESENT AT THE
TIME OF CLOSURE**



Yes



No



Unknown

Check unknown if no obvious contamination was observed and sample results have not yet been received from analytical lab.

UST SYSTEM OWNER/OPERATOR:

UST Owner/Operator: LLOYD ARCHIBALD
Owners Signature: Rep. Lloyd Archibald Telephone: (206) 258-2731
Address: 5500 SO. 1ST STREET
EVERETT WA 98203
City State ZIP-Code

TANK CLOSURE/CHANGE-IN-SERVICE PERFORMED BY:

Service Provider: TM SERVICES License Number: 500108
Licensed Supervisor: DONNA HEWITT (DLH ENV. CONSULT) Decommissioning License Number: W000975
Supervisors Signature: Donna Hewitt 9/1/94
Address: 1335 NORTH NORTHLAKE WAY SUITE 101
SEATTLE WA 98103
City State ZIP-Code
Telephone: (206) 632-3123

SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Name of Registered Site Assessor: DONNA HEWITT
Telephone: (206) 632-3123
Address: 1335 N NORTHLAKE WAY SUITE 101
SEATTLE WA 98103
City State ZIP-Code



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

For Office Use Only
Owner # U0008166
Site # 000892

INSTRUCTIONS:

When a release has **not** been confirmed and reported, this Site Check/Site Assessment Checklist must be completed and signed by a person registered with the Department of Ecology. **The results of the site check or site assessment must be included with this checklist.** This form must be submitted to Ecology at the address shown below within 30 days after completion of the site check/site assessment.

SITE INFORMATION: Include the Ecology site ID number if the tanks are registered with Ecology. This number may be found on the tank owner's invoice or tank permit.

TANK INFORMATION: Please list all the tanks for which the site check and site assessment is being conducted. Use the tank ID number if available, and indicate tank capacity and substance stored.

REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT: Please check the appropriate item.

CHECKLIST: Please initial each item in the appropriate box.

SITE ASSESSOR INFORMATION: This form must be signed by the registered site assessor who is responsible for conducting the site check/site assessment.

Underground Storage Tank Section
Department of Ecology
P. O. Box 47655
Olympia, WA 98504-7655

SITE INFORMATION

Site ID Number (on invoice or available from Ecology if the tanks are registered): _____

Site/Business Name: MORSE CONSTRUCTION

Site Address: 5500 So. 1st Street Telephone: (206) 258-2731
Street
EVERETT WA 98203
City State ZIP-Code

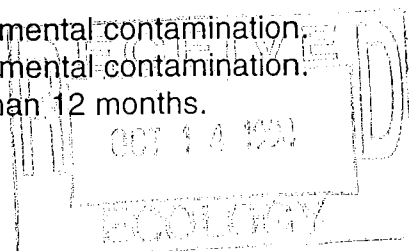
TANK INFORMATION

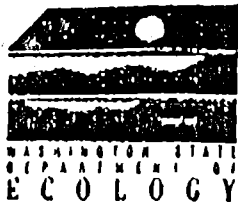
Tank ID No.	Tank Capacity	Substance Stored
<u>1</u>	<u>1200 gal</u>	<u>LEADED GAS</u>

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.
- ☐ Abandoned tank containing product.
- ☐ Required by Ecology or delegated agency for UST system closed before 12/22/88.
- ☐ Other (describe): _____





UNDERGROUND STORAGE TANK

30 DAY NOTICE

See back of form for instructions
Please ☒ the appropriate box

☐ Intent
to Install

☒ Intent
to Close

For Office Use Only

Owner #

Site #

110008106

000892

☐ Both

SITE INFORMATION:

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

000892

Site/Business Name:

Morse Construction Group

Site Address:

5500 South 1st Street

Everett

Street

City

Wash

State

Owner/Operator

Telephone:

(206) 258-2731

98203

ZIP Code

TANK INFORMATION:

This section to be filled out ONLY if tanks are being removed

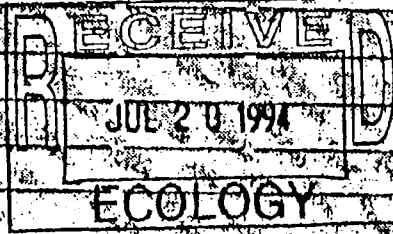
Tank ID	Projected Closure Date	Tank Capacity	Substance Stored	Date tank last used	Is there product in the tank? (yes/no)	If no data, tank was pumped
1	8-23-94	1200	unleaded	12/25/94	yes	

TANKS TO BE CLOSED

TANKS TO BE INSTALLED

This section to be filled out ONLY if tanks are being installed

Tank ID	Approx. Install Date



TANK INSTALLATION TO BE PERFORMED BY (if known):

This section to be filled out ONLY if tanks are being installed

Service Provider:

Contact Name:

Telephone: ()

Address:

Street

P.O. Box

City

State

ZIP Code

TANK PERMANENT CLOSURE TO BE PERFORMED BY (if known):

This section to be filled out ONLY if tanks are being removed

Service Provider:

J.M. Services Corp.

Contact Name:

ED Mason

Telephone: (206)

435-3809

Address:

20221 67th Ave NE Suite C

Street

P.O. Box

State

ZIP Code

This form will be returned to this address

UST OWNER/OPERATOR

Morse Construction Group

MAILING ADDRESS

5500 South 1st Street

Everett

City

Wash

State

98203

ZIP Code

Once validated by Ecology, this form serves as your temporary permit for the tanks listed above.

Please type or print information

Attn: Lloyd Archibald

ECY 020-33

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. The location of the UST site is shown on the vicinity map.	X	
2. A brief summary of information obtained during the site inspection is provided. (see Section 3.2 in the Site Assessment Guidance)	DLH	
3. A summary of UST system data is provided. (see Section 3.1)		DLH
4. The soils characteristics at the UST site are described. (see Section 5.2)	DLH	
5. Is there apparent groundwater in the tank excavation?		DLH
6. A brief description of the surrounding land is provided. (see Section 3.1)	DLH	
7. Information has been provided indicating the number and types of samples collected, methods used to collect and analyze the samples, and the name and address of the laboratory used to perform the analyses.	DLH	
8. A sketch or sketches showing the following items is provided:		
- location and ID number for all field samples collected	DLH	
- groundwater samples distinguished from soil samples (if applicable)	NA	
- samples collected from stockpiled excavated soil	DLH	
- tank and piping locations and limits of excavation pit	DLH	
- adjacent structures and streets		DLH
- approximate locations of any on-site and nearby utilities		DLH
9. If sampling procedures different from those specified in the guidance were used, has justification for using these alternative sampling procedures been provided? (see Section 3.4)	DLH	
10. A table is provided showing laboratory results for each sample collected including: sample ID number, constituents analyzed for and corresponding concentration, analytical method and detection limit for that method.	DLH	
11. Any factors that may have compromised the quality of the data or validity of the results are described.	DLH	
12. The results of this site check/site assessment indicate that a confirmed release of regulated substance has occurred.		

SITE ASSESSOR INFORMATION

DONNA HEWITT		DLH
PERSON REGISTERED WITH ECOLOGY		FIRM AFFILIATED WITH
BUSINESS ADDRESS: 1335 N. NORTHSHORE WAY SUITE 10		TELEPHONE: (206) 632-3123
SEATTLE	WA	98103
CITY	STATE	ZIP+CODE
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.		
9/1/94	Donna Hewitt	
Date	Signature of Person Registered with Ecology	