



**UNDERGROUND STORAGE TANK
Closure and Site Assessment Notice**

FOR OFFICE USE ONLY

Site ID #: _____

Facility Site ID #: _____

See back of form for instructions

Please the appropriate box(es)
 Temporary Tank Closure Change-In-Service Permanent Tank Closure Site Check/Site Assessment

Site Information

Owner Information

Site ID Number 99187287
(Available from Ecology if the tanks are registered)

UST Owner/Operator DOTT MAR, INC.

Site/Business Name 7th Ave Service
Street

Mailing Address _____
Street

Site Address 701 S. Jackson

3343
P.O. Box

City/State Seattle, WA

City/State: Seattle, WA

Zip Code 98104 Telephone (206) 623-3732

Zip Code 98114 Telephone (206) 623-3732

Owners Signature [Signature] for DOTT MAR, INC.

Tank Closure/Change-In-Service Company

Service Company: Global Diving & Salvage, Inc.

Certified Supervisor Chris Stokes Decommissioning Certification No. X2433200451

Supervisor's Signature [Signature] Date 2-9-12

Address 3840 West Marginal Way S.W.

Street Seattle City State WA P.O. Box 98106 Zip Code Telephone (206) 623-0621

Site Check/Site Assessor

Certified Site Assessor Environmental Associates, Inc. - POC: Robert Roe

Address 1380 112th Ave N.E. 300

Street Belleuve City State WA P.O. Box 98004 Zip Code Telephone (425) 455-9025

Tank Information

Contamination Present at the Time of Closure

Tank ID	Closure Date	Closure Method	Tank Capacity	Substance Stored
<u>9017</u>	<u>11-2-10</u>	<u>Permanent Tank Closure</u>	<u>6,000 gal</u>	<u>Gas</u>
<u>9017</u>	<u>11-2-10</u>	<u>Permanent Tank Closure</u>	<u>6,000 gal</u>	<u>Gas</u>

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

Yes No
 If contamination is present, has the release been reported to the appropriate regional office?

To receive this document in an alternative format, contact the Toxics Cleanup Program at 380-407-7170 (voice) or 1-800-833-6388 OR 711 (TTY)



**UNDERGROUND STORAGE TANK
Site Check/Site Assessment Checklist**

FOR OFFICE USE ONLY
 Site #: _____
 Facility Site ID #: _____

INSTRUCTIONS

When a release has not been confirmed and reported, this Site Check/Site Assessment Checklist must be completed and signed by a person certified by ICC or a Washington registered professional engineer who is competent, by means of examination, experience, or education, to perform site assessments. 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 tanks for which the site check or site assessment is being conducted. Use the owner's tank ID numbers 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.

Underground Storage Tank Section
 Department of Ecology
 PO Box 47655
 Olympia WA 98504-7655

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

SITE INFORMATION

Site ID Number (Available from Ecology if the tanks are registered): 99187287
 Site/Business Name: 7th Ave. Service / Dott Mac, Inc.
 Site Address: 701 S. Jackson Street Telephone: (206) 623-3732
Seattle City WA State 98104 Zip Code

TANK INFORMATION

Tank ID No.	Tank Capacity	Substance Stored
<u>9017</u>	<u>6,000 gal</u>	<u>Gas</u>
<u>9017</u>	<u>6,000 gal</u>	<u>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 with tank removed.
- Abandoned tank containing product.
- Required by Ecology or delegated agency for UST system closed before 12/22/88.
- Other (describe): _____

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 a vicinity map:	✓	
2. A brief summary of information obtained during the site inspection is provided. (see Section 3.2 In site assessment guidance)	✓	
3. A summary of UST system data is provided. (see Section 3.1.)		
4. The soils characteristics at the UST site are described. (see Section 5.2)	✓	
5. Is there any apparent groundwater in the tank excavation?		✓
6. A brief description of the surrounding land use is provided. (see Section 3.1)	✓	
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.	✓	
8. A sketch or sketches showing the following items is provided:		
- location and ID number for all field samples collected	✓	
- groundwater samples distinguished from soil samples (if applicable)		N/A
- samples collected from stockpiled excavated soil	✓	
- tank and piping locations and limits of excavation pit	✓	
- adjacent structures and streets	✓	
- approximate locations of any on-site and nearby utilities		✓
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)		
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.	✓	
11. Any factors that may have compromised the quality of the data or validity of the results are described.	✓	
12. The results of this site check/site assessment indicate that a confirmed release of a regulated substance has occurred.	✓	

SITE ASSESSOR INFORMATION

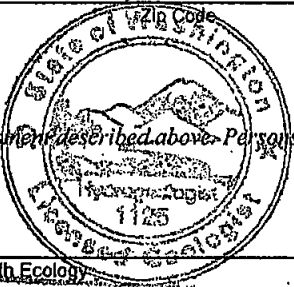
Robert B. Roe Environmental Associates, Inc
Person registered with Ecology Firm Affiliated with

Business Address: 1380-112th Ave NE, Suite 300 Telephone: (425) 455-9025
Street City State Zip

Bellevue WA 98004
City State Zip

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

2/9/2012 [Signature]
Date Signature of Person Registered with Ecology



If you need this publication in an alternate format, please contact Toxics Cleanup Program at (360) 407-7170. For persons with a speech or hearing impairment call 711 for relay service or 800-833-6388 for TTY.