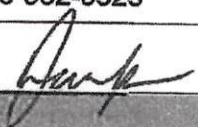
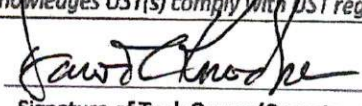


PERMANENT CLOSURE NOTICE FOR UNDERGROUND STORAGE TANKS

UST ID #: _____
RECEIVED
County: _____

This notice certifies that permanent closure activities were performed and conducted in accordance with Chapter 173-360A WAC. Instructions are found on the back page.

Washington State Department of Ecology
Toxics Cleanup Program

I. UST FACILITY		II. OWNER/OPERATOR INFORMATION				
Facility Compliance Tag #:		Owner/Operator Name:	David Knudsen			
UST ID #: 8234		Business Name:	Ostrom Mushroom Farm			
Site Name: Ostrom Mushroom Farm		Address:	OMF Legacy Partners Inc. P.O. Box 1117			
Site Address: 8323 Steilacoom Road SE		City:	Hempstead	State:	TX	Zip: 77446
City: Olympia		Phone:	512 924 1020			
Phone:		Email:	Knudsen@dco1.com			
III. CERTIFIED UST DECOMMISSIONER						
Company Name: Rivers Edge Environmental Svcs.		Service Provider Name:	Dan Kuhn			
Address: 17115 SE 270th Place, Suite E106		Certification Type:	ICC UST Decommissioning			
City: Covington	State: WA	Zip: 98042	Cert. No.: 9291718	Exp. Date: 10/06/23		
Provider Phone: 206-962-0323		Provider Email:	dkuhn@rivers.city			
Provider Signature:			Date:	4/8/22		
IV. TANK INFORMATION						
TANK ID	TANK CAPACITY	LAST SUBSTANCE STORED	removal	closed-in-place	change-in-service	CLOSURE DATE
8234	8,000 Gal.	Diesel Heating Oil for generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/16/21
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
V. REQUIRED SIGNATURE						
Signature acknowledges UST(s) comply with UST regulation WAC 173-360A-0810 Permanent Closure Requirements.						
3/8/2022			David C. Knudsen			
Date	Signature of Tank Owner/Operator or Authorized Representative		Print or Type Name President			



30-DAY NOTICE

FOR UNDERGROUND STORAGE TANK SYSTEMS

UST ID #: _____

County: Thurston

RECEIVED

This form provides Ecology 30-days' advanced notice for projects, as required by Chapter 173-360A WAC. Instructions are on the back page.

MAR 10 2022

Please ✓ the appropriate box: ☐ Intent to Install ☒ Intent to Close ☐ Change in Service

Washington State Department of Ecology
Toxics Cleanup Program

I. SITE INFORMATION			II. OWNER/OPERATOR INFORMATION		
Tag or UBI # (if applicable): <u>UNKNOWN</u>			Owner/Operator Name: _____		
UST ID # (if applicable): <u>UNKNOWN</u>			Business Name: <u>Ostrom Mushroom Farm</u>		
Site Name: <u>Ostrom Mushroom Farms</u>			Mailing Address: <u>17115 SE 270th place # 106</u>		
Site Address: <u>8323 STELLACORN RD. SE</u>			City: <u>Covington</u> State: <u>WA</u> Zip: <u>98042</u>		
City: <u>OLYMPIA</u>			Phone: <u>206-962-6323</u>		
Phone: _____			Email: <u>DKOWN@RIVERS.CITY</u>		
III. CERTIFIED SERVICE PROVIDER(S)					
Check the appropriate boxes. If more than one service provider is required for this project, fill out both sections.					
Note: Individuals performing UST services MUST be ICC-certified or have passed another qualifying exam approved by the Department of Ecology.					
1) <input type="checkbox"/> Installer <input checked="" type="checkbox"/> Decommissioner <input type="checkbox"/> Site Assessor					
Company Name: <u>Rivers Edge Environmental Svcs</u>			Certification Type: <u>ICC Decommissioner</u>		
Service Provider Name: <u>Dean Kohn</u>			Cert. No.: <u>9291718</u> Exp. Date: <u>10/6/23</u>		
Provider Phone: <u>206-962-0323</u>			Provider Email: <u>DKOWN@RIVERS.CITY</u>		
2) <input type="checkbox"/> Installer <input type="checkbox"/> Decommissioner <input type="checkbox"/> Site Assessor					
Company Name: _____			Certification Type: _____		
Service Provider Name: _____			Cert. No.: _____ Exp. Date: _____		
Provider Phone: _____			Provider Email: _____		
IV. TANK AND/OR PIPING INFORMATION					
TANK ID	TANK CAPACITY	SUBSTANCE STORED	PIPING INSTALLATION OR REPLACEMENT ONLY (Y/N)	DATE PROJECT IS EXPECTED TO BEGIN	COMMENTS
<u>UNKNOWN</u>	<u>~1500 gal</u>	<u>Diesel</u>		<u>12/2021</u>	<u>Can't locate tank into online.</u>

UST ADJUSTMENTS
CHANGE IN BILLING ADDRESS OR REPRINT

CHANGE IN OWNER ADDRESS:

Customer Name Ostrom Mushroom Farms Site Number 008234
Customer Number 110005794 Invoice Number 35150
Initiated by Tammie McChure Date 12-9-92
(Name)

PROGRAM ACTION:

Reprint Original Invoice ☒ Y ☐ N

Print Current Statement Y ☒ N

Remove From Pending ☒ Y ☐ N

Approved By Tammie McChure Date 12-9-92
(Name)

Comments Re billing per Bill Street Jr's
request. Tank had been removed after
June 30 cut off.

UST ADJUSTMENTS
CHANGE IN BILLING ADDRESS OR REPRINT

CHANGE IN OWNER ADDRESS:

Customer Name Ostrom Mushroom Farms Site Number 008234
Customer Number 40005194 Invoice Number 35150
Initiated by Tammie McChure Date 11-30-92
(Name)

PROGRAM ACTION:

Reprint Original Invoice ☒ Y ☐ N

Print Current Statement Y ☒ N

Remove From Pending ☒ Y ☐ N

Approved By Tammie McChure Date 11-30-92
(Name)

Comments _____

Ostrom's

'92 NOV 23 AIO:40

November 19, 1992

DEPT. OF ECOLOGY
CASHIERING SECTION

WASHINGTON STATE DEPT OF ECOLOGY
UNDERGROUND STORAGE TANK SECTION
PO BOX 5128
LACEY WA 98503-0210

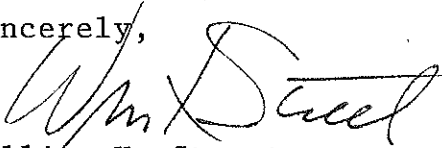
Dear Sirs:

We have recently removed four underground storage tanks, including this one. The paper work has been sent to the DOE.

Since this tank was taken out on September 10, 1992, we believe that we should not be assessed a fee for the entire period 07/01/92-06/30/93.

Please let us know what we are required to do.

Sincerely,


William K. Street
President

WKS:bn

12-3-92
Closed tanks 2 Connery
+ 4 Diesel per Sue
Simms instruction.
Did not use
licensed service
provider. Still
out \$75 in tank
fus. TAM

Ostrom Farms
Mushroom Growers and Packers
Since 1928

8323 Steilacoom Road South East, Olympia, Washington 98503, Telephone 206.491.1410, Fax 206.438.2594



UNDERGROUND STORAGE TANK

Permanent Closure/Change-In-Service Checklist

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

NOV 19 1992

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

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

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

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

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

1. UST SYSTEM OWNER AND LOCATION

Site Owner/Operator:	<u>THE OSTROM COMPANY, DBA OSTROM MUSHROOM FARMS</u>		
Owners Address:	<u>8323 STEILACOOM ROAD SE</u> <small>Street</small>	<u>OLYMPIA WA</u> <small>City</small>	<u>98503</u> <small>P.O. Box ZIP-Code</small>
Telephone:	<u>(206) 491-1410</u>		
Site ID Number (on invoice or available from Ecology if tank is registered):			
Site/Business Name:	<u>OSTROM MUSHROOM FARM</u>		
Site Address:	<u>SAME</u> <small>Street</small>	<u>WA</u> <small>City</small>	<u>98503</u> <small>County ZIP-Code</small>

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

Firm:	<u>Wood & Son</u>	License Number:	<u>Woods 189LJ</u>
Address:	<u>5819 SR #702</u> <small>Street</small>	<u>CC 18525</u> <small>P.O. Box</small>	
	<u>Roy</u> <small>City</small>	<u>WA</u> <small>State</small>	<u>98580</u> <small>ZIP-Code</small>
Telephone:	<u>(206) 458-7142 or 3127</u>		
Licensed Supervisor:	<u>HARDING LAWSON ASSOC.</u>	Decommissioning License Number:	<u>WDD1286</u>
<u>REF: Mark Winters</u>			

This page must be completed separately for each tank permanently closed (decommissioned) or changed 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: BEFORE 1967
3. Tank capacity in gallons: 1100
4. Date of last use: 9/1/92
5. Last substance stored: GASOLINE
6. Date of closure/change-in-service: 9/1/92
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?	✓		
2. Has all product piping been capped or removed?	✓		
3. Have all non-product lines been capped or removed?	✓		
4. Have all liquid and accumulated sludges been removed from the tank?	✓		
5. Has the tank been properly purged or inerted?	✓		
6. Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	✓		
7. Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	✓		
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)?	✓		
9. If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	✓		

*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

11-2-92

Date

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

Wm L Street

Signature of Tank Owner or Authorized Representative



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

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

NOV 19 1992

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

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

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

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

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

1. UST SYSTEM OWNER AND LOCATION

Site Owner/Operator: THE OSTROM COMPANY dba OSTROM MUSHROOM FARMS

Owners Address: 8323 STEILACOOM RD
Street
OLYMPIA WA 98503
City State ZIP-Code

Telephone: (206) 491 1410

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

Site/Business Name: OSTROM MUSHROOM FARM

Site Address: SAME
Street
City State ZIP-Code

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

Firm: Wood & Son License Number: Woods 189LJ
5819 SR. #702 CC 18525
Street

Roy WA 98580
City State ZIP-Code

Telephone: (206) 458-7142 or 3127

Licensed Supervisor: HARDING LAWSON ASSO. Decommissioning License Number: W081286

REF: Mark Winters

This page must be completed separately for each tank permanently closed (decommissioned) or changed-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): 4 2. Year installed: 1969
3. Tank capacity in gallons: 4000 4. Date of last use: 9/1/92
5. Last substance stored: DIESEL 6. Date of closure/change-in-service: 9/1/92
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?	✓		
2. Has all product piping been capped or removed?	✓		
3. Have all non-product lines been capped or removed?	✓		
4. Have all liquid and accumulated sludges been removed from the tank?	✓		
5. Has the tank been properly purged or inerted?	✓		
6. Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	✓		
7. Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	✓		
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)?	✓		
9. If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	✓		

*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

11-2-92

Date

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

Signature of Tank Owner or Authorized Representative



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

DEPARTMENT OF ECOLOGY
"UNDERGROUND STORAGE TANKS"

NOV 19 1992

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:

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

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: OSTROM FARMS

Owners Address:

8323 STEILACOOM RD SE

OLYMPIA, WA

98503

Telephone:

(206) 491-1410

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

Site/Business Name: OSTROM FARMS

Site Address:

8323 STEILACOOM RD SE THURSTON

OLYMPIA, WA

98503

2. SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Registered Person:

BRYAN D. LUND / HLA

Address:

1325-4th AVE, STE 1800

SEATTLE, WA

98101

Telephone:

(206) 622-0812

3. TANK INFORMATION

1. Tank ID Number (as registered with Ecology): 2 4 2. Year installed: 1969
3. Tank capacity in gallons: 4000 4. Last substance stored: DIESEL

4. REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT

Check one:

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

5. CHECKLIST

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

	Yes	No
1. Has the site check/site assessment been conducted according to applicable procedures specified in the UST site check/site assessment guidance issued by the Department of Ecology?	BD2	
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>	BD2	
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>	BD2	

*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.*

10/06/92
Date

[Signature]
Signature of Person Registered with Ecology

6. OWNER'S SIGNATURE

10/14/92
Date

Wm X Steel President
Signature of Tank Owner or Authorized Representative



UNDERGROUND STORAGE TANK
Site Check/Site Assessment Checklist

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANK

NOV 19 1992

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:

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

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator:	OSTROM FARMS		
Owners Address:	8323 STELLACOOM RD SE		
	Street		P.O. Box
	OLYMPIA, WA	98503	
	City	State	ZIP-Code
Telephone:	(206) 491-1410		
Site ID Number (on invoice or available from Ecology if tank is registered):			
Site/Business Name:	OSTROM FARMS		
Site Address:	8323 STELLACOOM RD SE, THURSTON		
	Street		County
	OLYMPIA, WA	98503	
	City	State	ZIP-Code

2. SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Registered Person:	BRYAN D. LUND / HLA		
Address:	1325 - 4 th AVE, STE 1800		
	Street		P.O. Box
	SEATTLE, WA	98101	
	City	State	ZIP-Code
Telephone:	(206) 622-0812		

These checklists match the 2
permanent closure forms
(same tanks)

C.F.S.

3. TANK INFORMATION

1. Tank ID Number (as registered with Ecology): 2
2. Year installed: Not Known
3. Tank capacity in gallons: 1100
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?	BDJ	
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>	BDJ	
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>	BDJ	

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.

Date

Signature of Person Registered with Ecology

6. OWNER'S SIGNATURE

Date

Signature of Tank Owner or Authorized Representative



UNDERGROUND STORAGE TANK

30 Day Notice of Intent to Close/Decommission Tanks NOV 19 1992

DEPARTMENT OF ECOLOGY
"UNDERGROUND STORAGE TANK"
sent 4/27/92

The purpose of this form is to provide the Department of Ecology with notice of intent to close/decommission an UST. It must be received 30 days prior to the closure activities. It must be signed and dated by either the owner/operator of the UST to be closed or his/her authorized representative. (This could be the firm contracted to do the work.) Ecology will notify the identified person of the earliest date closure/decommissioning activities may commence.

For questions on completing this form please call (206) 459-6293.

Please type or use ink.

The completed checklist should be mailed to:

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

1. TANK OWNER AND LOCATION

UST Owner/Operator: Ostrom Farms

Owners Mailing Address: 8323 Steilacoom Road SE
Street Olympia, WA 98503
City State ZIP-Code

Telephone: (206) 491-1410

Site ID Number (on invoice or available from Ecology if tank is registered): 008234

Site/Business Name: Ostrom Farms

Site Address: 8323 Steilacoom Road SE
Street Olympia, WA 98503
City State ZIP-Code

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

Firm: Not determined

Address:
Street
City State ZIP-Code

Telephone: () Contact Name:

3. TANK INFORMATION

Tank Identification	Approx. Closure Date	Tank Capacity (gallons)	Tank Age (years)	Last Substance Stored
1 office	6-1-92	3,000 - 6,000	35 (est.)	Fuel Oil
2 cannery	6-1-92	3,000 - 6,000	35 (..)	Fuel Oil

4. SIGNATURE OF TANK OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE:

Wm Steel President April 27, 1992
Signature Title Date

ECY 101-155

11/90

2 cannery trailer fuel
tanks - previously listed
as closed or not in use.

Heater
Oil
Hernandez

Ostrom's

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

NOV 19 1992

November 12, 1992

RECEIVED

'92 NOV 17 10:32

DEPARTMENT OF ECOLOGY
S.W. REGIONAL OFFICE

Ms. Sue Simms
Underground Storage Tank Section
PO Box 47655
Olympia WA 98504-7655

Dear Sue:

Enclosed are two applications for permanent closure of the four tanks we have removed.

For your additional information, the company that disposed of the tanks was Airo Services, Inc., 4110 East 11th Street, Tacoma 98421.

As I mentioned to you, we now will have operating only one underground storage tank, which is an 8,000-gallon diesel tank adjacent to the boiler room on the farm and will be used only for heating of the plant.

We are in process of installing a new 3-wall above-ground 1,000-gallon tank to serve our diesel powered rolling equipment.

Two additional tanks that had been listed by your department as "temporarily closed," have also been pulled and disposed of by Airo Services. I do not have permanent closure forms for those two tanks, but copy of notice of closure for them is attached. If you need permanent closure forms for your records, please send me the forms and I will fill them out. These two tanks were located adjacent to the cannery/office building and were standby fuel tanks for the cannery boilers and used Bunker C or PS 300 crude oil.

Ostrom Farms
Mushroom Growers and Packers
Since 1928

I hope this information is sufficient for you, but please call me if I can be of further assistance. I do want to have our UST system in compliance and with your agency totally aware of how we are configured.

Sincerely,

A handwritten signature in cursive script that reads "Bill Street". The signature is written in dark ink and is positioned below the word "Sincerely,".

William K. Street
President

WKS:bn
Enclosures



STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

Mail Stop PV-11 • Olympia, Washington 98504-8711 • (206) 459-6000

October 26, 1992

Dear Underground Storage Tank Owner:

We recently received information on the following site and tank(s) which indicates that the tank(s) have been closed:

Site Address: 8323 Steilacoom Rd SE, Olympia

Site No: 008234 Tank Ids: 2 + 4

Until we receive documentation that the tank(s) have been permanently closed in accordance with federal and state regulations, we are unable to consider them closed for regulatory and billing purposes. If such closure has been completed, please fill out the enclosed form(s) as marked below and return them to our office as soon as possible. We will then be able to correct our records and resolve any outstanding fee payment issues relating to this site.

For tanks closed before March 1, 1991:

☐ Permanent Closure/Change-in-Service Checklist

For tanks closed after March 1, 1991:

☒ Permanent Closure/Change-in-Service Checklist
☐ Site Check/Site Assessment Checklist
☐ A copy of the Site Assessment Report

Please complete the forms and return them to:

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

Thank you for your cooperation. If you have any questions, please call me at (206) 438-7520.

Sincerely,

Tammie McClure

Tammie McClure
Data Management Unit
Toxics Cleanup Program

Enclosures



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
RECEIVED

OCT 15 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:

Ostrom Farms

Owners Address:

8323 STELLACOOM RD SE

Street

P.O. Box

OLYMPIA, WA 98503

City

State

ZIP-Code

Telephone:

(206) 491-1410

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

008234

Site/Business Name:

Ostrom Farms

Site Address:

8323 STELLACOOM RD SE, THURSTON

Street

County

OLYMPIA, WA 98503

City

State

ZIP-Code

2. SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Registered Person:

BRYAN D. LUND / HLA

Address:

1325 - 4th AVE, STE 1800

Street

P.O. Box

SEATTLE, WA 98101

City

State

ZIP-Code

Telephone:

(206) 622-0812

3. TANK INFORMATION

1. Tank ID Number (as registered with Ecology): 2
2. Year installed: Not Known
3. Tank capacity in gallons: 1100
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?	BDJ	
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>	BDJ	
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>	BDJ	

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.

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
RECEIVED

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

OCT 15 1992

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Ostrom Farms

Owners Address: 8323 STEILACOOM RD SE
Street
OLYMPIA, WA 98503
City State P.O. Box ZIP-Code

Telephone: (206) 491 1410

Site ID Number (on invoice or available from Ecology if tank is registered): 008234

Site/Business Name: Ostrom Farms

Site Address: 8323 STEILACOOM RD SE THURSTON
Street
OLYMPIA, WA 98503
City State ZIP-Code

2. SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Registered Person: BRYAN D. LUND / HLA

Address: 1325-4th AVE, STE 1800
Street
SEATTLE, WA 98101
City State P.O. Box ZIP-Code

Telephone: (206) 622 0812

3. TANK INFORMATION

1. Tank ID Number (as registered with Ecology): 2 4 2. Year installed: 1969
3. Tank capacity in gallons: 4000 4. Last substance stored: DIESEL

4. REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT

Check one:

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

5. CHECKLIST

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

	Yes	No
1. Has the site check/site assessment been conducted according to applicable procedures specified in the UST site check/site assessment guidance issued by the Department of Ecology?	BDJ	
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>	BDJ	
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>	BDJ	

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.

Date

Signature of Person Registered with Ecology

6. OWNER'S SIGNATURE

Date

Signature of Tank Owner or Authorized Representative



UNDERGROUND STORAGE TANK

30 Day Notice of Intent to Close/Decommission Tanks

The purpose of this form is to provide the Department of Ecology with notice of intent to close/decommission an UST. It must be received 30 days prior to the closure activities. It must be signed and dated by either the owner/operator of the UST to be closed or his/her authorized representative. (This could be the firm contracted to do the work.) Ecology will notify the identified person of the earliest date closure/decommissioning activities may commence.

For questions on completing this form please call (206) 459-6293.

Please type or use ink.

The completed checklist should be mailed to:

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

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

JUN 29 1992

1. TANK OWNER AND LOCATION

UST Owner/Operator: OSTROM'S

Owners Mailing Address: 8323 Steilacoom Road South East
Street
Olympia WA 98503
City State ZIP-Code

Telephone: (206) 491-1410

Site ID Number (on invoice or available from Ecology if tank is registered): 008234

Site/Business Name: OSTROM'S

Site Address: 8323 Steilacoom Road South East Thurston
Street
Olympia WA 98503
City State ZIP-Code

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

Firm: Wood & Son Excavating

Address: 5819 State Route E. 702
Street
Uglen Wa
City State

Telephone: (206) 458-7142 Contact Name: Mike Wood

3. TANK INFORMATION

Tank Identification	Approx. Closure Date	Tank Capacity (gallons)	Tank Age (years)	Last Substance Stored
<u>2</u>	<u>8/1/92</u>	<u>1,000 gal.</u>		<u>Gasoline</u>
<u>4</u>	<u>8/1/92</u>	<u>4,000 gal.</u>	<u>23</u>	<u>Diesel</u>

4. SIGNATURE OF TANK OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE:

[Signature] President 6-25-92
Signature Title Date



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

Mail Stop PV-11 • Olympia, Washington 98504-8711 • (206) 459-6000

May 13, 1992

President
Ostrom Farms
8323 Steilacoom Rd. SE
Olympia, WA 98503

Dear President:

This is to acknowledge receipt of your 30-day notice of intent to close underground storage tank(s) located at 8323 Steilacoom Rd. SE, Olympia, Washington.

We received your letter on April 30, 1992.

A copy of your 30-day notice has been forwarded to the appropriate regional office and also to your county's fire marshal. A field person with the Underground Storage Tank Program may visit your site within the 30-day period. However, with the many tank closures now taking place, it will not be possible to visit every site. Tank closure may proceed thirty days from the date we received your letter (noted above).

Contact your local county fire marshal and planning department prior to tank closure to find out about permits that may be required by the county or other local jurisdictions. This may include the need to comply with the State Environmental Policy Act (SEPA) Rules, Chapter 197.11 WAC.

The tank activities (closure and site assessment) must be performed by a licensed tank service provider as defined in Chapter 173-360 WAC, Section 630. If you would like a list of service providers, please request one by calling one of the phone numbers given below.

If you did not request a full closure packet, but would like to receive one, you may do so by calling 1-800-826-7716 (in Washington state only) or (206) 459-6293. This closure packet contains forms entitled "Permanent Closure/Change-in-Service Checklist" and "Site Check/Site Assessment Checklist". Please have the forms completed by the appropriate person and return them to the Department of Ecology when tank closure is complete.

Sincerely,

A handwritten signature in cursive script that reads "Sheri Dotson".

Sheri Dotson, Section Secretary
Underground Storage Tank Section

UNDERGROUND STORAGE TANK INFORMATION UPDATE

Please check all of the information on this page to make sure it is correct. Make any changes on this page, and fill in any missing or incorrect information in the corrected information column.

2-5-93
Tank exempt
void permit
THH

TANK OWNER INFORMATION

Current Information

Corrected Information (PRINT OR TYPE)

A. OWNER NUMBER: U0005194
OWNER NAME: OSTROM MUSHROOM FARMS
OWNER ADDRESS: 8323 STEILACOOM ROAD SE
OLYMPIA, WA 98503-2057

OWNER PHONE: (206) 491-1410
B. OWNER TYPE: -

~~___~~ [B] [C] [D] [E] [F]
[O] _____

TANK SITE INFORMATION

Current Information

Corrected Information (PRINT OR TYPE)

A. SITE NUMBER: 000234
SITE NAME: OSTROM MUSHROOM FARMS
SITE ADDRESS: 8323 STEILACOOM ROAD SE
OLYMPIA, WA 98503-2057

B. CONTACT PERSON: ROBT. NEWMAN
CONTACT PHONE: 206/491-1410
C. SITE TYPE: -

[A] [B] [C] [D] [E] [F] [G] [H] [I] ~~___~~
[K] [L] [M] [N] [P] [Q] [R] [S] [T]
[O] _____

TANK INFORMATION

Current Information

Corrected Information

A. TANK ID: 3 FARM FEE PAID: YES

B. TANK STATUS: A - OPERATIONAL

C. INSTALLATION DATE:

D. TANK SIZE: -

E. TANK MATERIAL: A - STEEL UNPROTECTED

F. TANK CONSTRUCTION: A - SINGLE WALL

G. COMPARTMENTS:

H. TANK RELEASE
DETECTION: -

I. TANK CORROSION
PROTECTION: -

J. SPILL PREVENTION: -

K. OVERFILL PREVENTION: -

L. PIPING MATERIAL: A - STEEL UNPROTECTED

M. PIPING CONSTRUCTION: -

N. PRODUCT DELIVERY
METHOD: -

O. PIPING RELEASE
DETECTION: -

P. PIPING CORROSION
PROTECTION: -

Q. SUBSTANCE STORED: D - DIESEL FUEL

R. SUBSTANCE USE: -

S. FIN. RESP. CLASS: -

T. FIN. RESP. METHOD: -

Mark out the correct choice for each item by coloring between the brackets. If the Current Information is correct, you do not need to fill in that item. See the example and instruction booklet for more information on using this form.

[A] [B] 01
PRIOR 1 11975
~~___~~ [B] [C] [D] [E] [F] [G] [H]
~~___~~ [B] [C] [D] [E] [O]: _____
~~___~~ [B] [C] [O]: _____
~~___~~ [2] [3] [4] [O]: _____
[A] ~~___~~ ~~___~~ [D] [E] [F] [G] [H]
[O]: _____
[A] [B] [C] [D] ~~___~~
[O]: _____
[A] [B] ~~___~~ [O]: _____
~~___~~ [B] [C] [D] ~~___~~ [O]: _____
~~___~~ [B] [C] [D] [E] [O]: _____
[A] [B] ~~___~~ [D] [E]
[O]: _____
[A] ~~___~~ [C] [D] [E] [F] [G]
[O]: _____
[A] [B] ~~___~~ [D] [E]
[O]: GALVANIZED STEEL
[A] ~~___~~ [C] [D] [E] [F] [G] [H] [I]
[O]: _____
~~___~~ [B] [C] [D] [E] [O]: 12V SMALL MOTORS
[A] [B] [C] [D] [E] ~~___~~ [G] [H] [I]
[A] [B] [C] [D] [E] [F] [G] [H] ~~___~~ [J]

SWORN STATEMENT: I hereby swear under penalty of law that, based on my review of the underground storage tank self-certification of compliance and tank information update and my knowledge of the tank identified by the above tank id number, this tank is in compliance with applicable state requirements. Also, any new or corrected information required on this form has been entered accurately. I understand that false statement may result in this permit being immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

PRINT OR TYPE: THE OSTROM COMPANY aka OSTROM MUSHROOM FARMS

Name and Official Title of UST Owner or UST Owners's Authorized Representative

Wm X Steel

Signature of UST Owner or Authorized Representative

5/6/92

Date Signed

206/491-1410

Telephone Number

UNDERGROUND STORAGE TANK INFORMATION UPDATE

Please check all of the information on this page to make sure it is correct. Make any changes on this page, and fill in any missing or incorrect information in the corrected information column.

TANK OWNER INFORMATION

Current Information

Corrected Information (PRINT OR TYPE)

A. OWNER NUMBER: 00005194
OWNER NAME: OSTRUM MUSHROOM FARMS
OWNER ADDRESS: 8323 STEILACOOM ROAD SE
OLYMPIA, WA 98503-2057

OWNER PHONE: (206) 491-1410
B. OWNER TYPE: - FARM

[A] [B] [C] [D] [E] [F]
[G] _____

TANK SITE INFORMATION

Current Information

Corrected Information (PRINT OR TYPE)

A. SITE NUMBER: 000234
SITE NAME: OSTRUM MUSHROOM FARMS
SITE ADDRESS: 8323 STEILACOOM ROAD SE
OLYMPIA, WA 98503-2057

B. CONTACT PERSON: ROBT. NEUMAN
CONTACT PHONE: 206/491-1410
C. SITE TYPE: - FARM

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]
[K] [L] [M] [N] [O] [P] [Q] [R] [S] [T]
[U] _____

TANK INFORMATION

Current Information

Corrected Information

A. TANK ID: 4 DIESEL FEE PAID: YES

B. TANK STATUS: A - OPERATIONAL

C. INSTALLATION DATE: PRIOR 1975

D. TANK SIZE: - 3000

E. TANK MATERIAL: - STEEL

F. TANK CONSTRUCTION: -

G. COMPARTMENTS: -

H. TANK RELEASE

DETECTION: -

I. TANK CORROSION

PROTECTION: -

J. SPILL PREVENTION: -

K. OVERFILL PREVENTION: -

L. PIPING MATERIAL: -

M. PIPING CONSTRUCTION: -

N. PRODUCT DELIVERY

METHOD: -

O. PIPING RELEASE

DETECTION: -

P. PIPING CORROSION

PROTECTION: -

Q. SUBSTANCE STORED: A - LEADED GASOLINE

R. SUBSTANCE USE: -

S. FIN. RESP. CLASS: -

T. FIN. RESP. METHOD: -

Mark out the correct choice for each item by coloring between the brackets. If the Current Information is correct, you do not need to fill in that item. See the example and instruction booklet for more information on using this form.

[A] [B]

Answer 011 11975

[A] [B] [C] [D] [E] [F] [G] [H]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

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[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

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[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J]

SWORN STATEMENT: I hereby swear under penalty of law that, based on my review of the underground storage tank self-certification of compliance and tank information update and my knowledge of the tank identified by the above tank id number, this tank is in compliance with applicable state requirements. Also, any new or corrected information required on this form has been entered accurately. I understand that false statement may result in this permit being immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

PRINT OR TYPE: THE OSTRUM COMPANY dba OSTRUM MUSHROOM FARMS

Wm X Street

Name and Official Title of UST Owner or UST Owners's Authorized Representative

Signature of UST Owner or Authorized Representative

5/6/92

Date Signed

491 1410

Telephone Number



UNDERGROUND STORAGE TANK

30 Day Notice of Intent to Close/Decommission Tanks

The purpose of this form is to provide the Department of Ecology with notice of intent to close/decommission an UST. It must be received 30 days prior to the closure activities. It must be signed and dated by either the owner/operator of the UST to be closed or his/her authorized representative. (This could be the firm contracted to do the work.) Ecology will notify the identified person of the earliest date closure/decommissioning activities may commence.

For questions on completing this form please call (206) 459-6293.

Please type or use ink.

The completed checklist should be mailed to:

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

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

APR 30 1992

1. TANK OWNER AND LOCATION

UST Owner/Operator: Ostrom Farms

Owners Mailing Address: 8323 Steilacoom Road SE
Street Olympia, WA 98503
City State ZIP-Code

Telephone: (206) 491-1410

Site ID Number (on invoice or available from Ecology if tank is registered): 008234

Site/Business Name: Ostrom Farms

Site Address: 8323 Steilacoom Road SE
Street Olympia, WA 98503
City State ZIP-Code

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

Firm: Not determined

Address:
Street
City State ZIP-Code

Telephone: () Contact Name:

3. TANK INFORMATION

Tank Identification	Approx. Closure Date	Tank Capacity (gallons)	Tank Age (years)	Last Substance Stored
1 office	6-1-92	3,000 - 6,000	35 (EST.)	Fuel Oil
2 cannery	6-1-92	3,000 - 6,000	35 (..)	Fuel Oil

4. SIGNATURE OF TANK OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE:

Wm L Steel PRESIDENT April 27, 1992
Signature Title Date

Underground Storage Tank Self-Certification of Compliance Form

This form must be completed and signed by the underground storage tank identified below to receive a permit from the Department of Ecology. Without a permit, the tank cannot receive product or be operated (in the case of waste oil tanks, the tank cannot have the product removed).

OWNER NUMBER: U0005194

SITE NUMBER: 008234

OWNER: OSTROM MUSHROOM FARMS
8323 STEILACOOM ROAD SE

SITE: OSTROM MUSHROOM FARMS
ADDR: 8323 STEILACOOM ROAD SE

OLYMPIA, WA. 98503-

OLYMPIA, WA. 98503-

TEL NO: (206) 491-1410

TANK SIZE: 1000-4999 GALLONS
YEAR INSTALLED: 1956

TANK ID NO: 2 CANNERY
STATUS: ~~TEMP CLOSED~~
FY91 FEE PAID: YES

Exempt 90 6/25/91

INFORMATION REGARDING FINANCIAL RESPONSIBILITY:

This must be completed for the Underground Storage Tank Permit to be validated.

1. Mark the box which accurately describes the UST identified by the above Tank ID number:
 - a. ☐ The UST is owned by the state or federal government.
 - b. ☐ The UST stores a non-petroleum hazardous substance.
 - c. ☐ The UST is a deferred tank (listed on page 9 of the guide).
 - d. ☒ None of the above.
2. Financial Responsibility Compliance Category.
Enter the appropriate letter from page 6 or 7 of the Self-Certification Guide: D
3. Financial Responsibility Compliance Method(s).
Enter the appropriate letter(s) from page 8 of the Self-Certification Guide: _____

SWORN STATEMENT:

I hereby swear under penalty of law that, based on my review of the UST Self-Certification Guide and my knowledge of the tank identified by the above Tank ID Number, this tank is in compliance with the applicable state requirements. Also, the information required above regarding financial responsibility requirements has been accurately entered for this tank. I understand that if this is a false statement the permit for the UST may be immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

print or type:

THE OSTROM COMPANY
Name and Official Title of UST Owner or UST Owner's Authorized Representative

[Signature]
Signature of UST Owner or Authorized Representative

5/13/91
Date Signed

Telephone Number

[Do not detach. Return both parts to Ecology]

Underground Storage Tank Self-Certification of Compliance Form

This form must be completed and signed by the underground storage tank identified below to receive a permit from the Department of Ecology. Without a permit, the tank cannot receive product or be operated (in the case of waste oil tanks, the tank cannot have the product removed).

OWNER NUMBER: U0005194

SITE NUMBER: 008234

OWNER: OSTROM MUSHROOM FARMS
8323 STEILACOOM ROAD SE

SITE: OSTROM MUSHROOM FARMS
ADDR: 8323 STEILACOOM ROAD SE

OLYMPIA, WA. 98503-

OLYMPIA, WA. 98503-

TEL NO: (206) 491-1410

TANK SIZE: 1000-4999 GALLONS ✓

TANK ID NO: 3 FARM

YEAR INSTALLED: ~~1972~~ 1956 90

STATUS: ~~TEMP-CLOSED~~ operational 6/24/91

FY91 FEE PAID: YES

INFORMATION REGARDING FINANCIAL RESPONSIBILITY:

This must be completed for the Underground Storage Tank Permit to be validated.

1. Mark the box which accurately describes the UST identified by the above Tank ID number:
 - a. ☐ The UST is owned by the state or federal government.
 - b. ☐ The UST stores a non-petroleum hazardous substance.
 - c. ☐ The UST is a deferred tank (listed on page 9 of the guide).
 - d. ☒ None of the above.
2. Financial Responsibility Compliance Category.
Enter the appropriate letter from page 6 or 7 of the Self-Certification Guide: D
3. Financial Responsibility Compliance Method(s).
Enter the appropriate letter(s) from page 8 of the Self-Certification Guide: _____

SWORN STATEMENT:

I hereby swear under penalty of law that, based on my review of the UST Self-Certification Guide and my knowledge of the tank identified by the above Tank ID Number, this tank is in compliance with the applicable state requirements. Also, the information required above regarding financial responsibility requirements has been accurately entered for this tank. I understand that if this is a false statement the permit for the UST may be immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

print or type:

THE OSTROM COMPANY
Name and Official Title of UST Owner or UST Owner's Authorized Representative

Wm X Street
Signature of UST Owner or Authorized Representative

5/13/91
Date Signed

206/4911410
Telephone Number

[Do not detach. Return both parts to Ecology]

Underground Storage Tank Self-Certification of Compliance Form

This form must be completed and signed for the underground storage tank identified below to receive a permit from the Department of Ecology. Without a permit, the tank cannot receive product or be operated (in the case of waste oil tanks, the tank cannot have the product removed).

OWNER NUMBER: U0005194

SITE NUMBER: 008234

OWNER: OSTROM MUSHROOM FARMS
8323 STEILACOOM ROAD SE

SITE: OSTROM MUSHROOM FARMS
ADDR: 8323 STEILACOOM ROAD SE

OLYMPIA, WA. 98503-

OLYMPIA, WA. 98503-

TEL NO: (206) 491-1410

TANK SIZE: 1000-4999 GALLONS
YEAR INSTALLED: 1968

TANK ID NO: 4 DIESEL
STATUS: OPERATIONAL
FY91 FEE PAID: YES

INFORMATION REGARDING FINANCIAL RESPONSIBILITY:

This must be completed for the Underground Storage Tank Permit to be validated.

1. Mark the box which accurately describes the UST identified by the above Tank ID number:
 - a. ☐ The UST is owned by the state or federal government.
 - b. ☐ The UST stores a non-petroleum hazardous substance.
 - c. ☐ The UST is a deferred tank (listed on page 9 of the guide).
 - d. ☒ None of the above.
2. Financial Responsibility Compliance Category.
Enter the appropriate letter from page 6 or 7 of the Self-Certification Guide: D
3. Financial Responsibility Compliance Method(s).
Enter the appropriate letter(s) from page 8 of the Self-Certification Guide: _____

SWORN STATEMENT:

I hereby swear under penalty of law that, based on my review of the UST Self-Certification Guide and my knowledge of the tank identified by the above Tank ID Number, this tank is in compliance with the applicable state requirements. Also, the information required above regarding financial responsibility requirements has been accurately entered for this tank. I understand that if this is a false statement the permit for the UST may be immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

print or type:

THE OSTROM COMPANY
Name and Official Title of UST Owner or UST Owner's Authorized Representative

Wm Steel
Signature of UST Owner or Authorized Representative

5/13/91
Date Signed

206/4911410
Telephone Number

[Do not detach. Return both parts to Ecology]

FORM
A19-3A1
(Rev. 5/85)

STATE OF WASHINGTON
REVENUE REFUND

AGENCY NAME

Dept. of Ecology
Mail Stop PV-14
Olympia, WA 98504

VENDOR OR CLAIMANT

Ostrom Mushroom Farms
8323 Steilacoom Rd. SE
Olympia, WA 98503-2057

AGENCY USE ONLY

AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form in triplicate to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin, sex, or age.

BY _____ (SIGN IN INK)

(TITLE) (DATE)

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
6/25/91	Refund - tanks exempt				60°/60°	
	Check # 49806/56082					
	Invoice # 6049/15633					
	ID/site # 008234					
	CJ # 46140040 46140595					
	Owner ID # 00005194					
	Rec/Adj # 90-001863/ 91-015854					
	Prepared by: Joan Villin 438-7520					
	Approved by: Melissa Anderson					

CARRIER	SHIPPING DOCUMENT NO.	COLLECT	PREPAID	NO. PIECES	RECEIVED BY	DATE RECEIVED													
DOC. DATE 063091	CL 5737-008	REF. DOC 0525	VENDOR NUMBER V.D.I.	VENDOR MESSAGE VST Refund															
REF SUF	TRANS CODE	MOD	FUND	FD. DTL.	APPN INDEX	PROG. INDEX	PROJECT	SUB PROJ	PROJ PHAS	ORG. INDEX	CO.	CITY/ TOWN	WORK CLASS	MAJ GRP	MAJ SRCE	SUB SRCE	AMOUNT	INVOICE NUMBER	F C O
	198		182														029905	120.00	
APPROVED FOR PAYMENT BY Michael J. Brandell													DATE 0007/10/91	WARRANT TOTAL 120.00		WARRANT NUMBER			

STATE OF WASHINGTON
REVENUE REFUND

AGENCY NAME

AGENCY NAME
Dept. of Ecology
Mail Stop PV-14
Olympia, WA 98504
VENDOR OR CLAIMANT

VENDOR OR CLAIMANT

Ostrom Mushroom Farms
8323 Steilacoom Rd. SE
Olympia, WA 98503-2057

AGENCY USE ONLY

AGENCY NO.

LOCATION CODE

P.R. OR AUTH. NO.

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form in triplicate to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin, sex, or age.

BY

(SIGN IN INK)

(TITLE)

(DATE)

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
6/25/91	Refund - tanks exempt				60 ⁰⁰ /60 ⁰⁰	
	Check # 49806/56082					
	Invoice # 6049/15633					
	ID/ Site # 008234					
	CJ # 90000000 46140595					
	Owner ID # 40005194					
	Rec/Adj # 90-001863/ 91-015854					
	Prepared by: Joan Villan 438-7520					
	Approved by: William Anderson					

[illegible]

UST ADJUSTMENTS
OVERPAYMENTS FILE

TO BE USED WHEN A CUSTOMER HAS OVERPAID

Section I.

Customer Name Ostrom Mushroom Site Number 008234
Customer Number 0005194 Invoice Number UST15633
Initiated by Joan Villines Date 6/25/91
(Name)
Remitter Name " Record Number 91-015854
Amount \$ 180⁰⁰ / 60⁰⁰ refund

Section II.

PROGRAM ACTION:

- 1) ☒ Refund to Customer
2) ☐ Post to Invoice Number _____

Customer Name _____ Site Number _____
Customer Number _____

- 3) ☐ Credit/Apply to Next Billing

4) Tank Adjustment:

Number of Tanks deleted 1 Amount \$ 60⁰⁰

Tank ID Number(s) 2 CANNERY

Remove From Pending ☒ Y ☐ N

Approved By Joan Villines Date 6/25/91
(Name)

Comments _____

INSTRUCTIONS FOR FORM B

This form is to be used when a customer has overpaid. The action is initiated in the Fiscal Office or by the Program.

1. The person initiating the action completes Section I of the form.
2. The UST Program always completes Section II.
3. Comments section should be used to briefly describe events leading to the changes requested on the form.

Comments _____

INSTRUCTIONS FOR FORM B

This form is to be used when a customer has overpaid. The action is initiated in the Fiscal Office or by the Program.

1. The person initiating the action completes Section I of the form.
2. The UST Program always completes Section II.
3. Comments section should be used to briefly describe events leading to the changes requested on the form.

TELEPHONE REPORT

Call From: _____

Date: _____

Time: _____ am/pm
(circle)

Phone No.: _____

Call To: _____

Subject: 5/14/91

Summary: _____

Task 1. closed in place
Task 2. Exempt
Task 3. Regulated
Task 4. Regulated - gasoline¹⁵⁰
Task 5. Exempt

6/25/91 180⁰⁰ pd 15633 FY 91
 180⁰⁰ pd. 6049 FY 90

Signature _____

ECY 010-46(a)

Date _____



WASHINGTON STATE UNDERGROUND STORAGE TANK NOTIFICATION FORM



IMPORTANT: PLEASE READ ALL INSTRUCTIONS ON PAGES I-1 AND I-2 BEFORE ENTERING INFORMATION.

- ABOVEGROUND TANKS MUST BE REPORTED IF THE CONNECTED UNDERGROUND PIPING COMPRISES AT LEAST 10% OF THE OVERALL STORAGE SYSTEM (TANK AND PIPING).
- A SEPARATE FORM MUST BE USED FOR EACH SITE, EXCEPT FOR SITES WITH ONLY ONE TANK EACH. SEE THE GENERAL INSTRUCTIONS (PAGE I-2) FOR THE DEFINITION OF A SITE AND DETAILS ON REPORTING SITES WITH ONE TANK EACH.
- THERE IS ROOM IN SECTION VI FOR INFORMATION CONCERNING 15 TANKS. IF YOU HAVE MORE THAN 15 TANKS, PHOTOCOPY BOTH PAGES OF SECTION VI BEFORE ENTERING ANY INFORMATION. (IF YOU HAVE MORE THAN ONE SITE, EITHER OBTAIN MORE FORMS FROM THE DEPARTMENT OF ECOLOGY OR BE SURE TO ALSO PHOTOCOPY THIS PAGE.)
- PLEASE TYPE, OR PRINT IN INK; THE SIGNATURE UNDER "CERTIFICATION" (SECTION V) MUST BE SIGNED IN INK.

DEPT. OF ECOLOGY

MAY -6 86 008234

STATE USE ONLY

I. OWNERSHIP OF THE TANK(S)

Please enter information regarding the owner of the tank(s). If the ownership of the tank(s) is uncertain, enter information regarding the owner of the property where the tanks are located, or information regarding the former owner of the tanks. Please circle the correct letter, indicating who the information given below refers to:

- A. OWNERSHIP UNCERTAIN ☒ B. CURRENT OWNER OF TANK(S) C. FORMER OWNER OF TANK(S) D. PROPERTY OWNER
- E. OTHER (PLEASE SPECIFY): _____

O S T R O M M U S H R O O M F A R M S

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

8 3 2 3 S T E I L A C O O M R O A D S E

Street Address

O L Y M P I A W A 9 8 5 0 3 -

City

State

ZIP Code

T H U R S T O N 2 0 6 - 4 9 1 - 1 4 1 0

County

Area Code

Phone Number

Type of Owner or Facility: CIRCLE CORRECT CODE(S)

CODE	TYPE	CODE	TYPE	CODE	TYPE
A. Service Station	G. Industrial/Manufacturing	M. City/Town	S. Port District		
B. Bulk Plant	H. Private Institution	N. County	T. Utility District		
C. Petroleum Distributor	I. Residence (Non-Farm)	O. State	U. Fire Dept./District		
D. Convenience Store	<input checked="" type="radio"/> J. Farm	P. Federal (Military)*	V. Other Special Service District (e.g., sewer, water)		
E. Auto Dealer	K. Airport	Q. Federal (Non-Military)*	W. Other		
F. Other Commercial/Retail	L. Marina	R. School District			

*FEDERAL FACILITIES ONLY: Please give your GSA Facility ID Number (Building Number).

II. CONTACT PERSON AT THE TANK LOCATION

The contact person should be the individual responsible for regularly monitoring the operation of the tank(s).

R A Y S A M P L E Y

Name (If same as Section I, mark box here ☐)

M A I N T E N A N C E S U P E R V I S O R 2 0 6 - 4 9 1 - 1 4 1 0

Job Title

Area Code

Phone Number

III. SITE OF THE TANK(S)

(If the same as Section I, mark box here. ☒)

See the General Instructions (Page I-2, 2.a.) for the definition of a site.

Facility Name or Company Site Identifier, as applicable. (IF THE FACILITY IS OPERATED BY A LEASEE OR RENTER, THE NAME OF THE CORPORATION, INDIVIDUAL, PUBLIC AGENCY, OR OTHER ENTITY WHICH OPERATES THE FACILITY SHOULD BE ENTERED HERE.)

Street Address or State Road where the tanks are located. (IF NO STREET ADDRESS OR STATE ROAD, PLEASE ENTER THE LONGITUDE AND LATITUDE OR TOWNSHIP, RANGE, AND QUARTER SECTION WHERE THE TANKS ARE LOCATED.)

City State ZIP Code

County Area Code Phone Number

IV. THE TOTAL NUMBER OF TANKS AT THIS SITE

1. Number of tanks containing petroleum, which are now in use: 1
2. Number of tanks which have stored petroleum, but are not now in use: 4
3. Number of tanks containing regulated chemicals, which are now in use: 0
4. Number of tanks which have stored regulated chemicals, but are not now in use: 0

TOTAL NUMBER OF TANKS 5

Please mark this box if the site is located on land within an Indian reservation or on other Indian trust lands ☐

V. CERTIFICATION (Please read and sign after completing Section VI.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents. To the best of my knowledge and belief, the submitted information is true, accurate, and complete.

(Ala) Ostrom Mushroom Farms William K. Street,
President

Name and official title of owner or owner's authorized representative or, in cases where the ownership is unknown, the name and title of the person signing the form. (PLEASE TYPE OR PRINT IN INK.)

5/2/86
Date Signed

William K. Street
Signature (PLEASE SIGN IN INK)

VI. INFORMATION REGARDING INDIVIDUAL TANKS (See instructions regarding individual tanks, Page I-2)

a. Tank Identification	b. Tank Status	c. Age of the Tank	d. Capacity of the Tank	e. Tank Construction	f. Leak Detection	g. Cathodic Protection	h. Internal Protection
Please list your tanks numerically (1, 2, 3, etc.) or use an established tank identification number or code. The information in the following columns should apply to the tank identified in the corresponding row of this column.	Please put the correct letter for each tank in the appropriate row of the column below. A. Currently in use. B. Temporarily out of use. C. Permanently out of use. D. Brought into use after 5/8/86.	If the year of installation of the tank is known, please enter the last 2 digits of that year in the appropriate row. If the exact year of installation is not known, please estimate as closely as possible, using the groupings shown below (choose a letter and put it in the appropriate row.) A. Less than 1 year B. 1-2 years C. 3-5 years D. 6-10 years E. 11-15 years F. 16-20 years G. 21-30 years H. More than 30 years	Please put the correct letter for each tank in the appropriate row of the column below. If the exact capacity isn't known, please choose an estimate. A. Under 500 gallons B. 500-999 gallons C. 1,000-4,999 gallons D. 5,000-9,999 gallons E. 10,000-19,999 gallons F. Over 20,000 gallons	Please put all the letters which apply to each tank in the appropriate row of the column below. (If "Other" (H) please enter type of material.) A. Carbon Steel B. Stainless Steel C. Steel, type unknown D. Fiberglass Reinforced Plastic E. Plastic F. Concrete G. Aluminum H. Other Material (please specify) I. Unknown Material J. Single Walled K. Double Walled L. Has secondary containment M. Has overfill protection	Please put all the letters which apply to each tank in the appropriate row of the column below. (If "Other" (N) please also enter type of detection.) A. Daily inventory B. Tightness/Leak test within past year C. In-tank system D. In-piping system E. Product gauge F. Electronic sensor G. Manually sampled well(s) H. Automatically sampled well(s) I. Well or detector in secondary containment J. In-ground detector K. Between walls of double-walled tank L. Groundwater monitoring plan M. Spill Prevention Control and Countermeasure Plan N. Other (please specify) O. None	Please put the correct letter for each tank in the appropriate row of the column below. (If "Other" (C) please also enter the type of protection.) A. Sacrificial Anode/Galvanic Type B. Impressed Current Type C. Other Type (please specify) D. Cathodically Protected, Type Unknown E. None F. Unknown	Please put the correct letter for each tank in the appropriate row of the column below. (If "Other" (F or I) please also enter the type of protection.) A. Rubber Lining B. Alkyd Lining C. Epoxy Lining D. Phenolic Lining E. Glass Lining F. Other Lining (please specify) G. Lined, type unknown H. Unlined I. Other Internal protection (please specify) J. Unknown
1. Near Office	C	H	C	I	O	F	J
2. Near Cannery	* B	H	C	I	O	F	J
3. Farm for Boiler	* A 22 6/25/71 B, but never used	29 56 71	C	A & J	O	D	H
4. Diesel tank	*** A	F	C	I	O	F	J
5. Boiler Room	C	H	C	I	O	F	J
* TANKS USED AS STANDBY FUEL							
IN CASE NATURAL GAS SHUT DOWN.							
THIS HAS NOT OCCURRED FOR 5							
YEARS.							
** FUEL FOR TRUCKS + LOADERS							

INSTRUCTIONS FOR MAILING THE FORM

When the notification form is fully completed and signed, staple any photocopies of Section VI to page one of the form (not the instructions), with page one in the front. (Please staple once in the upper right corner.) The forms may then be folded and placed in an envelope for mailing or may be folded as described below for mailing without an envelope. **FOR MAILING WITHOUT AN ENVELOPE:** Fold the form(s) in half along the line in the center of the page, so that these instructions are on the outside, at the top. Then fold in half again, so that these instructions are still on the outside. When you turn the folded form(s) over, Ecology's address should be in the center, with blank lines for the return address in the upper left corner. Please enter your return address, staple once where shown, place the correct postage in the upper right corner, and mail.

_____ PLEASE INDICATE THE NUMBER OF PHOTOCOPIED SHEETS ATTACHED (IF ANY)

Underground Storage Tank Notification
Solid and Hazardous Waste Program
Department of Ecology
Mail Stop PV-11
Olympia, Washington 98504-8711

PLEASE
PLACE
CORRECT
POSTAGE
HERE



STAPLE HERE WHEN FOLDED

Ostrom Mushroom Farms
8323 Steilacoom Road, S. E.
Olympia, WA 98503

IMPORTANT
THIS IS AN UNDERGROUND STORAGE TANK NOTIFICATION FORM. A RECENT FEDERAL LAW REQUIRES UNDERGROUND TANK OWNERS TO NOTIFY THE DEPARTMENT OF ECOLOGY OF THEIR TANKS BY MAY 8, 1986.
(CERTAIN ABOVEGROUND TANKS ARE ALSO INCLUDED.)
PLEASE OPEN FOR FURTHER INFORMATION.

Underground Storage Tank Notification
Solid and Hazardous Waste Program
Department of Ecology
Mail Stop PV-11
Olympia, Washington 98504-8711

IMPORTANT
THIS IS AN UNDERGROUND STORAGE TANK NOTIFICATION FORM. A RECENT FEDERAL LAW REQUIRES UNDERGROUND TANK OWNERS TO NOTIFY THE DEPARTMENT OF ECOLOGY OF THEIR TANKS BY MAY 8, 1986.
(CERTAIN ABOVEGROUND TANKS ARE ALSO INCLUDED.)
PLEASE OPEN FOR FURTHER INFORMATION.