

PERMANENT CLOSURE NOTICE

FOR UNDERGROUND STORAGE TANKS

UST ID #:	
ECEIVED)
County:	
SOUTH TO SERVICE THE STATE OF THE SERVICE STATE STATE OF THE SERVICE STA	***************************************

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.

< 1 U 2022

Washington State Department of Ecology Toxics Cleanup Program

L. UST FACILITY					OXICS Cleanup	
	No. of Concession, Name of Street, or other Party of Street, or other				PENATOR INFORM	ATTOR
Facility Compliance Tag #:				perator Name:	bavid k	nudsen
UST ID#: 8234			Business	Name: Ostror	Mushroom Fa	urm-
Site Name: Ostrom	Mushroom Fa	m	Address:	P.o. 30	C1117	THE MIC.
Site Address: 8323 S	Steilacoom Ro	ad SE			State: 7	× Zip: 7744
City: Olympia	×	4	Phone:	512 924	1020	
Phone:			Email:	Knudsen	ne Daol	lem
		III. GEKRIFIED U	The second secon	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN		
Company Name: Ri	vers Edge En	rironmental Svc	S. Service Pr	ovider Name:	Dan Kuhn	
Address: 17115 SE	270th Place, §	Suite E106	Certificati	on Type: ICC L	JST Decommis	sioning
City: Covington	State	: WA Zip: 98042	2 Cert. No.:	9291718	Exp. Date: 1	0/06/23
Provider Phone: 206-962-0323			Provider E	Provider Email: dkuhn@rivers.city		
Provider Signature:	June		Date: 🕏	18/22		
		IV. Tanin	INFORMATION	11		
TANK ID	TANK CAPACITY	LAST SUBSTANCE STORED	removal	CLOSURE METHO	DD change-in-service	CLOSURE DATE
8234	8,000 Gal.	Hosting OH	, X	П		12/16/21
	ä	tor generate				
			D	0	П	
Siz.		V. Requir	D D ED SIGNATUR			
Signature ackno	wiedges UST(s) con	∀. સિ ક ્ષ્ણા ngly √ it h J IST regula	D D ED SIGNATUR	60A-0810 Perman	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Signature acknow 3/8/2022 (- TH	V. REQUER	D D ED SIGNATUR	60A-0810 Perman		

DEPARTMENT OF ECOLOGY State of Washington

30-DAY NOTICE

FOR UNDERGROUND STORAGE TANK SYSTEMS

UST ID #:	
County: C	Thurston

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

MAR 1 0 2022

Please ✓ the a	ppropriate box:	☐ Intent to	Install 💢	Intent to Close	Oranington State Department of Ecology Toxics Cleanup Program
	I. SITE INFO			II. Ow	VNER/OPERATOR INFORMATION
	(if applicable): ປຸນ		5	Owner/Operator	Name:
UST ID # (if ap	pplicable): UNKA	MM		Business Name:	OSTROM Mushroom Farm
	STROM MUSHROOM			Mailing Address:	17115 St 270 place # 186 State: W. # Zip: 48042
Site Address:	8323 STEWA	cour Ro.	. SE	City: Caring to	State: w.k Zip: 48042
City: OLYU				Phone: 206-9	
Phone:					(6) PHUEDS. CITY
	A A GARAGE	ck the appropri	iate boxes. If mor for this project, fi	RVICE PROVIDER(S te than one service p till out both sections. tices MUST be ICC-c	rovider is required
				ved by the Departr	
1) 🗌 Ins	staller Dec	commissioner	☐ Site Asse	essor	
Company Na	me: Divus 2)	ge Environa	neutral Sucs	Certification Type	e: ICC Decommissioner
Service Provi		n Kohn	(Cert. No.: 929	
Provider Pho	ne: 206 - 962	- 0323		The state of the s	D KNIN @ PINTES. City
2) 🔲 Ins	staller 🗌 Dec	commissioner	☐ Site Asse	essor	
Company Na	me:			Certification Type	e:
Service Provi	der Name:		45	Cert. No.:	Exp. Date:
Provider Pho	ne:			Provider Email:	
		IV.	TANK AND/OR	PIPING INFORMATI	ION
TANK ID	TANK CAPACITY	SUBSTANCE STORED	PIPING INSTALLATION O REPLACEMENT ONLY (Y/N)	Г ЕХРЕСТЕР ТО	COMMENTS
DURNOWM	M500 gal	Diesel		12/2021	Can't Locale tank into online.
					^

UST ADJUSTMENTS CHANGE IN BILLING ADDRESS OR REPRINT

CHANGE IN OWNER ADDRESS:
Customer Name Ostrom Mushroom Farms Site Number 088234
Customer Number 10005794 Invoice Number 35750
Initiated by Tammer MChure Date 12-9-97 (Name)
PROGRAM ACTION:
Reprint Original Invoice (Y) N
Print Current Statement Y (N)
Remove From Pending V N
Approved By Amil Murl Date 12-9-97 (Name)
Comments Re belling per Bell Street Tris
request tank had been removed after
June 30 rut-off

UST ADJUSTMENTS CHANGE IN BILLING ADDRESS OR REPRINT

CHANGE IN OWNER ADDRESS:		
Customer Name Ostrom Mushroom Fo	- <u>Z////5</u> Site Number	: <u>008234</u>
Customer Number <u>U000</u> 5794	Invoice Number	35/50
Initiated by Jammic Molure (Name)	Date	11-30-92
PROGRAM ACTION:		
Reprint Original Invoice (Y) N		•
Print Current Statement Y		
Remove From Pending V N		
Approved By Annual Manal Date (Name)	11-30-97	
Comments		······································



'92 NOV 23 NIO :40

November 19, 1992

OEPT 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

Closed tambs 2 Canney

4 4 Diesel per Sur

Simms instruction.

Did not use

leansed servettel

provider. Still

provider. Still

out \$75 in tank

fees. AM



UNDERGROUND STORAGE TANK

Permanent Closure/Change-In-Service Checklist

NOV 1 9 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 OW	NER AND LOCATION	TABLEMEN	aragolitago esta ellegio de ellegio de la compania. Canto sistema i compania de la comp	Grant Michiga (Bartan Gallerian III) 2003 (Bartan Gallerian III)
*** *** ******************************	- The state of the	The state of the s	Buck Bacharia (2015)	Conservation involved and analysis and analysis and analysis seed in the action of the
Site Owner/Operator:	THE OSTROM COMPANY, DBA	OSTROM M	USHROOM FARMS	
		<u> </u>		
Owners Address:	8323 STEILACOOM ROAD SE			P.O. Box
			0.0	503
·	OLYMPIA WA	State	90	ZIP-Code
Telephone:	(206) 491-1410			
Site ID Number (on invo	ice or available from Ecology if tank is registe	ered):		·
Site/Business Name:				
Site/Dusiness Name.	OSTROM MUSHROOM FARM			
Site Address:	SAME			
	Street			County
	City	State		ZIP-Code
	Gily	State		ZIP*C0G6
2 TANK DEDMANE	NT/CLOSURE/CHANGE-IN-SERVICE F	COCODNEC		
	NIECEOSURE/CHANGE IN-SERVICE P	TERFURIMEL	/ B1.	
- :				4 400.
Firm:	_Wood & Son		License Number:	Woods 189LJ
Address:	5819 SR #702			CC 18525
•	Street			P.O. Box
	R'oy WA	State	98580	ZIP-Code
Telephone:	(206 458-7142 or 3127	State		ZIP-C036
			Decommissioning	1001
Licensed Supervisor:	HARDING LAWSON ASSOC.	· · · · · · · · · · · · · · · · · · ·	License Number:	WD01286
	REF! Mark Winte	- _A ,¢		
ECY 010-162 (12/90)	To the property of the propert	<u> </u>	731	page 1

This page must be completed / in-service at the site. For addi.

arately for each tank permanently closs (decommissioned) or change-al tanks you may photocopy this form (r to completing.

3.	TANK CLOSURE/CHANGE-IN-SERVICE INF	ORMATION			
1.	Tank ID Number (as registered with Ecology):	2. Year installed: BeFore	12	67	
3.	Tank capacity in gallons:	4. Date of last use: 9//	192		
5.	Last substance stored: GASOLINE	6. Date of closure/change-in-ser	vice: 🏸	1/9-	2
7.	Type of closure: Closure with Tank Removal	In-place Closure Char	nge-in-Sei	rvice	
8.	If in-place closure is used, the tank has been filled w	vith 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 re	quirements.			
11.	Has a site assessment been completed? Yes	X No .	٠		
	172-360-300 a site assessment must be conducted. This	nt the time of closure or change in service, and a report is pr site assessment must be conducted by a person registered assessment must be included with the Site Assessment Chec	with the D	epartment	n WAC of
4.	CHECKLIST				
	Each item of the following checklist shall be init	ialed by the licensed supervisor whose signature a	ppears b	elow. 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	1?	$ \mathcal{V} $		
4.	Have all liquid and accumulated sludges been remo	eved from the tank?			
5.	Has the tank been properly purged or inerted?		ν		
6.	Have the drop tube, fill pipe, gauge pipe, pumps an	d other tank fixtures been removed?	V		
7.	Have all tank openings been plugged or capped?	NOTE: One plug should have 1/8 inch vent hole.	V		
8.	Have all sludges removed from the tank been desig of Washington's dangerous waste regulations (Cha	nated and disposed of in accordance with the state pter 173-303 WAC)?	V		
9.	If removed, was tank properly labeled and disposed and federal regulations?	d of in accordance with all applicable local, state		:	
I h	tom not applicable hereby certify that I have been the licensed superviso e best of my knowledge they have been conducted in ocedures pertaining to underground storage tanks. ersons submitting false information are subject to pe	or present on site during the above listed permanent of compliance with all applicable state and federal law	closure ac vs, regula	ctivities a tions and	nd to l
	Date Signatu	re of Licensed Supervisor			
5.	ADDITIONAL REQUIRED SIGNATURES				
	Oate Signatu	re of Vicensed Service Provider (IIrm) Owner or Authorized Representative		- .	
	Date Signatu	re of Tarik Owner or Authorized Representative			



UNDERGROUND STORAGE TANK

Permanent Closure/Change-In-Service Checklist

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 OV	VNER AND LOCATION	对有學行學的主義		
			and the control of the property of the control of t	41,54
Site Owner/Operator:	THE POTE PROPERTY			
	THE USITEDM COMPADY	aba US	Trom Musippoon FRAMS	—
Owners Address:	8323 STEILACOON Street OLYMPIA City	. 0 x		
	Street		P.O. Box	—
	ELYMPIA	NA	78503	
	City	State	ZIP-Code	
Telephone:	(206) 491 1410			
· 				
Site ID Number (on invo	pice or available from Ecology if tank is	registered):		
Site/Business Name:	0	و		
one/Dasinoss Name.	OSTROM MUSHRO	SME ARM		
Site Address:	SAME			
	Street	. <u>-</u>	County	
	553.		County	
	City	State	ZIP-Code	
			2.11 0000	
	atorialismo (1945), pago 4 milyo atoria o o personalisis, personalisis	o princip religional representati		s isrlei A
2. HANK PEHMANE	NT CLOSURE/CHANGE-IN-SERV	ICE PERFORME	DBY:	
Firm:	Wood & Son		License Number: Woods 189LJ	
			CC 10505	
Address:	5819. SR. #702		CC 18525	ļ
			P.O. Box	-
	Roy	WA	98580	İ
			ZIP-Code	-
Telephone:	(206) 458-7142 or 31	27		
Lineman di Occidente			Decommissioning 110x100	1
Licensed Supervisor:	HARSING LAWSON ASS	<u>o.</u>	License Number: 4001286	
	REF: Mark W			
ECY 010-162 (12/90)	VIEF THUER W	INIERS		
(12/80)			DAGE	. 1

This page must be completed/in-service at the site. For addi.

rarately for each tank permanently clos (decommissioned) or change-al tanks you may photocopy this form, or to completing.

3. TANK CLOSURE/CHANGE-IN-SERVICE INFORMATION			
1. Tank ID Number (as registered with Ecology): 4 2. Year installed:	ze /	969	
3. Tank capacity in gallons: 4000 4. Date of last use: 9	11/92	2.	
5. Last substance stored: DIESEZ 6. Date of closure/change-in-s	ervice: <u></u>	7///	92
	ange-in-Se	' 'r	
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 X			
Unless an external release detection system is operating at the time of closure or change in service, and a report is 173-360-390, a site assessment must be conducted. This site assessment must be conducted by a person register Ecology to perform site assessments. Results of the site assessment must be included with the Site Assessment Cl	ed with the D	epartmen	t of
4. CHECKLIST		akan ingkan Palasing	
Each item of the following checklist shall be initialed by the licensed supervisor whose signature	appears be	elow. No	NA*
1. Has all liquid been removed from product lines?	V		
2. Has all product piping been capped or removed?	V		
3. Have all non-product lines been capped or removed?	V		
4. Have all liquid and accumulated sludges been removed from the tank?	V		
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?	V		
7. Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	V		
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)?	1		
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 the best of my knowledge they have been conducted in compliance with all applicable state and federal laprocedures pertaining to underground storage tanks.	closure ac iws, regulat	tivities a tions and	nd to i
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 Licenset Service Provider (firm) Owner or Authorized Representative			
11-2-92 Wm X Euch			
Date Signature of Yank Owner or Authorized Representative			



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

NOV 1 9 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 OW	VNER AND LOCATION
UST Owner/Operator:	OSTROM FARMS
Owners Address:	8323 STEILACOOM RD SE
<u>:</u> .	OLYMPIA, WA 98503
Telephone:	(206) 491 1410 State ZIP-Code
Site ID Number (on invo	cice or available from Ecology if tank is registered):
Site/Business Name:	OSTROM FARMS
Site Address:	8323 STEILACOOM RD SE, THURSTON
	OLYMPIA, WA 98593 County
	City State ZIP-Code
2. SITE CHECK/SIT	E ASSESSMENT CONDUCTED BY:
Registered Person:	BRYAN D- LUND / HLA
Address:	1325-4th AVE, STE/1800
	SEATTLE WA 98101 P.O. Box
Telephone:	(206) 622 0812 State ZP-Code
	and the second of the second o

3. TANK INFORMATION		Tables of	er kanangg		
Tank ID Number (as registered with Ecological Control of the	ay): 2	4 2	. Year installed:	1969	٠.
3. Tank capacity in gallons: 4000	>		. Last substance sto		 =1
				ica. <u>30, 0, 30</u>	
4. REASON FOR CONDUCTING SITE (CHECK/SITE AS	SESSMEN	T. W. Salan C. Mill	orday book again	
	····				
Check one:					
Investigate suspected release d	lue to on-site envir	onmental co	ntamination		
Investigate suspected release d	lue to off-site envir	onmental co	ntamination		
Extend temporary closure of US	ST system for more	than 12 mo	nths ·		
UST system undergoing chang	e-in-service				
UST system permanently close	d-in-place				
UST system permanently close	d with tank remove	ed			
Required by Ecology or delega	ted agency for US	T system clo	sed before Decambe	r 22, 1988	•
Other (describe):					
	· • • • • • • • • • • • • • • • • • • •			· · · · · ·	
5. CHECKLIST				and the company that the transport of	
Each item of the following checklist shat signature appears below.	II be initialed by	the person r	egistered with the I	Department of Eco	logy whose
signature appears below.					
					Yes No
Has the site check/site assessment been of site check/site assessment guidance issue				ified in the UST	B02
2. Has a release from the UST system been	confirmed?			17-19-2	
NOTE: Owners/operators must report all confir	med releases to the	Department of	Ecology or delegated a	agency within 24	1302
hours.		an this sheet	ling.		_ 2
3. Are the results of the site check/site assess NOTE: Two copies of the site check/site assess				logy according to the	B02-)
reporting requirements specified in the UST site					
I havabu agwife shat I have have in	-:	 	oira ahaaleloita assass	mane dansihad ah	· ·
I hereby certify that I have been in respon Persons submitting false information are		•		ment described abo	ove.
	•···• , ••••••				
1 1			() /		
10/06/97	-	·)		
Cate	Signature of Ferson	Registered with Eco	slogy		
6. OWNER'S SIGNATURE	10.00 mg/m/n 100 mg/m/		The state of the s		
S. SWILLIA SIGNATURE	///		-D D	esta de la compagna d	A TOTAL TEACHT AND A STATE OF THE STATE OF T
10/14/92	U/m X-	wher or Authorized	Hepresentative	collent	
1 - 1	bidiramic or range or	ar qr raddignighte			•



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

DEPARTMENT OF ECOLOGY

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 OV	WNER AND LOCATION		
UST Owner/Operator:	OSTEOM FARMS		
Owners Address:	8323 STELLACOOM RD SE		
. •	OLYMPIA, WA 98503	P.O. Box ZIP-Code	
Telephone:	120649/14/0		
Site ID Number (on inv	oice or available from Ecology if tank is registered):		<u> </u>
Site/Business Name:	OSTROM FARMS		·. /
Site Address:	8323 STEILACOOM DO SE, T	THUT	25+22
	OLYMPIA WA 98503	County	
+	City State	ZIP-Code	
2. SITE CHECK/SI	TE ASSESSMENT CONDUCTED BY:		
Registered Person:	BRYAN D. LOND / HLA		
Address:	1325-4th AVE, STE 1800		·
	SEATTLE, WA 9810)	P.O. Box	
Telephone:	206,6220812 State	ZIP-Code	7.7
		-	garan da sa nsan a
SCY 010-158 (12/90	n	. MOA	page 1

These challests match the 2
permanent closure forms
(fame tanks)
(45.

2 Time to a constant	76	·
3. TANK INFORMATION		The same of the sa
Tank ID Number (as registered with Ecology):	2. Year installed:	Not Known
3. Tank capacity in gallons:		\sim
. , 3	4. Last substance stored:	GASOLINE
4. REASON FOR CONDUCTING SITE CHECK/SITE ASSESSM	FNT	是 · · · · · · · · · · · · · · · · · · ·
	- 1 Control of the second of t	
Check one:		
Investigate suspected release due to on-site environmental	**************************************	•
Investigate suspected release due to off-site environmental		
Extend temporary closure of UST system for more than 12 n		
UST system undergoing change-in-service	nonns	
UST system permanently closed-in-place		
UST system permanently closed with tank removed		
Required by Ecology or delegated agency for UST system of	doeed hefore December 22	1000
Other (describe):	70360 DEIDIE DECEMBEI 22,	1988
5. CHECKLIST	AND THE RESERVE AND THE RESERV	ing and the second
Each item of the following checklist shall be initiated by the		
Each item of the following checklist shall be initialed by the person signature appears below.	registered with the Depar	tment of Ecology whose
	·	
Has the site check/site assessment been conducted according to applic site check/site assessment quidance issued by the December of Table 1.		Yes No
site check/site assessment guidance issued by the Department of Ecolo	cable procedures specified in pgy?	n the UST R∩ \
		126
2. Has a release from the UST system been confirmed?		
NOTE: Owners/operators must report all confirmed releases to the Department of hours.	of Ecology or delegated agency	within 24 BD
3. Are the results of the site check/site assessment enclosed with this check		
NOTE: Two copies of the site check/site assessment results must be submitted if	In the Dennishment of Fort	coording to the BD 2
reporting requirements specified in the UST site check/site assessment guidance	e	
I hereby certify that I have been in responsible charge of a few in the		
I hereby certify that I have been in responsible charge of performing the Persons submitting false information are subject to penalties under Ch	e site check/site assessment	described above.
or and the political and the p	upiei 173.300 mac.	_
		()
10/00/91 - K	A / / /	/ · ·
Date Signature of Person Registered with Ec	- January	
6. OWNER'S SIGNATURE	THE SECTION OF THE PROPERTY OF	Vicinity of the second of
10/14/92 MmX	Geel 1	rendant
Signatule of Tank Owner or Authorized	Representative	- Contraction

DEPARTMENT STELL 1/92 INDERGROUND STORAGE TANK



UNDERGROUND STORAGE TANK

30 Day Notice of Intent to Close/Decommission Tanks NOV 1 9 1992

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 AN	D LOCATION			
UST Owner/Operator:	Ostrom Farms		.,	
Owners Mailing Address:	8323 Steilacoom	Road SE		P.O. Box
-	Olympia WA	State	98503	ZIP-Code
Telephone:	(206) 491-1410	State		
Site ID Number (on invoid	ce or available from Ecology i	f tank is registered): 00	8234	
Site/Business Name:	Ostrom Farms			
Site Address:	8323 Steilacoom	Road SE		County
_	Olympia, WA		98503.	County
	City	State		ZIP-Code
2. TANK PERMANEN	NT CLOSURE TO BE PER	RFORMED BY (if know)	n):	
Firm:	Not determined			The second secon
Address:				
	Street			P.O. Box
Telephone:	City	State	Contact Name:	ZIP-Code
3. TANK INFORMAT	ION			
Tank Identification	Approx. Closure Date	Tank Capacity	Tank Age	Last Substance Stored
1 office	6-1-92	(gallons) 3,0006,000	(years) 35 (== 7.)	Fuel Oil
2 cannery	6-1-92	3,000 - 6,000	35 ()	Fuel Oil Caso
4. SIGNATURE OF	ANK OWNER/OPERATO	R OR AUTHORIZED R	EPRESENTATIVE:	Andrew Company of the
Umx	Street	Trasion	T /	Cirl 27 1992
Signs ECY 101-155 11/90	ature		Ritle	Date

toules - previously listed as closed or not in use.

Mad Herry



DEPARTMENT OF ECOLOGY UNDERGRADING STORAGE TANKS

NOV 1 9 1992

November 12, 1992

RECEIVED

92 NOV 17 A10:30

S W. REGIONAL GEORGES

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.

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,

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 Steilacom Rd SE, Olympia
Site No: 08234 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.

3

Sincerely,

Tammie McClure Data Management Unit

Toxics Cleanup Program

Tamuse Milare

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 ANSIAR BASIARION TO THE CONTOUR ADDRESS TO T

RECEIVED

OCT 15 1992

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

1. UST SYSTEM OV	VNER AND LOCATION
UST Owner/Operator:	OSTROM FARMS
Owners Address:	8323 STELLACOOM RD SE
	OLYMPIA, WA 98503
Telephone:	(206)49 1410 State ZIP-Gode
Site ID Number (on inve	Dice or available from Ecology if tank is registered):
Site/Business Name:	OSTROM FARMS
Site Address:	8323 STEILACOOM DO SE, THURSTON
	OLYMPIA WA 98503 County
	City , State ZIP-Code
2. SITE CHECK/SIT	E ASSESSMENT CONDUCTED BY:
Registered Person:	BRYAN D. LOND / HLA
Address:	1325-4th AVE, STE/ 1800
	SEATTLE, WA 9810) P.O. Box
Telephone:	(206) 6220812 State ZIP-Code
19.7	

3.	. TANK INFORMATION	Carrier State VII.	- Va. 2
1	1. Tank ID Number (as registered with Ecology): 2. Year installed: Not Ku	A QUALITY	
l	3. Tank capacity in gallons: 100 4. Last substance stored: GASC		
	4. Last substance stored: SASC	SCINE	
4.	REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT		A NORM
٠	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	ieltuderen 1977 och Britisk film (* 1881)	Night High
	Each item of the following checklist shall be initialed by the person registered with the Department of Ecsignature appears below.	cology whose	
	organization appears below.		
	Uno the city of a later.	Yes N	۷o
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?	Yes N	
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?	Yes N	
	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? Has a release from the UST system been confirmed?	Yes N	
	one should assessment guidance issued by the Department of Ecology?	Yes N BD2 BD2	
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. Are the results of the site check/site assessment enclosed with this checklist?	BD)	
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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 partie to the Continuing address:

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 OW	/NER AND LOCATION
······································	
UST Owner/Operator:	OSTROM FARMS
Owners Address:	8323 STEILACOOM RD SE
	OUMPIA, WA 98503 Ziry State ZIP-Code
Telephone:	(206)4911410
Site ID Number (on invo	lice or available from Ecology if tank is registered):
Site/Business Name:	OSTROM FARMS
Site Address:	8323 STEILACOOM RD SE, THURSTON
	OLYMPIA, WA 93503 County
·	City State ZIP-Code
2. SITE CHECK/SIT	E ASSESSMENT CONDUCTED BY:
Registered Person:	BRYAN D- LUND / HLA
Address:	1325-4th AVE, STE/ 1800
·	Street P.O. Box P.O. Box State 79000
Telephone:	(206) 622 0812 State
A. A	

	TANK INFORMATION	i de	
1.	Tank ID Number (as registered with Ecology): 2 4 2. Year installed: 1969	A STATE OF THE STA	
	Tank capacity in gallons: 4000 4. Last substance stored: DIES	<u></u>	·
	4. Last substative stored. 1710 6	<u> </u>	
4.	REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT		
	heck one:	The state of the s	Andrew Control
<u> </u>	TIGER 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):		
12421	CHECKLIST		
	Each item of the following checklist shall be initialed by the person registered with the Department of Ecc signature appears below.	ology whos	е
1.	Has the site check/site assessment been conducted according to applicable procedures specified in the UST	Yes	No
	site check/site assessment guidance issued by the Department of Ecology?	ا سا	
	· · · · · · · · · · · · · · · · · · ·	1802	
2.		1802	
	Has a release from the UST system been confirmed?	1502	
		B02	_ <u> </u>
	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.	B02 B02	
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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

JUN 29 1992

1. TANK OWNER AN	DLOCATION	ig designation of the second second		n interior y at trippy th e interior so the second
UST Owner/Operator:	OSTROM'S			
Owners Mailing Address:	8323 Steila	coom Road	Bouth East	-
-	Olympia	WA		P.O. 80x 98503 ZIF-Code
Telephone:	(206) 491-141	State D		ZIP-Code
Site ID Number (on invoice	e or available from Ecology if t	tank is registered):	08234	
Site/Business Name:	OSTROM'S		•	
Site Address:	8323 Steile	rcoom Road S	buth East	Thurston
	Olympia	xcom Road S		County 98503
The specific part of the second of the specific part of				ZIP-Code
2. TANK PERMANEN	IT CLOSURE TO BE PERF	ORMED BY (If known):		nemialiningsplanten i versa interessi production. Singa ordina in suurus
Firm:	Wood & Son.	Excaunting		
Address: <u>5819</u> -	State Rou	G ·		,
_	Street	State		P.O. Box
Telephone:	(20Ce) 458-71		ntact Name: M	ike Wood
3. TANK INFORMATI	ON			
Tank Identification	Approx. Closure Date	Tank Capacity	Tank Age (years)	Last Substance Stored
	-8/1/92	(gallons)	(years)	Gasoline
	8/1/92	4,000 gal.	23	Diesel
		<u> </u>		
	·			
4. SIGNATURE OF T	ANK OWNER/OPERATOR	OR AUTHORIZED REP	RESENTATIVE:	
M/hX) [PRESIDENT	ekuun negeranga gilangan ang gan g	6-35-4-7-
Signa ECY 101-155 11/90	ture	Title		Date
ECY 101-155 11/90				



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,

Sheri Dotson, Section Secretary Underground Storage Tank Section

UNDERGROUND STORAGE TANK INFORMATION UPDATE

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

TANK OWNER I	INFORMATION	

Current Information

Current Information

Corrected Information (PRINT OR TYPE)

A. OWNER NUMBER:

UGE05194

OWNER NAME: OWNER ADDRESS; OSTROM MUSHROOM FARMS 8323 STEILACOOM ROAD SE OLYMPIA, WA 98503-2057

OWNER PHONE:

B. DWNER TYPE:

(204) 491-1410

[0]

🗱 [B] [C] [D] [E] [F]

TANK SITE INFORMATION

008234

A. SITE NUMBER: SITE NAME; SITE ADDRESS;

OSTROM MUSHROOM FARMS 8323 STEILACOOM ROAD SE OLYMPIA, WA 98503-2057

B. CONTACT PERSON: CONTACT PHONE: C. SITE TYPE:

ROBT. NEWMAN 206/49/14/0

EAD [B] [C] [D] [E] [F] [G] [H] []] (M) [K] [L] (M) [N] [P] [O] [R] [S] [T]

Corrected Information (PRINT OR TYPE)

[0]:

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. COMPARTHENTS:

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

HETHOD:

O. PIPING RELEASE

DETECTION:

P. PIPING CORROSION

PROTECTION:

O. SUBSTANCE STORED: D -- DIESEL FUEL

R. SUBSTANCE USE: 5. 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.

TATTETO!
PRIOR 1 11975
tes [B] [C] [D] [E] [F] [G] [H]
ENG [B] [C] [D] [E] [O]:
*** [B] [C] [O]:
[2] [3] [4] [0]:
[A] REAL FOR ED [E] [F] [G] [H]
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[A] 🗱 [C] [D] [E] [F] [G] [H] []
[0]:
[B] [C] [D] [E] [O]: INC. SMATH MOTORS
[A] [B] [C] [D] [E] 282 [G] [H] []

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.

STROM COMPANY OSTROM MUSHROOM FARMS Name and Official Title of UST Owner or UST Owners's Authorized Representative

Signature of UST Owner or Authorized Representative

Date Signed

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

Télephone Number

UNDERGROUND STORAGE TANK INFORMATION UPDATE

Please check all of the inferration on this page to make sure it is corrected information column. Please check all of the inferration on this page, and fill in any missing a incorrect information in the corrected information column.			
TANK OWNER	NFORMATION	Current Information	Corrected Information (PRINT OR TYPE)
A. OHNER NUMBER: OHNER NAHE; OHNER ADDRESS:	U0005194 OSTROM MUSHROOM FARMS 8323 STEILACOOM ROAD S OLYMPIA, WA 98503-205	SE	
OWNER PHONE: B. OWNER TYPE:	(206) 491-1418 - FARM		183 [83 [C] [D] [E] [F]
	and continuent and continuent such as being a transfer of the first and		
TANK SITE INFO	ORMATION	Current Information	Corrected Information (PRINT OR TYPE)
A. SITE NUMBER: SITE NAME: SITE ADDRESS:	ORMATION 008234 0STROH MUSHROOM FARHS 8323 STEILACOOM ROAD 8 0LYMPIA, WA 98503-205	SE	Corrected Information (PRINT OR TYPE)

ANK INFORMATION	Current Information Corrected Information
A. TANK ID: 4 DIESEL FEE PAID:	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.
B. TANK STATUS: C. INSTALLATION DATE: PRIOR 19 D. TANK SIZE: E. TANK MATERIAL: F. TANK CONSTRUCTION: G. COMPARTHENTS: H. TANK RELEASE DETECTION: I. TANK CORROSION	75 [A] [B] (a) [D] [E] [F] [G] [H] [B] [B] [C] [D] [E] [O]; [B] [C] [O]; [A] (B) (C] [D] [E] [F] [G] [H] [D]; [A] [B] [C] [D] (C]
PROTECTION: - J. SPILL PREVENTION: - K. OVERFILL PREVENTION: - L. PIPING MATERIAL: - M. PIPING CONSTRUCTION: - N. PRODUCT DELIVERY METHOD: - O. PIPING RELEASE DETECTION: -	[O]; [A] [B] [C] [D] [E] [F] [G] [O];
P. PIPING CORROSION PROTECTION: O. SUBSTANCE STORED: A - LEADED GA R. SUBSTANCE USE: S. FIN, RESP. CLASS: T. FIN, RESP. METHOD: -	[A] [B] EE [D] [E] [O]: EALUANIZED STEEL

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 T	γPE:		THE	Ľ,					DITTEM				2/15
/	/ /	7	1. \	/	Warrie and C	Official Title	of UST C	wner or U	ST Owners's Au	thorized Repres	entative	3/	/

Signature of UST Owner or Authorized Representative

Date Signed 491146



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 INDERGROUND STORAGE TANKS

APR 3 0 1992

The state of the s			
Ostrom Farms			
8323 Stellacoom	Road SE		P.O. Box
Olympia WA		98503	ZP-Code
206) 491-1410	Sinia		2. 0020
or available from Ecology	if tank is registered): 00	8234	· · · · · · · · · · · · · · · · · · ·
Ostrom Farms			
8323 Steilacoom	Road SE		
Olympia, WA		98503.	County
a Vol Salta en la litta de			ZIP-Code
CLOSURE TO BE PER	RFORMED BY (If known		
Not determined		·	
			P.O. Box
City	State (Contact Name:	ZIP-Code
N			
Approx. Closure Date	Tank Capacity	Tank Age	Last Substance Stored
6-1-92	3,000 - 6,000	(years) 35 (きて)	Fuel Oil
6-1-92	3,000 - 6, 000	35 ()	Fuel Oil
			
NK OWNER/OPERATO	B OR AUTHORIZED DI	EDRESENTATIVE.	
NR OWNER/OPERATO	PR OR AUTHORIZED RI	EPRESENTATIVE:	(0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
	8323 Steilacoom Street Olympia WA 206) 491-1410 or available from Ecology Ostrom Farms 8323 Steilacoom Street Olympia, WA City CLOSURE TO BE PEI Not determined Street City) N Approx. Closure Date 6-1-92	8323 Stellacoom Road SE Street Olympia WA 206) 491-1410 or available from Ecology if tank is registered):	8323 Steilacoom Road SE Olympia WA 98503 206) 491-1410 or available from Ecology if tank is registered): 008234 Ostrom Farms 8323 Steilacoom Road SE Street Olympia, WA 98503 City State CLOSURE TO BE PERFORMED BY (If known): Not determined Street City State Contact Name: N Approx. Closure Date Tank Capacity (gallons) (gallons) (1985) Tank Age (years) (1985) Tank Age (years) (1985) Tank Age (years) (1985) Tank Age (years) (1985)

Underground Storage Tank Self-Certification of Compliance Form

This form must be completed and signed the underground storage tank identified belong 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).

	The state of the s
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	50) 6/s
TANK SIZE: 1000-4999 GALLONS YEAR INSTALLED: 1956	TANK ID NO: 2 CANNERY STATUS: FEMB CLOSED Exempt 90 6/25 FY91 FEE PAID: YES
INFORMATION REGARDING FINANCIAL RESPONSIBILITY: This must be completed for the Underground Storage Tank Pe	rmit to be validated.
 Mark the box which accurately describes the UST identified by the above Tank ID number: The UST is owned by the state or federal government. 	Financial Responsibility Compliance Category. Enter the appropriate letter from page 6 or 7 of the Self-Certification Guide:
 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. 	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 US the above Tank ID Number, this tank is in compliance with the applicate financial responsibility requirements has been accurately entered for the UST may be immediately revoked and I may be subject to penalties un print or type: Name and Official Title of UST Owner or UST Owner's A Signature of UST Owner or Authorized Representative	ole state requirements. Also, the information required above regarding is tank. I understand that if this is a false statement the permit for the der Chapter 173-360 WAC.
[Do not detach. Return both parts to Ecology]	Could digition to the training to

Underground Storage Tank Self-Certification of Compliance Form

This form must be completed and signed to the underground storage tank identified better 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).

Journal of the state of the sta	
OWNER NUMBER: U0005174	SITE NUMBER: 008234
OWNER: OSTROM MUSHROOM FARMS 8323 STEILACOOM ROAD SE	SITE: OSTROM MUSHROOM FARMS ADDR: 8323 STEILACOOM ROAD SE
DLYMPIA, WA. 98503-	OLYMPIA, WA. 98503-
TEL NO: (206) 491-1410 TANK SIZE: 1000-4999 GALLONS YEAR INSTALLED: 1979-1956 90	TANK ID NO: 3 FARM STATUS: TEMP GLOSED operation of 6/25/ FY91 FEE PAID: YES
INFORMATION REGARDING FINANCIAL RESPONSIBILITIES This must be completed for the Underground Storage Tank	
Mark the box which accurately describes the UST identified by the above Tank ID number: The UST is owned by the state or federal government.	Financial Responsibility Compliance Category. Enter the appropriate letter from page 6 or 7 of the Self-Certification Guide:
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.	3. Financial Responsibility Compliance Method(s). Enter the appropriate letter(s) from page 8 of the Self-Certification Guide:
the above Tank ID Number, this tank is in compliance with the applifinancial responsibility requirements has been accurately entered for UST may be immediately revoked and I may be subject to penalties print or type: Name and Official Title of UST Owner or UST Owner	r's Authorized Representative $\frac{5/13/91}{206/49/14/0}$
Signature of UST Owner or Authorized Representation	ve / Date Signed Telephorie 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 or 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 SITE: OSTROM MUSHROOM FARMS 8323 STEILACOON ROAD SE ADDR: 8323 STEILACOOM ROAD SE OLYMPIA, WA. 98503~ OLYMPIA, WA. 98503-TEL NO: (206) 491-1410 4 DIESEL TANK ID NO: TANK SIZE: 1000-4999 GALLONS STATUS: OPERATIONAL FY91 FEE PAID: YES YEAR INSTALLED: 1968 INFORMATION REGARDING FINANCIAL RESPONSIBILITY: This must be completed for the Underground Storage Tank Permit to be validated. Mark the box which accurately describes the UST Financial Responsibility Compliance Category. identified by the above Tank ID number: Enter the appropriate letter from page 6 or 7 of the Self-Certification Guide: The UST is owned by the state or federal government. The UST stores a non-petroleum hazardous substance. Financial Responsibility Compliance Method(s). Enter the appropriate letter(s) from page 8 of the Self-Certification The UST is a deferred tank (listed on page 9 of the guide). Guide: None of the above. 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. OSTROM COMPANY print or type: Name and Official Title of UST Owner or UST Owner's Authorized Representative Telephone Number Signature of UST Owner or Authorized Representative Date/Signed

[Do not detach. Return both parts to Ecology]

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STATE OF WASHINGTON

REVENUE REFUND

	AGENCY	NAME
100	t. Of Fa	2/094
No.	Stap P	1_90
11/07	Sign T	7 - 77
Ohr	mpia, NA	98504
-	VENDOR OF	CLAIMANT

Ostrom Mushroom Farms 8323 Steilacoom Rd. SE Olyppia, 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.

(SIGN IN INK)

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UST ADJUSTMENTS OVERPAYMENTS FILE

TO BE USED WHEN A CUSTOMER HAS OVERPAID

Section I.	
Customer Name Ostrom Mushroom	Site Number <u>008234</u>
Customer Number 40005194	Invoice Number <u>UST 15633</u>
Initiated by Jon Villus (Name)	
(Name)	/ / /
Remitter Name	Record Number <u>91-01585</u> 4
Amount \$ 1800 /600 votus	
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 /	Amount \$_60
Tank ID Number(s) 2 CANNERY	
Remove From Pending (Y) N	,
Approved By (Name)	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.

UST ADJUSTMENTS OVERPAYMENTS FILE

TO BE USED WHEN A CUSTOMER HAS OVERPAID

Section I.	
Customer Name Stim Mushron Fain	_ Site Number 008034
Customer Number 40005/94 In	voice Number4576049
Initiated by Joan Villings (Name)	Date 6/25/9,
Remitter Name // Amount \$/80 60 60	
Amount \$ $\frac{180}{60}$	
Section II.	
PROGRAM ACTION:	
1) X 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 /	Amount \$0 0000000000000000000000000000000000
Tank ID Number(s) 2 CANNERY	
Remove From Pending Y N	
Approved By (Name)	Date <u> </u>
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:	DB388-1	,	Date:	
			Time:	am-pm (circle)
Phone No.:	505 13	on and the second se		
Call To:	· · · · · · · · · · · · · · · · · · ·			
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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 1-2) 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.)

DEPT. OF FOOLOGY MAY -6 88 0 0 8 2 3 4

• PLEASE TYPE, OR PRINT IN INK; THE SIGNATURE UNDER "CERTIFICATION" (SECTION V) MUST BE SIGNED IN INK.		STATE USE ONLY
I. OWNERSHIP OF THE TANK(S)	III. SITE OF THE TANK(s)	
Please enter information regarding the <u>owner of the tank(s)</u> . If the ownership of the tank(s) is uncertain, enter information regarding the <u>owner of the property</u> where the tanks are located, or information regarding the <u>former owner of the tanks</u> . Please circle the correct letter, indicating who the information given below refers to:	(If the same as Section I, mark box here. 🗵) See the General Instructions (Page	I-2, 2.a.) for the definition of a site.
A. OWNERSHIP UNCERTAIN B CURRENT OWNER OF TANK(S) C. FORMER OWNER OF TANK(S) D. PROPERTY OWNER E. OTHER (PLEASE SPECIFY):	Facility Name or Company Site Identifier, as applicable. (IF THE FACILITY IS OPERAT OF THE CORPORATION, INDIVIDUAL, PUBLIC AGENCY, OR OTHER ENTITY WHICH OF HERE.)	
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)	Street Address or State Road where the tanks are located. (IF NO STREET ADDRES LONGITUDE AND LATITUDE OR TOWNSHIP, RANGE, AND QUARTER SECTION WHERE	
8 3 2 3 S T E I L A C O O M R O A D S E	City	State ZIP Code
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	
County Area Code Phone Number	IV. THE TOTAL NUMBER OF TANKS AT	THIS SITE
Type of Owner or Facility: CIRCLE CORRECT CODE(s) CODE TYPE 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 J. Farm P. Federal (Military)* V. Other Special Service District (e.g., sewer, water)	Number of tanks containing petroleum, which are now in use: Number of tanks which have stored petroleum, but are not now in Number of tanks containing regulated chemicals, which are now in Number of tanks which have stored regulated chemicals, but are r TOTAL NUM Please mark this box if the site is located on land within an Indian rese	use: not now in use: BER OF TANKS
F. Other Commercial/Retail L. Marina R. School District W. Other	V. CERTIFICATION (Please read and sign after co	
*FEDERAL FACILITIES ONLY: Please give your GSA Facility ID Number (Building Number).	I certify under penalty of law that I have personally examined and am familiar with the in To the best of my knowledge and belief, the submitted information is true, accurate, and	complete.
The contact person should be the individual responsible for regularly monitoring the operation of the tank(s).	(Na) OSTROM MUSHROOM FARMS	William K. Street.
R A Y S A M P L E Y Name (If same as Section I, mark box here)	Name and official title of owner or owner's authorized representative or, in cases where person signing the/form. (PLEASE TYPE OR PRINT IN INK.)	Montesque
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	Date/Signed Signature (PLEASE SIGN IN INK)) Cecel

FORM ECY 020-32 (12/85)

Page One of ____ pages

VI. INFO	RMATION F	REGARDING IN	DIVIDUAL TANK	S (See instruct	tions 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
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Wear Office	С	Н	С		0	F	J
Weer Cannery	* B	H -	С	<u> </u>	0	F	J
Farm for Boile	* A Prever tse	791 × 56%	<u> </u>	A & J	0	D	H
Diesel tenk	★ ★ A	F	. C	1 .	0	F	J
Boiler Room.	С	` Н	, C	1	0	F	J '
	· ·	ED AS STANDAS	•				
		VATURAL CAS SA					
		NOT OCCUPRE	5 FOR 5	<u> </u>			
	YEMRS.						
	AX EVEL E	PRINCES + LOA	Name / C			,	
	1	18600 V 6017	Lother of Land	<u> </u>			**
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Please enter the same identification used in column a.	i. External Protection of the Tank Please put the correct letter for each tank in the appropriate row of the column below. (If "Other" (D or G) please also enter the type of coating and/or wrapping.) A. Asphalt Coated B. Fiberglass Reinforced Plastic Coated C. Epoxy Coated D. Other Coating (please specify) E. Vinyl Wrapped F. Polyethylene Wrapped G. Other Wrapping (please specify) H. None J. Unknown	Please enter all the letters which apply to the portion of the piping which is underground. (If "Other" (D) please also enter the type of material.) A. Bare Steel B. Galvanized Steel C. Fiberglass Reinforced Plastic D. Other Material (please specify) E. Coated with non-corrosive materials F. Cathodically Protected G. Double-walled H. Within a secondary containment I. Protected with interior lining J. In native soil rather than backfill I. Not certain regarding backfill/native soil M. Details of piping are unknown N. None of the piping is underground	k. Type of Substance Currently or Last Stored in the Tank Please put the correct letter for each tank in the appropriate row of the column below. 1. If the substance is a hazardous substance (J) rather than a petroleum product, please also enter the name of the substance or its Chemical Abstract Service (CAS) number. (See "What Substances Are Covered"? on page I-1 of the instructions for information regarding hazardous substances.) 2. If different substances are stored in the tank at different times, or if a mixture of substances is stored, please enter all letters which apply. A. Leaded gasoline B. Unleaded gasoline C. Alcohol enriched gasoline D. Diesel fuel E. Aviation fuel F. Kerosene G. Nos. 1, 2, or 4 fuel oil H. Nos. 5 or 6 fuel oil J. Hazardous substance K. Other (Please specify) L. Unknown M. Empty		m. Quantity Left in the Tank	n. Was the Tank Filled? Mas the tank filled with an inert material, such as sand or concrete? Was it filled with water? Please put the correct letter in the appropriate row of the column below. A. The tank was filled with an inert material. B. The tank was filled with water. C. The tank was not filled. D. Unknown
			ų to			
Mear Office		<u>M</u>	K. No. 6 Crude Oil	± 78	Est. 800 gal.	C
Near Cannery	1	M	K. Bunker 6 Dil			
Farm for Boiler	Α	B & K (SAIND)	re Dav			
Piesel tenk	1	M	D			
Boiler Room		M	K. Bunker 6 0il	± 78	Est. 800 gal.	С
					100.000 guil	
					gul.	

Page 3 of 3 pages

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

and Hazard Department of Ecology 98504-8711

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

Ostrom Mu 8323 Ste Olympia, Steilacoom Ro ia, WA 98503 Road, 5 ш

STAPLE HERE WHEN FOLDED

CORRECT PLEASE POSTAGE PLACE

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

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

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 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 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 your return address, staple once where shown, place the correct postage in the upper right corner, and mail.