

Otis Market

Coldest beer in town!

Jason Uppal

Manager

1264 salmon river hwy
Otis, OR 97368

Store 541-614-1581

Jason 541-992-3775

yuppal@hotmail.com





TO: Eric DEQ Fax 541-269-~~231~~⁷⁹⁸⁴
EXT - 231

From: Dan Salmon River Market LLC
PO Box 90
OTis, Or. 97368 541-994-2611

11 - Pages

Monitoring System Equipment Certification

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator.

A. General Information

Facility Name: Salmon River Market Bldg. No.: _____
 Site Address: 1264 Salmon River Hwy City: Otis, OR Zip: 97368
 Facility Contact Person: Dan Contact Phone Number: 541-994-2611
 Make/Model of Monitoring System: Veeder Root/TLS-350 Date of Testing/Servicing: 6/18/2014

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: <u>T1 DIESEL NO. 2</u> ☒ In - Tank Gauging Probe Model: <u>846390-107</u> ☐ Annular Space or Vault Sensor Model: _____ ☐ Piping Sump/Trench Sensor Model: _____ ☐ Fill Sump Sensor(s) Model: _____ ☒ Mechanical Line Leak Detector Model: <u>VMI 99LD2000</u> ☐ Electronic Line Leak Detector Model: _____ ☒ Tank Overfill/High Level Sensor Model: <u>V/R HORN</u> ☐ Other (Specify equipment type and model in Section G on Page 3)	Tank ID: _____ ☐ In - Tank Gauging Probe Model: _____ ☐ Annular Space or Vault Sensor Model: _____ ☐ Piping Sump/Trench Sensor Model: _____ ☐ Fill Sump Sensor(s) Model: _____ ☐ Mechanical Line Leak Detector Model: _____ ☐ Electronic Line Leak Detector Model: _____ ☐ Tank Overfill/High Level Sensor Model: _____ ☐ Other (Specify equipment type and model in Section G on Page 3)
Tank ID: <u>T2 REGULAR</u> ☒ In - Tank Gauging Probe Model: <u>846390-107</u> ☐ Annular Space or Vault Sensor Model: _____ ☐ Piping Sump/Trench Sensor Model: _____ ☐ Fill Sump Sensor(s) Model: _____ ☒ Mechanical Line Leak Detector Model: <u>VMI 99LD2000</u> ☐ Electronic Line Leak Detector Model: _____ ☒ Tank Overfill/High Level Sensor Model: <u>V/R HORN</u> ☐ Other (Specify equipment type and model in Section G on Page 3)	Tank ID: _____ ☐ In - Tank Gauging Probe Model: _____ ☐ Annular Space or Vault Sensor Model: _____ ☐ Piping Sump/Trench Sensor Model: _____ ☐ Fill Sump Sensor(s) Model: _____ ☐ Mechanical Line Leak Detector Model: _____ ☐ Electronic Line Leak Detector Model: _____ ☐ Tank Overfill/High Level Sensor Model: _____ ☐ Other (Specify equipment type and model in Section G on Page 3)
Tank ID: <u>T3 SUPER</u> ☒ In - Tank Gauging Probe Model: <u>846390-107</u> ☐ Annular Space or Vault Sensor Model: _____ ☐ Piping Sump/Trench Sensor Model: _____ ☐ Fill Sump Sensor(s) Model: _____ ☒ Mechanical Line Leak Detector Model: <u>FE PETRO MLD-STD</u> ☐ Electronic Line Leak Detector Model: _____ ☒ Tank Overfill/High Level Sensor Model: <u>V/R HORN</u> ☐ Other (Specify equipment type and model in Section G on Page 3)	Tank ID: _____ ☐ In - Tank Gauging Probe Model: _____ ☐ Annular Space or Vault Sensor Model: _____ ☐ Piping Sump/Trench Sensor Model: _____ ☐ Fill Sump Sensor(s) Model: _____ ☐ Mechanical Line Leak Detector Model: _____ ☐ Electronic Line Leak Detector Model: _____ ☐ Tank Overfill/High Level Sensor Model: _____ ☐ Other (Specify equipment type and model in Section G on Page 3)

Site Address: 1264 Salmon River HwyDate of Testing/Servicing: 6/18/2014

Dispenser ID: <u>1/2</u> ☐ Dispenser Containment Sensor(s) Model: _____ ☒ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)	Dispenser ID: _____ ☐ Dispenser Containment Sensor(s) Model: _____ ☐ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)
Dispenser ID: <u>3/4</u> ☐ Dispenser Containment Sensor(s) Model: _____ ☒ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)	Dispenser ID: _____ ☐ Dispenser Containment Sensor(s) Model: _____ ☐ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)
Dispenser ID: <u>5/6</u> ☐ Dispenser Containment Sensor(s) Model: _____ ☒ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)	Dispenser ID: _____ ☐ Dispenser Containment Sensor(s) Model: _____ ☐ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)
Dispenser ID: _____ ☐ Dispenser Containment Sensor(s) Model: _____ ☐ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)	Dispenser ID: _____ ☐ Dispenser Containment Sensor(s) Model: _____ ☐ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)

C. Results of Testing/ServicingSoftware Version Installed: 16.05**Complete the following checklist:**

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☐ Yes	☒ No*	Were all the sensors visually inspected, functionally tested, and confirmed operational?
☐ Yes	☒ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No*	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
	☒ N/A	
☐ Yes	☐ No*	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shutdown?
	☒ N/A	(Check all that apply) ☐ Sump/Trench Sensors ☐ Dispenser Containment Sensors
		Did you confirm positive shutdown due to leaks and sensor failure/disconnection? ☐ Yes ☐ No
☒ Yes	☐ No*	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill protection valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent does the alarm trigger?
	☐ N/A	<u>90</u> %
☐ Yes*	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in section G, below.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) ☐ Product ☐ Water If yes, describe causes in Section G, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? (Attach set-up reports, if applicable)
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

* In section G below, describe how and when these deficiencies were or will be corrected.

Received Time: Feb. 25, 2015, 5:24PM, No. 1616

Monitoring System Certification No. 155

Site Address: 1264 Salmon River Hwy

Date of Testing/Servicing: 6/18/2014

D. In - Tank Gauging/ SIR Equipment

- ☐ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

☒ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☒ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue build-up?
☒ Yes	☐ No*	Was accuracy of system product level readings tested?
☒ Yes	☐ No*	Was accuracy of system water level readings tested?
☒ Yes	☐ No*	Were all probes reinstalled properly?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*In section G below, describe how and when these deficiencies were or will be corrected.

E. Line Leak Detectors (LLD):

Complete the following checklist:

- ☐ Check this box if LLD's are not installed

☒ Yes	☐ No*	For equipment start-up or annual equipment certification was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: ☒ 3 g.p.h (1); ☐ 0.1 g.p.h. (2.); ☐ 0.2 g.p.h. (2). Notes: 1. Required for equipment start-up certification and annual certification. 2. Unless mandated by local agency, certification required only for electronic LLD Startup.
	☐ N/A	
☒ Yes	☐ No*	Were all LLD's confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No*	For mechanical LLD's, does the LLD restrict product flow is it detects a leak?
	☐ N/A	
☐ Yes	☐ No*	For electronic LLD's, does the turbine automatically shut off if the LLD detects a leak?
	☒ N/A	
☐ Yes	☐ No*	For electronic LLD's, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
	☒ N/A	
☐ Yes	☐ No*	For electronic LLD's, does the turbine automatically shut off if any portion of the monitoring system is malfunctions or fails a test?
	☒ N/A	
☐ Yes	☐ No*	For electronic LLD's, have all accessible wiring connections been visually inspected?
	☒ N/A	
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*In section G below, describe how and when these deficiencies were or will be corrected.

F. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturer's guidelines. Attached to this Certification is information (e.g. manufacturers' checklist) necessary to verify that this information is correct. For any equipment capable of generating such reports, I have also attached a copy of the; (Check all that apply)

G. Comments☒ System set-up☒ Alarm History Report

--

Technician Name: DAVID L. MACOMBER

Signature: 

Digitally signed by David L. Macomber
 DN: cn=David L. Macomber, o=SME Solutions, email=David@smesolutions.com, c=US
 Date: 2014.06.15 13:40:12 -0700

Mfg. Cert.#: A27127

ICC# 8215228-U1/U3

License No.: OR 26539

Testing Company Name:

SME Solutions, LLC.

Phone No.:

(253) 572-3822

Testing Company Address:

2302 A St., Tacoma, WA 98402

Date of Testing/Servicing: 6/18/2014

Received Time: Feb. 25, 2015 5:24PM No. 1616

Monitoring System Certification

DATA CHART FOR USE WITH PETROTITE LINE TESTER

W/O #: 164275DM618

STATION NUMBER: _____

DATE: Jun 18, 2014

LOCATION: Salmon River Market @ 1264 Salmon River Hwy, Otis, OR 97368

OWNER: _____

OPERATOR: _____

REASON FOR

TEST: Annual Compliance

TEST REQUESTED BY: _____

SPECIAL INSTRUCTIONS: _____

CONTRACTOR OR COMPANY MAKING TEST
MECHANIC(S) NAME: _____

SME SOLUTIONS, LLC, D. MACOMBER

IS A TANK TEST TO BE ☐ YES

MAKE AND TYPE OF

MADE WITH THIS LINE TEST? ☒ NO

PUMP OR DISPENSER (SUCTION OR SUBMERSIBLE) Red Jacket STPs/Gilbarco dispensers

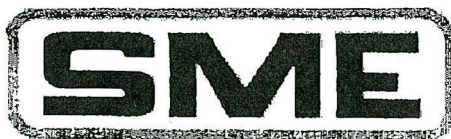
WEATHER P Cloudy TEMPERATURE IN TANKS 58 °F °C COVER OVER LINE Concrete BURIAL DEPTH 2 feet

IDENTIFY EACH LINE AS TESTED	TIME (MILITARY)	LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC.	PRESSURE Psi OR kPa		VOLUME READING			REMARKS SIZE, LENGTH & TYPE OF LINE, # FLEX CONNECTORS CONCLUSION, REPAIRS AND COMMENTS
			BEFORE	AFTER	BEFORE	AFTER	NET CHANGE	
87	0830	Installed line test adaptor at #1/2 impact valve test port.						80' x 2" Flex piping. Allow B/B: +.0720
		Seated impact valves. Closed gate valve at STP. 30 minute						Initial B/B: +.0535
		pre-test; 15 min @ 75 psi, 15 min @ 60 psi.						
	1040	Start line test	60	60	---	---	---	
	1055	Continue test	60	60	.0575	.0575	+0.0000	
	1110	Continue test	60	60	.0570	.0570	+0.0000	Tight @ +.0000
	1110	Bleedback check	60	0	.0570	.1130	+0.0560	B/B AOK @ +.0560
92	0830	Installed line test adaptor at #3/4 impact valve test port.						60' x 2" Flex piping. Allow B/B: +.0540
		Seated impact valves. Closed relief at F/E. 30 minute pre-test;						Initial B/B: +.0390
		15 minutes @ 75 psi, 15 minutes @ 60 psi.						
	1040	Start line test	60	60	---	---	---	
	1055	Continue test	60	60	.0575	.0575	+0.0000	
	1110	Continue test	60	60	.0515	.0515	+0.0000	Tight @ +.0000
	1115	Bleedback check	60	0	.0515	.0925	+0.0410	B/B AOK @ +.0410

DATA CHART FOR USE WITH PETROTITE LINE TESTER

WO#:164275DM618

[illegible]



SME SOLUTIONS, LLC

6015 E Valleyway Ave
Spokane, WA 99212
(253) 572-3822

2302 A Street
Tacoma, WA 98402
(253) 572-3822

2800 NW 31st Ave
Portland, OR 97210
(503) 946-0000

Mechanical Leak Detector Test Data Sheet

Site Name Salmon River Market

Date Jun 18, 2014

Address 1264 Salmon River Hwy

Otis, OR 97368

Test Information

	1	2	3	4	5
Product	87	92	Diesel		
Manufacturer	Vaporless	FE Petro	Vaporless		
Model	99LD2000	MLD-STD	99LD2000		
Full Operating Pressure (PSI)	28	26	30		
Line Bleed Back (ml)	130	75	140		
Trip Time (sec)	3	3	10		
Metering Pressure (PSI)	18	10	18		
F/E Holding Pressure (PSI)	28	14	30		
Test Leak Rate (ml/min)(gph)	3 GPH	3 GPH	3 GPH		
PASS or FAIL	PASS	PASS	PASS		

Comments

This letter certifies that the annual leak detector tests were performed at the above referenced facility according to the equipment manufacturers procedures and limitations and the results as listed are to my knowledge true and correct. The mechanical leak detector test pass/fail is determined using a low flow threshold trip rate of 3 gph at 10 PSI.

Inspected By: Contractor SME Solutions, LLC

Technician D. L. Macomber

Lic# 8215228-U1/U3

Signature

Digitally signed by David Macomber
DN: cn=David Macomber, o=SME PDX, ou=Testing,
email=Davidm@sme-solutions.com, c=US
Date: 2014.06.18 12:42:30 -0700



Work Performed

UNK NW4140
1264 Salmon River Hwy @
Otis, OR 97368

SME
2302 A St.
Tacoma, WA 98402
(503) 205-7777
CCB#: 174332

Job #: 164275

Caller: AutoLogged

Work Type: Testing

Billing: Bio Air +

Priority: Manual

State: Tech

Status: Finished

Originator:

Customer: Dealer

Invoice: SME

Contractor: SME

Sub #1:

Ref #:

Rel #: COD

Inv #: 164275DM618

Tech: DavidM

Inv #:

Notes:

At 1:14 PM. Pressure test 2 lines left. Tested 2 MLDs - all fails. Replaced 2 MLDs and retest - 2 MLDs test ACP. Certified TLS-350 Monitor.

Symptoms

A - Mon #01, Monitor Cert, Compliance.

B - Leak Rate of PV Valve, Compliance.

SALMON RIVER MARKET, LLC

PO BOX 90
OTIS OR 97368-0090

6596

24-038-300 OR
20756

DATE 6-18-14

PAY
TO THE
ORDER OF

SME Solutions

\$ 1,050.00

One thousand eighty and no/100

DOLLARS

Bank of America

ACH R/T 323070380

FOR 164275DM618

Daniel E. Tompkins

⑈006596⑈ ⑆323070380⑆ 485003881728⑈

Fees

A - Mileage

F - Script Pads

UL

2.00

Sometimes one service call does not resolve all specific problems due to defective equipment or intermittent problems not present or which cannot be duplicated when our Service Technician is at your premises. Some equipment requires removal on one trip, in-house repair, and another trip for reinstallation. Charges will be made for each service call at rates in effect at time of service. We therefore cannot warrant solutions to all problems on one service call. Time "Arrived" and time "Departed" recorded by our Service Technician will be the guideline used in recording of repair time and charges. This is not a final invoice-your signature shows only that you verify the tech was on-site and completed the work noted.

Daniel E. Tompkins

Signature

Print Name

Date

Printed by DavidM at 6/16/14 1:02pm

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Received Time Feb. 25, 2015 5:24PM No. 1616

STATE OF OREGON

Department of Agriculture

MEASUREMENT STANDARDS DIVISION

635 Capitol Street NE, Salem, Oregon 97301-2532

Phone: (503) 986-4670, Fax: (503) 986-4784

http://oregon.gov/ODA/MSD



METER EXAMINATION & FUEL ANALYSIS REPORT

Form 2046 Rev. 4/09

L.A.

COL.

Retest

Page 1 of 1

Location name Simon River Market		Mailing name SAME	
Location contact name Wanda Bendra LLC		Mailing contact name	
Location address 1264 Simon River Hwy		Mailing address P.O. Box 90	
Location city, st, zip Ore Or 97368		Mailing city, st, zip Ore Or 97368	
Location phone		Mailing phone	

License number 0007162	License status active	Num. issued 6	Num. required 6	Num. tested 6	Seasonal months to
☐ N/A	☐ Above Ground	☐ Airport	☐ Card/Keylock	☐ Marina	☐ E85
					☒ Diesel
					☒ Biodiesel
					☒ Non-Ethanol

MOTOR FUEL QUALITY SCREENINGS

Posted Grade	Dispenser No.	Posted Octane #	Analyzed Octane #	No. Difference	Supp. Cert. Octane	Posted Oxy. Species	Vol %	Sample Number	Non-Compliance or Repair Tag #	Violation Code *	Days to Correct
unleaded	5	87	88.7	+1.7	87	ethanol	10%	---			
premium	3	92	92.8	+0.8	92	NONE		---			
B5	---	---	---	test	B5	NONE		---			

FUEL STORAGE TANKS

Posted Grade	Above Ground	Oxygenate	Amt. of Water	Tank Location	Gals Returned to Storage	Non-Compliance or Repair Tag #	Violation Code *	Days to Correct
unleaded	NO	ethanol 10%	0.0	---	40.3			
premium	Non-Ethanol	NONE	0.0	---	10.3			
B5		NONE	1/4 inch	---	10.3			

METER EXAMINATION SECTION

Meter Make	Products Metered	Dispenser Number	# Blend Ratio Changes	Ore. Lic Type	** SS	# Recal Changes	Serial Number	ERROR ml or in ³	Gallons Used	* Violation Code	Non-Compliance or Repair Tag #	Days to Correct
1. G. Ibarra	87	1		F	✓			FAST SLOW	10	OK		
2.	87	2			✓			+3 +3	10	OK		
3.	92	3			✓			+4 +3	10.3	OK		
4.	B5	4			✓			+1 +1	10	OK		
5.	87	5			R			-6 -5	10.3	OK		
6. G. Ibarra	87	6		F	✓			+1 +1	10	OK		
7.												
8.												
9.												
10.												
11.												
12.												

REMARKS: Water level in Diesel storage at max allowed - Please remove water.
No ethanol present in Non-Ethanol fuel.

Department Representative: S. [Signature]	Received By: (Printed) [Signature]	(Signature) [Signature]	(Title) [Signature]
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*VIOLATION CODES ON REVERSE SIDE

GPS Coordinates:

Insp. Type Posted

W Received Time Feb. 25, 2015 5:24 PM No. 7676 TOR

**SECURITY SEALS OVERPRESSED

Seal Press Markings

STATE OF OREGON
 Department of Agriculture
 MEASUREMENT STANDARDS DIVISION
 635 Capitol Street NE, Salem, Oregon 97301-2532
 Phone: (503) 986-4670, Fax: (503) 986-4784
<http://oregon.gov/ODA/MSD>



LPG METER EXAMINATION REPORT

Page 1 of 1

 L.A.
 COL.
 Retest

Location name <u>Salmon River Market</u>	Mailing name <u>Salmon River Market</u>
Location contact name <u>Wanda Boudreau LLC</u>	Mailing contact name
Location address <u>1264 Salmon River Hwy</u>	Mailing address <u>Box 90</u>
Location city, st, zip <u>Or 97368</u>	Mailing city, st, zip <u>Or 97368</u>
Location phone	Mailing phone

License number <u>0069930</u>	License status <u>active</u>	Num. issued <u>1M</u>	Num. required <u>1M</u>	Num. tested <u>1M</u>	Seasonal months to
----------------------------------	---------------------------------	--------------------------	----------------------------	--------------------------	-----------------------

Meter Make <u>Mettler</u>	Model <u>20</u>	Serial No. <u>LH 1181</u>	Size <u>3/4</u>	Register Make <u>Ventura Root</u>	Model <u>86700</u>	Serial No. <u>203299</u>
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Card/Key	Stationary ☒ Truck Mounted	Marked Flow Rate (GPM) Min. <u>2.5</u> Max. <u>14</u>	Installation I.D. <u>5.11</u>	Spec. Grav. <u>5.5</u>
Compensator: Elec. ☐ Mech. ☐	Tolerance Applied: ☒ Acceptance Maintenance	Security Seals Intact: As Found: ☒ Yes ☐ No	Prover Lic. No. <u>709068</u>	

Ticket Printer: Yes ☐ No ☒	1st Run	2nd Run	3rd Run	4th Run	5th Run	6th Run	Prover Vol. <u>75</u>
	Normal Spec ATC	Normal Spec ATC	Normal Spec ATC	Normal Spec ATC	Normal Spec ATC	Normal Spec ATC	REVERSE FLOW TEST
1 Type of Test Run							Start Pressure <u>100</u> PSI
2 Flow Rate	<u>9.5</u> GAL/MIN	<u>4.5</u> GAL/MIN					Back Pressure <u>120</u> PSI
3 Meter Temp (1/3 Prover Cap)	<u>61</u> °F	<u>61</u> °F					Liquid Lost From Prover 1 Min. Test <u>0</u> GAL
4 Meter Temp (2/3 Prover Cap)	<u>61</u> °F	<u>61</u> °F					GEAR CHANGE
5 Delivery Tank Pressure	<u>NA</u> PSI	<u>NA</u> PSI					Before Adj.
6 Prover Pressure	<u>100</u> PSI	<u>100</u> PSI					B/R A/S- After Adj.
7 Prover Temperature	<u>61</u> °F	<u>60</u> °F					B/R A/S- COMPENSATOR
8 Prover Reading to 0.02/0.05 Gal	<u>24.96</u> GAL	<u>24.96</u> GAL					Before Adj.
9 Meter Reading	<u>25</u> GAL	<u>25</u> GAL					After Adj.

USE FOR UNCOMPENSATED RUN							NOTES:
10 a. Avg Meter Temp (Line 3 + Line 4) ÷ 2	<u>61</u> °F	<u>61</u> °F					
b. Temp Difference (Line 10a - Line 7)	<u>0</u> °F	<u>+1</u> °F					
c. LPG Temp Corr Factor (Table 2)	<u>0.93</u> GAL/°F	<u>0.93</u> GAL/°F					
d. Temp Diff Corr (Line 10b x Line 10c)	<u>0</u> GAL	<u>0.03</u> GAL					
11 Temp Corrected Prover Reading (Line 10d + Line 8)	<u>-0.03</u> GAL	<u>25.003</u> GAL					

USE FOR COMPENSATED RUN							NOTES:
10 Volume Reduction Factor at Prover Temperature (Table 4)	<u>X</u> GAL	<u>X</u> GAL					
11 Temp Corrected Prover Reading (Line 10 x Line 8)	<u>X</u> GAL	<u>X</u> GAL					

USE FOR EITHER RUN							Totalizer Finish: <u>26138.1</u> Totalizer Start: <u>26060.7</u> Total Product Returned to Storage: <u>77.2</u>
12 Prover Pressure Correction (Table 1)	<u>0.01</u> GAL	<u>0.01</u> GAL					
13 Prover Volume Correction (Table 3)	<u>0</u> GAL	<u>0</u> GAL					
14 Corrected Prover Reading (Line 11 + Line 12 + Line 13)	<u>24.959</u> GAL	<u>25.004</u> GAL					
15 Meter Reading (Line 9)	<u>25</u> GAL	<u>25</u> GAL					
16 Net Meter Error (Line 14 - Line 15)	<u>-0.039</u> GAL	<u>-0.004</u> GAL					
17 Percent Error (Line 16 ÷ Line 15) x100	<u>-0.156</u> %	<u>-0.016</u> %					
18 Tolerance Calculation (Line 15 x % Tol)	<u>-0.25</u> GAL	<u>-0.25</u> GAL					
19 Net Meter Error IN ³ (Line 16 x 231)	<u>-9.009</u> IN ³	<u>-0.924</u> IN ³					
20 Difference Between ATC and NON-ATC Test Run(s): (% Error ATC - % Error NON-ATC) = <u>NA</u>	ATC Tol. % Applied <u>NA</u>						

Action Taken: Correct ☒ Adjusted ☐ Rejected ☐	Tag Number:	Days for Correction:	Violation* Code:
---	-------------	----------------------	------------------

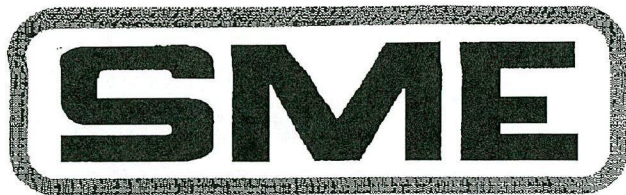
REMARKS: <u>77.2 gallons returned</u>	Department Representative: <u>[Signature]</u>	Received By: <u>[Signature]</u>	(Printed)	(Signature)	(Title)
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*VIOLATION CODES ON REVERSE SIDE

GPS Coordinates:

Insp. Type 2 Posted

Received Time Feb. 25, 2015 5:24PM No. 1616

**SME SOLUTIONS, LLC**

Invoice Number: 164275

Date: 6/24/14

PO/Release #: COD

SME Ref #: 164275

Bill To:

DEALX1264

Salmon River Market

Attn: Accounts Payable

PO Box 90

Otis OR 97368

Location of Work:

0965-NW4140

1264 Salmon River Hwy

Otis OR 97368



Description	Measure	Qty.	Price	Extended
Compliance Testing, Completed: Tank Monitor Certification, Line Test, Leak Detector Test. Replaced 92 leak detector and lamp in tank monitor.				
Nontaxable Bid	EA	1	\$725.00	\$725.00
Lamp, Indicator	EA	2	\$3.00	\$6.00
Leak Detector, Mech Line	EA	1	\$349.00	\$349.00

For your convenience, we accept credit cards.

NET 10

Sub-total: \$1,080.00

Tax: \$0.00

Total Due: \$1,080.00

paid in full

** See attached for signatures and detail of work performed **

2302 A Street, Tacoma, WA 98402 253-572-3822 office 253-572-0978 fax

California CCB# 974078 Oregon CCB#174332 Washington CCB# SMESOL*935CH



Oregon

Kate Brown, Governor

Department of Environmental Quality

Western Region Coos Bay Office

381 N Second Street

Coos Bay, OR 97420

(541) 269-2721

FAX (541) 269-7984

TTY 711

July 12, 2018

Gurpreet Uppal
Otis Market LLC
54 NW Lincoln Shore Star Rst
Lincoln City, OR 97367-5092

Re: UST Facility Compliance Notification
DEQ #11481 – Otis Market LLC

Dear Mr. Uppal:

On May 23, 2018, the Department of Environmental Quality (DEQ) conducted an Operation and Maintenance (O&M) inspection at your underground storage tank (UST) facility referenced above. This inspection resulted in a field citation issued to you for failure to conduct required testing of UST system piping and failure to complete required UST system operator training.

The DEQ has received your payment of the \$450 field citation penalty and the piping testing report completed by Patriot Environmental. In addition, DEQ has received and recorded the modified permit application form submitted on your behalf plus the January 2016 internal tank lining inspection report from Universal Applicators.

The Department appreciates your efforts to operate and maintain your UST systems in compliance with Oregon environmental law. Please contact me if you have any questions about this matter at the DEQ Coos Bay office at 541-269-2721 x231.

Sincerely,

Eric Clough
Natural Resource Specialist
Underground Storage Tank Program

Cc: file
Gary Fromm (property owner)
2915 S Hill Rd
Otis, OR 97368-9606



State of Oregon
Department of
Environmental
Quality

Field Citation No. FC-1573 Tracking No. _____

Department of Environmental Quality Underground Storage Tank Program

Field Citation For UST Violations

This section for
DEQ use only

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	23. May. 2018	Facility ID#:	11481
Inspector:	Eric Clough	Facility Name:	Salmon River Market
DEQ Office:	381 N. 2nd Street Crestview, OR 97420	Facility Address:	
Phone #:	541.269.2721 x 231	County:	Lincoln

Oregon DEQ inspected the facility listed above and identified the UST violations listed on page 3 of this Field Citation.

Field Citation Issued: ☐ In Person ☒ By Mail ☐ Both Date Issued: 30. May. 2018

Facility Representative Present During Inspection: ☒ Permittee ☒ Owner ☐ Other

Signature of Facility Representative Present During Inspection* NA - Notice Mailed Date:

*This signature indicates receipt of the Field Citation at the time of inspection, and is not an acceptance of the assessed penalty.

Name of Permittee or Owner:

Mailing Address:

Field Citation Penalty – See Page 3 for detailed listing of each violation. \$ 450 .00

This Field Citation is issued in accordance with the requirements for the expedited enforcement of underground storage tank (UST) violations, OAR 340-150-0250.

Owner or Permittee should select Option 1 or Option 2 below and return a signed copy of this form to DEQ by the following date: 30. June. 2018

DEQ Revenue Office
811 SW Sixth Avenue
Portland, Oregon 97204

Check one option

- ☐ **Option 1** - I acknowledge that the listed violation(s) have occurred and am remitting the listed field citation penalty.
- ☐ **Option 2** - I do not want to participate in the expedited enforcement process and understand that my file will be referred to the Department's Office of Compliance and Enforcement for formal enforcement action.

Name:	Owner / Permittee
Signature:	Date:

Important

Read pages 2 and 3 for more information about your options and a detailed listing of violations and compliance requirements.

Field Citation Requirements

The permittee or owner should select Option 1 or Option 2 and return a signed copy of Page 1 of the Field Citation form within thirty (30) days of issuance of the Field Citation and the full penalty amount, if selecting Option 1. If the permittee or owner fails to pay the penalty within thirty days, the Field Citation will serve as a Pre-Enforcement Notice (PEN) and the permittee and owner will be subject to formal enforcement including the imposition of civil penalties in accordance with OAR Chapter 340, Division 12.

Option 1:

By paying the penalty amount, the permittee and owner acknowledge that the violations listed on Page 3 of this Field Citation have occurred. Additionally, the permittee and owner accept the field citation as a final order of the Environmental Quality Commission (Commission) and waive any and all rights and objections to the form, content, manner of service and timeliness of the Field Citation; to a contested case hearing and judicial review of the Field Citation [OAR 340-150-0250(6)]; and to service of a Final Order (*i.e.*, no other copy will be provided).

Upon DEQ's receipt of payment of the full penalty, the Field Citation becomes a Final Order of the Commission that requires the permittee and owner to satisfactorily complete the requirements on Page 3 by the applicable dates. Upon completion of the requirements, you shall update page 3, sign and return the original to your UST inspector. If DEQ does not receive documentation showing that the violations have been corrected by the dates set forth on page 3 or should you repeat any of these violations, this matter will be referred to DEQ's Office of Compliance and Enforcement for formal enforcement action, including assessment of civil penalties. Civil penalties can be assessed for each day of violation.

Option 2:

The permittee or owner may deny that the violations as listed on Page 3 of this Field Citation have occurred by checking Option 2 and submitting to DEQ a signed copy of Page 1 of the Field Citation. In that event, the Field Citation will serve as a Pre-Enforcement Notice (PEN) and the permittee and owner will be subject to formal enforcement for those violations set forth in the Field Citation, including the imposition of civil penalties in accordance with OAR Chapter 340, Division 12. Civil penalties that will be imposed by the formal enforcement process will exceed the Field Citation penalties for the same violation(s).

Disclaimer

During an inspection, DEQ attempts to conduct a thorough review of your UST system. Nonetheless, DEQ does not represent that the violations documented during an inspection are the only violations which could be present. You, as the permittee and owner, remain responsible for complying with all applicable UST rules. Therefore, if a violation is discovered during a subsequent inspection, the facility will be cited for this violation and may be subject to civil penalties. It is the permittee's and owner's responsibility to know, understand and implement the UST rules.

The Department appreciates your cooperation and efforts to comply with the regulations for underground storage tank systems.

11 Jan 2016

Department of Environmental Quality
RECEIVED

Report on Thickness Test

JUN 05 2018

COOS BAY OFFICE

Otis Junction
1264 Salmon River Highway
Otis, OR 97368

Dear Tank Operator,

Over three days in January, from the 11th to the 14th we dug to and entered the 3 6000 gallon tanks at this site. We cleaned them and tested the thickness of the epoxy lining and the thickness of the steel in the shell of the tank.

Testing was conducted with an ultrasonic thickness tester. It is manufactured by NDT Systems and is called the TG-210. It's measurement range is from .040 to 5.000 inches. The tester was calibrated before each tank was tested. The exact thickness is not as important as the relative thickness of the metal to the readings taken for each tank. The nominal thickness of each tank was measured up at the top with a micrometer. It is .250 inches

We are looking for variations of thickness beyond 25 percent to raise a warning flag. None of the numbers recorded were in that "range of concern". The thickness of the epoxy is expected to be at least 125 mils with the same variance as allowed for the steel. We did not exceed those limits.

The hardness of the epoxy was adequate. We found no evidence of spalling or delamination in the coating in the tanks. We included pictures from the inside of the tanks.

There is a high water table in this area and it makes it hard to conduct these types of tests. Our recommendation is that cathodic protection be installed on these tanks. If this were to be done the internal examinations would cease to be required every five years.

If you have any further questions, please contact me, Greg Brennan at 503-236-6359 or 800-200-1377.

Sincerely,

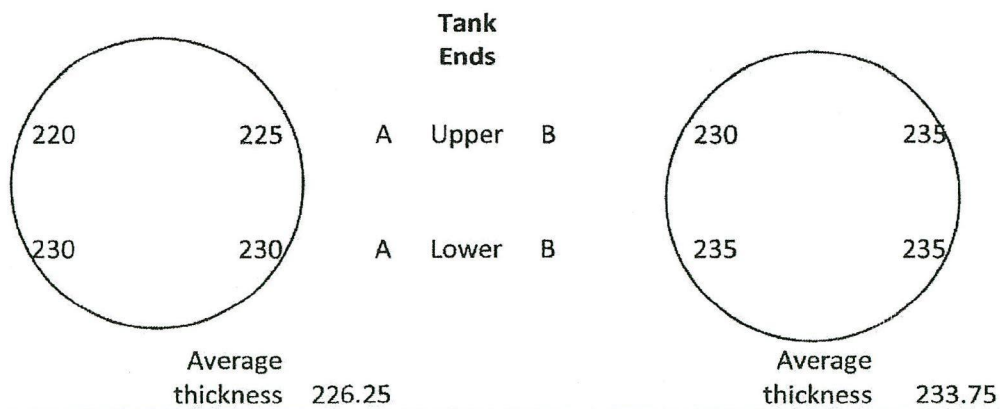
A handwritten signature in dark ink, appearing to read "Greg Brennan", with a horizontal line extending to the right.

Greg Brennan,
Cathodic Protection License No. 10438
Universal Applicators, Inc.

Customer: OTIS JUNCTION STEEL 6K SUL
 Location: OTIS
 Prepared By: Greg Brennan
 of: Universal Applicators, Inc
 Date:
11-Jan-18

Tank Ends

Thickness is in Mils



Tank Length-wise

Entire Tank	Tank		
Average	232.59		
Weight Mean Avrg	232.60		
	Right	Center	Left
Average	235.28	226.39	236.11

Weight Mean Avrg 235.00 226.25 236.56

Tank length-wise-Detail

Thickness is in Mills

Customer: OTIS JUNCTION STEEL 6K SUL
Location: OTIS
Prepared By: Greg Brennan
 of: Universal Applicators, Inc

Date:
11-Jan-18

Feet	Right	Center	Left
1	230	220	240
2	230	220	235
3	235	225	235
4	235	225	240
5	235	225	240
6	230	220	235
7	235	225	230
8	240	225	240
9	240	235	235
10	240	235	235
11	235	225	235
12	235	225	240
13	230	225	240
14	230	230	240
15	235	235	235
16	235	225	235
17	240	225	235
18	245	230	225

Tank Thickness Test

Customer: OTIS JUNCTION EPOXY 6K SUL

Location: OTIS

Prepared By: Greg Brennan

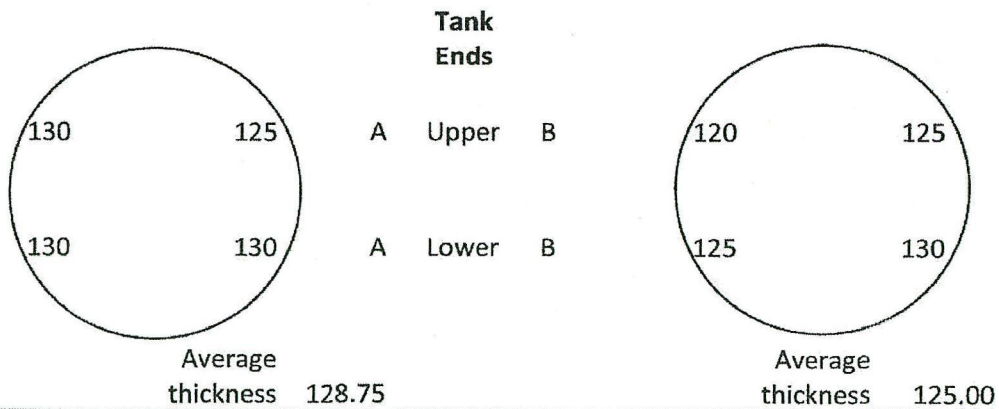
of: Universal Applicators, Inc

Date:

11-Jan-18

Tank Ends

Thickness is in Mils



Tank Length-wise

Entire Tank	Tank
Average	140.74
Weight Mean Avrg	140.48

Right Center Left

Average	128.61	162.50	131.11
Weight Mean Avrg	128.75	162.19	130.94

Tank length-wise-Detail

Thickness is in Mills

Customer: OTIS JUNCTION EPOXY 6K SUL
 Location: OTIS
 Prepared By: Greg Brennan
 of: Universal Applicators, Inc
 Date:
 11-Jan-18

Feet	Right	Center	Left
1	135	175	135
2	125	170	140
3	125	170	135
4	135	165	130
5	130	160	130
6	130	160	135
7	130	165	130
8	125	170	130
9	120	160	125
10	125	160	135
11	130	155	130
12	130	155	135
13	125	160	125
14	130	160	125
15	135	155	130
16	125	160	135
17	130	160	130
18	130	165	125

Tank Thickness Test

Customer: OTIS JUNCTION EPOXY 6K UL 2016

Location: OTIS

Prepared By: Greg Brennan

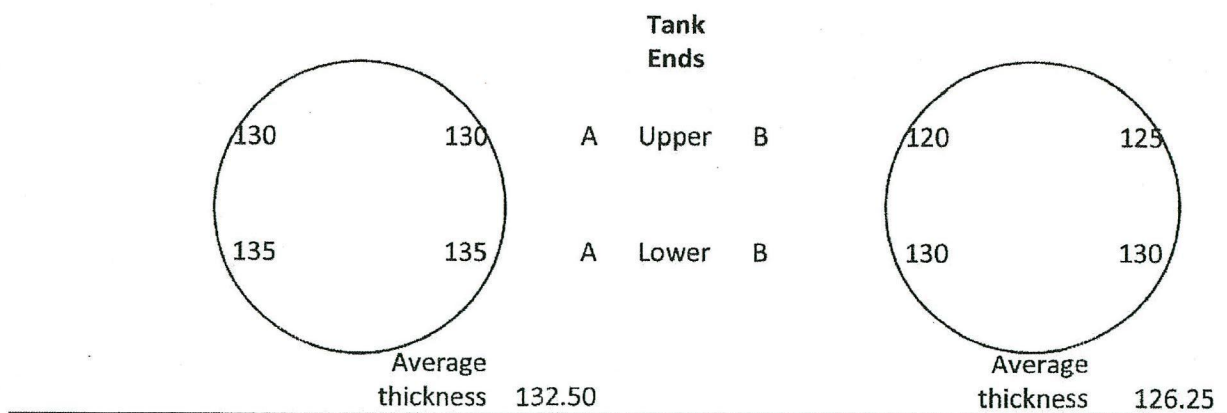
of: Universal Applicators, Inc

Date:

11-Jan-18

Tank Ends

Thickness is in Mils



Tank Length-wise

Entire Tank	Tank
Average	136.02
Weight Mean Avrg	135.77

	Right	Center	Left
Average	129.44	151.11	127.50
Weight Mean Avrg	129.06	150.94	127.50

Tank length-wise-Detail

Thickness is in Mils

Customer: OTIS JUNCTION EPOXY 6K UL 2016

Location: OTIS

Prepared By: Greg Brennan

of: Universal Applicators, Inc

Date:

11-Jan-18

Feet	Right	Center	Left
1	140	155	125
2	125	155	125
3	125	160	120
4	135	145	130
5	130	150	130
6	135	155	125
7	125	150	125
8	125	155	130
9	125	150	135
10	125	165	130
11	125	155	125
12	130	145	130
13	135	145	125
14	140	145	125
15	130	140	130
16	125	155	130
17	125	145	125
18	130	150	130

Tank Thickness Test

Customer: OTIS JUNCTION STEEL 6K UL 2016

Location: OTIS

Prepared By: Greg Brennan

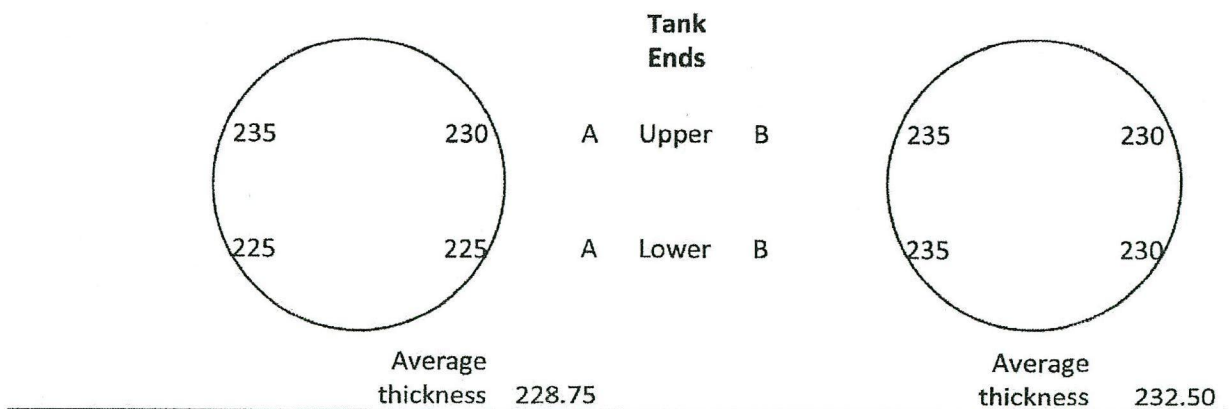
of: Universal Applicators, Inc

Date:

11-Jan-18

Tank Ends

Thickness is in Mils



Tank Length-wise

Entire Tank	Tank		
Average	231.30		
Weight Mean Avrg	231.35		
	Right	Center	Left
Average	235.83	224.72	233.33
Weight Mean Avrg	235.94	224.69	233.13

Tank length-wise-Detail

Thickness is in Mils

Customer: OTIS JUNCTION STEEL 6K UL 2016

Location: OTIS

Prepared By: Greg Brennan

of: Universal Applicators, Inc

Date:

11-Jan-18

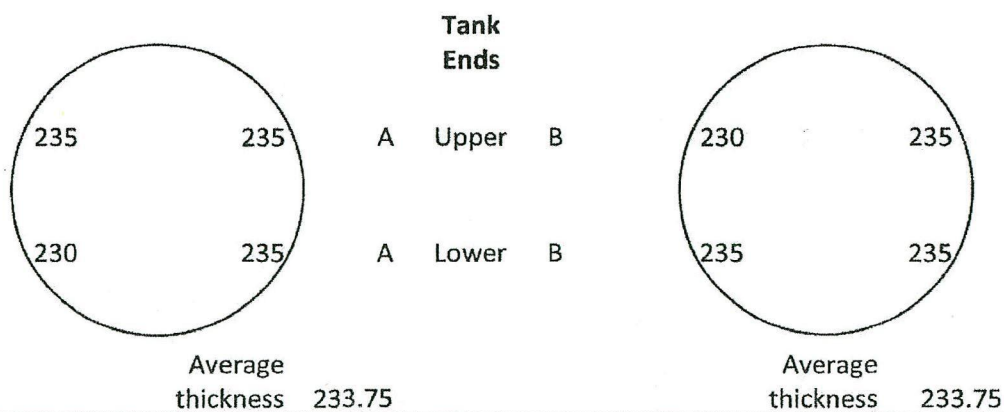
Feet	Right	Center	Left
1	235	230	230
2	235	220	230
3	235	220	235
4	235	220	235
5	240	225	230
6	240	225	230
7	235	230	230
8	240	230	235
9	240	225	235
10	240	225	240
11	235	225	240
12	235	230	230
13	230	225	235
14	230	225	235
15	230	220	235
16	235	220	235
17	235	225	230
18	240	225	230

Tank Thickness Test

Customer: OTIS JUNCTION STEEL 6K DIESEL 2016
Location: OTIS
Prepared By: Greg Brennan
of: Universal Applicators, Inc
Date:
11-Jan-18

Tank Ends

Thickness is in Mils



Tank Length-wise

Entire Tank	Tank
Average	231.02
Weight Mean Avrg	231.06

Right Center Left

Average	232.22	226.94	233.89
Weight Mean Avrg	232.19	226.88	233.75

Tank length-wise-Detail

Thickness is in Mils

Customer: OTIS JUNCTION STEEL 6K DIESEL 2016
 Location: OTIS
 Prepared By: Greg Brennan
 of: Universal Applicators, Inc
 Date:
11-Jan-18

Feet	Right	Center	Left
1	240	235	230
2	240	230	230
3	240	225	235
4	240	225	235
5	230	225	235
6	235	225	235
7	235	230	240
8	230	230	240
9	230	225	240
10	225	225	235
11	225	225	235
12	230	230	230
13	230	220	230
14	230	225	230
15	235	225	235
16	230	225	230
17	230	230	230
18	225	230	235

Tank Thickness Test

Customer: OTIS JUNCTION EPOXY 6K DIESEL 2016

Location: OTIS

Prepared By: Greg Brennan

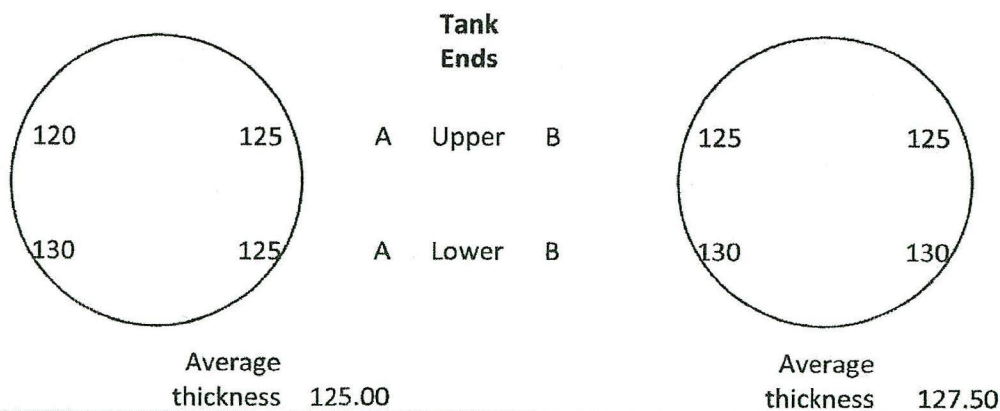
of: Universal Applicators, Inc

Date:

11-Jan-18

Tank Ends

Thickness is in Mils



Tank Length-wise

Entire Tank	Tank
Average	138.06
Weight Mean Avrg	137.79

Right Center Left

Average	128.06	156.94	129.17
Weight Mean Avrg	128.13	156.56	129.06

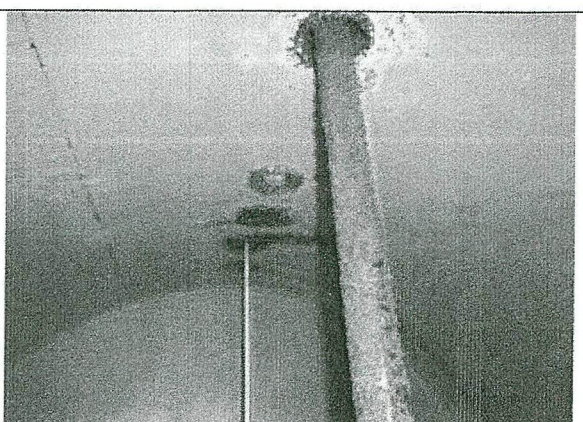
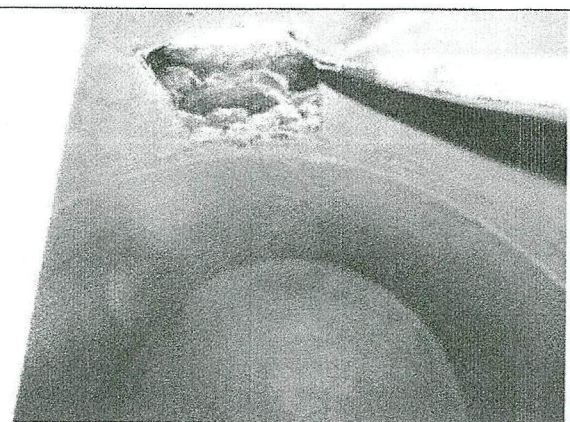
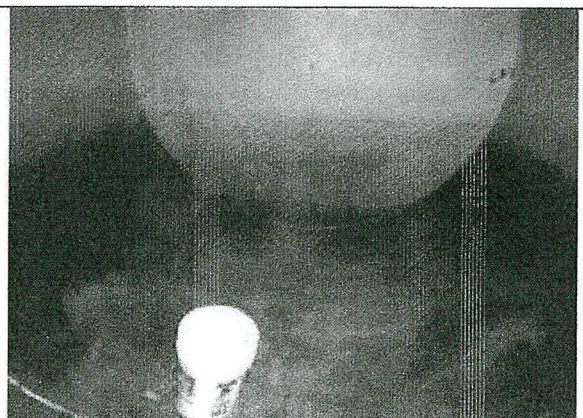
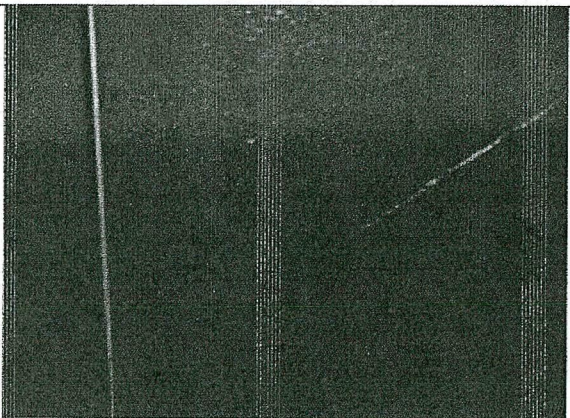
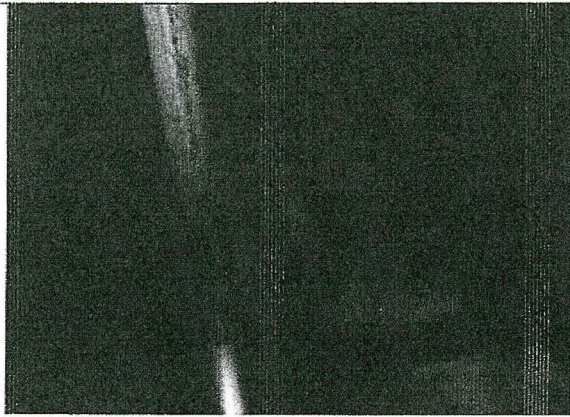
Tank length-wise-Detail

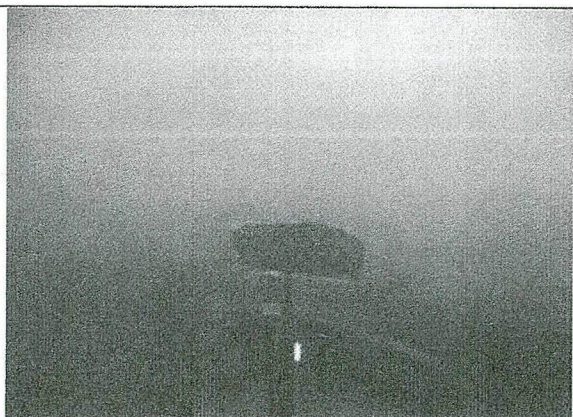
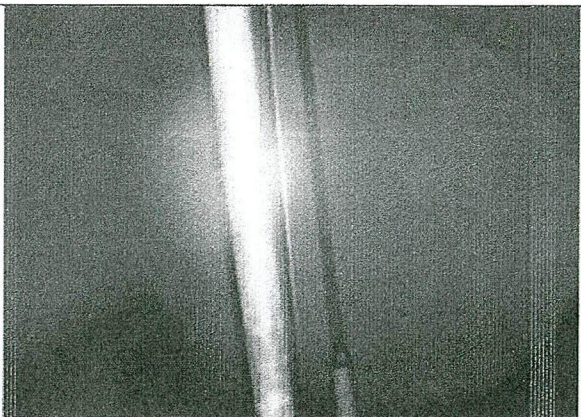
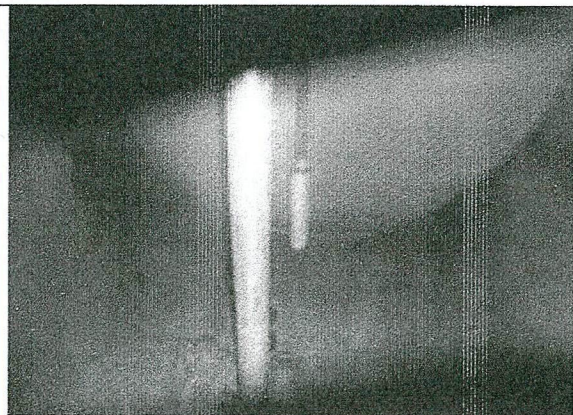
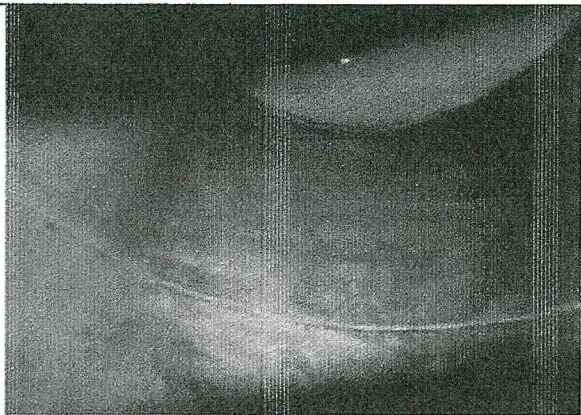
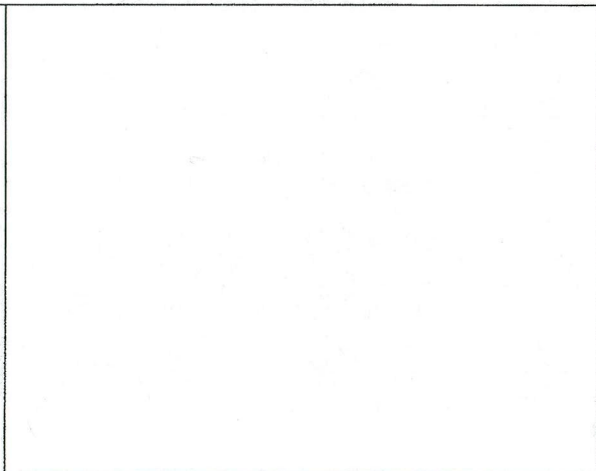
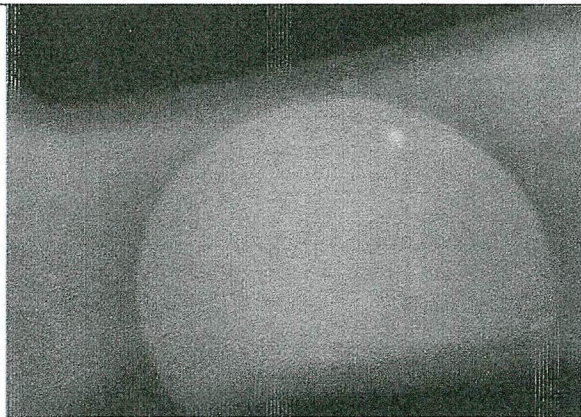
Thickness is in Mills

Customer: OTIS JUNCTION EPOXY 6K DIESEL 2016
 Location: OTIS
 Prepared By: Greg Brennan
 of: Universal Applicators, Inc

Date:
 11-Jan-18

Feet	Right	Center	Left
1	125	150	135
2	125	155	130
3	125	150	130
4	125	155	125
5	125	155	125
6	135	160	135
7	130	160	130
8	125	160	125
9	130	150	125
10	130	150	125
11	130	165	125
12	135	165	130
13	125	170	125
14	120	155	130
15	125	160	130
16	130	165	135
17	130	150	135
18	135	150	130





PATRIOT ENVIRONMENTAL INC. ANNUAL TANK MONITOR EVALUATION

Company Name: Otis Market
 Site Address: 1264 Salmon River Hwy
 City, State, Zip: Otis, OR. 97368
 Date: 6-17-2018

Monitor Make: VEEDER ROOT
 Monitor Model: TLS350 847090-022
 Serial Number: 50935617805001
 Software Version: 16.05

Monitoring Console	Tank#/Grade/Size	PASS	FAIL	PERFORM AT CONSOLE	PASS	FAIL	N/A	COMMENTS
	T1 Diesel 6K	X		CHECK SYSTEM DIAGNOSTICS	X			
	T2 Regular 6K	X		CHECK SET UP PROGRAMS & PRINT VALUES	X			
	T3 Super 6K	X		CHECK BATTERY FOR BACK UP	X			
				CHECK MONITOR & STICK READINGS	X			
	Mod 8473 MAG 1 Probe			CHECK REMOTE COMMUNICATIONS	X			
				TEST OVERFILL AUDIBLE ALARM AT PANEL	X			
				CHECK TANK TEST TIMES AND PRINT HISTORY	X			
				CHECK PLLD AND PRINT HISTORY			X	
SENSORS	SENSOR#/ LOCATION	PASS	FAIL	PERFORM AT PROBES	PASS	FAIL	N/A	COMMENTS
	No Sensors			CHECK PROBE DIAGNOSTICS	X			
				CHECK PROBE CABLES AND CONNECTIONS	X			
				PULL PROBES & INSPECT & CLEAN FLOATS			X	
				TEST OVERFILL AT PROBES			X	
				PERFORMED ON SENSORS	PASS	FAIL	N/A	
				CHECK SENSOR DIAGNOSTICS			X	
				CHECK SENSOR CABLES AND FLOAT SWITCHES			X	
				TEST ALL SENSORS FOR PROPER OPERATION			X	
				CLEAN SENSORS & SET AT SUMP LOWEST POINT			X	
				Additional Checks	Supplied	Not Needed	N/A	
				CHECK SUPPLY OF PAPER AND RIBBONS		X		
					Yes	No	N/A	
				CONSOLE AND CONDUIT MOUNTS SECURED?	X			
			ALL PANEL LED AND KEYS PERATIONAL?	X				
			3.0 GPH Line Leak Detector Installed & Tested?	X				
			Line Leak Test Method(PLLD,Sensor,Safe Suction)	Annual Line Test				
			Tank Test Method(CSLD,Annular Sensor,Sir)	Daily 0.2 GPH Test				
			Tank overfill method (Audible,Flapper valve,Ballfloats)	AUDIBLE @ 90%				
SENSOR MODEL#	N/A							
TANK TEST RESULTS	passed last 12 months							

Repairs performed: NONE.

Technician Name: ALEX HAJIHASHEMI

Technician Signature: _____

Digitally signed by Alex Hajihashemi
 DN: cn=Alex Hajihashemi, o=Patriot Environmental Inc.,
 email=alex.hajihashemi@patriotenv.com, c=US
 Date: 2018.06.17 11:23:41 -0700

Patriot Environmental Inc.

DATA CHART FOR USE WITH PETROTITE LINE TESTER

WO# : 6959

DATE: 6-17-2018

STATION NUMBER: XXXXXXXXXXXXX

1 LOCATION: Otis Market 1264 Salmon River Hwy Otis, OR. 97368

2 OWNER: Gary Uppal

3 OPERATOR: Same

4 REASON FOR TEST: DEQ Annual Compliance

5 TEST REQUESTED BY: Gary Uppal

6 SPECIAL INSTRUCTIONS: None

7 CONTRACTOR OR COMPANY MAKING TEST PATRIOT ENVIRONMENTAL INC. ALEX HAJIHASHEMI
MECHANIC(S) NAME:

8 IS A TANK TEST TO BE ☐ YES 9 MAKE AND TYPE OF 3 Red Jacket Submersibles
MADE WITH THIS LINE TEST? ☒ NO PUMP OR DISPENSER (SUCTION OR SUBMERSIBLE)

10 WEATHER Clear TEMPERATURE IN TANKS 65 F COVER concrete/blk top BURIAL DEPTH 3.5

11 IDENTIFY EACH LINE AS TESTED	12 TIME (MILITARY)	13 LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC	14 PRESSURE		15 VOLUME		16 REMARKS SIZE, LENGTH & TYPE OF LINE, # FLEX CONNECTORS CONCLUSION, REPAIRS AND COMMENTS
			Psi OR kPa	READING	BEFORE	AFTER	
LINE #1 DIESEL	1200	PRESTART WAIT	15mins	75psi			1.5"x75'Envroflx dw direct bury RJ stp 30psi/ VL 99 LD
	1215	PRESTART WAIT	15mins	60psi			
	1230	START TEST		60psi		.0500	Terminating points: LD plug at stp & disp impact valves.
	1245	1ST READ	60	60	.0500	.0500	+0.0000
	1300	2ND READ	60	60	.0500	.0500	+0.0000 LEAK RATE +0.0000 GPH "PASS"
		BLEED BACK	60	0	.0000	.0660	+0.0660 Bleed back is norma
LINE #2 REGULAR	1200	PRESTART WAIT	15mins	75psi			1.5"x65'Envroflx dw direct bury RJ stp 27psi/ VL 99 LD

DATA CHART FOR USE WITH PETROTITE LINE TESTER

WO# 6959

	1215	PRESTART WAIT	15mins	60psi																				
	1230	START TEST		60psi				Terminating points: LD plug at stp & disp impact valves.																
	1245	1ST READ	60	60	.0500	.0500	+.0000																	
	1300	2ND READ	60	60	.0500	.0500	+.0000	LEAK RATE +.0000 GPH "PASS"																
		BLEED BACK	60	0	.0000	.0595	+.0595	Bleed back is normal.																
LINE #3 SUPER	1200	PRESTART WAIT	15mins	75psi				1.5"x55'Envroflx dw direct bury RJ stp 26psi/ fe petro stp-mld																
	1215	PRESTART WAIT	15mins	60psi																				
	1230	START TEST		60psi				Terminating points: LD plug at stp & disp impact valves.																
	1245	1ST READ	60	60	.0500	.0500	+.0000																	
	1300	2ND READ	60	60	.0500	.0500	+.0000	LEAK RATE +.0000 GPH "PASS"																
		BLEED BACK	60	0	.0000	.0635	+.0635	Bleed back is normal.																
TEST RESULTS	TEST CONFIRMS THE INTEGRITY OF THE PRODUCT LINES AT THE TEST TIME ONLY, SITE OPERATOR IS RESPONSIBLE FOR DAILY MONITORING OF THE SYSTEM !! <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Line Identification</th> <th>Pass / Fail</th> <th>Net Volume Change per Hour</th> <th>Date Tested</th> </tr> </thead> <tbody> <tr> <td>DIESEL</td> <td>PASS</td> <td>+.0000 GPH</td> <td>6-17-2018</td> </tr> <tr> <td>REGULAR</td> <td>PASS</td> <td>+.0000 GPH</td> <td>6-17-2018</td> </tr> <tr> <td>SUPER</td> <td>PASS</td> <td>+.0000 GPH</td> <td>6-17-2018</td> </tr> </tbody> </table>								Line Identification	Pass / Fail	Net Volume Change per Hour	Date Tested	DIESEL	PASS	+.0000 GPH	6-17-2018	REGULAR	PASS	+.0000 GPH	6-17-2018	SUPER	PASS	+.0000 GPH	6-17-2018
Line Identification	Pass / Fail	Net Volume Change per Hour	Date Tested																					
DIESEL	PASS	+.0000 GPH	6-17-2018																					
REGULAR	PASS	+.0000 GPH	6-17-2018																					
SUPER	PASS	+.0000 GPH	6-17-2018																					

Patriot Environmental Inc.
 19363 Willamette Dr. #245
 West Linn, OR 97060

17 CONTRACTOR CERTIFICATION
 Tech: 
 X 
 CERTIFICATION# 6282911e
 Digitally signed by Albert Johnson
 DN: cn=Albert Johnson, o=Patriot Environmental Inc., ou=Environmental, email=albert.johnson@patriotenv.com, c=US

PATRIOT ENVIRONMENTAL INC.
19363 WILLAMETTE DR. #245
WEST LINN, OR. 97068

MECHANICAL & ELECTRONIC LEAK DETECTOR TEST
(VAPORLESS LDT-890/AF)

TEST DATE: 6-17-2018
SITE OWNER & NAME: Otis Market
SITE ADDRESS: 1264 Salmon River Hwy
Otis, OR. 97368
TESTER'S NAME: ALEX HAJIHASHEMI
TESTER'S SIGNATURE: 

NOTE: THIS TEST CONFIRMS THE INTEGRITY OF THE
LEAK DETECTORS AT THE TEST TIME ONLY,
OPERATOR IS RESPONSIBLE FOR DAY TO
DAY MONITORING OF THE EQUIPMENT AND
SYSTEM.

PRODUCT NAME: REGULAR

LEAK DETECTOR TYPE: Vaporless 99 LD-2000

PRODUCT LINE TYPE: TCI Enviroflex DW Direct Bury

3.0GPH @10PSI TEST PASSED: ☒ FAILED: ☐

REPLACED FAILED UNIT? YES: ☐ NO: ☒

IF REPLACED: PASSED ☐ FAILED: ☐

IF YES, TYPE OF NEW
LEAK DETECTOR: S/N: 10061156

PRODUCT NAME: SUPER

LEAK DETECTOR TYPE: FE PETRO STP-MLD

PRODUCT LINE TYPE: TCI Enviroflex DW Direct Bury

3.0GPH @10PSI TEST PASSED: ☒ FAILED: ☐

REPLACED FAILED UNIT? YES: ☐ NO: ☒

IF REPLACED: PASSED ☐ FAILED: ☐

IF YES, TYPE OF NEW
LEAK DETECTOR: S/N: N/A

PRODUCT NAME: DIESEL

LEAK DETECTOR TYPE: Vaporless 99-LD2000

PRODUCT LINE TYPE: TCI Enviroflex DW Direct Bury

3.0GPH @10PSI TEST PASSED: ☒ FAILED: ☐

REPLACED FAILED UNIT? YES: ☐ NO: ☒

IF REPLACED: PASSED ☐ FAILED: ☐

IF YES, TYPE OF NEW
LEAK DETECTOR: S/N: 1071055

PRODUCT NAME:

LEAK DETECTOR TYPE:

PRODUCT LINE TYPE:

3.0GPH @10PSI TEST PASSED: ☐ FAILED: ☐

REPLACED FAILED UNIT? YES: ☐ NO: ☐

IF REPLACED: PASSED ☐ FAILED: ☐

IF YES, TYPE OF NEW
LEAK DETECTOR: S/N:

Patriot Environmental Inc.
19363 Willamette Dr. #245
West Linn, OR 97068

UST FIELD CITATION

Facility Representative initials: _____

DATE ISSUED: 30 May 2018FIELD CITATION NO.: 1573FACILITY ID: 11481

Page 3 of 3

Violation #1:*SOC: N / N

Failure To Conduct annual TEST of Automatic Line Leak Detector (ALLD)

Corrective Action:

Submit results of ALLD testing

Rule Citation: **OAR 340-150-0400**Penalty Amount: \$ 150 .00Correct Violation by: 30 June 18

Date Violation Corrected:

Violation #2:*SOC: Y / N

Failure To Conduct annual TEST of Pressurized Piping

Corrective Action:

Submit results of line Tightness Testing

Rule Citation: **OAR 340-150-0410**Penalty Amount: \$ 150 .00Correct Violation by: 30 June 18

Date Violation Corrected:

Violation #3:*SOC: Y / N

Failure To have a Class A/B trained operator

Corrective Action:

Submit Certificate of A/B Training

Rule Citation: **OAR 340-150-0200**Penalty Amount: \$ 150 .00Correct Violation by: 30 June 18

Date Violation Corrected:

Violation #4:*SOC: Y / N

Corrective Action:

Rule Citation: **OAR 340-150-**

Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Violation #5:*SOC: Y / N

Corrective Action:

Rule Citation: **OAR 340-150-**

Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Violation #6:*SOC: Y / N

Corrective Action:

Rule Citation: **OAR 340-150-**

Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Total Penalty Amount (This Page): \$ 450 .00Total Penalty Amount (All Pages): \$ 450.00

YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, ENTER THE DATES CORRECTED, SIGN THE STATEMENT BELOW AND RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE: _____

Retain a copy of this form and all documentation of corrective actions for your records.

I hereby certify that the UST violations noted above have been corrected: _____ / _____

Permittee/Owner Signature

Date

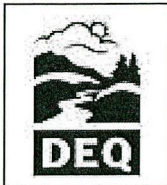
*SOC: Significant Operational Compliance

White/Original: DEQ Inspector

Pink: Facility Representative

Yellow: DEQ Revenue Office

Green: Permanent Copy



Oregon Department of Environmental Quality
Underground Storage Tank Program
Facility Inspection Report

Inspection conducted by E. Clough date 23 May 18 time _____ facility 11481

Facility Information		Permittee	
Name:	<u>Salmon River Market</u>	Name:	<u>Gary Fernald</u>
Site Address:		Organization:	
City:	<u>OTIS</u>	County:	
Phone:	<u>541-992-3775</u>	Phone:	<u>541-992-3775</u>
Inspection Contact Name & Phone:	<u>John 541-992-3775</u>	EGen	☐
		Temporary Closure	☐

Tank Information (check box if same for all tanks/piping)			
DEQ # / ATG #	<u>BDBGJ/23DBHK/3</u>	<u>BDBHA/1</u>	
Substance	<u>Regular</u>	<u>Premium Diesel</u>	
Est. Gallons	<u>6000</u>		
Tank Material	☐	<u>Steel w/lining - NO CP</u>	
Pipe Material	☐	<u>Plastic</u>	
Pipe Type	☐	<u>Pressure</u>	
Overfill Device	☐	<u>audible alarm</u>	
GDF: AQID Throughput ☐ AQMA Area? ☐ No AQ Inspection Required			
Drop Tube Depth (always)	<u>OK</u>	<u>OK</u>	
Vapor Recovery System Type			

Facility Construction / Spill & Overfill Comments:

Are Tanks Manifolder? Y ☒ N
Is Piping Manifolder? Y ☒ N
Transition Sumps? Y ☒ N UDC Present? ☒ N
If satellite dispensers are they installed correctly? Y ☒ N
(Solenoid installed after meter)

Verified Alarm History: ☒ N
Verified Setup Report: ☒ N
Visible Damage to Spill Buckets: Y ☒ N
Verified Audible Alarm: ☒ N NA

Incon:
Menu → Setup → Down → Down → Relays
→ Enter → Down → Enter

Veeder Root:
Function → Output Relay → Step 1 →
Enter

Turbine sumps were and warped, UDC OK
Regular ppe is environ and other 2 are
DW Blue total containment

Class A/B Operator	In Compliance:	☐
Class C Training <u>check w/ Gary</u>	Retail:	☒
Operating Certificate	Current	☒
	Accurate	☒
	Posted	☒
Financial Responsibility	Begin Date:	End Date:
		In Compliance:
		☐

Tank Setup
Incon:
Report → Down

Veeder Root:
Mode → "Set Up" → In Tank
Setup → Print (also print Output
Relay Setup)

Release Detection Results
Incon (regulatory Report):
Report → Down → M4 then M1

Veeder Root: (Leak History Report)
Mode until "Diagnostic"
Function until "In-Tank Leak Results"
Step until "Print Leak History"
Print

PLLD
Function until "Pressure Line Results"
→ Setup until "Press Print for history" →
Press Print for history

PLLD should have passing annual 0.1
GAL/HR Passing test on print out if no
annual line detector testing is complete
(OAR-340-150-0410 (3))

Stage I
(Over 480,000 gpy or inside
AQMA)
Equipment Requirements:

Stage 1 System (dual point or
coaxial vapor recovery)

Pressure Vent Valves

Release Detection & Testing and Cathodic

Tanks: Pass: <u>Y</u> N	Release Detection Method: Tank Gauge ☒ Interstitial ☐ Sir ☐ If CSLD (Veeder-Root) is Pd 99%? Y N If SCALD (Incon) is Vol. Qualify 14%? Y N If interstitial then last sensor test date: _____ Notes: <i>poor organization and some low level testing static testing</i> Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec All months good?
Piping: Pass: Y N	Mechanical Leak Detector ☒ Electronic Leak Detector ☐ Last Line Tightness Test and Line Leak Detector Test Date: ____/____/____ Safe Suction ☐ check valve directly below suction pump Y N Sump Sensors Present? Y N Interstitial ☐ Has tightness testing of sumps been confirmed? Y N Are sensors in good condition/position? Y N Is there a daily log? Y N Notes: <i>Gary fromm has piping test records</i>
C.P.: Tank Pass: Y N Pipe Pass: <u>Y</u> N	Steel Tanks w/CP? Y <u>N</u> Steel Pipes w/CP? Y <u>N</u> Steel Flex-lines w/CP? Y <u>N</u> Date of Last C.P. Test: <u>NA</u> Last Two C.P. Test Records Available? Y N If Impressed Current System: Rectifier Log Maintained: Y N Lined Tanks? <u>Y</u> N Date of Last Lining Inspection: <u>July 2011</u> Notes: <i>Gary should provide proof of lining inspection</i>

Notes/Observation

No class A/B/C operator training records available

No internal lining inspection records

No piping test records available

Passing UST Inspection: Y N

FC Number:

Violation, Ref#

UST Database updated: Y N

Compliance Letter Sent: Y N

UST/AQ GDF Report to AQ: Y NA

Inspector Signature: _____



Oregon

Kate Brown, Governor

Department of Environmental Quality
Western Region Coos Bay Office
381 N Second Street
Coos Bay, OR 97420
(541) 269-2721
FAX (541) 269-7984
TTY 711

May 30, 2018

Gary Fromm
Otis The Gateway to the Coast LLC
2915 S Hill Rd
Otis, OR 97368-9606

RE: UST Compliance Inspection Summary
Salmon River Market
1264 Salmon River Highway 18
Otis, OR

Dear Mr. Fromm:

The Department of Environmental Quality (DEQ) has completed a review of the recent underground storage tank compliance inspection with Jason Uppal on Wednesday May 23, 2018. The inspection resulted in documentation of three UST program violations that need to be corrected and two potential violations that may be addressed by prompt submittal of further information. A UST program field citation has been enclosed with this letter for the following violations:

1. Class A/B Operator Training – Oregon rules require training for the person responsible for day to day operation of the UST facility and recordkeeping. It does not appear that you or Jason have completed this training.
2. Annual Test of Pressurized Piping – Jason indicated line tightness testing has not been conducted within the last 12 months.
3. Annual Test of Automatic Line Leak Detectors (ALLDS) – Jason indicated ALLD testing has not been conducted within the last 12 months.

In order to avoid additional violations being cited you will need to submit the following items by Friday June 8, 2018:

1. Modified Permit Application – based on what you and Jason have told me it seems DEQ record of permittee for this facility has not been updated as required. Please submit a complete modified permit application to bring our records up to date.
2. Internal Tank Inspection – The bare steel tanks with internal lining at this facility require internal structural and lining inspections at least every five years. The last record of internal inspection in our records is from July 2011. Please submit the results of the most

recent internal inspection work that was due by July 2016.

If you have any questions about this letter, I can be reached at the DEQ office here in Coos Bay at 541-269-2721 x231.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Clough".

Eric Clough
UST Inspector
Western Region – Coos Bay

Enc: Field Citation
List of UST Training Vendors
Modified Permit Application Form

CC: file
Jason Uppala – Otis Market & Fueling
1264 Salmon River Highway
Otis, OR 97368



Oregon

Kate Brown., Governor

Department of Environmental Quality

Western Region Coos Bay Office

381 N 2nd Street

Coos Bay, OR 97420

(541) 269-2721

FAX (541) 269-7984

April 12, 2018

Gary Fromm
Otis The Gateway to the Coast LLC
2915 S Hill Rd
Otis, OR 97368-9606

Re: UST Compliance Inspection
Salmon River Market – DEQ #11481

Dear Mr. Fromm:

The Oregon Department of Environmental Quality (DEQ) is conducting underground storage tank (UST) inspections throughout Oregon. The purpose of this letter is to inform you that your facility, among others, has been selected for inspection. A thorough inspection of your facility will be conducted to determine compliance with state and federal UST requirements. These requirements include release detection, spill and overfill prevention, corrosion protection, stage 1 vapor recovery, maintenance and repair procedures, and financial responsibility. **The date you receive this letter is the date that the inspection starts.** If you have work done after that date, you will need to have the previous set of records available for evaluation in addition to the most recent records.

Please contact me to schedule the inspection during the week of May 1 through May 4. Please note that the inspection will require uninterrupted participation and attendance by you or a knowledgeable assistant. You may hire a professional UST Maintenance company to provide sump access, verify operation of overfill protection, test sensors and tank monitors, print monitoring and test reports, or to answer specific technical questions regarding your systems. Within 30 days of completion of your inspection, a copy of the compliance results will be provided by mail.

Thank you for your cooperation. I can be reached at 541-269-2721, extension 231 to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,

Eric Clough
Natural Resource Specialist
Western Region - Coos Bay Office

*Gary - any date/time but
992.3775*

*need to call back with
confirmed schedule*

Jaxon

CC: file

541-992-3775 (EXT) - 2pm wed 23-June



Oregon

Kate Brown, Governor

Department of Environmental Quality

Western Region Coos Bay Office

381 N 2nd Street

Coos Bay, OR 97420

(541) 269-2721

FAX (541) 269-7984

March 10, 2015

Andrea Lematta
Salmon River Market & Gas
2906 Northern Dancer Dr
Churchville, MD 21028-1007

Re: UST Facility Compliance Notification
Salmon River Market & Gas
DEQ #9093 - Riddle, OR

Dear Ms. Lematta:

On February 25, 2015, the Department of Environmental Quality (DEQ) conducted an Operation and Maintenance (O&M) inspection at your above referenced facility. The Department has completed a review of the inspector's observations and the information collected during the inspection. Based on the findings of the inspection, the DEQ has determined that the regulated underground storage tanks (USTs) at this facility are in compliance with State of Oregon UST requirements.

During the inspection two issues were observed that need your attention. First, you must contact Steve Paiko (503-229-6652) at the Portland, OR, DEQ office and determine whether or not you will need to submit a modified permit application form (enclosed) due to the changes in ownership and name of the facility. Second, the UST's at your facility are bare steel with an internal lining and no external corrosion protection. Therefore, you must conduct internal lining inspections at least once every five years. The last lining inspection was performed in July 2011, and thus the next lining inspection is due by July 2016. It took almost two weeks to obtain records of the 2011 lining inspection. DEQ expects important records such as this to be available upon request. You may be cited for failure to produce required records at future inspections if they are not made available more promptly.

The Department appreciates your efforts to operate and maintain your UST systems in compliance with Oregon environmental law. Please contact me if you have any questions about this matter at the DEQ Coos Bay office at 541-269-2721 x231.

Sincerely,


Eric Clough
Natural Resource Specialist
Underground Storage Tank Program

Enc: Modified Permit Application
Cc: file
Dan Tompkins
1264 Salmon River Highway
Otis, OR 97368



Oregon Department of Environmental Quality
Underground Storage Tank Program
Full Compliance Inspection Report

For the inspection conducted by Eric Clough on 25 Feb 15

Facility Information (Latitude: ; Longitude:) Update Needed? ☐	
Name: <u>Salmon River Market & Gas</u>	DEQ ID: <u>11491</u>
Site Address:	
City: <u>OTIS</u>	County:
Inspection Contact: <u>Dan Tompkins</u>	Phone: <u>541-994-2611</u>

Tank Ownership Information Update Needed? ☒			
	Permittee	Tank Owner	Property Owner
Name	<u>Dan Tompkins</u>	<u>Andrea Lematta</u>	
Organization			
Phone			

Compliance & Inspection Comments Inspection Complete Letter Sent? ☐			
SOC-RP Initial:	SOC-RD Initial:		
Passing Inspection:	Compliance Verified Date:		
Enforcement: ☐	Suspected Release: ☐	Docs Requested: ☐	Due Date:
Inspection Comments: <u>Nivian Lematta has recently passed away. Andrea</u> <u>is daughter, need to change name of site</u> <u>missing 2010 internal inspection report</u>			
Alarm History Notes?: <u>none no problem found</u>			
Vapor Recovery Equipment Notes: <u>none installed 2480,000 gpy</u>			

Class A/B Operator Name: <u>Dan Tompkins</u> Update Needed? ☐		
Training Date: <u>6 Nov 2009</u>	Training Vendor: <u>CES</u>	In Compliance: ☒

Class C: no date but no written record, Dan will use Class C example & log record

Financial Responsibility: Add a new record: ☐	
Mechanism Type:	In Compliance: ☐
Begin Date:	End Date:

Permit & Construction Information (check box if same for all tanks/piping)

Permit #	B0B05	B0B H K	B0B H A	
Substance	regular	Premium	Diesel	
Est. Gallons	6000	non-ETPH		
Tank Constr/Mfr	steel w/lining			
Piping Constr/Mfr	DW Green Environ	DW TC 4	blue DW TC	
Piping Type	Pressure			
Spill Device	buckets all good			
Overfill Device	audible alarm			
Sensors?	None			
Containment Sumps?	Turbines + dispensers			
SOC	Spill Protection Pass: YES		Overfill Pass: YES	
Facility Construction / Spill & Overfill Comments: 2 regular dispensers, 1 Diesel hose 1 clear premium hose, no blending				

Release Detection & Testing (check box if same for all tanks) ☒ (check box if same for all piping) ☒

Tanks:	Release Detection Method(s) and Manufacturer: V-R 749-350, TANC Tined		
SOC: YES	12 Months of valid records? very good printed records		
If Using IM as LD Method then: Last Sensor Test Date: What type of tank IM Equipment? (E.g. - dry, brine, sensor type, etc...)			
Piping:	Release Detection Method(s) and Manufacturer: SMC doing annual testing but 2014 TEST RECORDS NOT AVAILABLE - Dan will check down		
SOC: YES	12 Months of valid records? and submit		
Last ALLD Test Date:		Last LineTest Date:	
If Using IM as LD Method then: Last Sensor Test Date: All containment sumps inspected? Sensors present and in good position? Sensor Type?			

Corrosion Protection and Lining (check box if same for all tanks/piping) ☒ Integrity Assessment(s) ☐

SOC-tank:	Corrosion Protection Method(s): Impressed Current _____ Galvanic _____		
FAIL	Two most recent test records available?		
SOC-pipe:	Date of C.P. Installation:	Date of Last C.P. Test:	
PASS	Date of Lining Installation: 22-56g-1995	Date of Last Lining Inspection: 31 DEC 2005	



Oregon Department of Environmental Quality Air Quality Program

UST/AQ GDF STAGE I VAPOR RECOVERY COMPLIANCE INSPECTION REPORT

UST ID:	11481	or	AST ☐	AQ Source ID:	21-0073
Source Name:	Salmon River Market, LLC dba Salmon River Market				
Address:	1264 SALMON RIVER HWY				
City:	Otis				
Source Contact:	Daniel E. Tompkins				
Telephone:	(541) 994-2611				
Inspected By:	E. Clough	DEQ phone:	541-269-2721 x231		
Onsite With:	Representing:				

COMPLIANCE and FOLLOW UP

Inspection Date:	25-Feb-15	Inspection Type:	Initial ☒	Follow Up ☐
In Compliance: Yes ☐	No ☐	Enforcement Required:	WL ☐	PEN ☐
AQ Follow up Required:		Yes ☐ No ☐		
☐ AQ GDF Permit not issued but may be required based upon annual throughput of _____ gallons.				
☐ Stage I Equipment is not present but may be required based upon annual throughput of _____ gallons.				

PERMIT COMPLIANCE

Permit is on site?	Yes ☐	No ☐
Stage I Equipment required? <i>reported throughput < 400,000 gpy</i>	Yes ☐	No ☐
"Do Not Top Off" sign posted and visible?	Yes ☐	No ☐
Observed fuel containers were covered and spills were mitigated?	Yes ☐	No ☐
Maintenance Log is on site?	Yes ☐	No ☐
Last Fuel Supplier: <i>Carbon Oil</i>		

EQUIPMENT REQUIREMENTS

Drop tubes measured and within required distance of tank bottom? Must be within 6" of tank bottom if installed after 11/09/06 or no more than 12" of tank bottom if installed on or before 11/09/06	Yes ☐	No ☐
Stage I Equipment installed?	Yes ☐	No ☒
Stage I System Type:	Dual Point ☐	Coaxial ☐ Both ☐
PVVCs installed?	Yes ☐	No ☐
Dust Caps are in place and not visibly broken?	Yes ☐	No ☐
Dust Caps have seals to contain vapors?	Yes ☐	No ☐
Dual-point system has poppet valves?	Yes ☐	No ☐

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

☐ Routed completed report to appropriate AQ regional staff:
ER-Tom Hack ☐ WR - Dottie Boyd ☐ WR - Steve Croucher ☐ NWR - Johnny Baumgartner ☐

WR - Dottie Boyd ☐

NWR - Johnny Baumgartner ☐



Oregon

John A. Kitzhaber, MD., Governor

Department of Environmental Quality

Western Region Coos Bay Office

381 N 2nd Street

Coos Bay, OR 97420

(541) 269-2721

FAX (541) 269-7984

February 12, 2015

Andrea Lematta
2906 Northern Dancer Dr
Churchville, MD 21028-1007

Re: UST Compliance Inspection
DEQ UST #11481 – Otis 76
1264 Salmon River Highway, Otis

Dear Ms. Lematta:

The Oregon Department of Environmental Quality (DEQ) is conducting underground storage tank (UST) inspections throughout Oregon. The purpose of this letter is to inform you that your facility, among others, has been selected for inspection. A thorough inspection of your facility will be conducted to determine compliance with state and federal UST requirements. These requirements include release detection, spill and overfill prevention, corrosion protection, stage 1 vapor recovery, maintenance and repair procedures, and financial responsibility. **The date you receive this letter is the date that the inspection starts.** If you have work done after that date, you will need to have the previous set of records available for evaluation in addition to the most recent records.

Please contact me to confirm the inspection schedule for approximately 12 am (noon) on Tuesday February 25, 2015. If I do not hear from you about scheduling, the inspection will be scheduled at a time of my choosing. Please note that the inspection will require uninterrupted participation and attendance by you or a knowledgeable assistant. You may hire a professional UST Maintenance company to provide sump access, verify operation of overfill protection, test sensors and tank monitors, print monitoring and test reports, or to answer specific technical questions regarding your systems. Within 30 days of completion of your inspection, a copy of the compliance results will be provided by mail.

Thank you for your cooperation. I can be reached at 541-269-2721, extension 231 to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,

Eric Clough
Natural Resource Specialist
Western Region - Coos Bay Office

CC: file
Dan Tompkins – Salmon River Store
PO Box 90
Otis, OR 97368

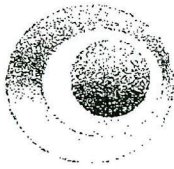


TO: Eric Clough DEQ

From: Dan Tompkins
Salmon River Market LLC
541-994-2611

15 Pages

3-5-15



Universal Applicators, Inc.

There is a high water table in this area and it makes it hard to conduct these types of tests. Our recommendation is that cathodic protection be installed on these tanks. If this were to be done the internal examinations would cease to be required every five years.

If you have any further questions, please contact me, Greg Brennan at 503-236-6359 or 800-200-1377.

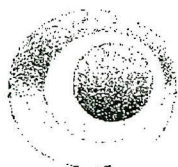
Sincerely,

Greg Brennan,
Cathodic Protection License No. 10438
Universal Applicators, Inc.

Oregon CCB No. 65928 Oregon DEQ Service Provider License No. 12630

www.universalap.com

2357 SE 50th Ave., Portland OR 97215 (503)236-6359 (800)200-1377 FAX (503)233-9804



Universal Applicators, Inc.

13 July 2011

Report on Thickness Test

Otis Junction
1264 Salmon River Highway
Otis, OR 97368

Dear Tank Operator,

Over three day in July, from the 6th to the 8th we dug to and entered the 3 6000 gallon tanks at this site. We cleaned them and tested the thickness of the epoxy lining and the thickness of the steel in the shell of the tank.

Testing was conducted with an ultrasonic thickness tester. It is manufactured by DeFlesko and is called the UTG. It's measurement range if from .040 to 5.000 inches. The tester was calibrated before each tank was tested. The exact thickness is not as important as the relative thickness of the metal to the readings taken for each tank.

We are looking for variations of thickness beyond 25 percent to raise a warning flag. None of the numbers recorded were in that "range of concern". The thickness of the epoxy is expected to be at least 125 mils with the same variance as allowed for the steel. We did not exceed those limits.

The hardness of the epoxy was adequate. We found no evidence of spalling or delamination in the coating in the tanks.

Tank length-wise-Detail

Thickness is in Mils

Customer: OTIS JUNCTION 6K EPOX DIESEL

Location: OTIS

Prepared By: Greg Brennan

of: Universal Applicators, Inc

Date:

7-Jul-11

Feet	Right	Center	Left
1	125	150	135
2	130	160	135
3	130	155	125
4	125	150	125
5	120	160	130
6	125	165	130
7	135	165	140
8	125	165	125
9	135	150	125
10	130	150	130
11	130	170	130
12	140	175	125
13	120	170	125
14	125	160	125
15	130	160	135
16	130	165	125
17	135	150	135
18	140	155	135

Tank length-wise-Detail

Thickness is in Mils

Customer: OTIS JUNCTION 6K DIESEL STEEL

Location: OTIS

Prepared By: Greg Brennan

of: Universal Applicators, Inc

Date:

7-Jul-11

Feet	Right	Center	Left
1	240	230	230
2	240	230	230
3	245	225	235
4	240	225	235
5	235	225	235
6	230	230	235
7	230	235	240
8	235	235	240
9	230	220	235
10	225	220	230
11	230	225	230
12	230	225	230
13	235	220	235
14	235	225	240
15	230	230	240
16	230	230	235
17	230	235	230
18	225	230	235

Tank Thickness Test

Customer: OTIS JUNCTION 6K EPOX DIESEL

Location: OTIS

Prepared By: Greg Brennan

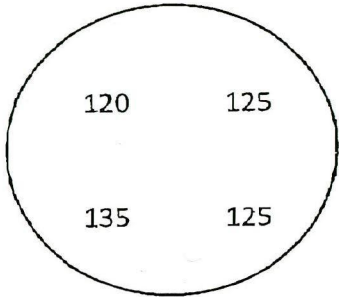
of: Universal Applicators, Inc

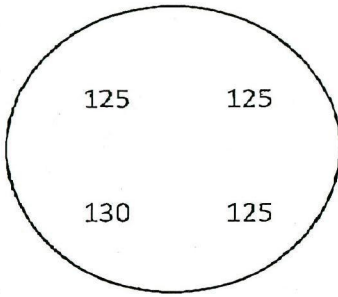
Date:

7-Jul-11

Tank Ends

Thickness is in Mils

Tank Ends			
	A	Upper	B
	A	Lower	B
Average thickness		126.25	

	A	Upper	B
	A	Lower	B
Average thickness		126.25	

Tank Length-wise

Entire Tank	Tank
Average	139.63
Weight Mean Avrg	139.33

	Right	Center	Left
Average	129.44	159.72	129.72
Weight Mean Avrg	129.38	159.38	129.38

Tank Thickness Test

Customer: OTIS JUNCTION 6K DIESEL STEEL

Location: OTIS

Prepared By: Greg Brennan

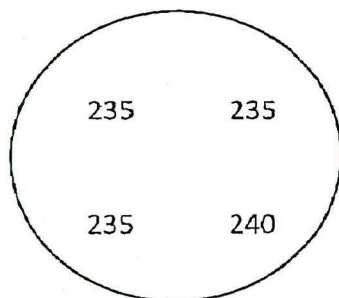
of: Universal Applicators, Inc

Date:

7-Jul-11

Tank Ends

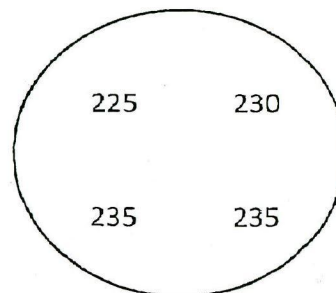
Thickness is in Mils



Tank Ends

A Upper B

A Lower B



Average thickness 236.25

Average thickness 231.25

Tank Length-wise

Entire Tank	Tank
Average	231.67
Weight Mean Avrg	231.63

	Right	Center	Left
Average	233.06	227.50	234.44
Weight Mean Avrg	232.81	227.50	234.38

Tank Thickness Test

Customer: OTIS JUNCTION STEEL 6K UL

Location: OTIS

Prepared By: Greg Brennan

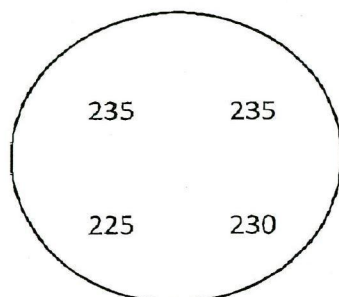
of: Universal Applicators, Inc

Date:

6-Jul-11

Tank Ends

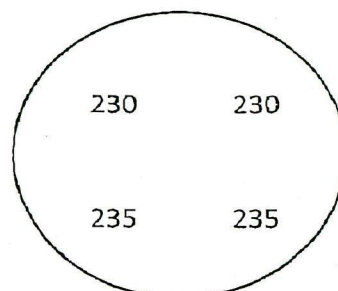
Thickness is in Mils



Tank Ends

A Upper B

A Lower B



Average thickness 231.25

Average thickness 232.50

Tank Length-wise

Entire Tank	Tank
Average	233.33
Weight Mean Avrg	233.37

	Right	Center	Left
Average	238.61	225.28	236.11
Weight Mean Avrg	238.75	225.31	235.94

Tank length-wise-Detail

Thickness is in Mils

Customer: OTIS JUNCTION STEEL 6K SUL

Location: OTIS

Prepared By: Greg Brennan

of: Universal Applicators, Inc

Date:

8-Jul-11

Feet	Right	Center	Left
1	235	225	235
2	230	220	240
3	240	230	240
4	240	220	245
5	235	225	240
6	230	225	235
7	235	225	235
8	245	230	240
9	240	235	240
10	245	235	235
11	240	220	235
12	235	225	245
13	235	230	245
14	230	230	245
15	240	220	240
16	235	230	235
17	245	225	235
18	245	225	240

Tank Thickness Test

Customer: OTIS JUNCTION EPOXY 6K SUL

Location: OTIS

Prepared By: Greg Brennan

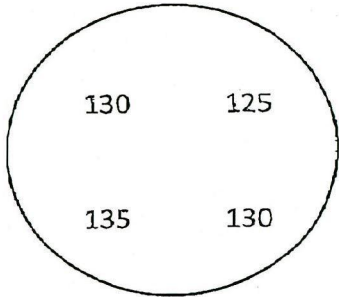
of: Universal Applicators, Inc

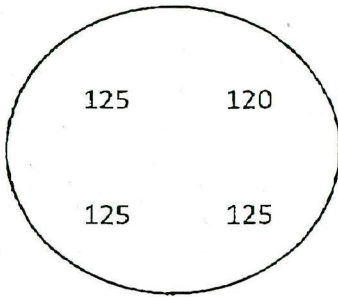
Date:

8-Jul-11

Tank Ends

Thickness is in Mils

Tank Ends			
	A	Upper	B
	A	Lower	B
Average thickness		130.00	

	A	Upper	B
	A	Lower	B
Average thickness		123.75	

Tank Length-wise

Entire Tank	Tank
Average	141.67
Weight Mean Avrg	141.35

	Right	Center	Left
Average	130.00	163.89	131.11
Weight Mean Avrg	130.00	163.75	131.25

Tank length-wise-Detail

Thickness is in Mils

Customer: OTIS JUNCTION EPOXY 6K SUL

Location: OTIS

Prepared By: Greg Brennan

of: Universal Applicators, Inc

Date:

8-Jul-11

Feet	Right	Center	Left
1	130	180	130
2	125	175	140
3	125	165	130
4	130	170	135
5	130	165	135
6	135	165	135
7	135	160	130
8	120	170	130
9	125	170	130
10	130	160	125
11	135	155	125
12	130	150	130
13	125	155	135
14	130	165	135
15	135	160	140
16	130	165	120
17	140	160	125
18	130	160	130

Tank Thickness Test

Customer: OTIS JUNCTION EPOXY 6K UL

Location: OTIS

Prepared By: Greg Brennan

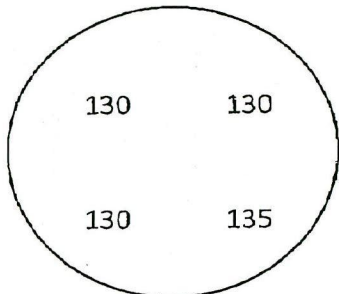
of: Universal Applicators, Inc

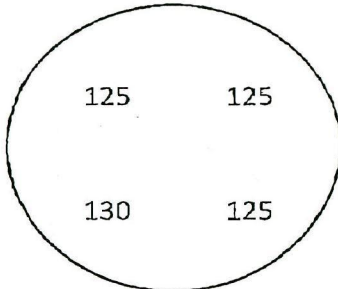
Date:

6-Jul-11

Tank Ends

Thickness is in Mils

Tank Ends			
	A	Upper	B
	A	Lower	B
Average thickness		131.25	

	Tank Ends		
	A	Upper	B
	A	Lower	B
Average thickness		126.25	

Tank Length-wise

Entire Tank	Tank
Average	133.89
Weight Mean Avrg	135.50

	Right	Center	Left
Average	130.06	143.83	127.78
Weight Mean Avrg	129.75	150.31	127.81

Tank length-wise-Detail

Thickness is in Mils

Customer: OTIS JUNCTION STEEL 6K UL

Location: OTIS

Prepared By: Greg Brennan

of: Universal Applicators, Inc

Date:

6-Jul-11

Feet	Right	Center	Left
1	235	230	230
2	240	225	235
3	240	225	240
4	240	220	235
5	245	225	230
6	240	230	230
7	235	230	240
8	245	225	240
9	245	225	245
10	240	225	245
11	235	230	240
12	230	220	235
13	235	225	235
14	230	220	235
15	235	220	235
16	240	230	235
17	240	225	230
18	245	225	235

Tank length-wise-Detail

Thickness is in Mils

Customer: OTIS JUNCTION EPOXY 6K UL

Location: OTIS

Prepared By: Greg Brennan

of: Universal Applicators, Inc

Date:

6-Jul-11

Feet	Right	Center	Left
1	141	150	125
2	125	150	120
3	120	160	120
4	140	145	125
5	125	160	130
6	130	150	135
7	125	150	125
8	130	160	130
9	125	160	135
10	130	170	135
11	125	150	135
12	130	140	125
13	140	150	125
14	145	140	125
15	130	135	130
16	125	150	125
17	125	14	125
18	130	155	130

Tank Thickness Test

Customer: OTIS JUNCTION STEEL 6K SUL

Location: OTIS

Prepared By: Greg Brennan

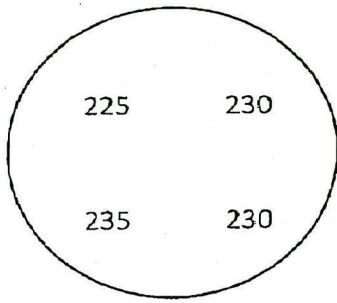
of: Universal Applicators, Inc

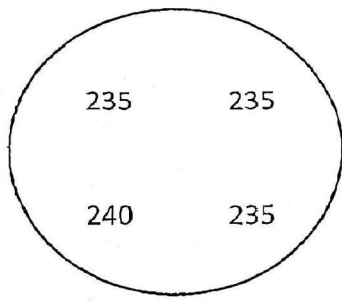
Date:

8-Jul-11

Tank Ends

Thickness is in Mills

Tank Ends			
	225	230	
	235	230	
	A	Upper	B
	A	Lower	B
Average thickness		230.00	

	235	235	
	240	235	
Average thickness		236.25	

Tank Length-wise

Entire Tank	Tank
Average	234.44
Weight Mean Avrg	234.52

	Right	Center	Left
Average	237.78	226.39	239.17
Weight Mean Avrg	237.81	226.25	239.06

Oregon Department of Environmental Quality
UNDERGROUND STORAGE TANK DECOMMISSIONING/CHANGE-IN-SERVICE REPORT

DEQ DECOMMISSIONING CERTIFICATE NUMBER: 11481

FACILITY NAME: ~~Otis Service Center~~ Otis 76

FACILITY ADDRESS: 1264 Salmon River Hwy PO Box 95 Otis Or 97368

PERMITTEE PHONE: 541-996-4844 DATE: November 9, 2001

The following information **MUST** be submitted by the underground storage tank permittee or licensed DEQ Supervisor within 30 days following completion of the tank decommissioning or change-in-service. (OAR 340-150-0166 (5)(a)).

The attached supplemental checklist should be prepared by the person performing the decommissioning or change-in-service. The checklist should be provided to DEQ and the permittee to demonstrate that all required practices were followed.

Ordinarily the checklist is filled out by the DEQ licensed Service Provider or Supervisor. Permittees, tank owners or property owners who wish to personally decommission a tank or complete a change-in-service must follow all the conditions and requirements of OAR 340-150-0166 and other applicable standards. The permittee should contact the DEQ Regional Office prior to starting the work to receive current copies of the General Permit to Decommission USTs and underground storage tank regulations.

A. DATES:

Decommissioning/Change-in-Service Notice - Date Submitted: 08/27/2001 (30 days before work starts).

Work Start Telephone Notice - Date Submitted: 08/27/2001 (3 working days before work starts).

DEQ Person Notified: Jim Parr

Date Work Started: 08/29/2001 Date Work Completed: 09/07/2001

Note: Provide the following information if any soil or water contamination is found during the decommissioning or change-in-service. Contamination must be reported by the UST permittee within 24 hours. The licensed service provider must report contamination within 72 hours after discovery unless previously reported.

Date Contamination Reported: 08/29/2001 By: Kathleen J. Thorpe

DEQ Person Notified: Jim Glass

Backfill Telephone Notice - Date Called: 09/07/2001 (before backfilling).

DEQ Person Notified: Jim Glass

B. PERMITS: **Note:** DEQ permits may be needed where soil or water cleanup is required.

DEQ Water Discharge Permit #: N/A Date: _____

Water Disposed to (Location): N/A

DEQ Solid Waste Disposal Permit #: N/A Date: _____

Soil Disposal or Treatment Location: Riverbend Landfill

(P)

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Both
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C. TANK INFORMATION:

TANK ID #	DEQ-UST PERMIT #	TANK SIZE IN GALLONS	PRODUCT: GASOLINE, DIESEL, USED OIL, OTHER?		CLOSURE OR CHANGE-IN-SERVICE?			TANK TO BE REPLACED?	
			PRESENT	NEW	TANK REMOVAL	CLOSURE IN PLACE♦	CHANGE IN SERVICE♦	YES*	NO
4	11481 BFFDA	1,000	Gas		X				X
5	11481 BFFDB	650	Diesel		X				X

- * Where decommissioned tank(s) are replaced by new underground storage tanks the UST permittee must submit a *General Permit Registration Form to Install and Operate USTs* containing information on the new tanks 30 days before installing them.
- ♦ Submit a soil sampling plan to the DEQ regional office and receive plan approval prior to starting work if 1) tank is to be decommissioned in-place, 2) tank contents are changed to a non-regulated substance, 3) tank contains a regulated substance other than petroleum, or 4) tank changed to non-regulated use.

D. DISPOSAL INFORMATION:

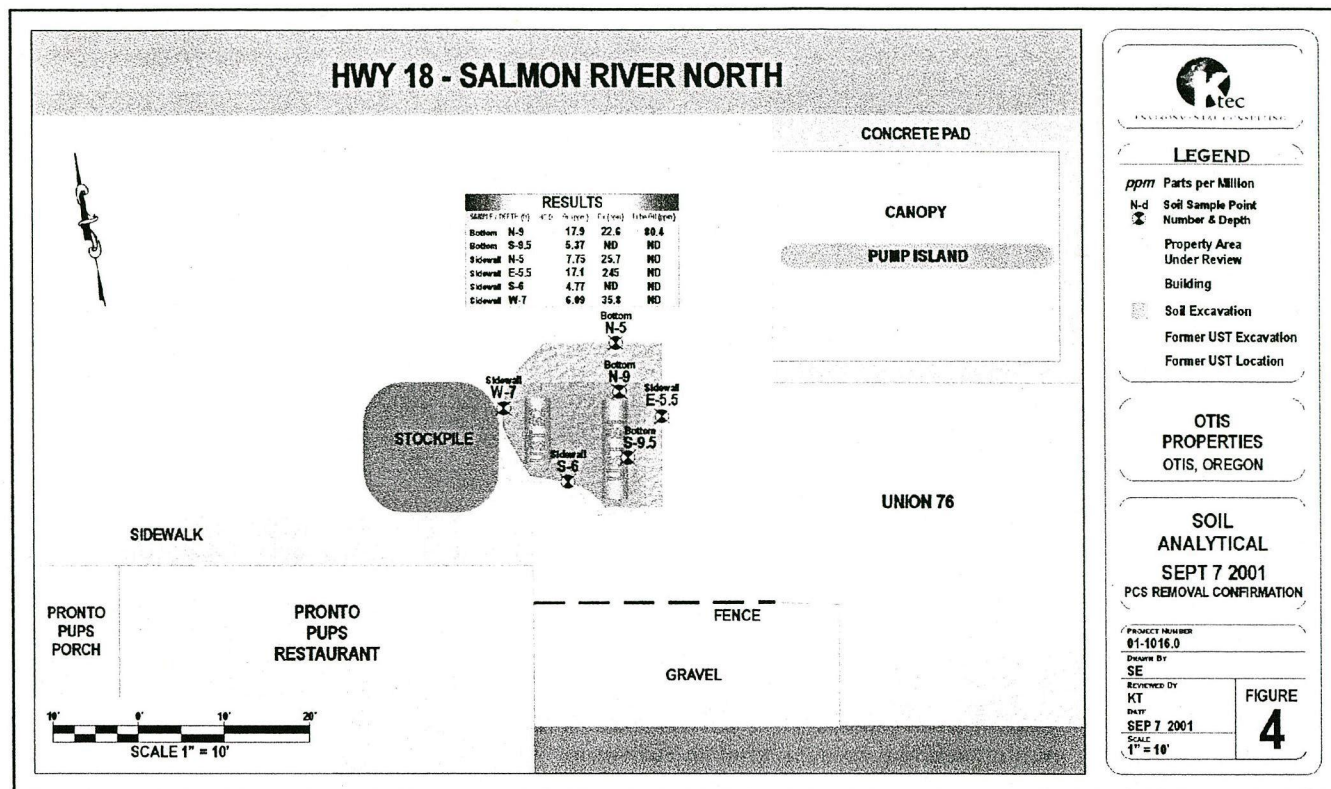
TANK ID #	TANK AND PIPING DISPOSAL METHOD				DISPOSAL LOCATION OF TANK CONTENTS	
	SCRAP	LAND-FILL	OTHER	IDENTIFY LOCATION & PROPERTY OWNER	LIQUIDS *	SLUDGES *
4	X				Spenser Environmental	
5	X				Spenser Environmental	

* Note: The tank contents, the tank and the piping may be subject to the requirements of Hazardous Waste regulations. If you have questions, contact the DEQ regional office for your area.

E. CONTAMINATION INFORMATION: * Note: Sampling is required if groundwater is encountered. See cleanup rules.

TANK ID #	GROUND * WATER IN PIT ?	PRODUCT ODOR IN SOIL ?	PRODUCT STAINS IN SOIL ?	NUMBER OF SAMPLES	LABORATORY (NAME, CITY, STATE, PHONE)
4	Yes	Yes	Yes	3	Specialty Analytical 19761 SW 95 th Place Tualatin, OR 97062 503.612.9007
5	Yes	Yes	Yes	4	Specialty Analytical 19761 SW 95 th Place Tualatin, OR 97062 503.612.9007

E. SITE SKETCH: (Show location of adjacent roads, property lines, structures, dispensers, & all USTs. Show North, general direction of ground slope and soil sample locations. Sketch does not need to be drawn to scale. You may attach a separate drawing.)



G. WORK PERFORMED BY:

DEQ Service Provider's License #: 15315 Construction Contractors License #: 126132
Name: RMCAT
Telephone: 503.408.7404

DEQ Decommissioning Supervisor's License #: 13157
Name: Kathleen J. Thorpe
Telephone: 503.589.4311

DEQ Soil Matrix Service Provider's License #: 19389 (If applicable)
Name: Kathleen J. Thorpe
Telephone: 503.589.4311

DEQ Soil Matrix Supervisor's License #: 12492 (If applicable)
Name: Kathleen J. Thorpe
Telephone: 503.589.4311

H. ATTACHMENTS TO THIS REPORT:

1. Attach a copy of the laboratory report showing the results of all tests on all soil and water samples. The laboratory report must identify sample collection methods, sample location, sample depth, sample type (soil or water), type of sample container, sample temperature during transportation, types of tests, and copies of analytical laboratory reports, including QA/QC information. Include laboratory name, address and copies of chain-of-custody forms.
2. If contamination is detected and a Level 2 or Level 3 soil matrix cleanup standard is selected attach a copy of the soil matrix analysis for the site including methods of determining soil type, depth to groundwater, and sensitivity of uppermost aquifer.

I. REPORT FILING:

This report, signed by the permittee, complete with all applicable attachments must be filed with the DEQ regional office within 30 days after the excavation is backfilled or change-in-service is complete. Contact the DEQ regional office prior to filing this report where special circumstances exist at the site (such as water in pit, remaining pockets of contamination, etc.).

EASTERN REGION / BEND
Phone: Bend (541) 388-6146

EASTERN REGION / THE DALLES
Phone: The Dalles (541) 298-7255

EASTERN REGION / PENDLETON
Phone: Pendleton (541) 276-4063

WESTERN REGION / SALEM
Phone: Salem (503) 378-8240

WESTERN REGION / EUGENE
Phone: Eugene (541) 686-7838

WESTERN REGION / MEDFORD
Phone: Medford (541) 776-6136, Ext. 233

NORTHWEST REGION
Phone: Portland (503) 229-5263

I have personally reviewed this report and the attachments and find them to be true and complete.

Permittee:

Charlene Corwell

(Please Print)

Permittee:

Chk Ault

(Signature)

Date: 11-08-01

For information: (503) 229-6652 or Toll Free in Oregon UST HELPLINE 1-800-742-7878

Oregon Department of Environmental Quality
UNDERGROUND STORAGE TANK DECOMMISSIONING/CHANGE-IN-SERVICE CHECKLIST

DEQ DECOMMISSIONING CERTIFICATE NUMBER: 11481

FACILITY NAME: ~~Otis Service Center~~ Otis 76

FACILITY ADDRESS: 1264 Salmon River Hwy PO Box 95 Otis Or 97368

PERMITTEE PHONE: 541-996-4844 DATE: August 29, 2001

A. SAFETY EQUIPMENT ON JOB SITE:

Fire Extinguisher: Type/Size: ABC 30 lbs Recharge Date: 12-01-01

Combustible Gas Detector: Model: PhD lite Calibration Date: 08-29-01

Oxygen Analyzer: Model: PhD lite Calibration Date: 08-29-01

B. DECOMMISSIONING:

All Tanks: N/A = Not Applicable (Check (✓) Appropriate Box)	YES	NO	UNKNOWN	N/A
1. All electrical equipment grounded and explosion proof?	X			
2. Safety equipment on job site?	X			
3. Overhead electrical lines located?	X			
4. Subsurface electrical lines off or disconnected?	X			
5. Natural gas lines off or disconnected?				X
6. No open fires or smoking material in area?	X			
7. Vehicle and pedestrian traffic controlled?	X			
8. Excavation material area cleared?	X			
9. Rainwater runoff directed to treatment area?				X
10. Drained and collected product from lines?	X			
11. Removed product and residual from tank?	X			
12. Cleaned tank?	X			
13. Excavated to top of tank?	X			
14. Removed tank fixtures? (pumps, leak detection equipment)				X
15. Removed product, fill and vent lines?	X			

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Decommissioning/Change-in-Service Checklist

C. TANK ABANDONMENT IN-PLACE:

All Tanks: N/A = Not Applicable (Check (√) Appropriate Box)	YES	NO	UNKNOWN	N/A
16. Sampling plan approved by DEQ? Date: _____ DEQ Staff: Jim Glass	X			
17. Contamination concerns fully resolved?		X		
18. Fill Material? Type: <u>3/4 minus</u>	X			

D. TANK REMOVAL:

19. Tank placement area cleared, chocks placed?	X			
20. Purged or ventilated tank to prevent explosion? Method used: <u>CO2</u> Meter reading: _____	X			
21. Were chains or steel cables wrapped around tank for removal?		X		
22. Tank removed, set on ground, blocked to prevent movement?	X			
23. Tank set on truck and secured with straps(s)?	X			
24. Tank labeled before leaving site?	X			

E. SITE ASSESSMENT:

25. Site assessed for contamination? See OAR 340-122-0340	X			
26. Soil samples taken and analyzed?	X			
27. Decommissioning/Change-in-Service report sent to DEQ?	X			
28. Was contamination found? Date/Time: <u>08/29/2001 11 AM</u>	X			
29. Was contamination reported to DEQ? By: Kathleen Thorpe Date/Time: _____ DEQ Staff: _____	X			
30. Was hazardous waste determination made for tank contents (Liquids/sludges)?	X			

31. Disposal location of tank(s) contents.

Name: Spenser EnvironmentalDate: 08/29/2001Address: 6400 SE 101st AvePortland, Or 97266

Attach disposal receipt.

32. Disposal or recycling location of removed tank(s) and associated piping.

Name: Schnitzer Steel ProductsDate: 08/30/2001Address: 12005 North BurgardPortland, OR 97203

Attach disposal receipt.

33. If tank(s) are intended to be reused, identify new tank site.

Name: N/A

Date: _____

Address: _____

Purpose of Reuse: _____

F. WORK PERFORMED BY:

DEQ Service Provider's License #: 15315

Name: RMCAT
(Please Print)

Telephone: 503.408.8880

DEQ Decommissioning Supervisor's License #: 13157

Name: Kathleen J. Thorpe
(Please Print)

Telephone: 503.589.4311

G. CHECKLIST FILING:

1. Provide copy of checklist to the UST permittee.
2. Send completed checklist to the DEQ regional office for your area (see below) within 30 days after the excavation is backfilled.

RETURN COMPLETED AND SIGNED FORM TO THE DEQ REGIONAL OFFICE FOR YOUR AREA.

EASTERN REGION / BEND

2146 NE 4th, #104
Bend, OR 97701
Phone: (541) 388-6146
Fax: (541) 388-8283

EASTERN REGION / THE DALLES

400 E. Scenic Drive, #307
The Dalles, OR 97058
Phone: (541) 298-7255
Fax: (541) 298-7330

EASTERN REGION / PENDLETON

700 SE Emigrant, Suite 330
Pendleton, OR 97801
Phone: (541) 276-4063
Fax: (541) 278-0168

WESTERN REGION / SALEM

750 Front Street NE, Suite 120
Salem, OR 97301-1039
Phone: (503) 378-8240
Fax: (503) 373-7944

WESTERN REGION / EUGENE

1102 Lincoln Street, Suite 210
Eugene, OR 97401
Phone: (541) 686-7838
Fax: (541) 686-7551

WESTERN REGION / MEDFORD

201 Main Street, Suite 2-D
Medford, OR 97501
Phone: (541) 776-6136, Ext. 233
Fax: (541) 776-6262

NORTHWEST REGION

2020 SW 4th Avenue, Suite 400
Portland, OR 97201-5884
Phone: (503) 229-5263
Fax: (503) 229-6945

I have personally reviewed this decommissioning/change-in-service checklist and find it to be true and complete.

Licensed Supervisor: Kathleen J. Thorpe
(Please Print)

Licensed Supervisor: *Kathleen J. Thorpe* Date: November 9, 2001
(Signature)

Permittee: *Charlene Cornelia*
(Please Print)

Permittee: *ChL Cornelia* Date: November 9, 2001
(Signature)

For information: (503) 229-6652 or Toll Free in Oregon UST HELPLINE 1-800-742-7878

**Program information, registration forms, administrative rules and other publications
can also be found on our Homepage at:**

<http://www.deq.state.or.us/wmc/tank/ust-lust.htm>

May 07 12:02:25p

Daniel

541-994-2611

p.1

415-34-7415

May 03 12 12:01p

Fanta2

DEPT OF ENVIRONMENTAL QUALITY
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MAY 07 2012

State of Oregon
Department of
Environmental
Quality

Field Citation No. FC-0015 Tracking No. _____

Department of Environmental Quality Underground Storage Tank Program

Field Citation For UST Violations

This section for
DEQ use only

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	4/25/2012	Facility ID#:	11481
Inspector:	BOE MCCOY	Facility Name:	UNION P. LEHMAN
DEQ Office:	NORTHWEST REGION TACOMA	Facility Address:	1100 N. 1st St. TACOMA, WA
Phone #:	509-374-5048	County:	PIKE

Oregon DEQ inspected the facility listed above and identified the UST violations listed on page 3 of this Field Citation.

Field Citation Issued:	☐ In Person ☒ By Mail ☐ Both	Date Issued:	4/25/12
Facility Representative Present During Inspection:	BOE MCCOY	☐ Permittee ☐ Owner ☐ Other	
Signature of Facility Representative Present During Inspection*		Date:	

*This signature indicates receipt of the Field Citation at the time of inspection, and is not an acceptance of the assessed penalty.

Name of Permittee or Owner:	UNION P. LEHMAN
Mailing Address:	2900 NORTHERN DANCE DR. CHANDLER, AZ 85226-1007

Field Citation Penalty - See Page 3 for detailed listing of each violation. \$ 300.00

This Field Citation is issued in accordance with the requirements for the expedited enforcement of underground storage tank (UST) violations, OAR 340-150-0250.

Owner or Permittee must select Option 1 or Option 2 below and return a signed copy of this form to DEQ by the following date: MAY 31, 2012

DEQ Business Office
811 SW Sixth Avenue
Portland, Oregon 97204**Check one option**

- ☒ **Option 1** - I acknowledge that the listed violation(s) have occurred and am remitting the listed field citation penalty.
- ☐ **Option 2** - I do not want to participate in the expedited enforcement process and understand that my file will be referred to the Department's Office of Compliance and Enforcement for formal enforcement action.

Name:	Daniel E Tompkins	Owner / Permittee
Signature:	Daniel E Tompkins	Date: 5-7-12

Important

Read pages 2 and 3 for more information about your options and a detailed listing of violations and compliance requirements.

White/Original: DEQ Inspector

Pink: Facility Representative

Yellow: DEQ Business Office

Green: Permanent Copy

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DEC 04 2012

DEQ SALEM OFFICE

UST FIELD CITATION

DATE ISSUED: APRIL 26, 2012

FIELD CITATION No.: FC-0911

FACILITY ID: 11481

Page 3 of 3

Violation #1: Failure to perform annual line tightness test on pressurized piping.

Corrective Action: Complete line TT within 30 days.

Rule Citation: 340-150-0410 (3) Penalty Amount: \$ **\$150.00** Correct Violation by: **May 27, 2012** Date Violation Corrected:**Violation #2:** Failure to perform an annual test of operation of line leak detector.

Corrective Action: Complete test of ALLD within 30 days.

Rule Citation: 340-150-0400(1) Penalty Amount: \$ **\$150.00** Correct Violation by: **May 27, 2012** Date Violation Corrected:**Violation #3:**

Corrective Action:

Rule Citation: Penalty Amount: \$ **00.00** Correct Violation by: Date Violation Corrected:**Violation #4:**

Corrective Action:

Rule Citation: Penalty Amount: \$ **00.00** Correct Violation by: Date Violation Corrected:**Violation #5:**

Corrective Action:

Rule Citation: Penalty Amount: \$ **00.00** Correct Violation by: Date Violation Corrected:**Violation #6:**

Corrective Action:

Rule Citation: Penalty Amount: \$ **00.00** Correct Violation by: Date Violation Corrected:Total Penalty Amount (This Page): \$ **\$300.00**Total Penalty Amount (All Pages): \$ **\$300.00****YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, ENTER THE DATES CORRECTED, SIGN THE STATEMENT BELOW AND****RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE THE DATE ON PAGE 1**

Retain a copy of this form and all documentation of corrective actions for your records.

I hereby certify that the UST violations noted above have been corrected:

Permittee/Owner Signature

Date

White/Original: DEQ Inspector

Pink: Facility Representative

Yellow: DEQ Business Office

Green: Permanent Copy

May 07 12:02:25p

Daniel

541-994-2611

p.2

Fanta2

May 03 12 12:01p

SALMON RIVER MARKET, LLC		4883
PO BOX 90 (541) 994-2811		
OTIS, OR 97368		
DATE <u>5-7-12</u>		24-7038/3230 03 2699
PAY TO THE ORDER OF	<u>D.E.Q. UST Program</u>	\$ <u>300.00</u>
<u>three hundred and no 100</u>		DOLLARS 
Bank of America 		
AGH R/T 323070380		
FOR	<u>EC-0911 - Fac-11481</u>	<u>Wanda Gordon</u>
⑈004883⑈ ⑆323070380⑆ 485003881728⑈		



SME SOLUTIONS, LLC

2302 A Street
Tacoma, WA 98402
(253) 572-3822 Fax (253) 572-0978

2800 NW 31st Ave.
Portland, OR 97210
(503) 286-3728 Fax (503) 286-5395

Work Order #
508576

Bill To: Salmon River Market
Brand Name: _____ Station #: _____
Address: 1264 Salmon River Hwy
City: Clatsop, OR

Date: 5-7-12
PO/ Release #: _____
SME Ref. #: 107227
Assigned To: AUDREY MEER

Category:	Component:	Failure:
Item #:	Note:	Action:
Part #:	Parts Description:	Qty: Warranty/DOA Price: Amount
	<u>up. 00 parts</u>	<u>3</u>

Notes: Annual service - document results. Check
Washer one side not coming on and display
board and 1 bagel less bad in 100 when will Part

Date:	Tech:	Start:	AM	Stop:	AM	Labor	Travel	Total	T/OT	Labor Rate	Amount
<u>5-7</u>	<u>Tech</u>	<u>0945</u>	<u>PM</u>	<u>1305</u>	<u>PM</u>	<u>3.25</u>	<u>2.75</u>	<u>6</u>			
<u>5-7</u>	<u>Tech</u>	<u>1330</u>	<u>AM</u>	<u>1500</u>	<u>PM</u>	<u>1.5</u>	<u>2.5</u>	<u>3</u>			

Category:	Component:	Failure:
Item #:	Note:	Action:
Part #:	Parts Description:	Qty: Warranty/DOA Price: Amount

Notes:

Date:	Tech:	Start:	AM	Stop:	AM	Labor	Travel	Total	T/OT	Labor Rate	Amount
			<u>PM</u>		<u>PM</u>						
			<u>PM</u>		<u>PM</u>						

Sometimes one service call does not resolve all specific problems due to defective equipment or intermittent problems not present or which cannot be duplicated when our Service Technician is at your premises. Some equipment requires removal on one trip, in-house repair, and another trip for reinstallation. Charges will be made for each service call at rates in effect at time of service. We, therefore, cannot warrant solutions to all problems on one service call. Time "Arrived" and time "Departed" recorded by our Service Technician will be the guideline used in recordation of repair time and charges.

It is the customer's responsibility to audit and verify times recorded on the invoice by our Service Technician while he/she is on your premises. We cannot and will not alter any time charges billed after our Service Technician has left your premises.

Subtotal Materials \$	
Mileage <u>160</u>	\$
Markup \$	
Subtotal Labor	\$
Sales Tax \$	
Total Labor /Travel	\$
Total Materials \$	

I understand & accept all terms & conditions as outlined on workorder.

X [Signature]

PLEASE PAY BY INVOICE TERMS

Total Invoice





State of Oregon
Department of
Environmental
Quality

Field Citation No. FC-0911 Tracking No. _____

Department of Environmental Quality Underground Storage Tank Program

Field Citation For UST Violations

This section for
DEQ use only

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	4/25/2012	Facility ID#:	11481
Inspector:	BOB MCCOY	Facility Name:	OTIS 76
DEQ Office:	NORTHWEST REGION TANKS	Facility Address:	1264 SALMON R. HWY OTIS, OR
Phone #:	503-229-5048	County:	LINCOLN

Oregon DEQ inspected the facility listed above and identified the UST violations listed on page 3 of this Field Citation.

Field Citation Issued:	☐ In Person ☒ By Mail ☐ Both	Date Issued:	4/26/12
Facility Representative Present During Inspection:	DAN TOMPKINS	☒ Permittee ☐ Owner ☐ Other	
Signature of Facility Representative Present During Inspection*		Date:	

*This signature indicates receipt of the Field Citation at the time of inspection, and is not an acceptance of the assessed penalty.

Name of Permittee or Owner:	VIVIAN M. LEMATTA
Mailing Address:	2906 NORTHERN DANCER DRIVE, CHURCHVILLE, MD. 21028-1007

Field Citation Penalty – See Page 3 for detailed listing of each violation. \$ 300.00

This Field Citation is issued in accordance with the requirements for the expedited enforcement of underground storage tank (UST) violations, OAR 340-150-0250.

Owner or Permittee must select Option 1 or Option 2 below and return a signed copy of this form to DEQ by the following date: MAY 30, 2012

DEQ Business Office
811 SW Sixth Avenue
Portland, Oregon 97204

Check one option

- ☐ **Option 1** - I acknowledge that the listed violation(s) have occurred and am remitting the listed field citation penalty.
- ☐ **Option 2** - I do not want to participate in the expedited enforcement process and understand that my file will be referred to the Department's Office of Compliance and Enforcement for formal enforcement action.

Name:	Owner / Permittee
Signature:	Date:

Important

Read pages 2 and 3 for more information about your options and a detailed listing of violations and compliance requirements.

Field Citation Requirements

The permittee or owner must select Option 1 or Option 2 and return a signed copy of Page 1 of the Field Citation form within thirty (30) days of issuance of the Field Citation. If the permittee or owner fails to sign and send Page 1 of the Field Citation form back or pay the penalty within thirty days, the Field Citation will serve as a Notice of Non-Compliance and the permittee and owner may be subject to formal enforcement including the imposition of civil penalties in accordance with OAR Chapter 340, Division 12.

The permittee or owner must complete the actions required to correct the violations listed on the Field Citation by the date specified to prevent further enforcement action by DEQ.

Option 1:

By checking Option 1 the permittee or owner acknowledges that the violations listed on Page 3 of this Field Citation have occurred and agrees to pay the established penalty. DEQ requires submittal of a signed copy of Page 1 of the Field Citation along with a check or money order for the total payment of the penalty amount set forth on Page 1.

By signing page 1 of the Field Citation form and payment of the penalty amount, the responding permittee or owner thereby waives any and all rights and objections to the form, content, manner of service and timeliness of the Field Citation; to a contested case hearing and judicial review of the Field Citation [OAR 340-150-0250(6)]; and to service of a copy of this Final Order (*i.e.*, no other copy will be provided).

Upon the Department's receipt of a signed copy of Page 1 of the Field Citation and payment of the penalty amount set forth in the Field Citation, the Field Citation will become a Final Order of the Environmental Quality Commission (Commission) that:

1. Imposes upon the permittee or owner a civil penalty in the amount listed on Page 1 of this Field Citation; and
2. Requires the permittee or owner to satisfactorily complete the requirements and actions necessary to correct the violations documented by the dates set forth on Page 3 of this Field Citation.

Failure by the permittee or owner to complete the actions set forth on Page 3 of the Field Citation by the specified date will violate the Commission Order and could subject the permittee and owner to a formal enforcement action including the imposition of additional civil penalties.

Option 2:

The permittee or owner may deny that the violations as listed on Page 3 of this Field Citation have occurred or contest the Field Citation process by checking Option 2 and submitting to the Department a signed copy of Page 1 of the Field Citation. In that event, the Field Citation will serve as a Notice of Non-Compliance and the permittee and owner may be subject to formal enforcement for those violations set forth in the Field Citation, including the imposition of civil penalties in accordance with OAR Chapter 340, Division 12. Civil penalties that may be imposed by the formal enforcement process may exceed the Field Citation penalties for the same violation(s).

The Department appreciates your cooperation and efforts to comply with the regulations for underground storage tank systems.

UST FIELD CITATION

Facility Representative initials: _____

DATE ISSUED: APRIL 26, 2012**FIELD CITATION No.: FC-0911****FACILITY ID: 11481****Page 3 of 3****Violation #1:** Failure to perform annual line tightness test on pressurized piping.

Corrective Action: Complete line TT within 30 days.

Rule Citation: 340-150-0410 (3) Penalty Amount: \$ **\$150.00** Correct Violation by: **May 27, 2012** Date Violation Corrected: _____**Violation #2:** Failure to perform an annual test of operation of line leak detector.

Corrective Action: Complete test of ALLD within 30 days.

Rule Citation: 340-150-0400(1) Penalty Amount: \$ **\$150.00** Correct Violation by: **May 27, 2012** Date Violation Corrected: _____**Violation #3:**

Corrective Action: .

Rule Citation: _____ Penalty Amount: \$ **00.00** Correct Violation by: _____ Date Violation Corrected: _____**Violation #4:** .

Corrective Action: .

Rule Citation: _____ Penalty Amount: \$ **00.00** Correct Violation by: _____ Date Violation Corrected: _____**Violation #5:** .

Corrective Action: .

Rule Citation: _____ Penalty Amount: \$ **00.00** Correct Violation by: _____ Date Violation Corrected: _____**Violation #6:** .

Corrective Action: .

Rule Citation: _____ Penalty Amount: \$ **00.00** Correct Violation by: _____ Date Violation Corrected: _____Total Penalty Amount (This Page): \$ **\$300.00**Total Penalty Amount (All Pages): \$ **\$300.00**

YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, ENTER THE DATES CORRECTED, SIGN THE STATEMENT BELOW AND RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE THE DATE ON PAGE 1

Retain a copy of this form and all documentation of corrective actions for your records.

I hereby certify that the UST violations noted above have been corrected: _____ / _____

Permittee/Owner Signature

Date

White/Original: DEQ Inspector

Pink: Facility Representative

Yellow: DEQ Business Office

Green: Permanent Copy

Compliance Inspection Details for Fac ID: 11481 -- OTIS 76, 1264 SALMON RIVER HW...

Delete | New | Print... ▾

Inspections: 3 Record(s)

Type	Initial Date	Complete Date	Status	Inspector
SOC2	04/28/2009		COMPLETE	Parr, Jim
SOC	10/29/2004	10/29/2004	COMPLETE	Parr, Jim
...	...	...	...	...

Inspection Details

Inspection Type: SOC2 ▾

Inspection Date: 04/28/2009 ▾ ▾

Insp Complt: ▾ ▾

Insp Status: COMPLETE ▾

Inspector: Parr, Jim ▾

Contact Name: Dan Tompkins

Contact Phone: 541-996-4844

Group or Area: ▾ Add

Results

Significant Operational Compliance

Tank Cor Pro Pas: Yes ▾ Tank LD Pass: No ▾

Piping Cor Pro Pas: Yes ▾ Piping LD Pass: Yes ▾

Spill Pro Pass: Yes ▾ Overfill Pass: Yes ▾

SOC RP Initial: PASS ▾ SOC RD Initial: FAIL ▾

RP Follow-up: ▾ RD Follow-up: ▾

Docs Requested: ☒ Docs Due Date: 07/07/2009 ▾ ▾

Docs Received: ☒ Passing Insp: No ▾

Enforcement: ☒ Compliance Verified Dt: 07/24/2009 ▾ ▾

Suspected Release: ☐ Initial Letter Sent: ☐ Compliance Letter Sent: ☒

Comments: FC issued for incomplete LD history. JP. (FC corrections have been made. JP).

Inspection Document | Close | Help | Save | Last Updated By: JPARR On: 07/24/2009

Jim Parr 7/24/09.



Oregon

Theodore R. Kulongoski, Governor

Department of Environmental Quality

Western Region - Salem Office

750 Front St. NE, Ste. 120

Salem, OR 97301-1039

(503) 378-8240

(503) 378-3684 TTY

Date: 7/24/09

To: Dan Tompkins

Re: UST System(s) Operation and Maintenance Compliance Inspection

UST Facility # 11481

Date of Inspection 4/28/09 and corrections review

Facility Name Otis 76

Address 1264 Salmon River Hwy, Otis

County Lincoln

Summary of Operations & Maintenance Compliance Inspection

Based upon the results of the completed O & M Inspection, it has been determined that your facility is presently operated and maintained **in compliance** with the current requirements for spill containment, overfill protection, corrosion resistance and release (leak) detection.

The Department appreciates your efforts to operate and maintain your underground storage tank system(s) in compliance with Oregon environmental law. This facility is subject to future inspections. Please remember to conduct periodic testing, service and maintenance inspections at the required intervals and to implement and/or maintain adequate record keeping.

Thank you for your cooperation. If you have any questions or if I can be of any assistance, please contact me in Salem at 503-378-5033.

Sincerely,

Jim Parr
Environmental Specialist
Western Region-Salem Office

JLP:gad
x:\jparr\iforltr1(field).doc

cc: Greg Aitken, DEQ WR-Salem



Route Slip



Date

7/15/09

TO:	Name	Division/Section	Initial	Date
1.	Jim Parr	WR-S		
2.				
3.				
4.				
5.				

☐	as requested	☐	investigate	☐	per conversation
☐	approval	☐	justify	☐	prepare reply
☐	comment	☐	necessary action	☐	return with more detail
☐	confer	☐	initial and return	☐	review and circulate
☒	for your information	☐	note and file	☐	signature

See signed pg 3.

FROM:	Stephanie	Phone No.	x6085
-------	-----------	-----------	-------



State of Oregon
Department of
Environmental
Quality

Field Citation No. **FC-0608** Tracking No. WRS-09-076

**Department of Environmental Quality
Underground Storage Tank Program**

**Field Citation
For UST Violations**

This section for
DEQ use only

PAID
JUL 14 2009

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	4/28/09	Facility ID#:	11481
Inspector:	Jim Parr	Facility Name:	Otis 76
DEQ Office:	750 Front St NE Rm 120 Salem, OR 97301	Facility Address:	1264 Salmon River Hwy Otis
Phone #:	503-378-5033	County:	Lincoln

Oregon DEQ inspected the facility listed above and identified the UST violations listed on page 3 of this Field Citation.

Field Citation Issued:	☐ In Person ☒ By Mail ☐ Both	Date Issued:	6/8/09
Facility Representative Present During Inspection:	Dan Tompkins	☐ Permittee ☐ Owner ☒ Other	
Signature of Facility Representative Present During Inspection*	Daniel E Tompkins	Date:	6-29-09
*This signature indicates receipt of the Field Citation at the time of inspection, and is not an acceptance of the assessed penalty.			
Name of Permittee or Owner:	Vivian M. Lemata (Dan Tompkins Mgr PO Box 90 Otis 97368)		
Mailing Address:	2906 Northern Dancer Dr. Churchville, MD 21028-1007		
Field Citation Penalty - See Page 3 for detailed listing of each violation.			\$ 150.00

This Field Citation is issued in accordance with the requirements for the expedited enforcement of underground storage tank (UST) violations, OAR 340-150-0250.

Owner or Permittee must select Option 1 or Option 2 below and return a signed copy of this form to DEQ by the following date: 07/07/09

DEQ Business Office
811 SW Sixth Avenue
Portland, Oregon 97204

Check one option

- ☒ **Option 1** - I acknowledge that the listed violation(s) have occurred and am remitting the listed field citation penalty.
- ☐ **Option 2** - I do not want to participate in the expedited enforcement process and understand that my file will be referred to the Department's Office of Compliance and Enforcement for formal enforcement action.

Name:	Daniel E Tompkins	Owner / Permittee	
Signature:	Daniel E Tompkins	Date:	6-29-09

Important

Read pages 2 and 3 for more information about your options and a detailed listing of violations and compliance requirements

RECEIVED
JUL 06 2009

DEQ SALEM OFFICE

White/Original: DEQ Inspector

Pink: Facility Representative

Yellow: DEQ Business Office

Green: Permanent Copy

UST FIELD CITATIONFacility Representative initials: ESDATE ISSUED: 6/08/09FIELD CITATION No.: 0608FACILITY ID: 11481

Page 3 of 3

Violation #1:***SOC: Y / N**Failure to conduct leak detection for tanks as required.

Corrective Action:

Conduct LD for each tank every 30 days and maintain monthly recordsRule Citation: **OAR 340-150-** 0450 (2)Penalty Amount: \$ 150.00

Correct Violation by:

Date Violation Corrected:

Violation #2:**SOC: Y / N**

Corrective Action:

Rule Citation: **OAR 340-150-**Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Violation #3:**SOC: Y / N**

Corrective Action:

Rule Citation: **OAR 340-150-**Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Violation #4:**SOC: Y / N**

Corrective Action:

Rule Citation: **OAR 340-150-**Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Violation #5:**SOC: Y / N**

Corrective Action:

Rule Citation: **OAR 340-150-**Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Violation #6:**SOC: Y / N**

Corrective Action:

Rule Citation: **OAR 340-150-**Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Total Penalty Amount (This Page): \$

150.00

Total Penalty Amount (All Pages): \$

.00**YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, ENTER THE DATES CORRECTED, SIGN THE STATEMENT BELOW AND****RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE:** 07/07/09

Retain a copy of this form and all documentation of corrective actions for your records.

I hereby certify that the UST violations noted above have been corrected:

Daniel E. Tompkins

Permittee/Owner Signature

1-6-29-09

Date

PARR Jim

From: Clark, Brian [Brian.Clark@nwpump.com]
Sent: Wednesday, July 15, 2009 1:26 PM
To: PARR Jim
Cc: Norris, Janeene
Subject: RE: Otis

Jim,

The VMI leak detector in question is a 99-LD2000. We are testing the site today.

Brian Clark
Northwest Pump & Equipment Co.
2800 NW 31st Ave
Portland, OR 97210
Phone: 503-205-2128
Toll Free: 877-305-2128
Fax: 503-205-1465
Email: bclark@nwpump.com

From: Norris, Janeene
Sent: Thursday, June 11, 2009 4:15 PM
To: Clark, Brian
Subject: FW: Otis

fyi

From: PARR Jim [mailto:PARR.Jim@deq.state.or.us]
Sent: Monday, June 08, 2009 9:39 AM
To: Norris, Janeene
Cc: PARR Jim
Subject: RE: Otis

Janeene, the leak detectors in place at the Otis Station are:

RJ FX1 and FX2V which both are approved for use with flexible piping.

There is also one VMI (Vaporless) unit which I have down as a LD 2000. It was hard for me to determine the model number. If this particular unit is a LD 2000, please have your technician replace it with a 99 LD 2000 which is approved for flexible piping.

Again, your technician may get a better look than I was able to. If it is in fact a 99LD 2000 then it is OK. Please let me know how this turns out. Thanks,

Jim Parr.

From: Norris, Janeene [mailto:Janeene.Norris@nwpump.com]

Sent: Monday, June 08, 2009 9:11 AM

To: PARR Jim

Cc: Clark, Brian

Subject: RE: Otis

Hi Jim

Tester was Steve Kruse.

Brian has spoken to Salmon River already about testing and he will be back in touch with them on scheduling this work.

Janeene

From: PARR Jim [mailto:PARR.Jim@deq.state.or.us]

Sent: Monday, June 08, 2009 8:59 AM

To: Norris, Janeene

Cc: PARR Jim

Subject: Otis

Hi Janeene.

Can you provide the name of the technician who tested the leak detectors and lines at the station in Otis. Test date was May 22, 2008. Nothing is wrong with the tests, just could not figure who the tech was.

Since this was May 2008, manager, Dan Tompkins should have had NWP back within the past month or so (or very soon).

Thanks for your help.

Jim Parr.

2

STOP IN-TANK LEAK TEST
T 1:DIESEL NO. 2
JUN 10, 2009 4:00 AM

SALMON RIVER MKT
1264 SALMON RIVER
OTIS OR 97368

JUN 10, 2009 4:00 AM

LEAK TEST REPORT

T 1:DIESEL NO. 2
PROBE SERIAL NUM 103083

TEST STARTING TIME:
JUN 9, 2009 10:00 PM

TEST LENGTH = 6.0 HRS
STRT VOLUME = 3083.0 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST PASS

***** END *****

STOP IN-TANK LEAK TEST
T 3:SUPER
JUN 10, 2009 4:00 AM

SALMON RIVER MKT
1264 SALMON RIVER
OTIS OR 97368

JUN 10, 2009 4:00 AM

LEAK TEST REPORT

T 3:SUPER
PROBE SERIAL NUM 103084

TEST STARTING TIME:
JUN 9, 2009 10:00 PM

TEST LENGTH = 6.0 HRS
STRT VOLUME = 3023.8 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST 1MVL

0.20 GAL/HR FLAGS:
RECENT DELIVERY

***** END *****

Atten:

Jim Parr



1

STOP IN-TANK LEAK TEST
T 2:REGULAR
JUN 7, 2009 4:00 AM

SALMON RIVER MKT
1264 SALMON RIVER
OTIS OR 97368

JUN 7, 2009 4:00 AM

LEAK TEST REPORT

T 2:REGULAR
PROBE SERIAL NUM 328164

TEST STARTING TIME:
JUN 6, 2009 10:00 PM

TEST LENGTH = 6.0 HRS
STRT VOLUME = 2882.1 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST PASS

***** END *****

STOP IN-TANK LEAK TEST
T 3:SUPER
JUN 11, 2009 4:00 AM

SALMON RIVER MKT
1264 SALMON RIVER
OTIS OR 97368

JUN 11, 2009 4:00 AM

LEAK TEST REPORT

T 3:SUPER
PROBE SERIAL NUM 103084

TEST STARTING TIME:
JUN 10, 2009 10:00 PM

TEST LENGTH = 6.0 HRS
STRT VOLUME = 2969.4 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST PASS

***** END *****

STOP IN-TANK LEAK TEST
T 2:REGULAR
JUN 11, 2009 4:00 AM

SALMON RIVER MKT
1264 SALMON RIVER
OTIS OR 97368

JUN 11, 2009 4:00 AM

LEAK TEST REPORT

T 2:REGULAR
PROBE SERIAL NUM 328164

TEST STARTING TIME:
JUN 10, 2009 10:00 PM

TEST LENGTH = 6.0 HRS
STRT VOLUME = 1065.8 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST INVL

0.20 GAL/HR FLAGS:
LOW LEVEL TEST ERROR

***** END *****

STOP IN-TANK LEAK TEST
T 2:REGULAR

Atten:
Jim Parr

Compliance Inspection Details for Fac ID: 11481 -- OTIS 76, 1264 SALMON RIVER HW...

Delete | New | Print...

Inspections: 3 Record(s)

Type	Initial Date	Complete Date	Status	Inspector
SOC2	04/28/2009		COMPLETE	Parr, Jim
SOC	10/29/2004	10/29/2004	COMPLETE	Parr, Jim
SOC	04/28/2009		COMPLETE	Parr, Jim

Inspection Details

Inspection Type: SOC2
Inspection Date: 04/28/2009
Insp Complt:
Insp Status: COMPLETE
Inspector: Parr, Jim
Contact Name: Dan Tompkins
Contact Phone: 541-996-4844
Group or Area:
Add

Results

Significant Operational Compliance

Tank Cor Pro Pas: Yes | Tank LD Pass: No
Piping Cor Pro Pas: Yes | Piping LD Pass: Yes
Spill Pro Pass: Yes | Overfill Pass: Yes
SOC RP Initial: PASS | SOC RD Initial: FAIL
RP Follow-up:
RD Follow-up:
Docs Requested: ☒ | Docs Due Date: 07/07/2009
Docs Received: ☐ | Passing Insp: No
Enforcement: ☒ | Compliance Verified Dt:
Suspected Release: ☐ | Initial Letter Sent: ☐ | Compliance Letter Sent: ☐

Comments: FC issued for incomplete LD history. JP.

Inspection Document | Close | Help | Save | Last Updated By: JPARR On: 06/08/2009

Jim Parr 6/8/09.



State of Oregon
Department of
Environmental
Quality

Field Citation No. FC-0608 Tracking No. WRS-09-096

Department of Environmental Quality Underground Storage Tank Program

Field Citation For UST Violations

This section for
DEQ use only

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	4/28/09	Facility ID#:	11481
Inspector:	Jim Parr	Facility Name:	Otis 76
DEQ Office:	750 Front St NE Rm 120 Salem, OR 97301	Facility Address:	1264 Salmon River Hwy Otis
Phone #:	503-378-5033	County:	Lincoln

Oregon DEQ inspected the facility listed above and identified the UST violations listed on page 3 of this Field Citation.

Field Citation Issued:	☐ In Person ☒ By Mail ☐ Both	Date Issued:	6/8/09
Facility Representative Present During Inspection:	Dan Tompkins	☐ Permittee ☐ Owner ☒ Other	
Signature of Facility Representative Present During Inspection*		Date:	
*This signature indicates receipt of the Field Citation at the time of inspection, and is not an acceptance of the assessed penalty.			
Name of Permittee or Owner:	Vivian M. Lematta (Dan Tompkins Mgr PO Box 90 Otis 97368)		
Mailing Address:	2906 Northern Dancer Dr. Churchville, MD 21028-1007		
Field Citation Penalty - See Page 3 for detailed listing of each violation.			\$ 150.00

This Field Citation is issued in accordance with the requirements for the expedited enforcement of underground storage tank (UST) violations, OAR 340-150-0250.

Owner or Permittee must select Option 1 or Option 2 below and return a signed copy of this form to DEQ by the following date: 07/07/09

DEQ Business Office
811 SW Sixth Avenue
Portland, Oregon 97204

Check one option

- ☐ **Option 1** - I acknowledge that the listed violation(s) have occurred and am remitting the listed field citation penalty.
- ☐ **Option 2** - I do not want to participate in the expedited enforcement process and understand that my file will be referred to the Department's Office of Compliance and Enforcement for formal enforcement action.

Name:	Owner / Permittee
Signature:	Date:

Important

Read pages 2 and 3 for more information about your options and a detailed listing of violations and compliance requirements.

UST FIELD CITATION

Facility Representative initials: _____

DATE ISSUED: 6/08/09

FIELD CITATION No.: 0608

FACILITY ID: 11481

Page 3 of 3

Violation #1:***SOC: Y / N**

Failure to conduct leak detection for tanks as required.

Corrective Action:

Conduct LD for each tank every 30 days and maintain monthly records.

Rule Citation: OAR 340-150-0450 (2)

Penalty Amount: \$ 150 .00

Correct Violation by:

Date Violation Corrected:

Violation #2:**SOC: Y / N**

Corrective Action:

Rule Citation: OAR 340-150-

Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Violation #3:**SOC: Y / N**

Corrective Action:

Rule Citation: OAR 340-150-

Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Violation #4:**SOC: Y / N**

Corrective Action:

Rule Citation: OAR 340-150-

Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Violation #5:**SOC: Y / N**

Corrective Action:

Rule Citation: OAR 340-150-

Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Violation #6:**SOC: Y / N**

Corrective Action:

Rule Citation: OAR 340-150-

Penalty Amount: \$.00

Correct Violation by:

Date Violation Corrected:

Total Penalty Amount (This Page): \$

150 .00

Total Penalty Amount (All Pages): \$

.00

YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, ENTER THE DATES CORRECTED, SIGN THE STATEMENT BELOW AND**RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE: 07/07/09**

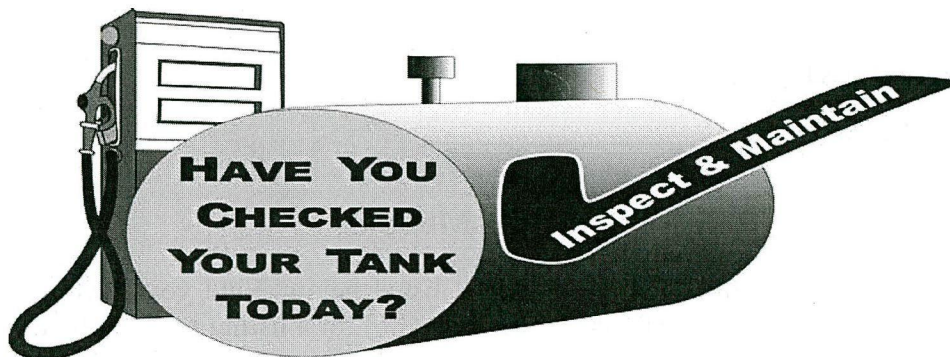
Retain a copy of this form and all documentation of corrective actions for your records.

I hereby certify that the UST violations noted above have been corrected: _____ / _____

Permittee/Owner Signature

Date

We hope you find this guidance helpful.



Review the information or question for each item listed that pertains to your facility. ✓ Check the box when you have assembled the required information or understand the requirement and can demonstrate compliance.

Part A Facility and Owner/Operator Information

Provide the following information regarding property ownership, tank ownership and the person responsible for the day-to-day operation of the facility.

Name, Address, telephone and Fax numbers for the:
Tank Owner, Property Owner and Permittee

☐ Current information is available for all three and ready to be given to DEQ.

Part B Underground Storage Tank Information

Provide or verify facility information that includes: UST facility number and Operating Certificate number. For each tank: permit number (i.e. ABCD), your tank ID, product stored, tank diameter and length, volume, installation date, tank type and installation date for corrosion protection and lining, if applicable.

☐ Current information is available and ready to be given to DEQ.

Part C Facility Layout Diagram

Provide a detailed "as built" diagram of the entire facility. The diagram must include the location of all UST system components including all USTs, piping, dispensers, spill prevention devices, overfill prevention devices and all elements of any UST or piping corrosion control system.

☐ As-built diagram is available and ready to be given to DEQ.

Part D Reserved for Future Use

Part E Spill Prevention

Compliance Items

- Pass* *OK.*
- ☒ Are spill devices required on all tanks?
 - ☒ Is the fill pipe fitted with spill containment?
 - ☒ Is the turbine pump fitted with spill containment?
 - ☒ Are the dispensers fitted with spill containment?
 - ☒ Are all the containment devices clean and dry so that a spill can be contained?
 - ☐ Is there any visual sign of soil impacted by spills? If so, was the release reported to DEQ?

Part F Overfill Prevention

Compliance Items

- ☒ Are overfill devices required on all tanks?
- ☐ Do tanks have fill pipe shutoff devices?
- ☐ Do tank vents have ball float valves?
- ☐ Do tanks have high level alarms?

working, set at 90%
tested.

Release Detection Methods

The release detection method used at your facility should be listed below. Find your method for USTs and piping, then refer to the corresponding section (Parts G.1 through G.6) for a listing of Compliance Items for that method.

Method for USTs

- ☒ Automatic Tank Gauging - G.1
- ☐ Interstitial Monitoring - G.2
- ☐ Statistical Inventory Reconciliation (SIR) - G.3
- ☐ Inventory Control & TTT - G.3
- ☐ Manual Tank Gauging - G.4
- ☐ Manual Tank Gauging & TTT - G.4

Methods for Pressurized Piping

- ☐ Interstitial Monitoring - G.2
- ☒ Automatic line leak Detector - G.5
- ☒ Annual Line Tightness Test - G.5

Methods for Suction Piping

- ☐ Interstitial Monitoring - G.2
- ☐ Line Tightness Test (3yr) - G.5
- ☐ None Needed - Safe Suction - G.6
- ☐ None needed - No underground piping

Part G.1 Automatic Tank Gauging (ATG)

Compliance Items

- ☒ What is the make and model of the ATG and sensing probe?
- ☐ Who installed the ATG and sensing probe?
- ☒ Is the ATG manufacturer's information available at site?
- ☒ Has the ATG been installed, calibrated and repaired as per the manufacturer's instructions?
- ☒ Has the ATG received third party verification of device performance? Have documentation available.
- ☐ Can the presence of tank probes be verified in each tank?
- ☒ Is the ATG control unit connected and operating?
- ☒ Is the tank test conducted at the required product volume and time?
- ☐ Are 12 months of test records available?
- ☐ Has the ATG ever indicated a release? If so, was the release reported to DEQ?

served 5/22/08
static @ 6 hrs = 0.2 gph.
TIS 350, #8473

no record on
diesel
space on premium
mostly passes on
UNL.

Part G.2 Interstitial Monitoring- USTs and Piping

Compliance Items

- ☐ Is monitoring performed manually or electronically?
- ☐ Is monthly monitoring performed?
- ☐ Are sensing devices 3rd party certified?
- ☐ Has equipment been installed, operated and maintained as per manufacturer's instructions?
- ☐ Can the equipment detect a leak from any portion of the UST that contains product?
- ☐ Is there a record of monthly monitoring conducted for each of the last twelve months?
- ☐ Has the monitoring device ever indicated a release? If so, was the release reported to DEQ?

Part G.3 Inventory Control, Tightness Testing and Statistical Inventory Reconciliation

Compliance Items

NOTE: As of December 22, 2008 Inventory Control cannot be used as a primary release detection method. As of 12-22-08, one of the other methods listed herein must be used as the primary release detection method. Inventory Control may be used as a secondary or backup method of release detection at the discretion of the permittee and tank owner.

- ☐ Are readings recorded each operating day and reconciled monthly?
- ☐ Is the correct calibration chart used to determine volume to the nearest 1/8 inch of product depth?
- ☐ Are tank inventory readings recorded before and after each delivery?
- ☐ Can gauge stick be read to nearest 1/8 inch and measure full height of product in tank?
- ☐ Are monthly water readings measured to the nearest 1/8 inch and used in the inventory calculation?
- ☐ Does each dispenser have a totalizer with a currently calibrated meter?

Statistical Inventory Reconciliation (SIR)

Compliance Items

- ☐ Has the SIR method received third party approval for tanks? Have documentation available.
- ☐ Have two consecutive monthly inconclusive results occurred in the last 12 months? If so, was the release reported to DEQ?

Tightness Test

Compliance Items

- ☐ Has the tightness test method been third party approved? Have documentation available.
- ☐ Did an Oregon licensed Service Provider for Tightness Testing perform the tightness test?
- ☐ Has the ten-year exemption from advanced leak detection expired?

All Methods

Compliance Items

- ☐ Are 12 months of monitoring data available?
- ☐ Is the monthly reconciliation calculation performed each month?
- ☐ Does the fill pipe drop tube extend to within one foot of the tank bottom?
- ☐ Did all tanks pass the last tightness test?
- ☐ Has a release or a suspected release ever occurred? If so, was the release reported to DEQ?

Part G.4 Manual Tank Gauging

Compliance Items

- ☐ Do records show that level measurements are taken at start and end of a 36-, 44- or 58-hour period?
- ☐ Is product added or removed during the gauging period?
- ☐ Are measurements recorded weekly?
- ☐ Is the monthly reconciliation calculation performed correctly?
- ☐ Is the tank inventory product height at the start and end of the gauging period the average of two stick readings?
- ☐ Is the weekly and monthly variation between start and end less than standard for tank size and test period?
- ☐ Can gauge stick be read in 1/8 inch increments to full height of tank volume?
- ☐ Is MTG the sole leak detection method for a tank with a volume of greater than 1,000 gallons?
- ☐ Is Tank Gauging and Tightness Testing the sole method for a tank greater than 2,000-gallon tank?
- ☐ Has the 10-year exemption from advanced leak detection expired?
- ☐ Has a tightness test been completed in the last 5 years?
- ☐ Are 12 months of monitoring records available?
- ☐ Has a suspected release occurred? If so, was the release reported to DEQ?

Part G.5 Pressure Piping Release Detection

Automatic Line Leak Detectors

Compliance Items

- pass*
- ☒ What is the line leak detector make and model?
 - ☒ Is the detector connected to an automatic shut off device?
 - ☒ Is the detector connected to an automatic flow restrictor?
 - ☒ Is the detector connected to a continuous audible or visual alarm?
 - ☒ Did all detectors pass the last annual test?
 - ☒ Is the detector 3rd party approved? *check LD 2000*
 - ☒ Is the detector installed, operated and maintained as per the manufacturer's instructions?
 - ☐ Do any of the detectors indicate a release? If so, was the release reported to DEQ?

*tested 5/22/08
NWP = PASS*

*FX1, FX2K
LD 2000*

*flexible
piping*

Annual Line Tightness Testing

Compliance Items

- pass*
- ☒ Is annual line tightness testing required as element of release detection?
 - ☒ Is a conventional line tightness test performed?
 - ☒ Is the tightness test 3rd party approved?
 - ☒ Was the tightness test performed by an Oregon certified tester?
 - ☐ Is an electronic tightness test performed?
 - ☐ Is the electronic line leak detector 3rd party certified at 0.1 gph?
 - ☐ Has the electronic device been installed, operated and maintained as per the manufacturer's instructions?
 - ☐ Do any of the detectors indicate a release? If so, was the release reported to DEQ?

*tested 5/22/08
NWP = PASS*

*tech = $\neq$
steve Knuse
retrofit*

Daily Monitoring in Lieu of Annual Line Tightness Test

Compliance Items

- ☐ Is daily "in pipe" monitoring performed?
- ☐ Is daily sump monitoring performed?
- ☐ Can monitoring detect a leak in a portion of the piping that contains product?
- ☐ Is monitoring equipment 3rd party certified?
- ☐ Has monitoring equipment been installed, operated and maintained as per the manufacturer's instructions?
- ☐ Are the results of daily monitoring being kept in a written log?
- ☐ Are 12 months of daily records available?
- ☐ Has the daily monitoring indicated a release? If so, was the release reported to DEQ?

Part G.6 Safe Suction

Compliance Items

- ☐ Does the piping system slope to the tank and operate at atmospheric pressure?
- ☐ Is only one check valve used?
- ☐ Is the check valve located directly under the dispenser?
- ☐ How were these requirements verified? Have documentation available.
- ☐ Is a monthly monitoring method used?
- ☐ Is a line tightness test performed every 3 years?
- ☐ Is the tightness test 3rd party approved?
- ☐ Was the tightness test performed by an Oregon certified tester?
- ☐ Has the monitoring indicated a release? If so, was the release reported to DEQ?

Part H Corrosion Protection for Steel

NA

Galvanic Corrosion Protection - Tanks and Piping

Compliance Items

- ☐ When was the corrosion protection system installed?
- ☐ Has the tank passed the NACE RP-0285 evaluation?
- ☐ Has the piping passed the NACE RP-0285 evaluation?
- ☐ What was the date of the 6-month inspection?
- ☐ When is the first 3-year inspection due?
- ☐ When was the last 3-year inspection performed?
- ☐ When is the next 3-year inspection due?
- ☐ Are all corrosion protection tests on file?

Impressed Current Corrosion Protection - Tanks and Piping
Compliance Items

NA

- ☐ When was the corrosion protection system installed?
- ☐ Is the system connected to power and turned "ON"?
- ☐ Is the 60-day inspection log present and current?
- ☐ Has the tank passed the NACE RP-0285 evaluation?
- ☐ Has the piping passed the NACE RP-0285 evaluation?
- ☐ What was the date of the 6-month inspection?
- ☐ When was the first 3-year inspection due?
- ☐ What was the date of the last 3-year inspection?
- ☐ When is the next 3-year inspection due?
- ☐ Are the results of all corrosion protection tests on file?

Internally Lined Tanks (No External Corrosion Protection)
Compliance Items

lined 1995, Insp 12/3/05 = PASS
due 2010

Pass

- ☒ Was an internal inspection completed prior to lining? What method of inspection was used?
- ☒ When was the lining installed? 9/22/95
- ☒ When is the 10-year inspection due? 2005 - completed 12/3/05.
- ☒ When is the first 5-year inspection due? 12/3/2010
- ☒ What is the date of the last inspection? 12/3/05
- ☒ When is the next inspection due? 12/3/2010

Note: Under certain conditions where external corrosion protection is in place internal lining inspections may not be required. Does your system qualify for this exemption? If you are uncertain, discuss this matter with the UST Inspector.

Part I Cathodic Protection System Testing

NA

- piping is flexible
- tanks are lined.
- connectors are contained.

Provide the results of all required cathodic protection system tests. Make sure that the test contractor provides a detailed report that includes a diagram with the location of reference electrode(s) used during measurement of soil-to-structure potentials clearly marked.

- ☐ Current information is available and ready for DEQ to review.

Part J Temporary Closure

Compliance Items

- ☐ Are any tanks currently not in use?
- ☐ On what date was the use of the tanks discontinued?
- ☐ Have any tanks been out of use longer than three months?
- ☐ If the tanks have been closed more than three months, has the system been capped and secured as required?
- ☐ Is there still product in any tank that is not currently used or is in temporary closure?
- ☐ Are all corrosion protection systems operating on closed tanks that contain product?
- ☐ Are corrosion protection systems operated and maintained as required?
- ☐ Are closed tanks with internal lining inspected as required?
- ☐ Is leak detection for piping performed as required?
- ☐ Has the monitoring indicated a release? If so, was the release reported to DEQ?

Part K Facility Upgrade and Repair History

The Permittee must notify DEQ prior to any upgrade work and document work performed. You must also keep records of any repairs made to system components and specifically list significant problems associated with equipment or materials.

- ☐ Current information is available and ready for DEQ to review.

Part L Financial Responsibility

The Permittee must provide documentation to demonstrate compliance with the financial responsibility requirements. Most frequently this will be a "*Certificate of Insurance for Underground Storage Tanks*". Please note that an "*ACORD*" certificate IS NOT acceptable documentation. Facilities relying on self-insurance must have a specifically worded letter from the Chief Financial Officer.

☐ Current information is available and ready for DEQ to review.

Part M UST System Operator and Emergency Response Information

The Permittee of a facility that dispenses a regulated substance from an UST to a motor vehicle must employ trained personnel who can properly operate and maintain the UST system and must provide emergency response information to any person that dispenses a regulated substance from the UST system.

- ☐ A current training certificate was available for the designated UST System Operator?
- ☐ A copy of the emergency response written instructions provided to persons dispensing regulated substances was available for review.
- ☐ Emergency Response signage is posted in prominent areas that are easily visible to persons dispensing a regulated substance.

☐ Current information is available and ready for DEQ to review.

104 (05/2004) COMPLETE

Inspection Details

Inspection Type: SOC2
 Inspection Date: 4/28/09
 Insp Compl:
 Insp Status: Complete
 Inspector: Jim Parr
 Contact Name: Dan Tompkins
 Contact Phone: 541-996-4844
 Group or Area:
 Comments: FC issued for incomplete LD history

Results

Significant Operational Compliance

Tank Cor Pro Pas	<u>Y</u>	Tank LD Pass	<u>N</u>
Piping Cor Pro Pas	<u>Y</u>	Piping LD Pass	<u>X</u>
Spill Pro Pass	<u>Y</u>	Overfill Pass	<u>Y</u>
SOC RP Initial	<u>Pass</u>	SOC RD Initial	<u>FAIL</u>
RP Follow-up	<u></u>	RD Follow-up	<u></u>

Docs Requested: ☒ Docs Due Date: 7/7/09
 Docs Received: ☐ Passing Insp: NO
 Enforcement: ☒ Compliance Verified Dt:
 Suspected Release: ☐ Initial Letter Sent: ☐ Compliance Letter Sent: ☐

Last Updated:

Financial Responsibility Details

Begin Date: End Date:

Mechanism Type:

In Compliance: ☐

Comments:

Temp Close Cert: Comment:

TC/No Cert: ☐ Training Exempt: ☐

Training Dt:



State of Oregon
Department of
Environmental
Quality

Field Citation No. FC-0608 Tracking No. WRS-09-096

Department of Environmental Quality Underground Storage Tank Program

Field Citation For UST Violations

This section for
DEQ use only

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	4/28/09	Facility ID#:	11481
Inspector:	Jim Parr	Facility Name:	Otis 76
DEQ Office:	750 Front St NE Rm 120 Salem, OR 97301	Facility Address:	1264 Salmon River Hwy Otis
Phone #:	503-378-5033	County:	Lincoln

Oregon DEQ inspected the facility listed above and identified the UST violations listed on page 3 of this Field Citation.

Field Citation Issued:	☐ In Person ☒ By Mail ☐ Both	Date Issued:	6/8/09
Facility Representative Present During Inspection:	Dan Tompkins	☐ Permittee ☐ Owner ☒ Other	
Signature of Facility Representative Present During Inspection*		Date:	
*This signature indicates receipt of the Field Citation at the time of inspection, and is not an acceptance of the assessed penalty.			
Name of Permittee or Owner:	Vivian M. Lematta (Dan Tompkins Mgr PO Box 90 Otis 97368)		
Mailing Address:	2906 Northern Dancer Dr. Churchville, MD 21028-1007		
Field Citation Penalty - See Page 3 for detailed listing of each violation.	\$	150.00	

This Field Citation is issued in accordance with the requirements for the expedited enforcement of underground storage tank (UST) violations, OAR 340-150-0250.

Owner or Permittee must select Option 1 or Option 2 below and return a signed copy of this form to DEQ by the following date: 07/07/09

DEQ Business Office
811 SW Sixth Avenue
Portland, Oregon 97204

Check one option

- ☐ **Option 1** - I acknowledge that the listed violation(s) have occurred and am remitting the listed field citation penalty.
- ☐ **Option 2** - I do not want to participate in the expedited enforcement process and understand that my file will be referred to the Department's Office of Compliance and Enforcement for formal enforcement action.

Name:	Owner / Permittee
Signature:	Date:

Important

Read pages 2 and 3 for more information about your options and a detailed listing of violations and compliance requirements.

Field Citation Requirements

The permittee or owner must select Option 1 or Option 2 and return a signed copy of Page 1 of the Field Citation form within thirty (30) days of issuance of the Field Citation. If the permittee or owner fails to sign and send Page 1 of the Field Citation form back or pay the penalty within thirty days, the Field Citation will serve as a Notice of Non-Compliance and the permittee and owner may be subject to formal enforcement including the imposition of civil penalties in accordance with OAR Chapter 340, Division 12.

The permittee or owner must complete the actions required to correct the violations listed on the Field Citation by the date specified to prevent further enforcement action by DEQ.

Option 1:

By checking Option 1 the permittee or owner acknowledges that the violations listed on Page 3 of this Field Citation have occurred and agrees to pay the established penalty. DEQ requires submittal of a signed copy of Page 1 of the Field Citation along with a check or money order for the total payment of the penalty amount set forth on Page 1.

By signing page 1 of the Field Citation form and payment of the penalty amount, the responding permittee or owner thereby waives any and all rights and objections to the form, content, manner of service and timeliness of the Field Citation; to a contested case hearing and judicial review of the Field Citation [OAR 340-150-0250(6)]; and to service of a copy of this Final Order (*i.e.*, no other copy will be provided).

Upon the Department's receipt of a signed copy of Page 1 of the Field Citation and payment of the penalty amount set forth in the Field Citation, the Field Citation will become a Final Order of the Environmental Quality Commission (Commission) that:

1. Imposes upon the permittee or owner a civil penalty in the amount listed on Page 1 of this Field Citation; and
2. Requires the permittee or owner to satisfactorily complete the requirements and actions necessary to correct the violations documented by the dates set forth on Page 3 of this Field Citation.

Failure by the permittee or owner to complete the actions set forth on Page 3 of the Field Citation by the specified date will violate the Commission Order and could subject the permittee and owner to a formal enforcement action including the imposition of additional civil penalties.

Option 2:

The permittee or owner may deny that the violations as listed on Page 3 of this Field Citation have occurred or contest the Field Citation process by checking Option 2 and submitting to the Department a signed copy of Page 1 of the Field Citation. In that event, the Field Citation will serve as a Notice of Non-Compliance and the permittee and owner may be subject to formal enforcement for those violations set forth in the Field Citation, including the imposition of civil penalties in accordance with OAR Chapter 340, Division 12. Civil penalties that may be imposed by the formal enforcement process may exceed the Field Citation penalties for the same violation(s).

The Department appreciates your cooperation and efforts to comply with the regulations for underground storage tank systems.

UST FIELD CITATION

DATE ISSUED: 6/08/09

FIELD CITATION No.: 0608

FACILITY ID: 11481

Page 3 of 3

Violation #1: *SOC: Y / N	Failure to conduct leak detection for tanks as required.		
Corrective Action:	Conduct LD for each tank every 30 days and maintain monthly records.		
Rule Citation: OAR 340-150-	0450 (2)	Penalty Amount: \$	150 .00
Correct Violation by:		Date Violation Corrected:	
Violation #2: SOC: Y / N			
Corrective Action:			
Rule Citation: OAR 340-150-		Penalty Amount: \$	.00
Correct Violation by:		Date Violation Corrected:	
Violation #3: SOC: Y / N			
Corrective Action:			
Rule Citation: OAR 340-150-		Penalty Amount: \$	.00
Correct Violation by:		Date Violation Corrected:	
Violation #4: SOC: Y / N			
Corrective Action:			
Rule Citation: OAR 340-150-		Penalty Amount: \$	.00
Correct Violation by:		Date Violation Corrected:	
Violation #5: SOC: Y / N			
Corrective Action:			
Rule Citation: OAR 340-150-		Penalty Amount: \$	.00
Correct Violation by:		Date Violation Corrected:	
Violation #6: SOC: Y / N			
Corrective Action:			
Rule Citation: OAR 340-150-		Penalty Amount: \$	.00
Correct Violation by:		Date Violation Corrected:	
Total Penalty Amount (This Page): \$		150 .00	Total Penalty Amount (All Pages): \$.00

YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, ENTER THE DATES CORRECTED, SIGN THE STATEMENT BELOW AND

RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE: 07/07/09

Retain a copy of this form and all documentation of corrective actions for your records.

I hereby certify that the UST violations noted above have been corrected: _____ / _____

Permittee/Owner Signature

Date



11481

INTERIOR LINING OF UNDERGROUND STORAGE TANKS

WO# 05144

DEQ Facility ID# 11481

API 1631—FORM C
TANK RE-INSPECTION AFFIDAVIT

UNDERGROUND STORAGE TANK OWNER Otis Properties
TANK LOCATED AT Salmon River Market / 1264 Salmon River Hwy. / Otis, OR
TANK NUMBER OR IDENTIFICATION #1 - 6,000 gasoline
DATE TANK LINED Sept., 1995 DATE OF LAST INSPECTION N/A
(Re-inspect tanks without cathodic protection within 10 years of initial lining and every 5 years thereafter)
Original Lining - U.I.C.C. - WO# 9543

TANK RE-INSPECTION AFFIDAVIT

Re-Inspection Date 12/3 2005

I, Michael R. Taylor, the undersigned, hereby swear and attest that I am trained and qualified in accordance with the requirements of API Standard 1631 and local jurisdictions to perform the re-inspection of the above designated tank. The entire interior of the tank was video inspected () or physically inspected ☒ in accordance with the requirements of API Standard 1631, as follows:

1. The tank has been found to be structurally sound. There was no evidence of pitting, rusting, physical damage, water leakage, cracks, streaking, discoloration or other signs of structural instability of the tank or lining.
2. At least 98% of the lining was visible for inspection.
3. The lining is still performing according to original design specifications. There was no evidence of lining peeling, blistering, wrinkled surface or surface roughening.
4. A physical inspection of the tank lining was conducted. The lining was holiday tested and determined to be free of holidays in accordance with the requirements of API Standard 1631. The Barcol hardness of the tank lining met the lining manufacturer's Barcol hardness specifications and testing was performed in accordance with the requirements of API Standard 1631.
5. A physical inspection of the tank was conducted and the metal thickness was determined to meet the requirements of API 1631.

Note: Tanks that fail the lining inspection shall either be repaired (if not prohibited by state and local regulations) or closed in accordance with the requirements of API Standard 1631.

SWORN TO AND SIGNED THIS 3rd DAY OF Dec 2005

Contractor Michael R. Taylor



INTERIOR LINING OF UNDERGROUND STORAGE TANKS

WO# 05144
DEQ Facility ID# 11481

API 1631—FORM C
TANK RE-INSPECTION AFFIDAVIT

UNDERGROUND STORAGE TANK OWNER Otis Properties
TANK LOCATED AT Salmon River Market / 1264 Salmon River Hwy. / Otis, OR
TANK NUMBER OR IDENTIFICATION # 2 ~ 6,000 gasoline
DATE TANK LINED Sept. 1995 DATE OF LAST INSPECTION N/A
(Re-inspect tanks without cathodic protection within 10 years of initial lining and every 5 years thereafter)
Original Lining - U.I.C.C. - WO# 9543

TANK RE-INSPECTION AFFIDAVIT

Re-Inspection Date 12/3 2005

I, Michael D. Taylor, the undersigned, hereby swear and attest that I am trained and qualified in accordance with the requirements of API Standard 1631 and local jurisdictions to perform the re-inspection of the above designated tank. The entire interior of the tank was video inspected () or physically inspected (☒) in accordance with the requirements of API Standard 1631, as follows:

1. The tank has been found to be structurally sound. There was no evidence of pitting, rusting, physical damage, water leakage, cracks, streaking, discoloration or other signs of structural instability of the tank or lining.
2. At least 98% of the lining was visible for inspection.
3. The lining is still performing according to original design specifications. There was no evidence of lining peeling, blistering, wrinkled surface or surface roughening.
4. A physical inspection of the tank lining was conducted. The lining was holiday tested and determined to be free of holidays in accordance with the requirements of API Standard 1631. The Barcol hardness of the tank lining met the lining manufacturer's Barcol hardness specifications and testing was performed in accordance with the requirements of API Standard 1631.
5. A physical inspection of the tank was conducted and the metal thickness was determined to meet the requirements of API 1631.

Note: Tanks that fail the lining inspection shall either be repaired (if not prohibited by state and local regulations) or closed in accordance with the requirements of API Standard 1631.

SWORN TO AND SIGNED THIS 3rd DAY OF DEC 2005

Contractor [Signature]



INTERIOR LINING OF UNDERGROUND STORAGE TANKS

WO# 05144

DEQ Facility ID# 11481

API 1631—FORM C
TANK RE-INSPECTION AFFIDAVIT

UNDERGROUND STORAGE TANK OWNER Otis Properties
TANK LOCATED AT Salmon River Market / 1264 Salmon River Hwy. / Otis, OR
TANK NUMBER OR IDENTIFICATION # 3 ~ 6,000 Diesel
DATE TANK LINED Sept., 1995 DATE OF LAST INSPECTION N/A
(Re-inspect tanks without cathodic protection within 10 years of initial lining and every 5 years thereafter)
Original Lining - U.I.C.C. - WO# 9543

TANK RE-INSPECTION AFFIDAVIT

Re-Inspection Date 12/3 2005

I, Michael D. Taylor, the undersigned, hereby swear and attest that I am trained and qualified in accordance with the requirements of API Standard 1631 and local jurisdictions to perform the re-inspection of the above designated tank. The entire interior of the tank was video inspected () or physically inspected (X) in accordance with the requirements of API Standard 1631, as follows:

1. The tank has been found to be structurally sound. There was no evidence of pitting, rusting, physical damage, water leakage, cracks, streaking, discoloration or other signs of structural instability of the tank or lining.
2. At least 98% of the lining was visible for inspection.
3. The lining is still performing according to original design specifications. There was no evidence of lining peeling, blistering, wrinkled surface or surface roughening.
4. A physical inspection of the tank lining was conducted. The lining was holiday tested and determined to be free of holidays in accordance with the requirements of API Standard 1631. The Barcol hardness of the tank lining met the lining manufacturer's Barcol hardness specifications and testing was performed in accordance with the requirements of API Standard 1631.
5. A physical inspection of the tank was conducted and the metal thickness was determined to meet the requirements of API 1631.

Note: Tanks that fail the lining inspection shall either be repaired (if not prohibited by state and local regulations) or closed in accordance with the requirements of API Standard 1631.

SWORN TO AND SIGNED THIS 3rd DAY OF Dec 2005

Contractor [Signature]

Ulrich Industrial Coatings Company

P.O. Box 772

Hillsboro, OR 97123

Ph: (503) 648-9587

FAX: (503) 648-6075

State Licenses

WA-ULRICIC066QH

OR-103254

CA-710246

11481

Otis 76

OTM

October 2004

11481

RELAY OUTPUT TEST
OCT 29, 2004 10:02 AM

R 1:OVERFILL ALARM
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
ALL:LEAK ALARM
ALL:OVERFILL ALARM

SHIFT TIME 1 : 10:00 PM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

PERIODIC TEST WARNINGS
DISABLED
ANNUAL TEST WARNINGS
DISABLED

SYSTEM SECURITY
CODE : 000000

PRINT TO VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F) : 60.0

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (RS-232)
BAUD RATE : 2400
PARITY : EVEN
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 SECURITY

CODE : 000000

RS-232 END OF MESSAGE

DISABLED

IN-TANK SETUP

T 1:DIESEL NO2
PRODUCT CODE : 1
THERMAL COEFF : .000700
TANK DIAMETER : 95.00
TANK PROFILE : 4 PTS
FULL VOL : 6260
71.3 INCH VOL : 5025
47.5 INCH VOL : 3130
23.8 INCH VOL : 1225

FLOAT SIZE: 4.0 INCHES

WATER WARNING : 2.0
HIGH WATER LIMIT: 2.5

MAX OR LABEL VOL: 6260
OVERFILL LIMIT : 90%

: 5634
HIGH PRODUCT : 95%

: 5947
DELIVERY LIMIT : 15%

: 939
LOW PRODUCT : 700

LEAK ALARM LIMIT: 99

SUDDEN LOSS LIMIT: 9999

TANK TILT : 0.00

MANIFOLDED TANKS

T#: NONE

LEAK MIN ANNUAL : 0

PERIODIC TEST TYPE STANDARD

ANNUAL TEST FAIL ALARM DISABLED

PERIODIC TEST FAIL ALARM DISABLED

GROSS TEST FAIL ALARM DISABLED

ANN TEST AVERAGING: OFF

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

T 2:UNLEADED REGULAR

PRODUCT CODE : 2

THERMAL COEFF : .000700

TANK DIAMETER : 95.00

TANK PROFILE : 4 PTS

FULL VOL : 6260

71.3 INCH VOL : 5025

47.5 INCH VOL : 3130

23.8 INCH VOL : 1225

FLOAT SIZE: 4.0 INCHES

WATER WARNING : 2.0

HIGH WATER LIMIT: 2.5

MAX OR LABEL VOL: 6260

OVERFILL LIMIT: 90%

: 5634

HIGH PRODUCT : 95%

: 5947

DELIVERY LIMIT : 15%

: 939

LOW PRODUCT : 700

LEAK ALARM LIMIT: 99

SUDDEN LOSS LIMIT: 9999

TANK TILT : 0.00

MANIFOLDED TANKS

T#: NONE

LEAK MIN ANNUAL : 0

PERIODIC TEST TYPE STANDARD

ANNUAL TEST FAIL ALARM DISABLED

PERIODIC TEST FAIL ALARM DISABLED

GROSS TEST FAIL ALARM DISABLED

ANN TEST AVERAGING: OFF

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

T 3:UNLEADED SUPER
PRODUCT CODE : 3
THERMAL COEFF : 1.000700
TANK DIAMETER : 95.00
TANK PROFILE : 4 PTS
FULL VOL : 6260
71.3 INCH VOL : 5025
47.5 INCH VOL : 3130
23.8 INCH VOL : 1225

FLOAT SIZE: 4.0 INCHES

WATER WARNING : 2.0
HIGH WATER LIMIT: 2.5

MAX OR LABEL VOL: 6260
OVERFILL LIMIT : 90%
5634
HIGH PRODUCT : 95%
5947
DELIVERY LIMIT : 15%
939

LOW PRODUCT : 700
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 9999
TANK TILT : 0.00

MANIFOLDED TANKS
TBY: NONE

LEAK MIN ANNUAL : 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

LEAK TEST METHOD

TEST DAILY : ALL TANK

START TIME : 10:00 PM
TEST RATE : 0.20 GAL/HR
DURATION : 6 HOURS

LEAK TEST REPORT FORMAT
NORMAL

OUTPUT RELAY SETUP

R 1:OVERFILL ALARM
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
ALL:LEAK ALARM
ALL:OVERFILL ALARM

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

OCT 29, 2004 10:04 AM

LEAK TEST REPORT

T 1:DIESEL NO2
PROBE SERIAL NUM 103083

TEST STARTING TIME:
OCT 28, 2004 10:00 PM

TEST LENGTH = 6.0 HRS
STRT VOLUME = 1923.4 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST PASS

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

OCT 29, 2004 10:05 AM

LEAK TEST REPORT

T 1:DIESEL NO2
PROBE SERIAL NUM 103083

TEST STARTING TIME:
OCT 28, 2004 10:00 PM

TEST LENGTH = 6.0 HRS
STRT VOLUME = 1923.4 GAL

START TEMP = 58.2 F
END TEMP = 58.2 F

TEST PERIODS 2-12
-0.05 -0.05 -0.05 -0.10
-0.12 -0.15 -0.15 -0.15
-0.16 -0.14 -0.03

LEAK TEST RESULTS
RATE = -0.00 GAL/HR
0.20 GAL/HR TEST PASS

TANK LEAK TEST HISTORY

T 1:DIESEL NO2

LAST GROSS TEST PASSED:
OCT 28, 2004 10:00 PM
STARTING VOLUME= 1923

PERCENT VOLUME = 30.7

TEST TYPE = STANDARD

2004-10-28 10:00 PM

LAST ANNUAL TEST PASSED:

OCT 28, 2004 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 1923

PERCENT VOLUME = 30.7

TEST TYPE = STANDARD

FULLEST ANNUAL TEST PASS

OCT 22, 2004 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 2276

PERCENT VOLUME = 36.4

TEST TYPE = STANDARD

LAST PERIODIC TEST PASS:

OCT 28, 2004 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 1923

PERCENT VOLUME = 30.7

TEST TYPE = STANDARD

FULLEST PERIODIC TEST

PASSED EACH MONTH:

JAN 4, 2002 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 1714

PERCENT VOLUME = 27.4

TEST TYPE = STANDARD

FEB 13, 2001 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 1943

PERCENT VOLUME = 31.0

TEST TYPE = STANDARD

MAR 20, 2001 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 2121

PERCENT VOLUME = 33.9

TEST TYPE = STANDARD

APR 1, 2002 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 2193

PERCENT VOLUME = 35.0

TEST TYPE = STANDARD

MAY 14, 2002 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 1782

PERCENT VOLUME = 28.5

TEST TYPE = STANDARD

JUN 16, 2002 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 1995

PERCENT VOLUME = 31.9

TEST TYPE = STANDARD

JUL 3, 2002 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 1767

PERCENT VOLUME = 28.2

TEST TYPE = STANDARD

AUG 28, 2002 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 2638

PERCENT VOLUME = 42.2

TEST TYPE = STANDARD

SEP 26, 2003 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 1957

PERCENT VOLUME = 31.3

TEST TYPE = STANDARD

OCT 22, 2004 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 2276

PERCENT VOLUME = 36.4

TEST TYPE = STANDARD

NOV 1, 2001 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 2085

PERCENT VOLUME = 33.3

TEST TYPE = STANDARD

DEC 8, 2001 10:00 PM

TEST LENGTH 6 HOURS

STARTING VOLUME= 1953

PERCENT VOLUME = 31.2

TEST TYPE = STANDARD

TANK LEAK TEST HISTORY

T 2:UNLEADED REGULAR

LAST GROSS TEST PASSED:
OCT 28, 2004 10:00 PM
STARTING VOLUME= 1255
PERCENT VOLUME = 20.1
TEST TYPE = STANDARD

LAST ANNUAL TEST PASSED:
OCT 26, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 1994
PERCENT VOLUME = 31.9
TEST TYPE = STANDARD

FULLEST ANNUAL TEST PASS
APR 16, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 4865
PERCENT VOLUME = 77.7
TEST TYPE = STANDARD

LAST PERIODIC TEST PASS:
OCT 26, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 1994
PERCENT VOLUME = 31.9
TEST TYPE = STANDARD

FULLEST PERIODIC TEST
PASSED EACH MONTH:

JAN 6, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 4344
PERCENT VOLUME = 67.8
TEST TYPE = STANDARD

FEB 27, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 4062
PERCENT VOLUME = 64.9
TEST TYPE = STANDARD

MAR 12, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 4422
PERCENT VOLUME = 70.7
TEST TYPE = STANDARD

APR 16, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 4865
PERCENT VOLUME = 77.7
TEST TYPE = STANDARD

MAY 29, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 3714
PERCENT VOLUME = 59.3
TEST TYPE = STANDARD

JUN 4, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 3955
PERCENT VOLUME = 63.2
TEST TYPE = STANDARD

JUL 3, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 4256
PERCENT VOLUME = 68.0
TEST TYPE = STANDARD

AUG 18, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 3411
PERCENT VOLUME = 54.5
TEST TYPE = STANDARD

SEP 20, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 4409
PERCENT VOLUME = 70.4
TEST TYPE = STANDARD

OCT 17, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 4009
PERCENT VOLUME = 64.1
TEST TYPE = STANDARD

NOV 25, 2003 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 4985
PERCENT VOLUME = 79.6
TEST TYPE = STANDARD

DEC 12, 2003 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 4315
PERCENT VOLUME = 68.9
TEST TYPE = STANDARD

TANK LEAK TEST HISTORY

T 3:UNLEADED SUPER

LAST GROSS TEST PASSED:
OCT 28, 2004 10:00 PM
STARTING VOLUME= 1567
PERCENT VOLUME = 25.0
TEST TYPE = STANDARD

LAST ANNUAL TEST PASSED:
OCT 26, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 1730
PERCENT VOLUME = 27.6
TEST TYPE = STANDARD

FULLEST ANNUAL TEST PASS
AUG 18, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 2680
PERCENT VOLUME = 42.8
TEST TYPE = STANDARD

LAST PERIODIC TEST PASS:
OCT 26, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 1730
PERCENT VOLUME = 27.6
TEST TYPE = STANDARD

FULLEST PERIODIC TEST
PASSED EACH MONTH:

JAN 2, 2003 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 1910
PERCENT VOLUME = 30.5
TEST TYPE = STANDARD

FEB 1, 2002 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 2258
PERCENT VOLUME = 36.1
TEST TYPE = STANDARD

MAR 22, 2001 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 2353
PERCENT VOLUME = 37.6
TEST TYPE = STANDARD

APR 26, 2002 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 1928
PERCENT VOLUME = 30.8
TEST TYPE = STANDARD

MAY 24, 2002 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 1880
PERCENT VOLUME = 30.0
TEST TYPE = STANDARD

JUN 22, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 1939
PERCENT VOLUME = 31.0
TEST TYPE = STANDARD

JUL 13, 2002 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 1861
PERCENT VOLUME = 29.7
TEST TYPE = STANDARD

AUG 18, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 2680
PERCENT VOLUME = 42.8
TEST TYPE = STANDARD

SEP 26, 2003 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 3020
PERCENT VOLUME = 48.2
TEST TYPE = STANDARD

OCT 22, 2004 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 2105
PERCENT VOLUME = 33.6
TEST TYPE = STANDARD

NOV 10, 2003 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 1914
PERCENT VOLUME = 30.6
TEST TYPE = STANDARD

DEC 9, 2003 10:00 PM
TEST LENGTH 6 HOURS
STARTING VOLUME= 1808
PERCENT VOLUME = 28.9
TEST TYPE = STANDARD



OTIS





VEEDER-ROOT $\frac{V}{R}$

OCT 29, 2004 9:36:22
ALL FUNCTIONS NORMAL

ALARM 

WARNING 

POWER 



Attn. Inc.
#19307

 A.M. Hatton, Inc.
P.O. Box 199
Lincoln City, OR 97367

Date _____

FORD
LOAD
TRUCK #103

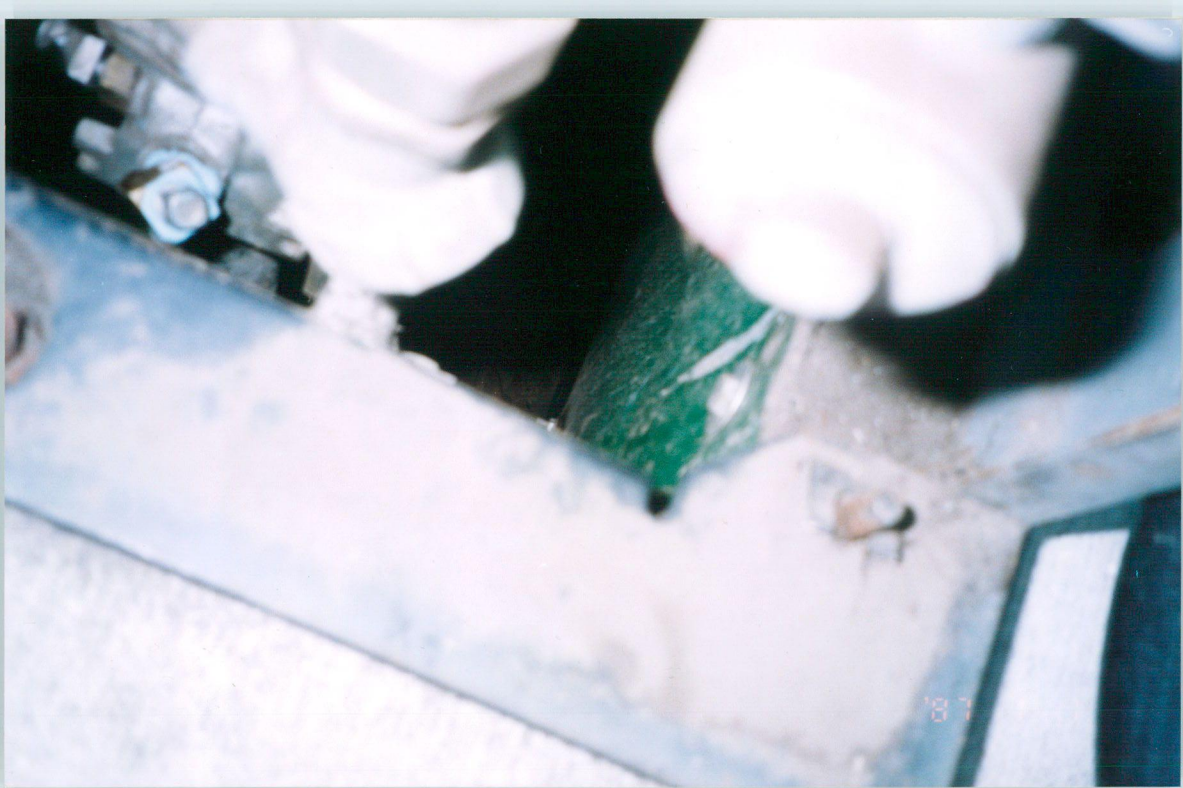
Product	Completion	Gal	Product
#1	100	100	
#2	100	100	
#3	100	100	
#4	100	100	
TOTAL		4790	gallons

S-350

UST Monitoring System

Chris Gentry
12/24/04
12/24/04
12/24/04







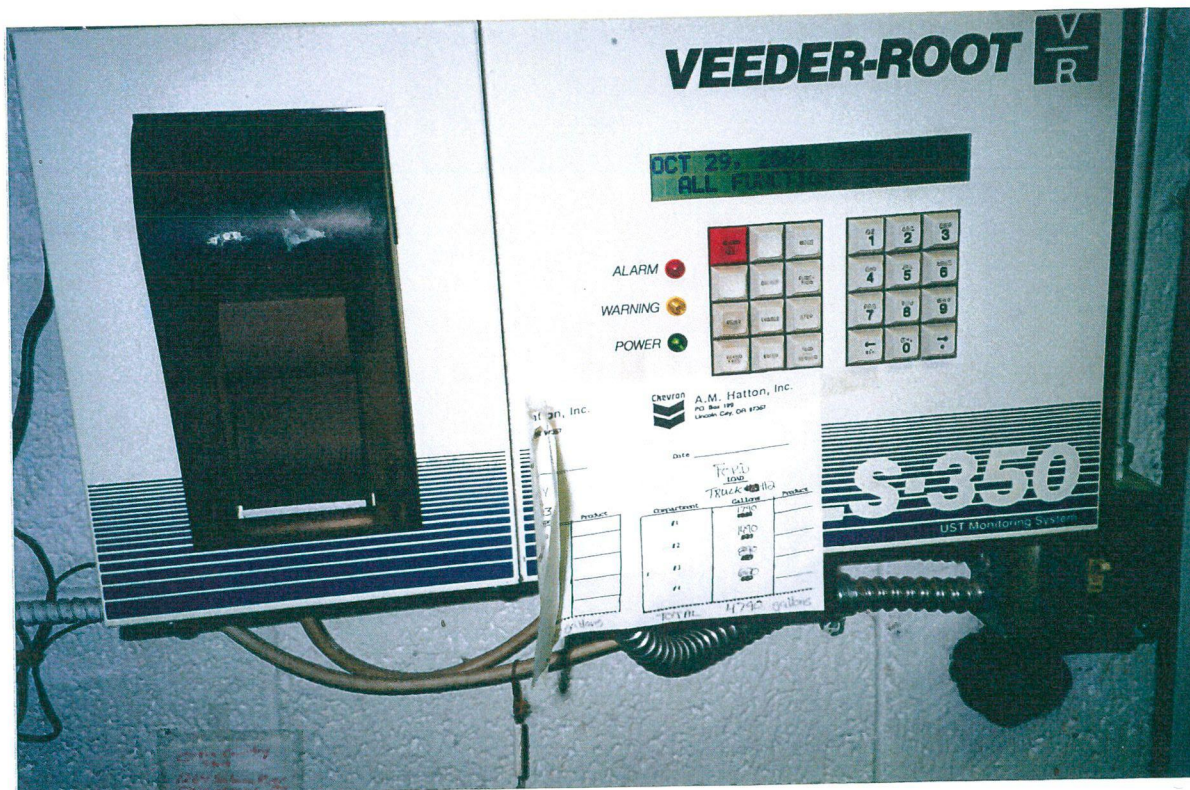


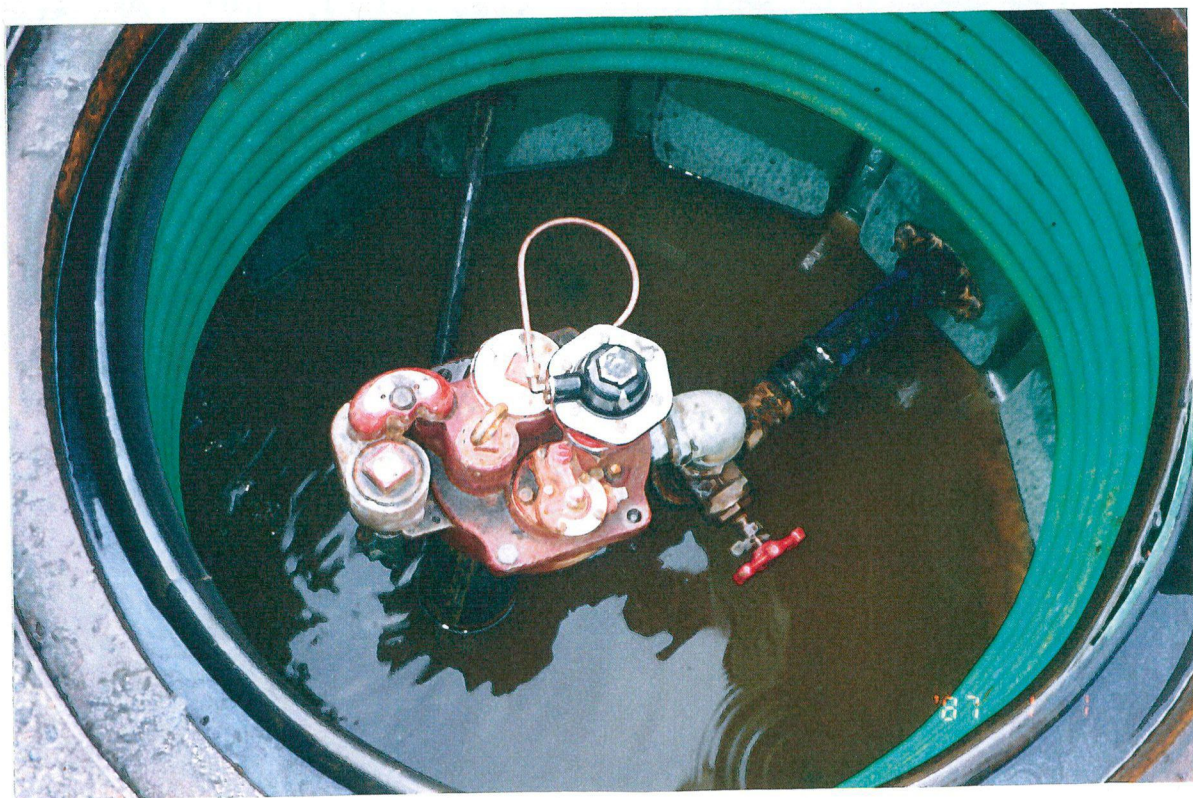
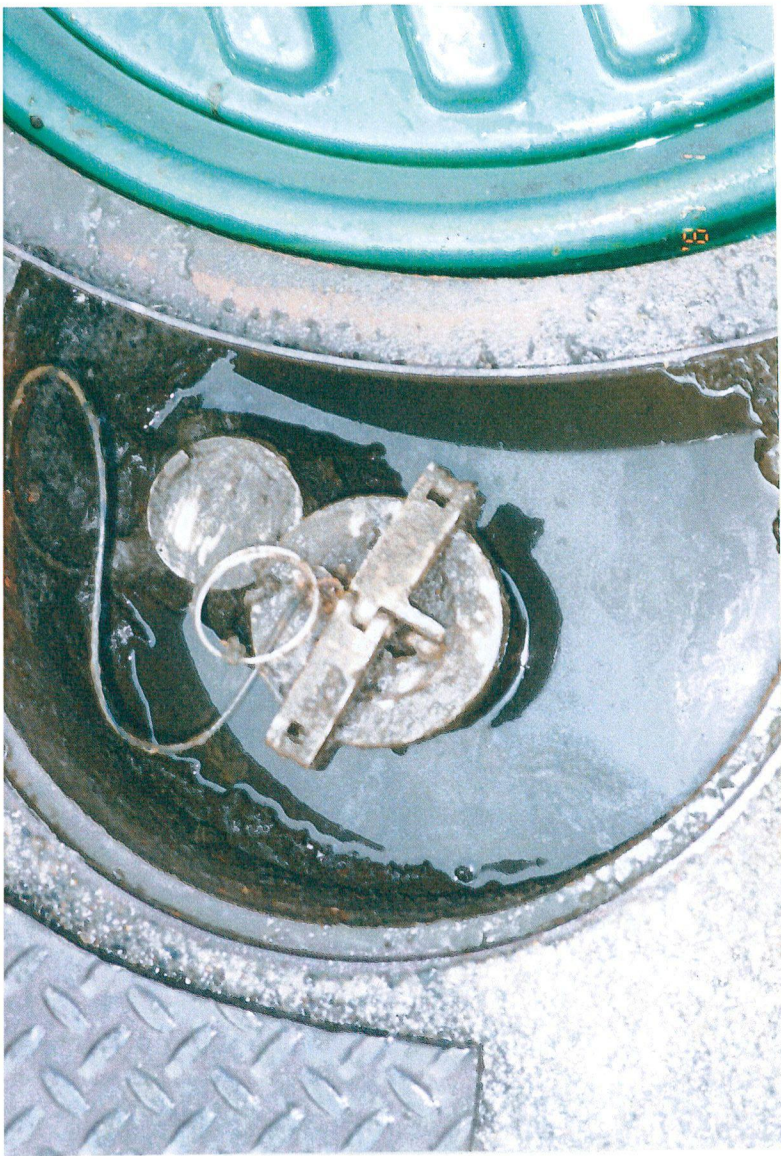


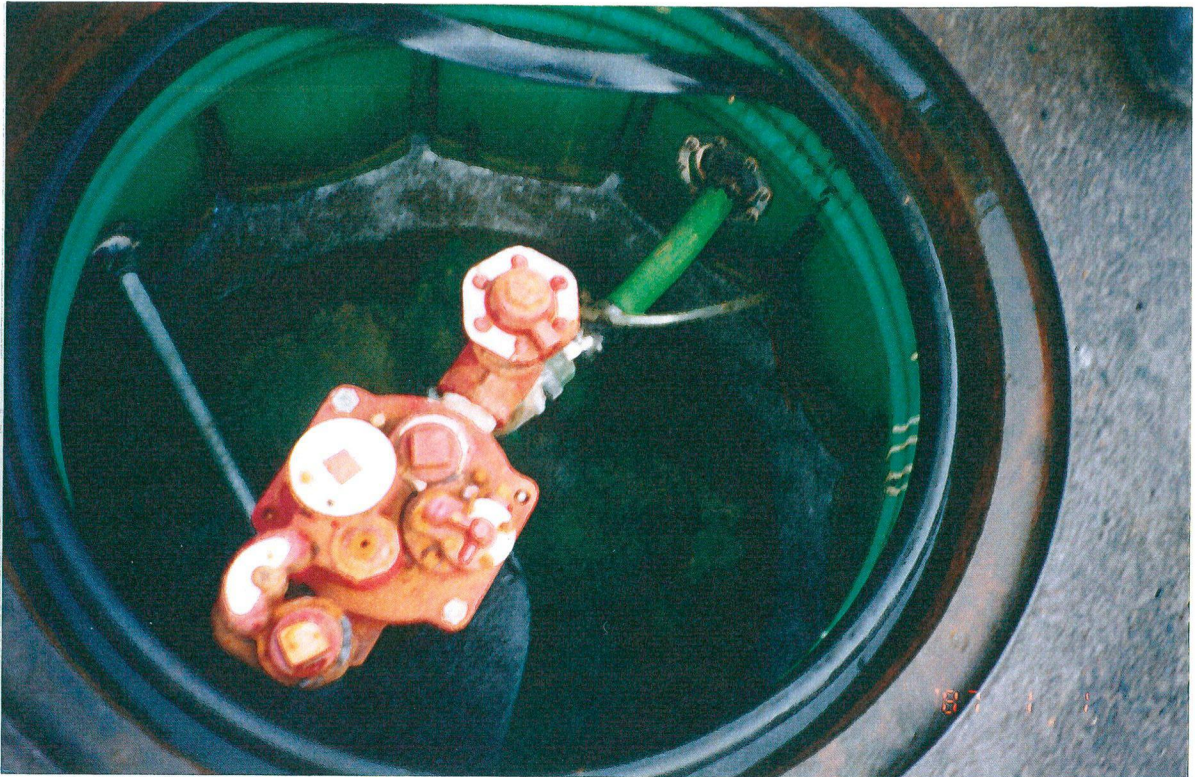
A photograph of a building's exterior wall. The wall is light gray with a prominent blue horizontal stripe. A red rectangular sign with a white border and the words "OVERFILL ALARM" in red capital letters is mounted on the wall. To the right of the sign, there is a black square speaker mounted on the wall. Several white pipes run vertically and horizontally across the wall, some with blue tape or markings. A white electrical box is visible at the bottom right. The top of the image shows a blue horizontal band, possibly part of a roof or upper wall section.

**OVERFILL
ALARM**









UST INSPECTION FORM

FACILITY_ID NAME
ADDRESS COUNTY
CITY ZIP REG_CERT

FAC ID 11481	DOCUMENTS RECEIVED?	Print Record	Next Record
INSP STATUS COMPLETE	TANK COR PRO PASS Yes	Insp pending	Previous Record
INSP DATE 10/29/2004	TANK LD PASS Yes	Insp scheduled	Quit App
INSPECTOR JLP	PIPING COR PRO PASS Yes	Delete	
LAST EPA INSP DATE	PIPING LD PASS Yes		
CONTACT NAM DAN TOMPKINS	SPILL PRO PASS Yes		
PHONE NUMBER (541) 994-2611	OVERFILL PASS Yes		
NEW-EXISTING Existing	PASSED INSPECTION Yes	BIZ TYPE Retail	
IN TEMP CLOSURE? No	COMPLIANCE VERIFIED DATE 11/19/2004		
START TEMP CLOSURE	RELEASE RELATED TO UST COMP FAILURE No		
NON? No	SOCR-P PASS SOCRD-I PASS	STARS SOC data	
DOCUMENTS REQUESTED? No	SOCR-P SOCRD-F		
DOC DUE DATE	COMPLIANCE LETTER MAILED Yes		
COMMENTS			



Oregon

Theodore R. Kulongoski, Governor

Department of Environmental Quality

Western Region - Salem Office

750 Front St. NE, Ste. 120

Salem, OR 97301-1039

(503) 378-8240

(503) 378-3684 TTY

Date:

11/19/04

To:

Vivian M. Lematta

Owner-Operator Name

Re:

UST Compliance Inspection Date: 10/29/04

UST Facility # 11481

Facility Name OTIS 76 Service Station

Address 1264 Salmon River Hwy 18, OTIS

County Lincoln

Summary of Operations & Maintenance Compliance Inspection

Based upon the results of the completed O & M Inspection, it has been determined that your facility is **in compliance** with the current requirements for spill containment, overfill protection, corrosion resistance and release (leak) detection.

The Department appreciates your efforts to operate and maintain your underground storage tank system(s) in compliance with Oregon environmental law. This facility is subject to future inspections. Please remember to conduct periodic testing, service and maintenance inspections at the required intervals and to implement and/or maintain adequate record keeping.

Thank you for your cooperation. If you have any questions or if I can be of any assistance, please contact me in Salem at 503-378-8240, extension 242.

Sincerely,

Jim Parr

Environmental Specialist

Western Region-Salem Office

JLP:gad

x:\jparr\iforltr1(field).doc

cc: Merlyn Hough, DEQ WR-Eugene



①

Site Inspection Form

Facility # 11481

date 10/29/04

inspector Jim Parr

Release Detection Info

Tanks (what method) -

ATG

Tanks were tested as back up to leak history
tested 10/23/04 3 UTS PASSED.

Piping (what method) -

ALLDr -

Hydraulic line test -

95
10/25
7/19/95
2005

(2)

Spill Prevention
(what kind) -

(present) - ✓
needs to be cleaned out

Overflow Protection
(what method) -
outdoor alarm

(status) -

90%
tested & works

3

ATG

(type) - VR T25-350

probe = 8473

(status) - Normd
serviced - 10/23/04

30 inches.

(monthly record) -

spotty history due to low
volume

backed up w/ precision tank test.

Interstitial Monitoring

(tanks) -

(device) -

(monthly) -

(piping) -

(device) -

(monthly) -

④

Inventory Control

(math) -

(method) -

(status) -

SIR

(3rd party) -

(status) -

TTT

(status) -

(3rd party) -

Manual Tank Gauging

(monthly reconc.) -

(method) -

(status) -

Groundwater Monitoring

(well design) -

(monthly records) -

(status) -

Vapor Monitoring

(well design) -

(method) -

(status) -

6

Line Leak Detectors

(Type) - diesel = 1997 99 CD 2000
gas = FX2 FX2V

(annual test) - 10/25/04 all PASS

(Sump sensors) -

(status) -

(3rd party) -

Lines - annual test when = 10/25/04
PASS

Safe Suction

(design) -

(check valves) -

(status) -

(7)

Corrosion Protection

Tanks - (type) - steel - no ext. CP.
(status) - lined 9/1995

(inspections) -

(new) -

(existing) -

Piping - (type) - flex

(status) -

(inspections) -

(new) -

(existing) -

8

Facility Upgrade + Repair History

Records (service) -

(calibration) -

(maintenance) -

(repair)

General Inspection Comments

Drawing or as built Plans

(yes) -
(no) -

UST Facility Compliance Inspection Report

Inspection Date	10/29/2004	Inspector	Jim Parr	Mod App	Y ☒ N
				Valid Operating Certificate	Y N

Indicate inspection type by marking appropriate box

☒ Initial Compliance	☐ Follow-up
--	------------------------------------

Part A: Facility and Owner / Operator Information

Enter correct name and site location information

FACILITY INFORMATION			
FACILITY NAME	OTIS 76	DEQ ID #	11481
SITE ADDRESS	1264 Salmon River Hwy 18		
CITY	OTIS		
COUNTY	Lincoln	Co. #	21
PHONE			

Enter verified owner / operator information

OWNER / OPERATOR INFORMATION			
	PERMITTEE	TANK OWNER	PROPERTY OWNER
NAME	Virian M. Lematta		
ADDRESS	2906 Northern Dancer Dr.		
CITY	Churchville		
STATE	MD		
ZIP CODE	21028-1007		
TELEPHONE	410-734-7305		
FAX			
EMAIL			

(Same as permittee)
Rep. for V. Lematta
is Lynn Vickers.

SITE CONTACT NAME	Dan Tompkins
SITE CONTACT PHONE	541-994-2611

Part A.1: Significant Operational Compliance (SOC)

Indicate SOC status after inspection by circling appropriate response

Facility is in SOC with UST Equipment Standards (SOCES)	☒ Y ☐ N
Facility is in SOC with Release Detection Requirements (SOCRD)	☒ Y ☐ N

Jim Parr 11/19/04.

Part B: Underground Storage Tank Information

Enter tank numbers if different from 1-6. Request documents to establish dates.
Compare current information with database.

Tank #	1	2	3	4	5	6
Permit #	BDBGJ	BDBHK	BDBHA			
Product	gas.	gas.	diesel			
Volume, gal.	6,000	6,000	6,000			
Install Date	2/77	2/77	2/77			
Tank Type	steel	steel	steel			
Tank Mfr	exist.					
New/Existing	exist.	exist.	exist.			
Tank C. P. Date						
Tank Lining Date	9/95	9/95	9/95			
Tank Temp Closure						
Piping Type	flex.	flexible	flexible			
Piping Mfr	Environ/TC	Env. + TC	Env. + TC			
Piping Install Date	9/95	9/95	9/95			

Part C: Facility Layout Diagram

**ATTACH APPROPRIATE "AS BUILT"
FACILITY PLANS**

Part D: Release Detection Information- § 40 CFR 280.41

Check one release detection method for each tank.

Tank Methods		Complete PART	UST #1	UST #2	UST #3	UST #4	UST #5	ALL USTs
Automatic Tank Gauging	280.43(d)	G.1	☒	☒	☒	☐	☐	☐
Interstitial Monitoring	280.43(g)	G.2	☐	☐	☐	☐	☐	☐
SIR	280.43(h)	G.3	☐	☐	☐	☐	☐	☐
Inventory Control & TTT	280.43(a)	G.3	☐	☐	☐	☐	☐	☐
Manual Tank Gauging	280.43(b)	G.4	☐	☐	☐	☐	☐	☐
Manual Tank Gauging & TTT	280.43(b)	G.3 & G.4	☐	☐	☐	☐	☐	☐
Vapor Monitoring	280.43(e)	G.6	☐	☐	☐	☐	☐	☐
Groundwater Monitoring	280.43(f)	G.5	☐	☐	☐	☐	☐	☐
Other Methods	280.43(h)		☐	☐	☐	☐	☐	☐
None Required			☐	☐	☐	☐	☐	☐

1 ☒ Tank has Valid Release Detection Method ☒ Y ☒ N ☒ Y ☒ N ☐ Y ☐ N ☐ Y ☐ N
 Complete appropriate Section of Part "G" prior to making determination

Check the piping release detection method(s) that apply.

Piping Methods		Complete Part	UST #1	UST #2	UST #3	UST #4	UST #5	ALL USTs
Pressurized Piping Methods								
Daily Interstitial (pipe)	280.44(c)	G.7	☐	☐	☐	☐	☐	☐
Daily Interstitial (sump)	280.44(c)	G.7	☐	☐	☐	☐	☐	☐
Automatic line leak Detector	280.44(a)	G.7	☒	☒	☒	☐	☐	☐
Annual Line Tightness Test	280.44(b)	G.7	☒	☒	☒	☐	☐	☐
Daily Groundwater Monitoring	280.44(c)	G.5	☐	☐	☐	☐	☐	☐
Daily Vapor Monitoring	280.44(c)	G.6	☐	☐	☐	☐	☐	☐
Other Daily Methods	280.44(c)		☐	☐	☐	☐	☐	☐
Suction Piping Methods								
Interstitial Monitoring	280.44(c)	G.7	☐	☐	☐	☐	☐	☐
Line Tightness Test (3yr)	280.44(b)	G.7	☐	☐	☐	☐	☐	☐
Daily Groundwater Monitoring	280.44(c)	G.5	☐	☐	☐	☐	☐	☐
Daily Vapor Monitoring	280.44(c)	G.6	☐	☐	☐	☐	☐	☐
None Needed (Safe Suction)	280.41(b)(2)	G.8	☐	☐	☐	☐	☐	☐
None needed/No underground			☐	☐	☐	☐	☐	☐

2 ☒ Piping has valid Release Detection Method ☒ Y ☒ N ☒ Y ☒ N ☐ Y ☐ N ☐ Y ☐ N
 Complete PART G.7 prior to making determination

Comments:

Part E:**Spill Prevention - § 40 CFR 280.20(c)**

#	Answer Yes or No for each tank	T-#1	T-#2	T-#3	T-#4	T-#5	All
1	Spill device required.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
2	● Fill pipe is fitted with spill prevention equipment.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
3	● Equipment prevents release during product transfer.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
4	Release due to spills has occurred.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
5	Releases reported as required.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
☆	Spill Prevention Passed Inspection	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

Comments:

units need to be cleaned out.

Part F:**Overfill Prevention - § 40 CFR 280.20(c)**

#	Answer Yes or No for each tank	T-#1	T-#2	T-#3	T-#4	T-#5	All
1	Overfill device required.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
2	Tank is equipped with Fill Pipe Device.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
3	Tank is equipped with Vent Ball Float Valve.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
4	Tank is equipped with High Level Alarm. (ATG)	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
5	● Device stops delivery at 95% capacity or less.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
6	● Device restricts or warns at 90% capacity or less.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
7	Product transfer procedures performed as required.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
8	Release due to Overfill has occurred.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
9	Releases reported as required.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
☆	Passed Inspection	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

Comments:

alarm tested and working.

Part G.1: Automatic Tank Gauging § 40 CFR 280.43(d)

Complete Part G.1 if the UST system uses an Automatic Tank Gauge (ATG)

ATG Manufacturer:	VR
ATG Model:	TLS-350
ATG Probe Manufacturer:	VR
ATG Probe Model:	8473
ATG Install Date:	
ATG Installed by:	
ATG Maintained by:	CES

#	Yes or No for each Tank	UST #1	UST #2	UST #3	UST #4	UST #5	ALL USTs
1	☐ Device has approved 3rd-Party evaluation.	Y N	Y N	Y N	Y N	Y N	Y N
2	☐ Installation and O&M performed as per manufacturer.	Y N	Y N	Y N	Y N	Y N	Y N
3	☐ Leak Test performed Monthly.	Y N	Y N	Y N	Y N	Y N	Y N
4	☐ 12 months of records.	Y N	Y N	Y N	Y N	Y N	Y N
5	☐ Suspected releases reported as required.	Y N	Y N	Y N	Y N	Y N	Y N
☐	UST ATG passed inspection	Y N	Y N	Y N	Y N	Y N	Y N

If the answer to any question is No, explain below. List all problems, even those corrected during inspection.

Comments:

A. History is spotty. To compensate, CES conducted precision tightness test on tanks, October 2004.

History problems are due to low fuel storage volumes.

Part G.2: UST Interstitial Monitoring- § 40 CFR 280.43(g)

Complete part G.2 if UST uses interstitial monitoring.

#	Answer Yes or No for TANKS	T1	T2	T3	T4	T5	ALL
Electronic and Manual Monitoring Systems							
1	Electronic monitoring method utilized.	Y N	Y N	Y N	Y N	Y N	Y N
2	Manual monitoring method utilized.	Y N	Y N	Y N	Y N	Y N	Y N
3	☹ Monthly monitoring performed. (See Part D)	Y N	Y N	Y N	Y N	Y N	Y N
4	☹ Monitoring devices are 3 rd -Party certified.	Y N	Y N	Y N	Y N	Y N	Y N
5	☹ Installation and O&M performed as per manufacturer.	Y N	Y N	Y N	Y N	Y N	Y N
6	☹ Can detect leak from any portion that contains product.	Y N	Y N	Y N	Y N	Y N	Y N
7	1 year of monthly release detection records are available.	Y N	Y N	Y N	Y N	Y N	Y N
8	Suspected releases reported as required.	Y N	Y N	Y N	Y N	Y N	Y N
☆	Passed Inspection Y/N	Y N	Y N	Y N	Y N	Y N	Y N

Comments:

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Part G.3: UST Inventory Control, Tightness Testing or SIR
§ 40 CFR 280.43(a), (c) and (h)

Complete PART G.3 if UST Release Detection method is inventory control, tightness testing or SIR.

#	I. Answer Yes or No	Y/N
1	☉ Readings are recorded each operating day and reconciled monthly.	Y N
2	The correct calibration chart is used to determine volume to the nearest 1/8 inch of product depth.	Y N
3	Tank inventory readings are logged before and after each delivery.	Y N
4	Gauge stick can be read to nearest 1/8 inch and can measure full height of tank.	Y N
5	Monthly water readings measured to the nearest 1/8" and used in inventory calculation.	Y N
6	Each dispenser has a totalizer with currently calibrated meter.	Y N
7	12 months of release detection records.	Y N
8	Fill pipe drop tube ends no more than one foot from bottom of tank.	Y N
9	☉ Suspected releases reported as required.	Y N
10	☉ Ten-year exemption from advanced leak detection has expired.	Y N
11	10 year exemption from advance leak detection expires- (date)	
☆	Passed Inspection Y/N	Y N
Statistical Inventory Reconciliation (SIR) only		
12	☉ Monthly monitoring is performed (See PART D)	Y N
13	☉ SIR method has third party approval.	Y N
14	☉ Suspected releases reported as required.	Y N
15	12 months of release detection records.	Y N
☆	Passed Inspection Y/N	Y N
Tightness Test only		
16	☉ Tightness test conducted on 5-year basis as tank Release Detection method.	Y N
17	☉ Tightness test has third party approval.	Y N
18	☉ Tightness Test performed by Oregon certified tester. Lic. #:	Y N
19	☉ Ten-year exemption from advance leak detection has expired.	Y N
20	☉ Suspected releases reported as required.	Y N
21	Date next TT Due (1 yr, 3 yr or 5 yr) (date)	
22	10 year exemption from advance leak detection expires- (date)	
☆	Passed Inspection Y/N	Y N

Comments:

[illegible]

Part G.4: Manual Tank Gauging- § 40 CFR 280.43(b)

Complete Part G.4 for USTs using Manual Tank Gauging

#	Answer Y or N for each tank	T-#1	T-#2	T-#3
1	Records show level measurements taken at start and end of 36, 44 or 58 hours with no product added or removed during the period.	Y N	Y N	Y N
2	Weekly measurements are recorded.	Y N	Y N	Y N
3	☛ Monthly reconciliation / comparison done correctly.	Y N	Y N	Y N
4	Level at start and end is average of two stick readings.	Y N	Y N	Y N
5	☛ Weekly and monthly average of variation between start and end is less than standard for tank size and waiting time.	Y N	Y N	Y N
6	Gauge stick can be read to 1/8" to full height of tank.	Y N	Y N	Y N
7	MTG is sole leak detection for tanks up to 1,000 gallons.	Y N	Y N	Y N
8	MTG + TTT for 1,001 to 2,000 gallon tank, <10 yrs after CP added.	Y N	Y N	Y N
9	If #8=Y, TTT done in last 5 yrs. (Complete Part G.3 #15 THROUGH #21)	Y N	Y N	Y N
10	12 months of monitoring records.	Y N	Y N	Y N
11	Suspected releases reported as required.	Y N	Y N	Y N
☆	MTG Passed Inspection	Y N	Y N	Y N

Comments:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Part G.5: Groundwater Monitoring- § 40 CFR 280.43(f)

Complete PART G.5 if facility uses the groundwater monitoring release detection method.

	Well #1	Well #2	Well #3	Well #4
Well is registered with the Oregon Water Resources Department.	Y N	Y N	Y N	Y N
Well log is available and on file.	Y N	Y N	Y N	Y N
Well is clearly marked and secure.	Y N	Y N	Y N	Y N
Water in well was observed at a depth of (x, ft) bgs.	ft	ft	ft	ft

Answer Yes or No for each question below.

1	Groundwater monitoring is used as Release Detection method for all USTs at this facility.	Y	N
2	Groundwater monitoring is used as Release Detection method for all piping at this facility.	Y	N
3	Site assessment was completed prior to installation of groundwater monitoring wells.	Y	N
4	Documentation of monthly monitoring is available and in file.	Y	N
5	Specific gravity of stored product is less than one.	Y	N
6	Hydraulic conductivity of the soil between the UST system and wells is not less than 0.01 cm/sec.	Y	N
7	Hydraulic conductivity was determined by a registered geologist and report is available.	Y	N
8	Groundwater is not more than 20 feet from ground surface.	Y	N
9	Wells are sealed from the ground surface to the top of the filter pack.	Y	N
10	Wells are located within UST excavation or as close as feasible.	Y	N
11	Screened interval intercepts groundwater under both high and low water conditions.	Y	N
12	Continuous monitoring or manual method can detect presence of 1/8 inch of product on water.	Y	N
13	Groundwater is monitored Manually on a daily basis.	Y	N
14	Groundwater is monitored continuously and system components are present and operational.	Y	N
15	Well does not cause any increased risk to human health or the environment.	Y	N
☆	Groundwater monitoring system passed inspection.	Y	N

Make sure that the site diagram on page 2 indicates the location of each groundwater monitoring well and the distance from the UST system.

Comments:

[illegible]

Part G.6: Vapor Monitoring- § 40 CFR 280.43(e)

Complete PART G.6 if UST Systems uses Vapor Monitoring as a release detection method.

Well is clearly marked and secure.	Well #1	Well #2	Well #3	Well #4
Well caps are tight	Y N	Y N	Y N	Y N
Constructed to prevent interference by moisture	Y N	Y N	Y N	Y N
Well is free of debris and seems to have been recently checked	Y N	Y N	Y N	Y N

1	UST excavation zone was assessed prior to vapor monitoring system installation.	Y	N
2	Backfill material is sufficiently porous.	Y	N
3	Stored product or tracer is sufficiently volatile to be detected by equipment used.	Y	N
4	Rainfall, groundwater, soil moisture or other interference will not delay 30-day detection time.	Y	N
5	Background contamination will not interfere with detection method.	Y	N
6	Vapor monitor will detect any significant increase above background.	Y	N
Automatic Systems			
7	Control box is accessible and power is on.	Y	N
8	Documentation of continuous monitoring for last 12 months is available.	Y	N
9	Equipment is accessible and functional.	Y	N
10	Vapor sensor is maintained and calibrated within last year, as per manufacturer.	Y	N
Manual Systems			
11	Documentation of daily monitoring for last 12 months is available.	Y	N
12	Equipment is accessible and functional.	Y	N
13	Vapor sensor is maintained and calibrated within last year, as per manufacturer.	Y	N
☆	Vapor monitoring system passed inspection	Y	N

Make sure that the site diagram on page 2 indicates the location of each vapor monitoring well and the distance from the UST system.

Comments:

Part G.7: Pressure Piping Release Detection- § 40 CFR 280.44

Complete PART G.7 for all pressure piping systems.

Make and Model of all Detectors: Enter information in PART K- General Comments

#	Answer Yes or No for each pipe	P-T1	P-T2	P-T3	P-T4	P-T5	ALL
1	Other Tank method utilized.	Y N	Y N	Y N	Y N	Y N	Y N
Automatic Line Leak Detectors							
2	Mechanical Line Leak Detectors utilized.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	Y N	Y N	Y N
3	Electronic Line Leak Detectors utilized.	Y N	Y N	Y N	Y N	Y N	Y N
4	☐ Can detect leak in all piping that contains product	yes	yes	yes			
5	☐ Leak Detector is 3 rd -Party approved.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	Y N	Y N	Y N
6	☐ Leak Detector install and O&M as required.	Y N	Y N	Y N	Y N	Y N	Y N
7	☐ Mechanical LLD tested annually.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	Y N	Y N	Y N
8	LLD activates product shut off.	Y N	Y N	Y N	Y N	Y N	Y N
9	LLD activates product flow restrictor.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	Y N	Y N	Y N
10	LLD activates audible or visual alarm.	Y N	Y N	Y N	Y N	Y N	Y N
11	Suspected releases reported as required.	Y N	Y N	Y N	Y N	Y N	Y N
☆	Line Leak Detectors passed inspection	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	Y N	Y N	Y N
Annual Line Tightness Testing							
12	Line Tightness Test required.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	Y N	Y N	Y N
13	☐ Conventional Tightness Test performed.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	Y N	Y N	Y N
14	☐ Tightness Test is 3 rd -Party approved.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	Y N	Y N	Y N
15	☐ TTT performed by Oregon certified Tester.	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	Y N	Y N	Y N
16	☐ Electronic Tightness Test performed.	Y N	Y N	Y N	Y N	Y N	Y N
17	☐ Electronic LLD 3 rd -Party certified @ 0.1 gph.	Y N	Y N	Y N	Y N	Y N	Y N
18	☐ LLD install and O&M as per manufacturer.	Y N	Y N	Y N	Y N	Y N	Y N
19	Suspected releases reported as required.	Y N	Y N	Y N	Y N	Y N	Y N
☆	Annual Line Tightness Test passed inspection	☒ Y ☐ N	☒ Y ☐ N	☒ Y ☐ N	Y N	Y N	Y N
Daily monitoring used in lieu of Annual Line Tightness Test							
20	Daily Interstitial Monitoring (pipe) performed	Y N	Y N	Y N	Y N	Y N	Y N
21	Daily Interstitial Monitoring (sump) performed	Y N	Y N	Y N	Y N	Y N	Y N
22	Daily Groundwater Monitoring performed (G.5)	Y N	Y N	Y N	Y N	Y N	Y N
23	Daily Vapor Monitoring performed (G.6)	Y N	Y N	Y N	Y N	Y N	Y N
24	☐ Can detect leak in all piping that contains product.	Y N	Y N	Y N	Y N	Y N	Y N
25	☐ Monitoring equipment is 3 rd -Party certified.	Y N	Y N	Y N	Y N	Y N	Y N
26	☐ Equipment install and O&M as per manufacturer.	Y N	Y N	Y N	Y N	Y N	Y N
27	☐ Daily method functional	Y N	Y N	Y N	Y N	Y N	Y N
28	12 months of daily records.	Y N	Y N	Y N	Y N	Y N	Y N
29	Suspected releases reported as required.	Y N	Y N	Y N	Y N	Y N	Y N
☆	Daily monitoring passed inspection	Y N	Y N	Y N	Y N	Y N	Y N

Part G.8: Suction Piping Release Detection-§ 40 CFR 280.41(b)(2)

#	Answer Yes or No for each pipe	P-1	P-2	P-3	P-4	P-5	P-6
1	Pipe slopes to tank and operates at atmosphere.	Y N	Y N	Y N	Y N	Y N	Y N
2	Only one check valve used.	Y N	Y N	Y N	Y N	Y N	Y N
3	Check valve under dispenser.	Y N	Y N	Y N	Y N	Y N	Y N
4	#1, #2, & #3 verified?- No Release Detection required.	Explain in PART L					
5	☐ Monthly Monitoring method utilized.	Y N	Y N	Y N	Y N	Y N	Y N
6	☐ Line Tightness Test performed every 3 years.	Y N	Y N	Y N	Y N	Y N	Y N
7	LTT has 3 rd -Party evaluation.	Y N	Y N	Y N	Y N	Y N	Y N
8	LTT performed by Oregon certified Tester.	Y N	Y N	Y N	Y N	Y N	Y N
9	Suspected release reported as required.	Y N	Y N	Y N	Y N	Y N	Y N
☆	Passed Inspection	Y N	Y N	Y N	Y N	Y N	Y N

Part H: Corrosion Protection § 40 CFR 280.20 and 21

Complete PART H for all UST systems that have corrosion protection equipment.

		T-1	T-2	T-3	T-4	T-5	T-6
1	Tank is an "EXISTING" steel tank. <i>lining</i>	☒ Y N	☒ Y N	☒ Y N	Y N	Y N	Y N
2	Tank is a "NEW" steel tank. <i>see section</i>	Y N	Y N	Y N	Y N	Y N	Y N
3	Tank has "Galvanic" corrosion protection.	Y N	Y N	Y N	Y N	Y N	Y N
4	Tank has "Impressed Current" CP.	Y N	Y N	Y N	Y N	Y N	Y N
5	☒ Steel tank has CP as required.	Y N	Y N	Y N	Y N	Y N	Y N

		P-1	P-2	P-3	P-4	P-5	P-6
6	Piping is "EXISTING" metal pipe.	Y N	Y N	Y N	Y N	Y N	Y N
7	Piping is "NEW" metal pipe.	Y N	Y N	Y N	Y N	Y N	Y N
8	Piping has "Galvanic" corrosion protection.	Y N	Y N	Y N	Y N	Y N	Y N
9	Piping has "Impressed Current" CP.	Y N	Y N	Y N	Y N	Y N	Y N
10	☒ Steel Pipe has CP as required.	Y N	Y N	Y N	Y N	Y N	Y N

#	"NEW" and "EXISTING" Tanks	T-1	T-2	T-3	T-4	T-5	T-6
11	☒ "EXISTING" tank Integrity Assessment OK.	Y N	Y N	Y N	Y N	Y N	Y N
12	☒ "NEW" tank has suitable dielectric coating.	Y N	Y N	Y N	Y N	Y N	Y N
13	Date CP was installed:						
14	☒ Tank CP System has Test Station.	Y N	Y N	Y N	Y N	Y N	Y N
15	☒ Field Constructed CP Designed by Expert.	Y N	Y N	Y N	Y N	Y N	Y N
16	☒ CP protects all metal parts continuously.	Y N	Y N	Y N	Y N	Y N	Y N
17	☒ 6-month inspection completed.	Y N	Y N	Y N	Y N	Y N	Y N
18	Date of 6-month inspection:						
19	☒ Records for last two inspections.	Y N	Y N	Y N	Y N	Y N	Y N
20	Date next inspection is due:						
21	☒ Inspection by accepted method.	Y N	Y N	Y N	Y N	Y N	Y N
22	☒ System has power and is "ON". (IC only)	Y N	Y N	Y N	Y N	Y N	Y N
23	☒ 60-day log is present and current. (IC only)	Y N	Y N	Y N	Y N	Y N	Y N
24	☒ 6 complete months of log entries. (IC only)	Y N	Y N	Y N	Y N	Y N	Y N
☆	Tank CP passed inspection	Y N	Y N	Y N	Y N	Y N	Y N
#	"NEW and EXISTING Piping	P-1	P-2	P-3	P-4	P-5	P-6
25	"NEW" piping has suitable dielectric coating.	Y N	Y N	Y N	Y N	Y N	Y N
26	Date piping CP system installed:						
27	☒ CP Test Station for piping installed.	Y N	Y N	Y N	Y N	Y N	Y N
28	☒ Field Constructed CP designed by expert.	Y N	Y N	Y N	Y N	Y N	Y N
29	☒ CP protects all metal parts continuously.	Y N	Y N	Y N	Y N	Y N	Y N
30	☒ 6-month Inspection completed.	Y N	Y N	Y N	Y N	Y N	Y N
31	Date of 6-month inspection:						
32	Date next inspection is due:						
33	☒ Inspection by accepted method.	Y N	Y N	Y N	Y N	Y N	Y N
34	☒ Records for last two inspections.	Y N	Y N	Y N	Y N	Y N	Y N
35	☒ System has power and is "ON". (IC only)	Y N	Y N	Y N	Y N	Y N	Y N
36	☒ 60-day log is present and current. (IC only)	Y N	Y N	Y N	Y N	Y N	Y N
37	☒ 6 complete months of log entries. (IC only)	Y N	Y N	Y N	Y N	Y N	Y N
☆	Piping CP passed inspection	Y N	Y N	Y N	Y N	Y N	Y N

Enter written comments regarding PART H in PART L.

Part I: Internal Lining § 40 CFR 280.21

Complete PART I if the Tank has internal lining and NO corrosion protection.

#	"EXISTING" Tanks	T-1	T-2	T-3	T-4	T-5	T-6
1	Date tank lining was installed.	9/95	9/95	9/95			
2	Lining installed by approved method.	Y N	Y N	Y N	Y N	Y N	Y N
3	10-Year inspection due. 9/2005	Y N	Y N	Y N	Y N	Y N	Y N
4	10-year lining inspection completed.	Y N	Y N	Y N	Y N	Y N	Y N
5	10-year inspection by 3 rd -Party method.	Y N	Y N	Y N	Y N	Y N	Y N
6	10-year lining inspection passed.	Y N	Y N	Y N	Y N	Y N	Y N
7	5-year inspection due.	Y N	Y N	Y N	Y N	Y N	Y N
8	5-year inspection completed.	Y N	Y N	Y N	Y N	Y N	Y N
9	5-year inspection by 3 rd -Party method.	Y N	Y N	Y N	Y N	Y N	Y N
10	5-year inspection passed.	Y N	Y N	Y N	Y N	Y N	Y N
11	Date next inspection is due:						
☆	Lined tanks passed inspection	Y N	Y N	Y N	Y N	Y N	Y N

Part J: Temporary Closure § 40 CFR 280.70

Complete PART J for all UST systems that are closed or in Temporary Closure.

If Release Detection is required, complete the appropriate sections of PART D and PART G.

If Corrosion Protection is required, complete PART H.

If the Tank has an Internal Lining and has NO corrosion protection, complete PART I.

#	UST Systems	S-1	S-2	S-3	S-4	S-5	S-6
1	System in Temporary Closure.	Y N	Y N	Y N	Y N	Y N	Y N
2	Temporary Closure duration longer than 3 mos.	Y N	Y N	Y N	Y N	Y N	Y N
3	System capped and secured as required.	Y N	Y N	Y N	Y N	Y N	Y N
#	TANKS	T-1	T-2	T-3	T-4	T-5	T-6
4	Release Detection required.	Y N	Y N	Y N	Y N	Y N	Y N
5	Release Detection method is valid. (D)	Y N	Y N	Y N	Y N	Y N	Y N
6	Release Detection performed as required. (G)	Y N	Y N	Y N	Y N	Y N	Y N
7	Corrosion Protection required.	Y N	Y N	Y N	Y N	Y N	Y N
8	Corrosion Protection O&M as required. (H)	Y N	Y N	Y N	Y N	Y N	Y N
9	Tank has Internal Lining.	Y N	Y N	Y N	Y N	Y N	Y N
10	Internal Lining inspected as required. (I)	Y N	Y N	Y N	Y N	Y N	Y N
#	PIPING	P-1	P-2	P-3	P-4	P-5	P-6
11	Release Detection required.	Y N	Y N	Y N	Y N	Y N	Y N
12	Release Detection method is valid. (D)	Y N	Y N	Y N	Y N	Y N	Y N
13	Release Detection performed as required. (G)	Y N	Y N	Y N	Y N	Y N	Y N
14	Corrosion Protection required.	Y N	Y N	Y N	Y N	Y N	Y N
15	Corrosion Protection O&M as required (H)	Y N	Y N	Y N	Y N	Y N	Y N
#	UST Systems	S-1	S-2	S-3	S-4	S-5	S-6
16	Passed Temporary Closure Inspection	Y N	Y N	Y N	Y N	Y N	Y N

Part K:

Facility Upgrade and Repair History

Use PART K to list facility upgrades or modifications that may have occurred since the last inspection, or which may not have been reported to the Department. Also list any repairs made to system components and specifically list significant problems associated with equipment or materials.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Part L:

General Inspection Comments

Use this section to list any additional comments not previously listed.

lat = $45^{\circ} 01' 08.2''$ N,
long = $123^{\circ} 56' 57.9''$ W.
elev = 110'



Oregon

Theodore R. Kulongoski, Governor

Department of Environmental Quality

Western Region - Salem Office

750 Front St. NE, Ste. 120

Salem, OR 97301-1039

(503) 378-8240

(503) 378-3684 TTY

September 27, 2004

Lynn Vickers
Otis 76 Service Station
2906 Northern Dancer Drive
Churchville, MD 21028-1007

Re: UST Compliance Inspection
Facility # 11481
OTIS 76
1264 Salmon River Highway (Hwy 18), Otis
Lincoln County

Dear Ms. Vickers:

The Oregon Department of Environmental Quality (Department) is conducting underground storage tank (UST) inspections throughout Oregon. The purpose of this letter is to inform you that your facility has been selected for inspection. A thorough inspection at your facility will be conducted to determine compliance with all state and federal UST requirements. These requirements include release detection, spill prevention, overfill protection, corrosion protection, equipment operation, maintenance, and repair procedures.

The guidance document "How to Prepare for an UST Compliance Inspection" has been enclosed to assist you in preparation for your inspection. A copy of the compliance results, including a description of any violations that need to be corrected, will be provided immediately following the inspection or by mail.

Please call me by no later than **October 11th** to schedule the inspection at your facility. Please note that the inspection will be time consuming and will require uninterrupted participation and attendance by you or a knowledgeable assistant. You may want to hire a professional UST maintenance company to provide sump access, verify operation of overfill protection, test sensors and tank monitors, pull drop tubes, print monitoring and test reports, or to answer specific technical questions regarding your systems.

Thank you for your cooperation. I can be reached at 503-378-8240, extension 242, to schedule the inspection or to answer any questions you may have.

Sincerely,

Jim Parr
Environmental Specialist
Western Region-Salem Office

JLP:gad
X:\jparr\lvicltr.doc

Enclosure

cc: Merlyn Hough, WR-Eugene



Aug 27 01 12:09p

Jill C Lematta

503-723-3265

p. 1

FROM: KATHLEEN J. THORPE TO: CHARLENE CORNELLA

DATE: 8/27/01 TIME: 10:18:10 AM

PAGE 2 OF 2

Oregon Department of Environmental Quality
GENERAL PERMIT REGISTRATION FORM AND
30-DAY NOTICE OF INTENT TO DECOMMISSION USTS OR COMPLETE A CHANGE-IN-SERVICE

1. FACILITY (Location of Tanks) (Please Print) 2. PERMITTEE (Please Print)

Name: Otis Service Center Name: ME LaMatta
 Address: 1264 Salmon River Hwy Hwy 18 Address: PO Box 95
Otis, OR 97368 Otis, OR 97368
 Phone: 541-996-4844 Phone: ...
 DEQ General Permit Operating Certificate Number: 11481
 Work To Be Performed By: RMCAAT (Licensed Service Provider) License # 15315
 (Permittee, Tank Owner, Property Owner or Licensed Service Provider) (Service Provider)
 Phone: 503 589-4311 Mobile Phone: 503 510-0127

THIS FORM MUST BE SUBMITTED BY UST PERMITTEE 30 DAYS BEFORE START OF WORK
YOU MUST CONTACT YOUR LOCAL DEQ REGIONAL OFFICE 3-DAYS BEFORE STARTING ANY
DECOMMISSIONING WORK. (Phone numbers are listed on Page 2)

Will tank removal or potential cleanup affect adjacent property or Right-of-Way property? Yes ... No X

Date decommissioning is scheduled to begin: August 29, 2001

TANK ID #	DEQ-UST PERMIT #	TANK SIZE IN GALLONS	PRODUCT: GASOLINE, DIESEL, USED OIL, OTHER?		CLOSURE OR CHANGE-IN SERVICE?			TANK TO BE REPLACED?	
			PRESENT	NEW	TANK REMOVAL	CLOSURE IN PLACE*	CHANGE IN SERVICE*	YES*	NO
4	11481	1,000	Gas		X				X
5	11481	1,000	Diesel		X				X

- * If decommissioned tank(s) are to be replaced by new underground storage tanks you must submit a *General Permit Registration Form to Install and Operate USTs* for the new tanks **30 days** before installing them
- * Submit a soil sampling plan to the DEQ regional office and receive plan approval prior to starting work if (1) tank is to be decommissioned in-place, (2) tank contents are changed to an unregulated substance, (3) tank contains a regulated substance other than petroleum, or (4) tank is changed to an unregulated use.

Permittee: Ms. Vivian LeMatta by Charlene Cornella
 (Please Print)

Permittee:

Vivian LeMatta by Charlene Cornella pen
 (Signature)

Date:

Aug. 27, 01

GENERAL PERMIT REGISTRATION FORM
TO DECOMMISSION UNREGISTERED USTs

PLEASE PRINT

FACILITY NAME: OTIS 76
FACILITY ADDRESS: 1264 Salmon River Hwy
P.O. Box 95
CITY, STATE & ZIP: OTIS, OR 97368
PHONE: 541-996-4844 FACILITY NUMBER: 11481
(If known)

GENERAL PERMIT REGISTRATION FEE

Years 1988 – 1993 (6 years) \$25 per each tank per year

a. 2 tanks x \$25 x 6 years = \$ 300.00

Years 1994 – 1997 (4 years) \$35 per tank per year

b. 2 tanks x \$35 x 4 years = \$ 280.00

Years 1998 - Present \$60 per tank per year

c. 2 tanks x \$60 x 4 years = \$ 480.00

Total Fee Due:

\$1060.00

**OTIS PROPERTIES
SERVICE STATION ACCOUNT
VIVIAN LEMATTA**

BOX 95
OTIS, OR 97368

9721

PAY
TO THE
ORDER OF

Department of Environmental Quality
One thousand sixty

DATE

August 5, 01

24-680-3241
1230

\$ 1060.00

1060 DOLLARS



Security Features
Included.
Details on Back.



Wells Fargo Bank Northwest, N.A.
2300 Northeast Highway 101
Lincoln City, OR 97367
www.wellsfargo.com

FOR

Chk Acct

⑈009721⑈ +⑈123006800⑈0166959155⑈

**GENERAL PERMIT REGISTRATION FORM
TO DECOMMISSION UNREGISTERED USTs**

<u>Vivian M. Lematta</u> 1. TANK OWNER* as registered with the Secretary of State, Corporations Division	<u>P.O. Box 95</u> Mailing Address (<i>Please Print</i>)
<u>Charlene Cornella</u> Name of Official (<i>Please Print</i>)	<u>Otis, OR 97368</u> City, State and Zip Code
<u>CLC/L</u> <u>8/5/01</u> Signature of Official Date	<u>541-996-4844</u> Area Code and Telephone Number
I will decommission the USTs described on the enclosed EPA Notification for Underground Storage Tanks form in accordance with the conditions and requirements of the general permit to decommission.	

<u>Vivian M. Lematta</u> 2. PERMITTEE* as registered with the Secretary of State, Corporations Division	<u>P.O. Box 95</u> Mailing Address (<i>Please Print</i>)
<u>Charlene Cornella</u> Name of Official (<i>Please Print</i>)	<u>Otis, OR 97368</u> City, State and Zip Code
<u>CLC/L</u> <u>8/5/01</u> Signature of Official Date	<u>541-996-4844</u> Area Code and Telephone Number
I will decommission the USTs described on the enclosed EPA Notification for Underground Storage Tanks form in accordance with the conditions and requirements of the general permit to decommission.	

<u>Vivian M. Lematta</u> 3. PROPERTY OWNER is name that appears on the County deed record for this property.	<u>P.O. Box 95</u> Mailing Address (<i>Please Print</i>)
<u>Charlene Cornella</u> Name of Official (<i>Please Print</i>)	<u>Otis, OR 97368</u> City, State and Zip Code
<u>CLC/L</u> <u>8/5/01</u> Signature of Official Date	<u>541-996-4844</u> Area Code and Telephone Number

* If this facility or tanks are owned by a person, or operated by a permittee, that is a business registered with the Secretary of State, Corporations Division, please use that legal business name for purposes of registering these USTs with the Department.

Return Completed Form to:

Department of Environmental Quality
Business Office
811 SW 6th Avenue
Portland, OR 97204



United States
Environmental Protection Agency
Washington, DC 20460

Form Approved
OMB No. 2050-0068

Notification for Underground Storage Tanks

III. TYPE OF OWNER

- ☐ Federal Government ☐ Commercial
☐ State Government ☒ Private
☐ Local Government

IV. INDIAN COUNTRY

- Tanks are located on land within an Indian ☐ Tribe or Nation:
Reservation or on trust lands outside
reservation boundaries. ☐
Tanks are owned by a Native American
nation or tribe. ☐

V. TYPE OF FACILITY

- ☒ Gas Station ☐ Railroad ☐ Trucking/Transport
☐ Petroleum Distributor ☐ Federal - Non-Military ☐ Utilities
☐ Air Taxi (Airline) ☐ Federal - Military ☐ Residential
☐ Aircraft Owner ☐ Industrial ☐ Farm
☐ Auto Dealership ☐ Contractor ☐ Other (Explain) _____

VI. CONTACT PERSON IN CHARGE OF TANKS

Name: Charlene Cornella Job Title: Manager Address: PO Box 95 Phone Number (Include Area Code): 541-996-4844
Ore., OR 97368

VII. FINANCIAL RESPONSIBILITY

- ☐ I have met the financial responsibility requirements
in accordance with 40 CFR Subpart H

Check All that Apply

- ☐ Self Insurance ☐ Guarantee ☐ State Funds
☐ Commercial Insurance ☐ Surety Bond ☐ Trust Fund
☐ Risk Retention Group ☐ Letter of Credit ☐ Other Method Allowed - Specify _____
☐ Local Government Financial Test ☐ Bond Rating Test

VIII. CERTIFICATION (Read and sign after completing all section)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's
authorized representative (Print)

Signature

Date Signed

Charlene Cornella

[Signature]

August 14, 01

Paperwork Reduction Act Notice

EPA estimates public reporting burden for this form to average 30 minutes per response, including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Director, OP, Regulatory Information Division (2137), U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.



United States
Environmental Protection Agency
Washington, DC 20460

Form Approved
OMB No. 2050-0068

Notification for Underground Storage Tanks

State Agency Name and Address:

STATE USE ONLY

ID NUMBER:

DATE RECEIVED:

TYPE OF NOTIFICATION

☐ A. NEW FACILITY ☒ B. AMENDED ☐ C. CLOSURE

A. Date Entered into Computer _____
B. Data Entry Clerk Initials _____
C. Owner Was Contacted to Clarify Responses, Comments: _____

5 No. of tanks
at facility

_____ No. of continuation sheets attached

INSTRUCTIONS

Please type or print in ink all items except "signature" in section V. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1988, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means--

- (a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for storage, use, or dispensing of regulated substances; and
- (b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before discontinuation of its use;
- (c) if the State so requires, any facility that has underground any changes to facility information or tank system status (only amended tank information needs to be included).

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

- 1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
- 2. tanks used for storing heating oil for consumptive use on the premises where stored;

- 3. septic tanks;
- 4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
- 5. surface impoundments, pits, ponds, or lagoons;
- 6. storm water or waste water collection systems;
- 7. flow-through process tanks;
- 8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- 9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Send completed forms to:

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

I. OWNERSHIP OF TANK(S)

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

Vivian M. LeMatta

Street Address

PO Box 95

City

Otis

State

OR

Zip Code

97368

County

Lincoln

Phone Number (Include Area Code)

503 936-4844

II. LOCATION OF TANK(S)

If required by State, give the geographic location of tanks by degrees, minutes, and seconds. Examples Lat. 42, 35, 12 N Long. 85, 24, 17 W

Latitude _____ Longitude _____

Facility Name or Company Site Identifier, as applicable

MG Lamatta

Street Address

☐ If address is the same as in Section I, check the box and proceed to section II

1264 Salmon River Hwy - Hwy 18

City

OTIS

State

OR

Zip Code

97368

County

Lincoln



United States
Environmental Protection Agency
Washington, DC 20460

Form Approved
OMB No. 2050-0068

Notification for Underground Storage Tanks

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification Number	Tank No. <u>4</u>	Tank No. <u>5</u>	Tank No. _____	Tank No. _____	Tank No. _____
1. Status of Tank (mark only one) Currently In Use Temporarily Out of Use Permanently Out of Use	☐ ☐ ☒	☐ ☐ ☒	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
2. Date of Installation (mo./year)	<u>unknown</u>	<u>unknown</u>			
3. Estimated Total Capacity (gallons)	<u>1,000 gal</u>	<u>1,000 gal</u>			
4. Material of Construction (mark all that apply) Asphalt Coated or Bare Steel Cathodically Protected Steel Epoxy Coated Steel Composite (Steel with Fiberglass) Fiberglass Reinforced Plastic Lined Interior Double Walled Polyethylene Tank Jacket Concrete Excavation Liner Unknown Other, Please specify Has Tank been repaired? Check box if yes	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
5. Piping (Material) (mark all that apply) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Copper Cathodically Protected Double Walled Secondary Containment Unknown Other, Please Specify	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ 	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ 	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ 	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ 	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
6. Piping (Type) (mark all that apply) Suction: no valve at tank Suction: valve at tank Pressure Gravity Feed Has piping been repaired? Check box if yes	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐



United States
Environmental Protection Agency
Washington, DC 20460

Form Approved
OMB No. 2050-0058

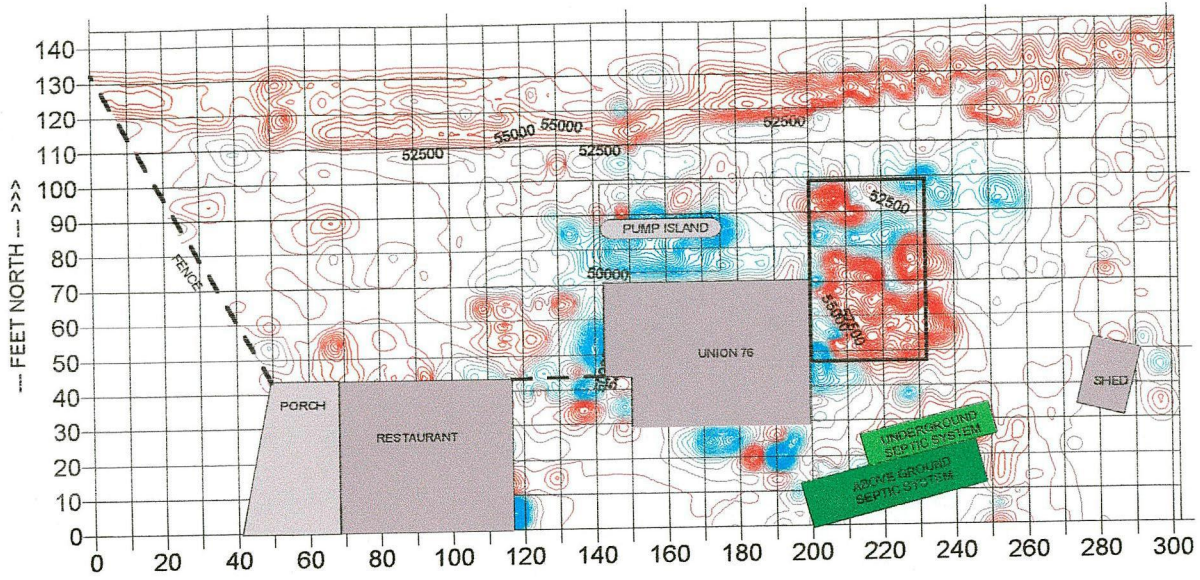
Notification for Underground Storage Tanks

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
7. Substance Currently or Last Stored in Greatest Quantity by Volume					
Gasoline	☒	☐	☐	☐	☐
Diesel	☐	☐	☐	☐	☐
Gasohol	☐	☐	☐	☐	☐
Kerosene	☐	☐	☐	☐	☐
Heating Oil	☐	☐	☐	☐	☐
Used Oil	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐
Please Specify		unknown			
Hazardous Substance	☐	☐	☐	☐	☐
CERCLA name and/or					
CAS number					
Mixture of Substances	☐	☐	☐	☐	☐
Please Specify					

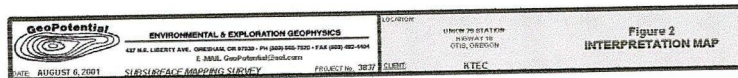
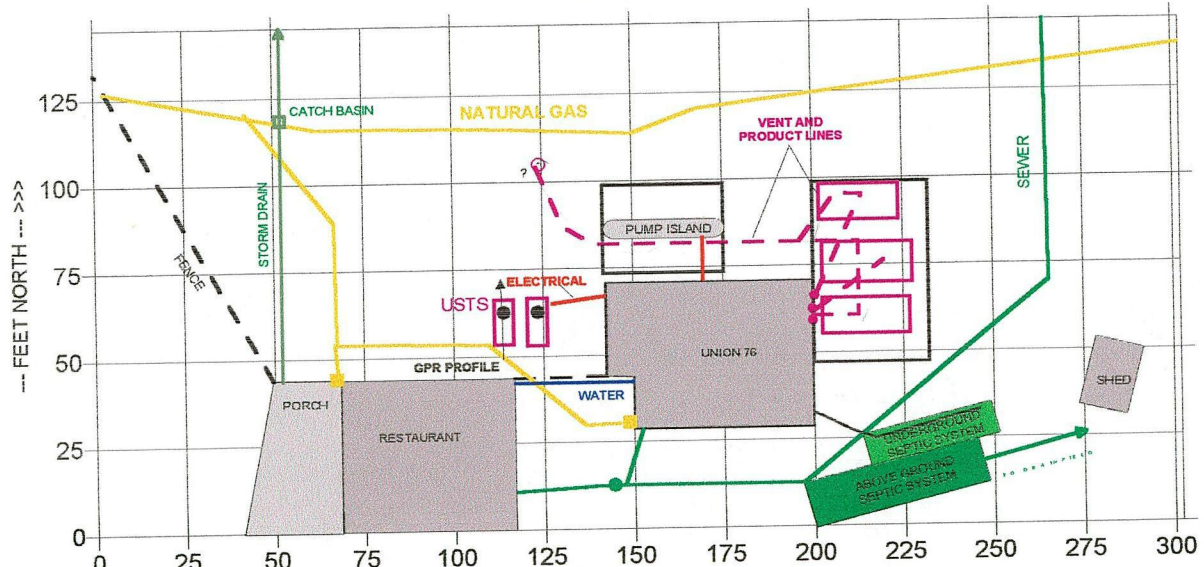
X. TANKS OUT OF USE, OR CHANGE IN SERVICE

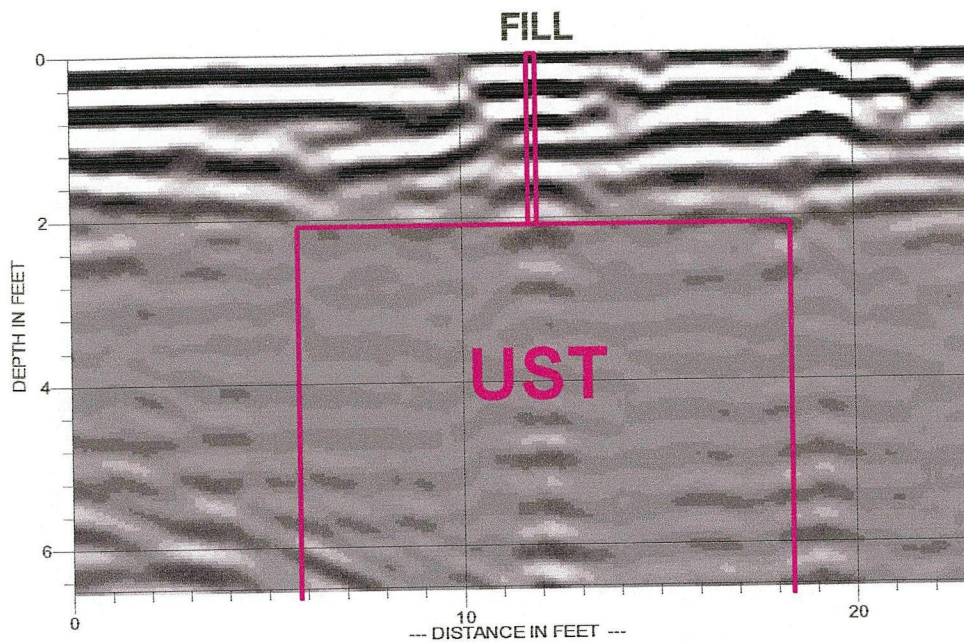
1. Closing of Tank					
A. Estimated date last used (mo./day/year)	unknown	unknown			
B. Estimated date tank closed (mo./day/year)	unknown	unknown			
C. Tank was removed from ground	☐	☐	☐	☐	☐
D. Tank was closed in ground	☐	☐	☐	☐	☐
E. Tank filled with inert material	☐	☐	☐	☐	☐
Describe the inert fill material					
F. Change in service	☐	☐	☐	☐	☐
2. Site Assessment Completed	☐	☐	☐	☐	☐
Evidence of a leak detected	☐	☐	☐	☐	☐

HIGHWAY 18



HIGHWAY 18





 ENVIRONMENTAL & EXPLORATION GEOPHYSICS 437 N.E. LIBERTY AVE. OREGON, OR 97030 • PH (503) 655-7530 • FAX (503) 492-4004 E-MAIL: GeoPotential@aol.com	LOCATION UNION TR STATION HIGHWAY 18 OTIS, OREGON		Figure 3 GPR PROFILE
	DATE: AUGUST 8, 2001 SURFACE MAPPING SURVEY	PROJECT NO.: 3937 CLIENT: KTEC	

OTIS

UST # 11481

hust #

recent "old" tank removal













0715

Aug 27 01 12:14p

Jill C Lematta

503-723-3265

p. 1

FROM KATHLEEN J. THORPE TO CHARLENE CORNELLA

DATE 02/27/01 TIME 10:05:10 AM

PAGE 2 OF 2

Oregon Department of Environmental Quality
GENERAL PERMIT REGISTRATION FORM AND
30-DAY NOTICE OF INTENT TO DECOMMISSION USTS OR COMPLETE A CHANGE-IN-SERVICE

1. FACILITY (Location of Tanks) (Please Print) 2. PERMITTEE (Please Print)

Name: (Otis Service Center) Otis 76 Name: ME LaMatta
 Address: 1204 Salmon River Hwy Hwy 18 Address: PO Box 95
Otis, OR 97368 Otis, OR 97368
 Phone: 541-996-4844 Phone: _____
 DEQ General Permit Operating Certificate Number: 11481
 Work To Be Performed By: RMCAT (Licensed Service Provider) License # 15315
 (Permittee, Tank Owner, Property Owner or Licensed Service Provider) (Service Provider)
 Phone: 503-589-4311 Mobile Phone: 503-510-0127

THIS FORM MUST BE SUBMITTED BY UST PERMITTEE 30 DAYS BEFORE START OF WORK
YOU MUST CONTACT YOUR LOCAL DEQ REGIONAL OFFICE 3-DAYS BEFORE STARTING ANY
DECOMMISSIONING WORK. (Phone numbers are listed on Page 2)

Will tank removal or potential cleanup affect adjacent property or Right-of-Way property? Yes _____ No X

Date decommissioning is scheduled to begin: August 29, 2001

TANK ID #	DEQ-UST PERMIT #	TANK SIZE IN GALLONS	PRODUCT: GASOLINE, DIESEL, USED OIL, OTHER?		CLOSURE OR CHANGE IN SERVICE*			TANK TO BE REPLACED?	
			PRESENT	NEW	TANK REMOVAL	CLOSURE IN PLACE*	CHANGE IN SERVICE*	YES*	NO
4	11481	1,000	Gas		X				X
5	11481	1,000	Diesel		X				X

- * If decommissioned tank(s) are to be replaced by new underground storage tanks you must submit a General Permit Registration Form to Install and Operate USTs for the new tanks 30 days before installing them
- * Submit a soil sampling plan to the DEQ regional office and receive plan approval prior to starting work if (1) tank is to be decommissioned in-place, (2) tank contents are changed to an unregulated substance, (3) tank contains a regulated substance other than petroleum, or (4) tank is changed to an unregulated use.

Permittee: Ms. Vivian LeMatta by Charlene Cornella
 (Please Print)

Permittee: Vivian LeMatta by Charlene Cornella pen Date: Aug 27, 01
 (Signature)

November 1998

Page 1 of 2

30-Day Notice of Intent to Decommission

RECEIVED

OCT 16 2001

DEQ - SALEM OFFICE

3001-008

Notification for Underground Storage Tanks

STATE USE ONLY

ID NUMBER: _____

DATE RECEIVED: _____

A. Date Entered into Computer _____

B. Data Entry Clerk Initials _____

C. Owner Was Contacted to Clarify Responses, Comments: _____

TYPE OF NOTIFICATION

☐ A. NEW FACILITY

☒ B. AMENDED

☐ C. CLOSURE

No. of tanks
at facility

No. of continuation sheets attached

INSTRUCTIONS

Please type or print in ink all items except "signature" in section V. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means--

(a) In the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for storage, use, or dispensing of regulated substances, and

(b) In the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before discontinuation of its use.

(c) If the State so requires, any facility that has underground any changes to facility information or tank system status (only amended tank information needs to be included).

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;

3. septic tanks;
4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Send completed forms to:

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

I. OWNERSHIP OF TANK(S)

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

Vivian M. LeMatta

Street Address
PO Box 95

City

Otis

State

OR

Zip Code

97368

County

Lincoln

Phone Number (Include Area Code)

503 956-4844

II. LOCATION OF TANK(S)

If required by State, give the geographic location of tanks by degrees, minutes, and seconds. Examples Lat. 42, 36, 12 N Long. 85, 24, 17 W

Latitude

Longitude

Facility Name of Company Site Identifier, as applicable

ME Lamatta

Street Address

☐ If address is the same as in Section I, check the box and proceed to section III.

1264 Selman River Hwy - Hwy 18

City

OTIS

State

OR

Zip Code

97368

County

Lincoln



United States
Environmental Protection Agency
Washington, DC 20460

Notification for Underground Storage Tanks

III. TYPE OF OWNER

- ☐ Federal Government ☐ Commercial
☐ State Government ☒ Private
☐ Local Government

IV. INDIAN COUNTRY

- Tanks are located on land within an Indian ☐ Tribe or Nation:
Reservation or on trust lands outside
reservation boundaries. ☐
Tanks are owned by a Native American
nation or tribe.

V. TYPE OF FACILITY

- ☒ Gas Station ☐ Railroad ☐ Trucking/Transport
☐ Petroleum Distributor ☐ Federal - Non-Military ☐ Utilities
☐ Air Taxi (Airline) ☐ Federal - Military ☐ Residential
☐ Aircraft Owner ☐ Industrial ☐ Farm
☐ Auto Dealership ☐ Contractor ☐ Other (Explain) _____

VI. CONTACT PERSON IN CHARGE OF TANKS

Name: Charlene Cornella Job Title: Manager Address: PO Box 95 Phone Number (Include Area Code): 541-996-484
Olis, OR 97368

VII. FINANCIAL RESPONSIBILITY

- ☐ I have met the financial responsibility requirements
in accordance with 40 CFR Subpart H

Check All that Apply

- ☐ Self Insurance ☐ Guarantee ☐ State Funds
☐ Commercial Insurance ☐ Surety Bond ☐ Trust Fund
☐ Risk Retention Group ☐ Letter of Credit ☐ Other Method Allowed - Specify _____
☐ Local Government Financial Test ☐ Bond Rating Test

VIII. CERTIFICATION (Read and sign after completing all section)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's
authorized representative (Print)

Charlene Cornella

Signature

Charlene Cornella

Date Signed

August 14, 01

Paperwork Reduction Act Notice

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Director, OP, Regulatory Information Division (2137), U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.



United States
Environmental Protection Agency
Washington, DC 20460

Form Approved.
OMB No.2050-0068

Notification for Underground Storage Tanks

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification Number	Tank No. <u>4</u>	Tank No. <u>5</u>	Tank No. _____	Tank No. _____	Tank No. _____
1. Status of Tank (mark only one) Currently In Use Temporarily Out of Use Permanently Out of Use	☐ ☐ ☒	☐ ☐ ☒	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
2. Date of Installation (mo./year)	<u>unknown</u>	<u>unknown</u>			
3. Estimated Total Capacity (gallons)	<u>1,000 gal</u>	<u>1,000 gal</u>			
4. Material of Construction (mark all that apply) Asphalt Coated or Bare Steel Cathodically Protected Steel Epoxy Coated Steel Composite (Steel with Fiberglass) Fiberglass Reinforced Plastic Lined Interior Double Walled Polyethylene Tank Jacket Concrete Excavation Liner Unknown Other, Please specify Has Tank been repaired? Check box if yes	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
5. Piping (Material) (mark all that apply) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Copper Cathodically Protected Double Walled Secondary Containment Unknown Other, Please Specify	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
6. Piping (Type) (mark all that apply) Suction: no valve at tank Suction: valve at tank Pressure Gravity Feed Has piping been repaired? Check box if yes	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐



United States
Environmental Protection Agency
Washington, DC 20460

Notification for Underground Storage Tanks

Tank Identification Number

7. Substance Currently or Last Stored in Greatest Quantity by Volume

Gasoline
Diesel
Gasohol
Kerosene
Heating Oil
Used Oil
Other
Please Specify

Tank No. _____

Tank No. _____

Tank No. _____

Tank No. _____

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unknown

Hazardous Substance
CERCLA name and/or
CAS number

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Mixture of Substances
Please Specify

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☐

X. TANKS OUT OF USE, OR CHANGE IN SERVICE

1. Closing of Tank

A. Estimated date last used
(mo./day/year)

unknown

unknown

B. Estimated date tank closed
(mo./day/year)

unknown

unknown

C. Tank was removed from ground

☐

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☐

D. Tank was closed in ground

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E. Tank filled with inert material

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Describe the inert fill material

F. Change in service

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☐

☐

2. Site Assessment Completed

☐

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☐

Evidence of a leak detected

☐

☐

☐

☐

Spencer Environmental

6400 SE 101st Ave, Portland, OR 97266

FAX

Date:

11/19/99

Number of pages including cover sheet:

6

To:

Jim Glass

DEQ

Phone:

Fax phone: 503-373-7944

CC:

From:

Tom Ryles

Phone:

(503) 788-4612

Fax phone:

(503) 788-4629

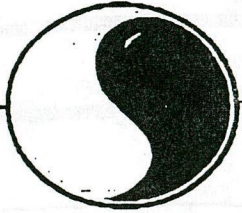
REMARKS:

☐ Urgent☒ For your review☐ Reply ASAP☐ Please comment

Jim,

Hope this helps. Please contact me if you need anything else.





SPENCER ENVIRONMENTAL

Protecting the Environment

6400 S.E. 101st Ave. • Portland, Oregon 97266-5130
(503) 788-4612 Fax: (503) 788-4629
EPA ID# 088 590 575 • CCB# 111118

November 19, 1999

DEQ Tank Staff
1102 Lincoln St., Suite 210
Eugene, OR 97401

To Whom It May Concern:

This letter is in follow-up to Spencer Environmental's response to a reported breached Underground Storage Tank (UST) at the Otis Bp & County Store located at 1264 Salmon River HWY, Otis, OR 97368 on November 12, 1999 at approximately 4:00pm. After receiving the call at 4:00pm Tom Ryles and Pat Johnston of Spencer Environmental responded and arrived on site at 8:30pm. After assessing the printouts on the breached tank it was noticed that water was entering the tank at a rate of 90 to 100 gallons of water per hour. The incident was reported to OERS at 8:55pm, receiving the incident number 992598. Lauren Garner of DEQ was then notified and called the site at 9:30pm.

It was noticed that there was gasoline around the pump inside the containment area. This area was pumped clean of the gasoline and never recharged during the remaining 4 hours on site. The lid over a smaller casing which contained a 4 inch casing of the sensor probe was removed and it was noticed that groundwater was filling the protective casing. The vacuum was placed into the casing and left there for a period of time keeping the water from recharging. A printout showed that no water had entered the tank in that time and was assumed that the leak was near the cap of the 4 inch casing containing the sensor probe. The cap was later removed to check the seal and it was noticed that the cap was not tightly sealed. Grease was applied to the seal and the cap was re-sealed to the casing. A printout was taken at that time and compared to a printout taken approximately 30 minutes later showing no water entry to the tank. The problem with water entry was resolved.

Spencer Environmental removed approximately 2100 gallons of water and approximately 300 gallons of gasoline from the tank and transported this material to the Spencer Environmental recycling facility for treatment and recycling. A printout was taken on Saturday, November 13th, 1999 by the store's assistant manager showing a remaining 11 gallons of water in the tank and compared to a printout taken on Monday, November 15th, 1999 by the store manager still showing 11 gallons of water in the tank. The problem with water entry to the tank was confirmed to be resolved.

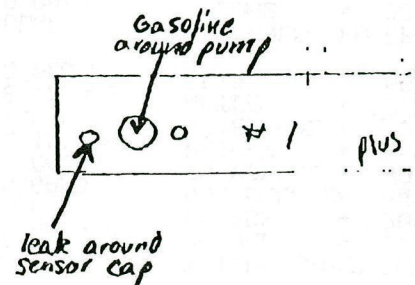
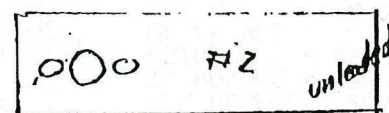
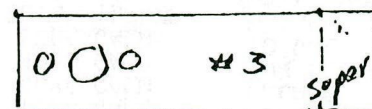
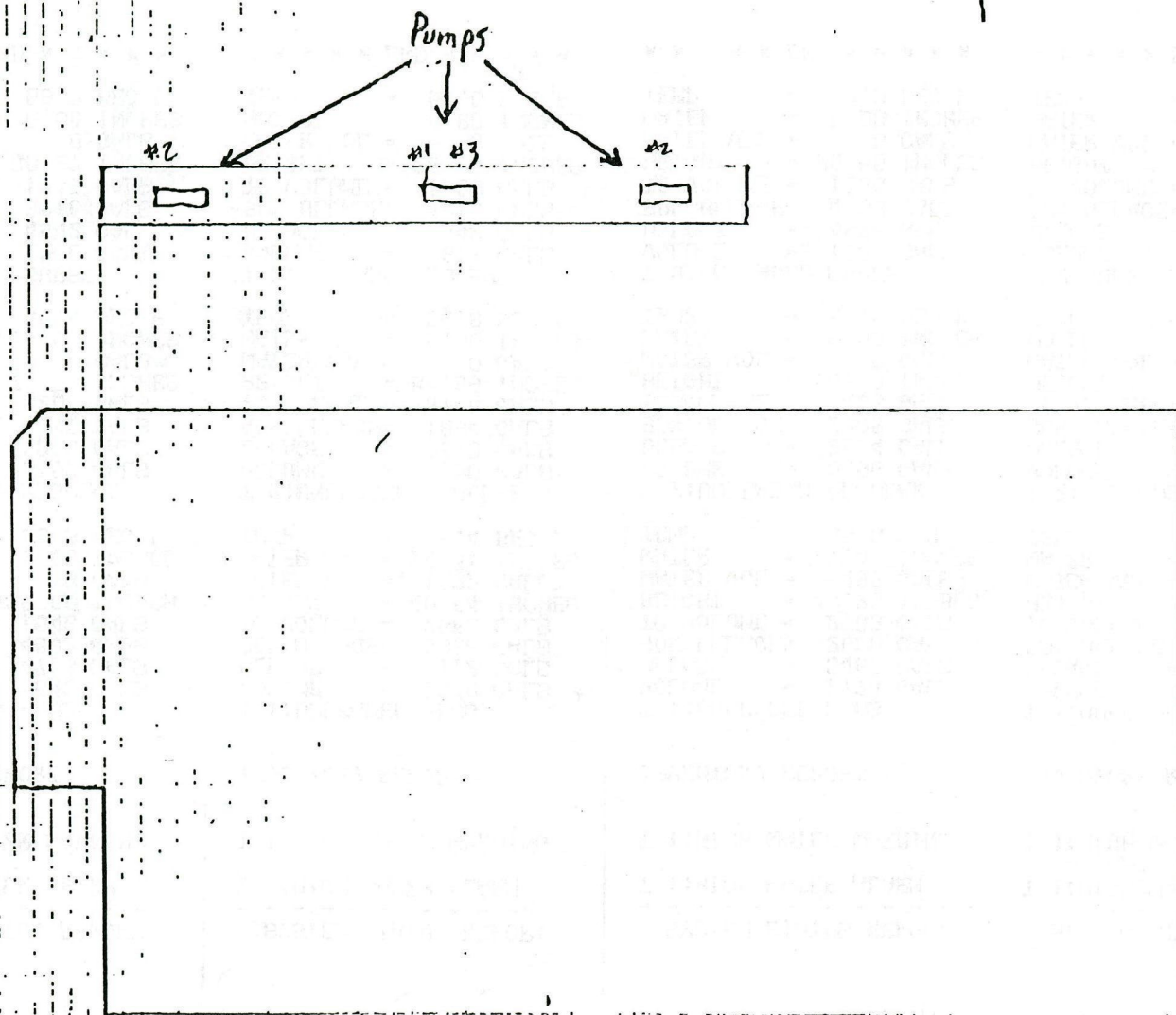
There did not appear to be any release of gasoline to the environment or impacted soil at any time during Spencer Environmental's emergency response procedures on site.

Sincerely,

Tom Ryles
Project Supervisor

TR

HWY



Baker Tanks

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 10, 1999 2:08 PM

SYSTEM STATUS REPORT

T 1:HIGH WATER ALARM

T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 1542 GALS
ULLAGE = 4718 GALS
90% ULLAGE = 4092 GALS
TC VOLUME = 1546 GALS
HEIGHT = 28.00 INCHES
WATER VOL = 78 GALS
WATER = 3.63 INCHES
TEMP = 56.3 DEG F

T 2:UNLEADED REGULAR
VOLUME = 5192 GALS
ULLAGE = 1068 GALS
90% ULLAGE = 442 GALS
TC VOLUME = 6205 GALS
HEIGHT = 73.59 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.4 DEG F

T 3:UNLEADED SUPER
VOLUME = 1718 GALS
ULLAGE = 4542 GALS
90% ULLAGE = 3916 GALS
TC VOLUME = 1719 GALS
HEIGHT = 30.27 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.2 DEG F

***** END *****

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 12:36 PM

SYSTEM STATUS REPORT

T 1:HIGH WATER ALARM

T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 2548 GALS
ULLAGE = 3712 GALS
90% ULLAGE = 3086 GALS
TC VOLUME = 2556 GALS
HEIGHT = 40.54 INCHES
WATER VOL = 1272 GALS
WATER = 24.41 INCHES
TEMP = 55.4 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3750 GALS
ULLAGE = 2510 GALS
90% ULLAGE = 1884 GALS
TC VOLUME = 3758 GALS
HEIGHT = 54.99 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.8 DEG F

T 3:UNLEADED SUPER
VOLUME = 1618 GALS
ULLAGE = 4642 GALS
90% ULLAGE = 4016 GALS
TC VOLUME = 1620 GALS
HEIGHT = 28.99 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.0 DEG F

***** END *****

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 3:32 PM

SYSTEM STATUS REPORT

T 1:HIGH WATER ALARM

T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 2774 GALS
ULLAGE = 3486 GALS
90% ULLAGE = 2860 GALS
TC VOLUME = 2783 GALS
HEIGHT = 43.25 INCHES
WATER VOL = 1499 GALS
WATER = 27.44 INCHES
TEMP = 55.3 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3396 GALS
ULLAGE = 2864 GALS
90% ULLAGE = 2238 GALS
TC VOLUME = 3403 GALS
HEIGHT = 50.70 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.9 DEG F

T 3:UNLEADED SUPER
VOLUME = 1584 GALS
ULLAGE = 4676 GALS
90% ULLAGE = 4050 GALS
TC VOLUME = 1586 GALS
HEIGHT = 28.55 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.0 DEG F

***** END *****

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 4:20 PM

SYSTEM STATUS REPORT

T 1:HIGH WATER ALARM

T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 2835 GALS
ULLAGE = 3425 GALS
90% ULLAGE = 2799 GALS
TC VOLUME = 2844 GALS
HEIGHT = 43.94 INCHES
WATER VOL = 1561 GALS
WATER = 28.26 INCHES
TEMP = 55.3 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3320 GALS
ULLAGE = 2940 GALS
90% ULLAGE = 2314 GALS
TC VOLUME = 3326 GALS
HEIGHT = 49.78 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.9 DEG F

T 3:UNLEADED SUPER
VOLUME = 1584 GALS
ULLAGE = 4676 GALS
90% ULLAGE = 4050 GALS
TC VOLUME = 1586 GALS
HEIGHT = 28.55 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.0 DEG F

***** END *****

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 (8:46 PM)

SYSTEM STATUS REPORT

T 1:HIGH WATER ALARM

T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 3197 GALS
ULLAGE = 3063 GALS
90% ULLAGE = 2437 GALS
TC VOLUME = 3208 GALS
HEIGHT = 48.31 INCH
WATER VOL = 1926 GALS
WATER = 32.92 INCH
TEMP = 55.2 DEG

T 2:UNLEADED REGULAR
VOLUME = 3075 GALS
ULLAGE = 3185 GALS
90% ULLAGE = 2559 GALS
TC VOLUME = 3081 GALS
HEIGHT = 46.85 INCH
WATER VOL = 0 GALS
WATER = 0.00 INCH
TEMP = 56.9 DEG

T 3:UNLEADED SUPER
VOLUME = 1553 GALS
ULLAGE = 4707 GALS
90% ULLAGE = 4081 GALS
TC VOLUME = 1555 GALS
HEIGHT = 28.14 INCH
WATER VOL = 0 GALS
WATER = 0.00 INCH
TEMP = 58.0 DEG

***** END *****

NOV-19-99 05:37PM

FROM-

T-492 P. 04/06 F-043

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 9:16 PM

SYSTEM STATUS REPORT

T 1:HIGH WATER ALARM
T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 3240 GALS
ULLAGE = 3020 GALS
90% ULLAGE= 2394 GALS
TC VOLUME = 3251 GALS
HEIGHT = 48.82 INCHES
WATER VOL = 1970 GALS
WATER = 33.46 INCHES
TEMP = 56.2 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3075 GALS
ULLAGE = 3185 GALS
90% ULLAGE= 2559 GALS
TC VOLUME = 3081 GALS
HEIGHT = 46.85 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.9 DEG F

T 3:UNLEADED SUPER
VOLUME = 1553 GALS
ULLAGE = 4707 GALS
90% ULLAGE= 4081 GALS
TC VOLUME = 1555 GALS
HEIGHT = 28.14 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.0 DEG F

***** END *****

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 9:34 PM

SYSTEM STATUS REPORT

T 1:HIGH WATER ALARM
T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 3250 GALS
ULLAGE = 3010 GALS
90% ULLAGE= 2384 GALS
TC VOLUME = 3260 GALS
HEIGHT = 48.94 INCHES
WATER VOL = 1977 GALS
WATER = 33.55 INCHES
TEMP = 55.3 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3075 GALS
ULLAGE = 3185 GALS
90% ULLAGE= 2559 GALS
TC VOLUME = 3081 GALS
HEIGHT = 46.85 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.9 DEG F

T 3:UNLEADED SUPER
VOLUME = 1553 GALS
ULLAGE = 4707 GALS
90% ULLAGE= 4081 GALS
TC VOLUME = 1555 GALS
HEIGHT = 28.14 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.0 DEG F

***** END *****

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 9:45 PM

SYSTEM STATUS REPORT

T 1:HIGH WATER ALARM
T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 3250 GALS
ULLAGE = 3010 GALS
90% ULLAGE= 2384 GALS
TC VOLUME = 3260 GALS
HEIGHT = 48.94 INCHES
WATER VOL = 1977 GALS
WATER = 33.55 INCHES
TEMP = 55.3 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3075 GALS
ULLAGE = 3185 GALS
90% ULLAGE= 2559 GALS
TC VOLUME = 3081 GALS
HEIGHT = 46.85 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.9 DEG F

T 3:UNLEADED SUPER
VOLUME = 1553 GALS
ULLAGE = 4707 GALS
90% ULLAGE= 4081 GALS
TC VOLUME = 1555 GALS
HEIGHT = 28.14 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.0 DEG F

***** END *****

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 9:55 PM

SYSTEM STATUS REPORT

T 1:HIGH WATER ALARM
T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 3250 GALS
ULLAGE = 3010 GALS
90% ULLAGE= 2384 GALS
TC VOLUME = 3260 GALS
HEIGHT = 48.94 INCHES
WATER VOL = 1977 GALS
WATER = 33.55 INCHES
TEMP = 55.3 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3075 GALS
ULLAGE = 3185 GALS
90% ULLAGE= 2559 GALS
TC VOLUME = 3081 GALS
HEIGHT = 46.85 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.9 DEG F

T 3:UNLEADED SUPER
VOLUME = 1553 GALS
ULLAGE = 4707 GALS
90% ULLAGE= 4081 GALS
TC VOLUME = 1555 GALS
HEIGHT = 28.14 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.0 DEG F

***** END *****

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 10:18 PM

SYSTEM STATUS REPORT

T 1:HIGH WATER ALARM
T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 3250 GALS
ULLAGE = 3010 GALS
90% ULLAGE= 2384 GALS
TC VOLUME = 3260 GALS
HEIGHT = 48.94 INCHES
WATER VOL = 1977 GALS
WATER = 33.55 INCHES
TEMP = 55.3 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3075 GALS
ULLAGE = 3185 GALS
90% ULLAGE= 2559 GALS
TC VOLUME = 3081 GALS
HEIGHT = 46.85 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.9 DEG F

T 3:UNLEADED SUPER
VOLUME = 1553 GALS
ULLAGE = 4707 GALS
90% ULLAGE= 4081 GALS
TC VOLUME = 1555 GALS
HEIGHT = 28.14 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.0 DEG F

***** END *****

NOV-19-99 05:37PM

FROM-

T-492 P.05/06

F-043

TIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
TIS OR. 97368

NOV 12, 1999 10:51 PM

SYSTEM STATUS REPORT

T 1:HIGH WATER ALARM

T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 3250 GALS
ULLAGE = 3010 GALS
90% ULLAGE = 2384 GALS
TC VOLUME = 3260 GALS
HEIGHT = 48.94 INCHES
WATER VOL = 1977 GALS
WATER = 33.55 INCHES
TEMP = 55.3 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3075 GALS
ULLAGE = 3185 GALS
90% ULLAGE = 2559 GALS
TC VOLUME = 3081 GALS
HEIGHT = 46.85 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.9 DEG F

T 3:UNLEADED SUPER
VOLUME = 1553 GALS
ULLAGE = 4707 GALS
90% ULLAGE = 4081 GALS
TC VOLUME = 1555 GALS
HEIGHT = 28.14 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.0 DEG F

***** END *****

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 11:22 PM

SYSTEM STATUS REPORT

T 1:HIGH WATER ALARM

T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 2900 GALS
ULLAGE = 3360 GALS
90% ULLAGE = 2734 GALS
TC VOLUME = 2908 GALS
HEIGHT = 44.75 INCHES
WATER VOL = 1626 GALS
WATER = 29.10 INCHES
TEMP = 55.4 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3075 GALS
ULLAGE = 3185 GALS
90% ULLAGE = 2559 GALS
TC VOLUME = 3081 GALS
HEIGHT = 46.85 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.9 DEG F

T 3:UNLEADED SUPER
VOLUME = 1553 GALS
ULLAGE = 4707 GALS
90% ULLAGE = 4081 GALS
TC VOLUME = 1555 GALS
HEIGHT = 28.14 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 58.0 DEG F

***** END *****

----- IN-TANK ALARM -----
T 1:UNLEADED PLUS
LEAK ALARM
NOV 12, 1999 11:30 PM

After cap
is re-sealed
(stopped pumping)

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 11:30 PM

SYSTEM STATUS REPORT

T 1:LEAK ALARM

T 1:HIGH WATER ALARM

T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 2900 GALS
ULLAGE = 3360 GALS
90% ULLAGE = 2734 GALS
TC VOLUME = 2909 GALS
HEIGHT = 44.75 INCHES
WATER VOL = 1626 GALS
WATER = 29.10 INCHES
TEMP = 55.4 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3075 GALS
ULLAGE = 3185 GALS
90% ULLAGE = 2559 GALS
TC VOLUME = 3081 GALS
HEIGHT = 46.85 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.9 DEG F

T 3:UNLEADED SUPER
VOLUME = 1553 GALS
ULLAGE = 4707 GALS
90% ULLAGE = 4081 GALS
TC VOLUME = 1555 GALS
HEIGHT = 28.14 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 57.9 DEG F

***** END *****

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 11:46 PM

SYSTEM STATUS REPORT

T 1:LEAK ALARM

T 1:HIGH WATER ALARM

T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 2900 GALS
ULLAGE = 3360 GALS
90% ULLAGE = 2734 GALS
TC VOLUME = 2909 GALS
HEIGHT = 44.75 INCHES
WATER VOL = 1626 GALS
WATER = 29.10 INCHES
TEMP = 55.4 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3075 GALS
ULLAGE = 3185 GALS
90% ULLAGE = 2559 GALS
TC VOLUME = 3081 GALS
HEIGHT = 46.85 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.9 DEG F

T 3:UNLEADED SUPER
VOLUME = 1553 GALS
ULLAGE = 4707 GALS
90% ULLAGE = 4081 GALS
TC VOLUME = 1555 GALS
HEIGHT = 28.14 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 57.9 DEG F

***** END *****

OTIS COUNTRY STORE
AND BP
1264 SALMON RV HY.
OTIS OR. 97368

NOV 12, 1999 11:54 PM

SYSTEM STATUS REPORT

T 1:LEAK ALARM

T 1:HIGH WATER ALARM

T 1:HIGH WATER WARNING

INVENTORY REPORT

T 1:UNLEADED PLUS
VOLUME = 2382 GALS
ULLAGE = 3878 GALS
90% ULLAGE = 3252 GALS
TC VOLUME = 2389 GALS
HEIGHT = 38.53 INCHES
WATER VOL = 1109 GALS
WATER = 22.14 INCHES
TEMP = 55.4 DEG F

T 2:UNLEADED REGULAR
VOLUME = 3075 GALS
ULLAGE = 3185 GALS
90% ULLAGE = 2559 GALS
TC VOLUME = 3081 GALS
HEIGHT = 46.85 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.9 DEG F

T 3:UNLEADED SUPER
VOLUME = 1553 GALS
ULLAGE = 4707 GALS
90% ULLAGE = 4081 GALS
TC VOLUME = 1555 GALS
HEIGHT = 28.14 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 57.9 DEG F

***** END *****

NOV-19-99 05:38PM

FROM-

T-492

P. 06/06

F-043



SPENCER ENVIRONMENTAL

Protecting the Environment

6400 S.E. 101st Ave. • Portland, Oregon 97266-5130
(503) 788-4612 Fax: (503) 788-4629
EPA ID# 088 590 575 • CCB# 111118

114 81
(21-95-4012)
(Otis Service Ctr.)
(Lincoln County)

November 15, 1999

DEQ Tank Staff
1102 Lincoln St., Suite 210
Eugene, OR 97401

To Whom It May Concern:

This letter is in follow-up to Spencer Environmental's response to a reported breached Underground Storage Tank (UST) at the Otis Bp & County Store located at 1264 Salmon River HWY; Otis, OR 97368 on November 12, 1999 at approximately 4:00pm. After receiving the call at 4:00pm Tom Ryles and Pat Johnston of Spencer Environmental responded and arrived on site at 8:30pm. After assessing the printouts on the breached tank it was noticed that water was entering the tank at a rate of 90 to 100 gallons of water per hour. The incident was reported to OERS at 8:55pm, receiving the incident number 992598. Lauren Garner of DEQ was then notified and called the site at 9:30pm.

It was noticed that there was gasoline around the pump inside the containment area. This area was pumped clean of the gasoline and never recharged during the remaining 4 hours on site. The lid over a smaller casing which contained a 4 inch casing of the sensor probe was removed and it was noticed that groundwater was filling the protective casing. The vacuum was placed into the casing and left there for a period of time keeping the water from recharging. A printout showed that no water had entered the tank in that time and was assumed that the leak was near the cap of the 4 inch casing containing the sensor probe. The cap was later removed to check the seal and it was noticed that the cap was not tightly sealed. Grease was applied to the seal and the cap was re-sealed to the casing. A printout was taken at that time and compared to a printout taken approximately 30 minutes later showing no water entry to the tank. The problem with water entry was resolved.

Spencer Environmental removed approximately 2300 gallons of water and approximately 300 gallons of gasoline from the tank and transported this material to the Spencer Environmental recycling facility for treatment and recycling. A printout was taken on Saturday, November 13th, 1999 by the store's assistant manager showing a remaining 11 gallons of water in the tank and compared to a printout taken on Monday, November 15th, 1999 by the store manager still showing 11 gallons of water in the tank. The problem with water entry to the tank was confirmed to be resolved.

There did not appear to be any release of gasoline to the environment or impacted soil at any time during Spencer Environmental's emergency response procedures on site.

Sincerely,

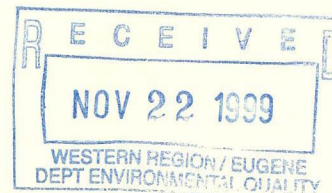
Tom Ryles
Project Supervisor

TR

RECEIVED

JAN 07 2000

DEQ - SALEM OFFICE



SPILL RESPONSE SERVICES

UST SERVICES

USED OIL RECYCLING

HAZARDOUS WASTE TRANSPORTER

INDUSTRIAL CLEANING SERVICES

Oregon Department of Environmental Quality
Underground Storage Tank
Installation Check List

DEQ FACILITY NUMBER: _____

11481

DEQ FACILITY ADDRESS: _____

Hwy 18 near Hwy 101
OTIS

This check list must be filled out by the DEQ licensed Supervisor and submitted as part of the installation record in accordance with OAR Chapter 340, Divisions 150 and 160. A new installation must be inspected a minimum of three times and all the requested information provided to the DEQ. (Where a specific item is "NOT APPLICABLE" to the situation, please check the N/A box.) If this form is used by DEQ inspectors, it will be for oversight purposes. DEQ inspectors may not be on site for the entire installation. The licensed UST Service Provider must have a DEQ licensed Supervisor on site during all of the following operations. This checklist must be signed by an executive officer of the UST Service Provider firm and by the licensed UST Supervisor.

FIRST INSPECTION - PRIOR TO PLACEMENT OF THE UNDERGROUND STORAGE TANK INTO THE EXCAVATION.

1. The tank installer is licensed by DEQ as a UST Service Provider. DEQ Service Provider License number: _____

lining USTs

2. Facility has submitted the DEQ permit application 30-day prior to the installation with the appropriate permit fees. Date submitted: _____

lining tanks - upgrade lines & islands
The DEQ Regional Office was notified 72 hours in advance of the installation.
Date Notified: 9/14/95

4. Has any soil hydrocarbon fuel contamination been observed? If so, was it reported to DEQ? Reported to: _____

Phone number: _____ # 21-95-4012

5. Tank and piping materials comply with 40 CFR 280.20 as modified by OAR Chapter 340, Division 150.

6. Manufacturer's specification for preinstallation practices have been followed.

7. Any detected damage has either been repaired or replaced in a manufacturer approved manner prior to placement in the excavation.

8. Tanks have been pressure tested and satisfy API #1615 specifications.

9. Tank excavation complies with the standards of API #1615 or PEI/RP 100-90.

10. Backfill materials fulfill the tank manufacturer's recommendations.

11. Electrical continuity exists between the anode and lead wire.

12. Anode locations are such to provide sufficient current distribution for corrosion protection.

Yes	No	Unknown	N/A
✓			
✓			
✓			
✓			
✓			
		✓	
		✓	
		✓	
		✓	
		✓	
		✓	
		✓	

Oregon DEQ Underground Storage Tank
DEQ Facility Number _____

Installation Check List

13. In areas subject to a high water table or flooding, provisions have been made to insure proper anchoring of tanks (full or empty) in accordance with the manufacturer's specifications.

14. The above conditions are in compliance and the tanks may be placed into the excavations without any violations.

Yes	No	Unknown	N/A
		✓	✓
		✓	

Licensed UST Supervisor's Signature

Inspection Date

Print Name

Supervisor's License Number

SECOND INSPECTION - AFTER PLACEMENT OF THE UNDERGROUND STORAGE TANK, BUT PRIOR TO BACKFILLING

15. Tank placement was done in accordance with the manufacturer's specifications. *During UST*

16. Tank was not damaged during installation.

SACRIFICIAL ANODE SYSTEMS

17. Anodes, dielectric bushings, coatings did not incur any damage during installation.

18. Damage to anode connections, coatings or tanks have been repaired in accordance with the manufacturer's specifications.

19. Necessary prepacking on each anode has been removed or kept intact according to manufacturer's instructions and/or each anode has been properly placed in its prepackaged backfill material.

IMPRESSED CURRENT SYSTEMS

20. High silicon iron, graphite or platinum anodes have not been damaged and the associated lead wires and insulation are intact.

21. Anodes have been installed according to the manufacturer's specifications.

22. The negative terminal of the rectifier has been connected to the structure and the positive terminal to the anodes.

23. Continuity of the wire has been tested.

Yes	No	Unknown	N/A
			✓
		✓	
		✓	
		✓	
		✓	
		✓	
		✓	
		✓	

Oregon DEQ Underground Storage Tank
DEQ Facility Number _____

Installation Check List

24. Cathodically protected structures have not been grounded in such a way as to nullify cathodic protection to the underground storage tank system.

25. A cathodic protection test station is installed.

Yes	No	Unknown	N/A
		✓	
		✓	

Licensed UST Supervisor's Signature

Inspection Date

Print Name

Supervisor's License Number

THIRD INSPECTION - PRIOR TO PLACEMENT INTO ACTIVE SERVICE
AND AFTER BACKFILLING.

Leaving USTs
26. Backfill material and installation procedures were done in accordance with the tank manufacturer's specifications.

All electrical equipment, wiring and related installation has been done in accordance with NFPA 70 and NACE RP-02-85.

28. Piping has been pressure tested and satisfies API #1615 specifications.

29. Overfill protection devices have been properly installed.

30. Piping was not damaged during installation.

31. Non-corrosion resistant piping has been cathodically protected.

32. Pipe coating (if applicable) has all existing damage (holidays, chips, scratches, etc) repaired in accordance with the manufacturer's specifications.

33. Piping has been electrically isolated from dispensers, structures, tanks and other piping systems or conduits.

34. Piping has electrical continuity.

35. Cathodic protection system installation has been done in accordance with API #1632 or NACE RP-02-85 standards.

36. Dissimilar metals have not been connected together.

Yes	No	Unknown	N/A
		✓	
		✓	
		✓	
		✓	
		✓	
		✓	
			✓
			✓
		✓	
		✓	
		✓	

All dielectric bushings and fittings are compatible with the liquid stored and the operating pressure of the tank system.

38. Protection has been provided for those gauges, monitoring devices, and other systems which, when subject to failure by corrosion, would cause a release or impair the operation of a monitoring system.

39. All piping slopes at an incline towards the tanks.

40. Adequate clearance has been provided between piping and trench walls, conduit, monitoring well, utilities, nearby structures, and other system components following NFPA, API or PEI standards.

41. Piping joints have been assembled in accordance with the piping and sealant manufacturer's preparation, application and assembly instructions.

42. All piping installment requirements specified by the manufacturer have been followed and implemented.

43. Assembled piping shows no evidence of leakage at any connection of flexible connectors under both pressure testing and normal conditions.

44. Both overfill protection and leak detection monitoring system requirements of OAR 340-150-001 through 150 have been met and are functioning properly.

45. Tank deflection measurements for FRP tanks have been remeasured at this point and remain within the acceptable limits of the manufacturer's specifications.

46. Installed cathodic protection systems have been tested at this point and are providing adequate protection.

47. Internal and external monitoring and gauging systems are working properly.

48. The above conditions are in compliance and have been installed properly in accordance with OAR Chapter 340, Division 150.

49. Two copies of the as built drawings of the installation have been provided with this checklist and sent to DEQ.

Yes	No	Unknown	N/A
		✓	
		✓	
		✓	
		✓	
		✓	
		✓	
			✓
		✓	
		✓	
		✓	
		✓	

Licensed UST Supervisor's Signature

Date _____

Print Name

Supervisor's License Number

UST COMPLIANCE INSPECTION

INSPECTION DATE: 9/20/95 INSPECTOR Jeni Parr

SITE NAME/ADDRESS: OTIS Texaco - BP UST/LUST # 11481

OTIS

SITE CONTACT: _____ PHONE# _____

SERVICE PROVIDER: Ulrich LICENSE# 105 14319

Vic Pettijohn

10599

Vic Pettijohn:

LICENSED SUPERVISOR: Wiley Fretwell

Vic Pettijohn

LICENSE# DC 12149 (11/96)
 LICENSE# IR 12150 (11/96)
 LICENSE# IR 10958 (1/95)

1045

COMMENTS:

Vic Pettijohn is upgrading lines + islands

- environ lines + disp. sumps
- in part / shear valves installed
- suction → pressure system.
- New canopy.

Ulrich is lining tanks (3-6000 USTs)

- installed environ turbine sumps.
- leaving steel vent lines

* No Cathodic prot planned!
Jeni Parr.

Installer's Oath: I certify that the information concerning the installation provided on this checklist is true to the best of my belief and knowledge.

Installer: _____

Date _____

Position: _____

Company: _____

Executive Officer Signature - UST Service Provider Firm

Date _____

Print Name _____

Owner's Financial Responsibility Information Section

The tank owner has financial responsibility, if applicable, in accordance with OAR 340-150-004. Please specify:

Method: _____

Insurer: _____

Policy Number: _____

DEQ Mailing Address:

This form must be mailed to DEQ 30 days after the installation is completed.

Department of Environmental Quality
HSW - UST Compliance Section
811 S.W. Sixth Avenue
Portland, OR 97204

For information, call the Underground Storage Tank program, toll free in Oregon at 1-800-452-4011 or (503) 229-5733.

DEQ Inspections

This form may be used by DEQ inspectors for oversight purposes. A DEQ inspector is not required to inspect the installation. A DEQ inspector may not be on site during all of the inspection times listed on this form. In the case of an oversight inspection, the DEQ inspector should check all boxes that are appropriate for the inspection(s) and forward a copy to headquarters for the facility file.

DEQ Inspector's Signature _____

Inspection Date(s) _____

Route Slip



Date 11-14-95

TO:	Name	Division/Section	Initial	Date
1.	DEQ - WR			
2.	Salem Office			
3.	UST Section			
4.				
5.				

☐	as requested	☐	investigate	☐	per conversation
☐	approval	☐	justify	☐	prepare reply
☐	comment	☐	necessary action	☐	return with more detail
☐	confer	☐	initial and return	☐	review and circulate
☐	for your information	☐	note and file	☐	signature

FROM: <u>Wendy Turner</u>	Phone No. <u>229-6047</u>
---------------------------	---------------------------

Z5-097677

☐ See Other Side

11481

11481

1.23.97.

Jim.

I ran a history leak test back to May 2nd, 96. Results show pass.

also enclosed is a quiet time leak test from Jan. 18th, and a results test from Jan. 21st.

The new concrete patch goes to an electrical conduit put in for future use if needed.

If i can be of further help, let me know.

Sincerely

Jesse Sholl mgr.

JESSE SHOLL

Otes B. P

Box 95. 97368

Ph. 541-994-2611

WESTERN REGION - SALEM OFFICE

Oregon DEQ Underground Storage Tank
DEQ Facility Number _____

Installation Check List

13. In areas subject to a high water table or flooding, provisions have been made to insure proper anchoring of tanks (full or empty) in accordance with the manufacturer's specifications.

14. The above conditions are in compliance and the tanks may be placed into the excavations without any violations.

Yes	No	Unknown	N/A

Licensed UST Supervisor's Signature

Inspection Date

Print Name

Supervisor's License Number

SECOND INSPECTION - AFTER PLACEMENT OF THE UNDERGROUND
STORAGE TANK, BUT PRIOR TO BACKFILLING.

15. Tank placement was done in accordance with the manufacturer's specifications.

16. Tank was not damaged during installation.

SACRIFICIAL ANODE SYSTEMS

17. Anodes, dielectric bushings, coatings did not incur any damage during installation.

18. Damage to anode connections, coatings or tanks have been repaired in accordance with the manufacturer's specifications.

19. Necessary prepacking on each anode has been removed or kept intact according to manufacturer's instructions and/or each anode has been properly placed in its prepackaged backfill material.

IMPRESSED CURRENT SYSTEMS

20. High silicon iron, graphite or platinum anodes have not been damaged and the associated lead wires and insulation are intact.

21. Anodes have been installed according to the manufacturer's specifications.

22. The negative terminal of the rectifier has been connected to the structure and the positive terminal to the anodes.

23. Continuity of the wire has been tested.

Yes	No	Unknown	N/A

Oregon DEQ Underground Storage Tank
DEQ Facility Number _____

Installation Check List

24. Cathodically protected structures have not been grounded in such a way as to nullify cathodic protection to the underground storage tank system.

25. A cathodic protection test station is installed.

DEPT. OF ENVIRONMENTAL QUALITY

RECEIVED:

NOV 14 1995

Yes	No	Unknown	N/A

Licensed UST Supervisor's Signature _____

ENVIRONMENTAL CLEANUP DIVISION Inspection Date _____

Print Name _____

Supervisor's License Number _____

THIRD INSPECTION - PRIOR TO PLACEMENT INTO ACTIVE SERVICE
AND AFTER BACKFILLING.

26. Backfill material and installation procedures were done in accordance with the tank manufacturer's specifications.

27. All electrical equipment, wiring and related installation has been done in accordance with NFPA 70 and NACE RP-02-85.

28. Piping has been pressure tested and satisfies API #1615 specifications.

29. Overfill protection devices have been properly installed.

30. Piping was not damaged during installation.

31. Non-corrosion resistant piping has been cathodically protected.

32. Pipe coating (if applicable) has all existing damage (holidays, chips, scratches, etc) repaired in accordance with the manufacturer's specifications.

33. Piping has been electrically isolated from dispensers, structures, tanks and other piping systems or conduits.

34. Piping has electrical continuity.

35. Cathodic protection system installation has been done in accordance with API #1632 or NACE RP-02-85 standards.

36. Dissimilar metals have not been connected together.

37. All dielectric bushings and fittings are compatible with the liquid stored and the operating pressure of the tank system.

Yes	No	Unknown	N/A
✓			
			✓
✓			
✓			
✓			
			✓
			✓
✓			
			✓
			✓
✓			
			✓

38. Protection has been provided for those gauges, monitoring devices, and other systems which, when subject to failure by corrosion, would cause a release or impair the operation of a monitoring system.
39. All piping slopes at an incline towards the tanks.
40. Adequate clearance has been provided between piping and trench walls, conduit, monitoring well, utilities, nearby structures, and other system components following NFPA, API or PEI standards.
41. Piping joints have been assembled in accordance with the piping and sealant manufacturer's preparation, application and assembly instructions.
42. All piping installment requirements specified by the manufacturer have been followed and implemented.
43. Assembled piping shows no evidence of leakage at any connection of flexible connectors under both pressure testing and normal conditions.
44. Both overfill protection and leak detection monitoring system requirements of OAR 340-150-001 through 150 have been met and are functioning properly.
45. Tank deflection measurements for FRP tanks have been remeasured at this point and remain within the acceptable limits of the manufacturer's specifications.
46. Installed cathodic protection systems have been tested at this point and are providing adequate protection.
47. Internal and external monitoring and gauging systems are working properly.
48. The above conditions are in compliance and have been installed properly in accordance with OAR Chapter 340, Division 150.
49. Two copies of the as built drawings of the installation have been provided with this checklist and sent to DEQ.

Yes	No	Unknown	N/A
✓			
✓			
✓			
✓			
✓			
✓			✓
			✓
			✓
			✓
✓			
✓			

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED:

NOV 14 1995

ENVIRONMENTAL CLEANUP DIVISION

Date 7/18/95

Licensed UST Supervisor's Signature

Print Name Vic Pettijohn

Supervisor's License Number 12958

Installer's Oath: I certify that the information concerning the installation provided on this checklist is true to the best of my belief and knowledge.

Installer: _____

Date 9/19/95

Position: _____

Company: _____


Executive Officer Signature - UST Service Provider Firm

Date 9/18/95

Print Name Vic Pettigrew

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED:

NOV 14 1995

Owner's Financial Responsibility Information Section

The tank owner has financial responsibility, if applicable, in accordance with OAR 340-150-004. Please specify:

Method: _____

ENVIRONMENTAL CLEANUP DIVISION

Insurer: _____

Policy Number: _____

DEQ Mailing Address:

This form must be mailed to DEQ 30 days after the installation is completed.

Department of Environmental Quality
HSW - UST Compliance Section
811 S.W. Sixth Avenue
Portland, OR 97204

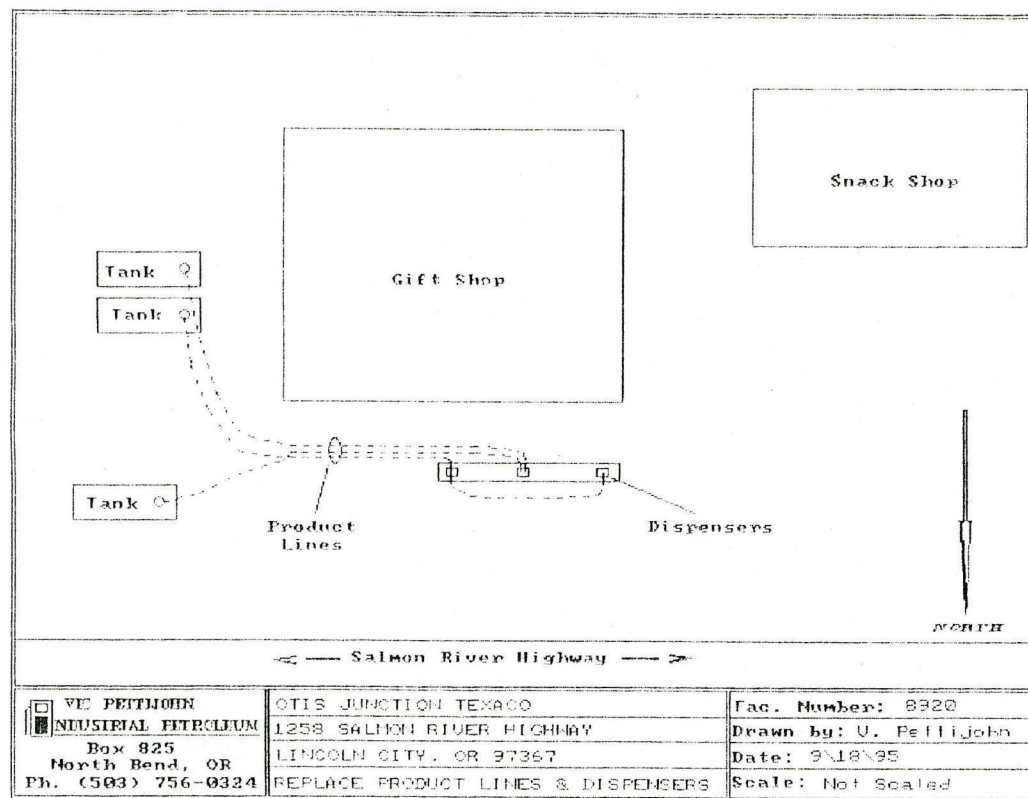
For information, call the Underground Storage Tank program, toll free in Oregon at 1-800-452-4011 or (503) 229-5733.

DEQ Inspections

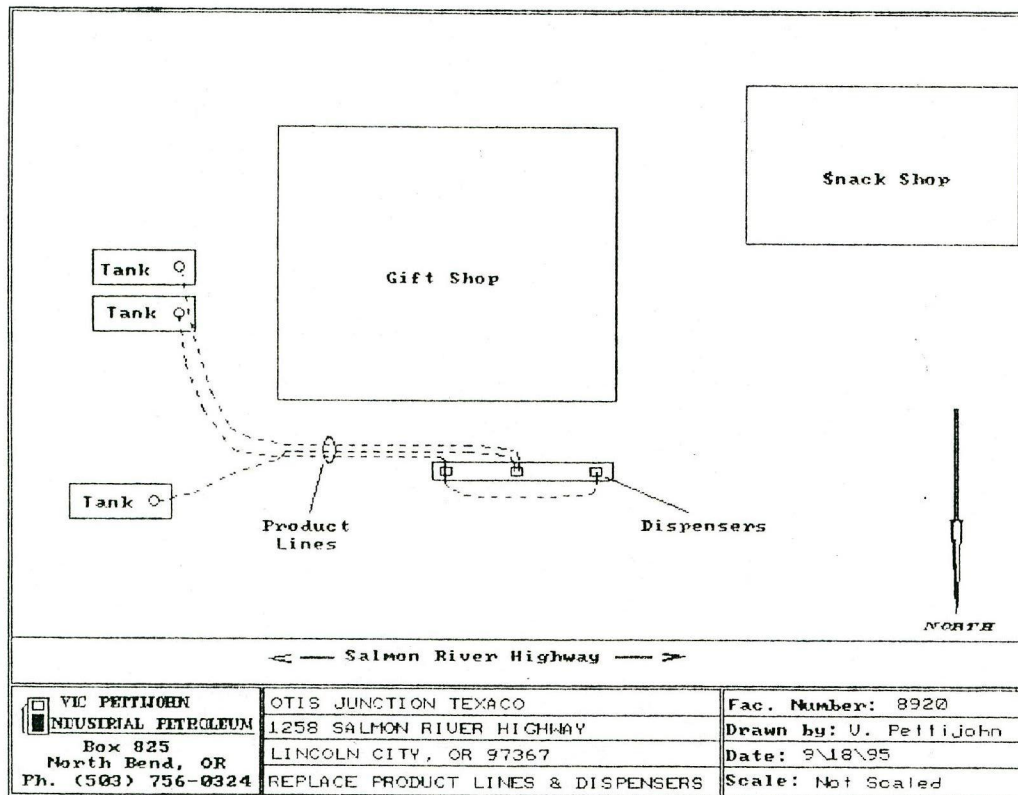
This form may be used by DEQ inspectors for oversight purposes. A DEQ inspector is not required to inspect the installation. A DEQ inspector may not be on site during all of the inspection times listed on this form. In the case of an oversight inspection, the DEQ inspector should check all boxes that are appropriate for the inspection(s) and forward a copy to headquarters for the facility file.

DEQ Inspector's Signature

Inspection Date(s) _____



VE PETTIJOHN INDUSTRIAL PETROLEUM Box 825 North Bend, OR Ph. (503) 756-0324	OTIS JUNCTION, TEXAS 1258 SALMON RIVER HIGHWAY LINCOLN CITY, OR 97357 REPLACE PRODUCT LINES & DISPENSERS	Fac. Number: 8320 Drawn by: U. Pettijohn Date: 9/18/95 Scale: Not Scaled
---	---	---



Oregon Department of Environmental Quality
30 DAY NOTICE
RETROFITTING OR UPGRADING AN UNDERGROUND STORAGE TANK SYSTEM

FACILITY (Location of Tanks)

Name: Otis Junction Texaco

Address: 1258 Salmon River Hwy
Lincoln City, Oregon

Phone: _____

DEQ Facility I.D. Number: 8920

Work to Be Performed By: Industrial Petroleum Equipment
(owner or Licensed Service Provider)

Phone: 756-0324

Date work is scheduled to begin: _____

TANK OWNER

Name: M.E. LaMotta

Address: 1258 Salmon River Hwy
Lincoln City, OR

Phone: _____

License # 10599

Mobile Phone: _____

TANK #	UST PERMIT #	TANK SIZE (gallons)	PRODUCT (Gasoline, Diesel, Used Oil, Other?)	DESCRIBE WORK TO BE PERFORMED: (Attach separate sheets if additional space is needed; include Tank # and Permit #.)
1		6,000	Gasoline	Tank lining - new product lines & dispensers
2		6,000	Gasoline	" "
3		6,000	Gasoline	" "
4				
5				

SIGNED FORM MUST BE SUBMITTED TO DEQ HEADQUARTERS OFFICE BY UST OWNER OR OPERATOR 30 DAYS BEFORE START OF WORK (Address listed on reverse side)

Signature: [Signature] Date: 9-18-95
(Owner or Operator)

DEPT. OF ENVIRONMENTAL QUALITY

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NOV 14 1995

ENVIRONMENTAL CLEANUP DIVISION

THIS NOTICE AND THE 3-DAY TELEPHONE NOTICE ARE REQUIRED prior to starting work to either install or upgrade underground storage tank components. Upgrade includes but is not limited to underground piping (product, vent and vapor recovery piping), tank lining, leak detection equipment, monitoring and observation wells, and cathodic protection. (See 40 CFR 280.21(e) and 280.22(a),(h) as amended by OAR 340-150-003)

THIS NOTICE IS NOT REQUIRED for maintenance work on UST components (replacement or repair) or installation of aboveground piping such as installation and connection of dispensers and pumps to underground piping.

THIS NOTICE IS NOT REQUIRED for installation of a new tank system. Instead, an UST permit application together with a \$35 application fee must be submitted 30-days prior to start of work.

RETURN COMPLETED AND SIGNED FORM TO:

DEPARTMENT OF ENVIRONMENTAL QUALITY
UST PROGRAM - INSTALLATION AND UPGRADE NOTICE
311 S.W. SIXTH AVE.
PORTLAND, OREGON 97204

OR FAX COMPLETED AND SIGNED FORM TO:

(503) 229-6954

For information or assistance with this form call (503) 229-5733 or the UST HELPLINE: 1-800-742-7878 (Toll Free in Oregon)

3-DAY TELEPHONE NOTICE: Contact your local DEQ Regional Office 3-days before starting tank installation or tank upgrade work. (Phone numbers are listed below)

REGIONAL DEQ OFFICES

NORTHWEST REGION - PORTLAND

Phone: (503) 229-5263

WESTERN REGION - SALEM

Phone: (503) 378-8240

WESTERN REGION - MEDFORD

Phone: (503) 776-6010

WESTERN REGION - EUGENE

Phone: (503) 686-7838

EASTERN REGION - BEND

Phone: (503) 388-6146

EASTERN REGION - PENDLETON

Phone: (503) 276-4063

EASTERN REGION - THE DALLES

Phone: (503) 298-7255



WR/S

October 18, 1995

Department of Environmental Quality
HSW-UST Compliance Section
811 SW Sixth Avenue
Portland, OR 97204

Otis Service Center

Enclosed is an 'Underground Storage Tank Installation Check List' for DEQ Facility Number 11481 located at 1264 Hwy. 18 in Otis, Oregon.

Ulrich Industrial Coatings Company installed a Bridgeport Chemical GA27G epoxy lining system to the entire interiors of two (2) 6,000 gallon and one (1) 4,000 gallon underground fuel storage tanks at the above site. The project was completed 9/22/95.

The installation of the lining system was performed by Wiley M. Fretwell, DEQ Supervisor License Number 12150.

Ulrich Industrial Coatings Service Provider License Number is 14319.

Should you have any questions or require additional information, please contact me at (503) 648-9587.

Thank you,

Traci L. Ulrich
Traci L. Ulrich

DEPT. OF ENVIRONMENTAL QUALITY
RECEIVED :

OCT 19 1995

ENVIRONMENTAL CLEANUP DIVISION

Oregon Department of Environmental Quality
Underground Storage Tank
Installation Check List

DEQ FACILITY NUMBER: 11481

DEQ FACILITY ADDRESS: 1264 Hwy. 18
Otis, Oregon

This check list must be filled out by the DEQ licensed Supervisor and submitted as part of the installation record in accordance with OAR Chapter 340, Divisions 150 and 160. A new installation must be inspected a minimum of three times and all the requested information provided to the DEQ. (Where a specific item is "NOT APPLICABLE" to the situation, please check the N/A box.) If this form is used by DEQ inspectors, it will be for oversight purposes. DEQ inspectors may not be on site for the entire installation. The licensed UST Service Provider must have a DEQ licensed Supervisor on site during all of the following operations. This checklist must be signed by an executive officer of the UST Service Provider firm and by the licensed UST Supervisor.

FIRST INSPECTION - PRIOR TO PLACEMENT OF THE UNDERGROUND STORAGE TANK INTO THE EXCAVATION.

1. The tank installer is licensed by DEQ as a UST Service Provider. DEQ Service Provider License number: 14319
2. Facility has submitted the DEQ permit application 30-day prior to the installation with the appropriate permit fees. Date submitted: submitted by Pettijohn
3. The DEQ Regional Office was notified 72 hours in advance of the installation. Date Notified: 9-14-95
4. Has any soil hydrocarbon fuel contamination been observed? If so, was it reported to DEQ? Reported to: _____
 Phone number: _____
5. Tank and piping materials comply with 40 CFR 280.20 as modified by OAR Chapter 340, Division 150.
6. Manufacturer's specification for preinstallation practices have been followed.
7. Any detected damage has either been repaired or replaced in a manufacturer approved manner prior to placement in the excavation.
8. Tanks have been pressure tested and satisfy API #1615 specifications.
9. Tank excavation complies with the standards of API #1615 or PEI/RP 100-90.
10. Backfill materials fulfill the tank manufacturer's recommendations.
11. Electrical continuity exists between the anode and lead wire.
12. Anode locations are such to provide sufficient current distribution for corrosion protection.

Yes	No	Unknown	N/A
X			
X			
			X
			X
			X
			X
			X
			X
			X
			X

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OCT 19 1995

Oregon DEQ Underground Storage Tank
DEQ Facility Number 11481

Installation Check List

13. In areas subject to a high water table or flooding, provisions have been made to insure proper anchoring of tanks (full or empty) in accordance with the manufacturer's specifications.

14. The above conditions are in compliance and the tanks may be placed into the excavations without any violations.

Yes	No	Unknown	N/A
			✓
			✓

Licensed UST Supervisor's Signature

Inspection Date _____

Print Name Wiley M. Fretwell

Supervisor's License Number 12150

SECOND INSPECTION - AFTER PLACEMENT OF THE UNDERGROUND STORAGE TANK, BUT PRIOR TO BACKFILLING.

15. Tank placement was done in accordance with the manufacturer's specifications.

16. Tank was not damaged during installation.

SACRIFICIAL ANODE SYSTEMS

17. Anodes, dielectric bushings, coatings did not incur any damage during installation.

18. Damage to anode connections, coatings or tanks have been repaired in accordance with the manufacturer's specifications.

19. Necessary prepacking on each anode has been removed or kept intact according to manufacturer's instructions and/or each anode has been properly placed in its prepackaged backfill material.

IMPRESSED CURRENT SYSTEMS

20. High silicon iron, graphite or platinum anodes have not been damaged and the associated lead wires and insulation are intact.

21. Anodes have been installed according to the manufacturer's specifications.

22. The negative terminal of the rectifier has been connected to the structure and the positive terminal to the anodes.

23. Continuity of the wire has been tested.

Yes	No	Unknown	N/A
			✓
			✓
			✓
			✓
			✓
			✓
			✓
			✓
			✓

Oregon DEQ Underground Storage Tank
DEQ Facility Number 11481

Installation Check List

24. Cathodically protected structures have not been grounded in such a way as to nullify cathodic protection to the underground storage tank system.

25. A cathodic protection test station is installed.

Yes	No	Unknown	N/A
			✓
			✓

Licensed UST Supervisor's Signature

Inspection Date

Print Name

Supervisor's License Number

**THIRD INSPECTION - PRIOR TO PLACEMENT INTO ACTIVE SERVICE
AND AFTER BACKFILLING.**

26. Backfill material and installation procedures were done in accordance with the tank manufacturer's specifications.

27. All electrical equipment, wiring and related installation has been done in accordance with NFPA 70 and NACE RP-02-85.

28. Piping has been pressure tested and satisfies API #1615 specifications.

29. Overfill protection devices have been properly installed.

30. Piping was not damaged during installation.

31. Non-corrosion resistant piping has been cathodically protected.

32. Pipe coating (if applicable) has all existing damage (holidays, chips, scratches, etc) repaired in accordance with the manufacturer's specifications.

33. Piping has been electrically isolated from dispensers, structures, tanks and other piping systems or conduits.

34. Piping has electrical continuity.

35. Cathodic protection system installation has been done in accordance with API #1632 or NACE RP-02-85 standards.

36. Dissimilar metals have not been connected together.

37. All dielectric bushings and fittings are compatible with the liquid stored and the operating pressure of the tank system.

Yes	No	Unknown	N/A
			✓
			✓
			✓
			✓
			✓
			✓
			✓
			✓
			✓
			✓
			✓

DEPT. OF ENVIRONMENTAL QUALITY

RECEIVED:

OCT 19 1995

38. Protection has been provided for those gauges, monitoring devices, and other systems which, when subject to failure by corrosion, would cause a release or impair the operation of a monitoring system.

39. All piping slopes at an incline towards the tanks.

40. Adequate clearance has been provided between piping and trench walls, conduit, monitoring well, utilities, nearby structures, and other system components following NFPA, API or PEI standards.

41. Piping joints have been assembled in accordance with the piping and sealant manufacturer's preparation, application and assembly instructions.

42. All piping installment requirements specified by the manufacturer have been followed and implemented.

43. Assembled piping shows no evidence of leakage at any connection of flexible connectors under both pressure testing and normal conditions.

44. Both overfill protection and leak detection monitoring system requirements of OAR 340-150-001 through 150 have been met and are functioning properly.

45. Tank deflection measurements for FRP tanks have been remeasured at this point and remain within the acceptable limits of the manufacturer's specifications.

46. Installed cathodic protection systems have been tested at this point and are providing adequate protection.

47. Internal and external monitoring and gauging systems are working properly.

48. The above conditions are in compliance and have been installed properly in accordance with OAR Chapter 340, Division 150.

49. Two copies of the as built drawings of the installation have been provided with this checklist and sent to DEQ.

Yes	No	Unknown	N/A
			✓
			✓
			✓
			✓
			✓
			✓
			✓
			✓
			✓
			✓
			✓

Licensed UST Supervisor's Signature _____

Date _____

Print Name _____

Supervisor's License Number _____

Installer's Oath: I certify that the information concerning the installation provided on this checklist is true to the best of my belief and knowledge.

Installer: _____

Date _____

Position: _____

Company: _____

Executive Officer Signature - UST Service Provider Firm

Date _____

Print Name _____

Owner's Financial Responsibility Information Section

The tank owner has financial responsibility, if applicable, in accordance with OAR 340-150-004. Please specify:

Method: _____

Insurer: _____

Policy Number: _____

DEPT. OF ENVIRONMENTAL QUALITY

RECEIVED:

OCT 19 1995

ENVIRONMENTAL CLEANUP DIVISION

DEQ Mailing Address:

This form must be mailed to DEQ 30 days after the installation is completed.

Department of Environmental Quality
HSW - UST Compliance Section
811 S.W. Sixth Avenue
Portland, OR 97204

For information, call the Underground Storage Tank program, toll free in Oregon at 1-800-452-4011 or (503) 229-5733.

DEQ Inspections

This form may be used by DEQ inspectors for oversight purposes. A DEQ inspector is not required to inspect the installation. A DEQ inspector may not be on site during all of the inspection times listed on this form. In the case of an oversight inspection, the DEQ inspector should check all boxes that are appropriate for the inspection(s) and forward a copy to headquarters for the facility file.

DEQ Inspector's Signature _____

Inspection Date(s) _____

11481

Quick Early Compliance Checklist

You are in early compliance with the upgrade requirements and are eligible for the lower tank fee if you can check off the four major items below for each of your *existing* UST systems:

PLEASE ANSWER FOR PETROLEUM AND HAZARDOUS SUBSTANCE TANKS

- ☒ Spill protection provided by a catchment basin
- ☒ Overfill protection provided by an automatic shutoff device, overfill alarm, or ball float valve
- ☐ Corrosion protection for the tank provided by one of the following:

- ☒ Steel tank has corrosion-resistant coating AND cathodic protection
- ☐ Tank made of noncorrodible material (such as fiberglass)
- ☐ Steel tank clad with (or enclosed in) noncorrodible material
- ☐ Uncoated steel tank has cathodic protection system
- ☒ Uncoated steel tank has interior lined with noncorrodible material
- ☐ Uncoated steel tank has cathodic protection AND interior lined with noncorrodible material

- ☐ Corrosion protection for piping provided by one of the following:

- ☐ Uncoated steel piping has cathodic protection
- ☐ Steel piping has a corrosion-resistant coating AND cathodic protection
- ☒ Piping made of (or enclosed in) noncorrodible material

PLEASE ANSWER FOR HAZARDOUS SUBSTANCE TANKS ONLY

- ☐ Hazardous Substance UST's only - Hazardous substance UST's must also have leak detection systems that include secondary containment and interstitial monitoring.

Tank ID	Permit #	Gallons	Contents	Tank System	
				Upgraded?	
				YES	NO
1	BDBGJ	6000		✓	—
2	BDBHK	6000		✓	—
3	BDBHA	4000		✓	—

For those who answered "no" in the box above, please identify the option or options that most closely represents your status or plans at this time:

___ I plan to upgrade or replace my tanks before December 22, 1998

___ I stopped using my tanks about Date: _____

___ I have sold this property (Please include name and address of new owner)

___ I plan to decommission by permanent closure before December 22, 1999

Please sign the upgrade certification statement below and return it to the DEPARTMENT OF ENVIRONMENTAL QUALITY, UST PROGRAM, 811 SW SIXTH AVENUE, PORTLAND, OR 97204.

Permittees who do not return this upgrade certification form or fail to sign it will automatically be invoiced the non-refundable \$60.00 per tank fee.

Please note in accordance with ORS 466.765 and 40 CFR 280.34 as adopted or as amended by OAR 340-150-003, you are required to cooperate fully with inspections, monitoring and testing conducted by the Department, as well as requests for document submission, testing and monitoring pursuant to section 9005 of Subtitle I of the Resource Conservation and Recovery Act, as amended. The information you have submitted is subject to audit and verification by the Department's Underground Storage Tank Compliance Inspectors. A false certification may result in enforcement action being taken by the Department.

I hereby certify that the information provided on this form concerning the current upgrade status of my underground storage tank system(s) is accurate.

Signature (required): M. E. Lenth Date: 12-15-98
By: C. Cornella

The Department appreciates your cooperation in completing and returning this form to us.

For information or assistance with this form call your regional DEQ office or the UST HELPLINE: 1-800-742-7878 (Toll Free in Oregon). Regional office phone numbers are listed on the reverse side of the enclosed "Quick Early Compliance Checklist."

FOR DEQ USE ONLY

INSPECTOR'S VERIFICATION SIGNATURE _____

DATE _____

FAX**Date:** Thursday, December 17, 1998**Pages including cover sheet:** 2

To:	JIM PARR
Phone	
Fax Phone	(503)3737944

From:	Charlene Cornella
Phone	
Fax Phone	+1(541)9964864

NOTE:

PAGE TWO FOR OTIS B.P.STATION

FAX**Date:** Thursday, December 17, 1998**Pages including cover sheet:** 2

To:	JIM PARR
Phone	
Fax Phone	(503)3737944

From:	Charlene Cornella
Phone	
Fax Phone	+1(541)9964864

NOTE:

STATE OF OREGON, D.E.Q.
UNDERGROUND STORAGE TANK PROGRAM

THIS MAILING WAS MISPLACED FOR SOME TIME. IF THERE IS ANYTHING I CAN
DO TO SPEED UP THE PROCESSING OF IT, PLEASE LET ME KNOW.

THANK YOU

CHARLENE CORNELLA
OTIS PROPERTIES MANAGER

OFFICE PHONE: 541-996-4844
FAX: 541-996-4864

Developer/2000 Forms Runtime for Windows 95 / NT

Action Edit Data Help Window

Site Inspection Data Entry Screen

Inspection #	11079	Inspection Date	08/29/2001	Staff	Jim Parr
Find LUST Site	21-95-4012	ME LEMATTA/OTIS SERVICE CENTER			
	OTIS	1264 SALMON RIVER HWY - HWY 18			
Find UST Facility	11481	OTIS 76			
	OTIS	1264 SALMON RIVER HWY 18 PO BOX 95			
Find AQ Facility					

Items Inspected	Decommissioning	☒	Install New	☐	Complaint	☐
	1998 Compliance	☐	Install - Retrofit	☐	WQ - New	☐
	Partial Compliance		Service Provider Audit	☐	WQ - Existing	☐
	Leak Detection	☐	Cleanup	☐	Oxy Fuel	☐
	Financial Responsibility	☐	SWLA	☐	Stage I	☐
	Corrosion Protection	☐	Dist. Audit	☐	Stage II	☐
	Spill & Overfill	☐	SOCES-Initial	☐	SOCRD-Initial	☐
			SOCES-Followup	☐	SOCRD-Followup	☐

Comments: 8/29/01: met w/ serv. pro. obs. removal of two recently discovered small usts located on west side of facility. PCS being stockpiled on site. obs. pump out, comp. CO2 on site for inert. no gw at 7 ft bgs. corrosion holes in tanks.

Comments on this Site Inspection

Record: 2/2

Start | InBox - Microsoft Ou... | InBox - Microsoft Ou... | Developer/2000 F... | 2:35 PM

Developer/2000 Forms Runtime for Windows 95 / NT

Action Edit Data Help Window

Find LUST Find UST < >

Work Performed Data Entry Screen

Log

Number: 21-95-4012 Site Name: ME LEMATTA/OTIS SERVICE CENTER

City: OTIS Address: 1264 SALMON RIVER HWY - HWY 18

UST

Fac. Id: 11481 Fac. Name: OTIS 76

City: OTIS Address: 1264 SALMON RIVER HWY 18 PO BOX 95

Work Type	Serv Provider Contractor Consultant	Contact Name	Work Begin Date	End Date
Tank Decommissioning ↓	RMCAT Environmental ↓	Kathleen Thorpe	08/29/2001	
↓	↓			
↓	↓			
↓	↓			
↓	↓			

Type in name of contact

Record: 1/1

Start [Icons] Inbox - Microsoft Ou... Inbox - Microsoft Ou... Developer/2000 F... 2:41 PM

orig → EW 2/2/95.
OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM
PERMIT APPLICATION

#11481

TANK OWNER

PLEASE PRINT CLEARLY

NAME Marvin E. LeMatta

ADDRESS 20635 Marina View Dr SW

ADDRESS Seattle, Wash 98166

X Marvin E. LeMatta
TANK OWNER SIGNATURE

DATE 2/1/95

PHONE 206 - 828 - 3111

PERMIT FEE ASSESSMENT

1988 - 1993 \$25 per year for each tank

___ tanks @ \$25 ea = \$___ x ___ yrs = \$___

1994 - current year \$35 per year for each tank

___ tanks @ \$35 ea = \$___ x ___ yrs = \$___

AMOUNT REMITTED \$ 390.00

Owners of existing tanks, registering for the first time, need to submit fees for all years, 1988 through the current year.

PROPERTY OWNER

PLEASE PRINT CLEARLY

NAME Marvin E. LeMatta

ADDRESS 20635 Marina View Dr SW

Seattle, Wash 98166

X Marvin E. LeMatta
PROPERTY OWNER SIGNATURE

FACILITY

PLEASE PRINT CLEARLY

NAME Otis Service Center

ADDRESS 1264 Salmon River

Hwy - Hwy 18

Otis, Ore 97368

PHONE 503 - 994 - 2611

SIC CODE _____

PERMITTEE

PLEASE PRINT CLEARLY

NAME Jose R. Velazquez

or Debra E. Velazquez

ADDRESS PO Box 121

Otis, Ore 97368

X Jose Velazquez
PERMITTEE SIGNATURE

The DEQ will send the annual compliance invoice to the permittee.

Return this completed form, the completed Federal form (Notification for Underground Storage Tanks) and any fees owing to:

DEQ
Business Office
811 SW 6th
Portland, OR 97204

Each completed application must include the signature of the tank owner, property owner and the permittee. Even if it is the same person, all 3 signatures are required.

OREGON UST SURVEY

Qualification

INSTRUCTIONS

Please fill in form to the best of your knowledge. If you do not know or cannot estimate an item requested, please mark "Unknown."

Facility Name:

Tank Identification No. (e.g. ABC-123) or Arbitrarily Assigned Sequential Number (e.g. 1,2,3...)	TANK NO. 1	TANK NO. 2	TANK NO. 3	TANK NO.
1. Status of Tank (check one <u>ONLY</u> if applicable) If temporarily out of use, Estimated time out of use: 1 month-6 months 6 months-1 year 1 year-5 years 5 years or more Estimated date tank is to be brought back into use (mo/yr)	()	()	()	()
2. Was tank new at time of installation? (Y/N)	(Y)	(Y)	(Y)	()
3. Containment Systems (check one) Single-walled tank Double-walled tank Pit-lining system Unknown	(X)	(X)	(X)	()
4. Leak Detection System (check all that apply) Visual Stock Inventory Tile drain Vapor wells Sensor instrument (specify type): In-ground detector Within walls of double-walled tank Ground water monitoring wells Continuous in piping Pressure test Internal inspection Other, specify None Unknown	(X) (X) () () _____ () () () () () (X) () _____ () ()	(X) (X) () () _____ () () () () () (X) () _____ () ()	(X) (X) () () _____ () () () () () (X) () _____ () ()	
5. Overfill Protection (Yes/No)	()	()	()	()
6. Location of Piping (check all that apply) No parts in contact with soil Parts contacting the soil which are: Unprotected metal Made of corrosion resistant materials Corrosion-resisted coated Cathodically protected Double-walled Within a secondary containment Interior lined Unknown	() () (X) () () (X) () (X) ()	() () (X) () () (X) () (X) ()	() () (X) () () (X) () (X) ()	
7. History of Tank Repairs (check one except as indicated) If tank repaired, Indicate date of last repairs (mo/yr) None Unknown	_____ (X) ()	_____ (X) ()	_____ (X) ()	_____ () ()
8. History of Pipe Repairs (check one except as indicated) If pipe repaired, indicate date (mo/yr) None Unknown <i>New lines</i>	_____ 1/31/95 () ()	_____ 1/31/95 () ()	_____ 1/31/95 () ()	_____ () ()
9. Tank Removed from the Ground Indicate date (mo/yr) (mark only if applicable — tank removed since May 1, 1988)	_____ ()	_____ ()	_____ ()	_____ ()

THANK YOU FOR YOUR ASSISTANCE

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0068
APPROVAL EXPIRES 9-30-91

Department of Environmental Quality
811 SW Sixth Ave. Portland 97204

In Oregon call Toll Free 1-800-452-4011

I.D. Number

STATE USE ONLY

Date Received

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;

5. surface impoundments, pits, ponds, or lagoons;

6. storm water or waste water collection systems;

7. flow-through process tanks;

8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;

9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

I. OWNERSHIP OF TANK(S)

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

Marrin E. LeMatta

Street Address

20365 Marine View Dr SW

County

King, Seattle, Wash 98166

City State ZIP Code

206 - 878 - 3111

Area Code Phone Number

Type of Owner (Mark all that apply ☒)

- | | | |
|---|--|--|
| ☒ Current | ☐ State or Local Gov't | ☒ Private or Corporate |
| ☐ Former | ☐ Federal Gov't (GSA facility I.D. no. _____) | ☐ Ownership uncertain |

II. LOCATION OF TANK(S)

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

Facility Name or Company Site Identifier, as applicable

Street Address or State Road, as applicable

County

City (nearest)

State

ZIP Code

Indicate number of tanks at this location

3

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands ☐

III. CONTACT PERSON AT TANK LOCATION

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

Job Title

Area Code

Phone Number

IV. TYPE OF NOTIFICATION

☐ Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (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, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative

Jose R Velazquez, Leasing & Manager

Signature

Jose Velazquez

Date Signed

2/1/95

CONTINUE ON REVERSE SIDE

Owner No. _____

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No. 1	Tank No. 2	Tank No. 3	Tank No.	Tank No.
1. Status of Tank (Mark all that apply ☒) Currently in Use Temporarily Out of Use Permanently Out of Use Brought into Use after 5/8/86	☒ ☐ ☐ ☐	☒ ☐ ☐ ☐	☒ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
2. Estimated Age (Years)	1977	1977	1977		
3. Estimated Total Capacity (Gallons)	6000	6000	4000		
4. Material of Construction (Mark one ☒) Steel Concrete Fiberglass Reinforced Plastic Unknown Other, Please Specify _____	☒ ☐ ☐ ☐ _____	☒ ☐ ☐ ☐ _____	☒ ☐ ☐ ☐ _____	☐ ☐ ☐ ☐ _____	☐ ☐ ☐ ☐ _____
5. Internal Protection (Mark all that apply ☒) Cathodic Protection Interior Lining (e.g., epoxy resins) None Unknown Other, Please Specify _____	☐ ☐ ☐ ☒ _____	☐ ☐ ☐ ☒ _____	☐ ☐ ☐ ☒ _____	☐ ☐ ☐ ☐ _____	☐ ☐ ☐ ☐ _____
6. External Protection (Mark all that apply ☒) Cathodic Protection Painted (e.g., asphaltic) Fiberglass Reinforced Plastic Coated None Unknown Other, Please Specify _____	☐ ☒ ☐ ☐ ☐ _____	☐ ☒ ☐ ☐ ☐ _____	☐ ☒ ☐ ☐ ☐ _____	☐ ☐ ☐ ☐ ☐ _____	☐ ☐ ☐ ☐ ☐ _____
7. Piping (Mark all that apply ☒) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Cathodically Protected Unknown Other, Please Specify _____	☐ ☐ ☒ ☐ ☐ _____	☐ ☐ ☒ ☐ ☐ _____	☐ ☐ ☒ ☐ ☐ _____	☐ ☐ ☐ ☐ ☐ _____	☐ ☐ ☐ ☐ ☐ _____
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply ☒) a. Empty b. Petroleum Diesel Kerosene Gasoline (including alcohol blends) Used Oil Other, Please Specify _____ c. Hazardous Substance Please Indicate Name of Principal CERCLA Substance _____ OR Chemical Abstract Service (CAS) No. _____ Mark box ☒ if tank stores a mixture of substances d. Unknown	☐ ☐ ☐ ☒ ☐ _____ ☐ _____ _____ ☐ ☐	☐ ☐ ☐ ☒ ☐ _____ ☐ _____ _____ ☐ ☐	☐ ☐ ☐ ☒ ☐ _____ ☐ _____ _____ ☐ ☐	☐ ☐ ☐ ☐ ☐ _____ ☐ _____ _____ ☐ ☐	☐ ☐ ☐ ☐ ☐ _____ ☐ _____ _____ ☐ ☐
9. Additional Information (for tanks permanently taken out of service) a. Estimated date last used (mo/yr) b. Estimated quantity of substance remaining (gal.) c. Mark box ☒ if tank was filled with inert material (e.g., sand, concrete)	/	/	/	/	/

VII. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW TANKS AT THIS LOCATION)

10. Installation (mark all that apply):

- ☐ The installer has been certified by the tank and piping manufacturers.
- ☐ The installer has been certified or licensed by the implementing agency.
- ☐ The installation has been inspected and certified by a registered professional engineer.
- ☐ The installation has been inspected and approved by the implementing agency.
- ☐ All work listed on the manufacturer's installation checklists has been completed.
- ☐ Another method was used as allowed by the implementing agency. Please specify:
- _____

11. Release Detection (mark all that apply):

- ☐ Manual tank gauging.
- ☐ Tank tightness testing with inventory controls.
- ☐ Automatic tank gauging.
- ☐ Vapor monitoring.
- ☐ Ground-water monitoring.
- ☐ Interstitial monitoring within a secondary barrier.
- ☐ Interstitial monitoring within secondary containment.
- ☐ Automatic line leak detectors.
- ☐ Line tightness testing.
- ☐ Another method allowed by the implementing agency. Please specify:
- _____

12. Corrosion Protection (if applicable)

- ☐ As specified for coated steel tanks with cathodic protection.
- ☐ As specified for coated steel piping with cathodic protection.
- ☐ Another method allowed by the implementing agency. Please specify:
- _____

13. I have financial responsibility in accordance with Subpart I. Please specify:

Method: _____

Insurer: _____

Policy Number: _____

14. OATH: I certify that the information concerning installation provided in Item 10 is true to the best of my belief and knowledge.

Installer: _____

Name Date

Position

Company

OTIS PROPERTIES
SERVICE STATION ACCOUNT
M. E. LEMATTA
PO BOX 95 503 994-2611
OTIS, OR 97368

1313

2/1 1995

24-12/1230

PAY TO THE
ORDER OF

Oregon DE Q

\$ 390 ^{no}/₁₀₀

Three hundred ninety dollars & no cents
DOLLARS



First Interstate Bank
of Oregon, N.A.
Lincoln City Branch
P.O. Box 538
Lincoln City, Oregon 97367-0538

FOR

tank permits

W. H. Vukobratovic

⑆123000⑆23⑆145 007810 7⑈ 313

FIRST INTERSTATE — IMAGE BLUE

3 tanks

95,94,93 = 315

92 = 75

total = 390