



# Oregon

Tina Kotek, Governor

Department of Environmental Quality

Northwest Region

700 NE Multnomah Street, Suite 600

Portland, OR 97232

(503) 229-5696

FAX (503) 229-6124

TTY 711

October 18, 2023

## OREGON NATIONAL PRIMATE RESEARCH CENTER

Attn: Jason Righter

505 NW 185th Ave

Beaverton, OR 97006-3448

RE: UST Compliance Inspection  
DEQ UST # 5802 -505 NW 185<sup>th</sup> Ave

Dear Oregon National Primate Research Center,

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 has been selected for inspection. A thorough inspection of your facility will be conducted to determine compliance with state and federal UST requirements. **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.

**If I do not hear from you, the inspection for these facilities is scheduled for December 19th, 2023 starting at approximately 9 am at the DEQ UST # listed below.**

### 1. DEQ UST # 5802 – 505 NW 185<sup>th</sup> Ave, Beaverton, OR

Please note that the inspection will require uninterrupted participation and attendance by you or a knowledgeable assistant. For the inspection you need to provide access to tank sumps, under dispenser areas, cathodic protection rectifiers, and leak monitoring equipment. DEQ will not touch the equipment or enter the facility, if you are unable to assist with equipment access, please have your UST Service Provider there. This inspection may also include review of Stage I Vapor Recovery.

DEQ staff will not assist with operating tank gauges.

The DEQ requests the following documentation be submitted electronically prior to the inspection:

- Line and leak detector testing results for the past three years,
- Monthly tank leak detection records,
- Class A, B, and C training documentation,
- Financial responsibility mechanism,
- Annual tank gauge certification,
- Spill prevention testing records,
- Monthly walkthroughs,
- Overfill Prevention Equipment testing,
- Cathodic protection testing (if applicable).

Please submit these records to [ingrid.gaffney@deq.oregon.gov](mailto:ingrid.gaffney@deq.oregon.gov) for review. If these records cannot be submitted prior to the inspection, please have them available for review at the facility.

Owners must also be able to operate the tank gauge and print out applicable reports such as the tank setup and in-tank alarm reports. Owners also must be able to sound high fill over alarm from the tank gauge, if applicable.

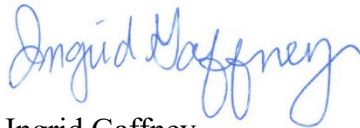
DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overfill protection device, these will need to be verified during the inspection, please be able to locate and remove the ball floats.

If violations are found at the time of the inspection without prior notification, DEQ is required to initiate enforcement action. For UST violations, enforcement usually begins with a field citation option, which is much like paying a traffic ticket and making corrections.

Some enforcement situations including repeat violations will go through a longer and more formal process including civil penalties.

Thank you for your cooperation. I can be reached at 503-229-5048 [ingrid.gaffney@deq.oregon.gov](mailto:ingrid.gaffney@deq.oregon.gov) to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,



Ingrid Gaffney  
UST Compliance Specialist  
Northwest Region

**Oregon Department of Environmental Quality - Underground Storage Tank Program**  
**Technical Compliance Inspection - UST Inspection Report**

Inspector: Ingrid Gaffney      Date: 12/19/2023      Time: 9 AM      Facility: 5802

<b>I. Site Information</b>		
Facility Name: <u>OR Regional Primate Research</u>	Permittee: <u>Oregon National Primate Research Center</u>	Contact: <u>Keri Bishop Jason Righter</u>
Site Address: <u>505 NW 185th Ave.</u>	Organization: <u>                    </u>	Phone: <u>503-348-9329</u>
City: <u>Beaverton, OR 97006</u>	Phone: <u>503-690-5312</u>	

<b>II. Tank Information</b>					
DEQ Permit #	<u>BAABH</u>				
Estimated Gallons	<u>6,000</u>				
Substance	<u>GASOLINE</u>				
Tank Material	<u>DW Fiberglass Xerxes</u>				
Tank Install Date	<u>1/29/1990</u>				
Pipe Material	<u>DW AD Smith</u>				
Pipe Type	<u>Safe Suction</u>				
Pipe Install Date	<u>1/29/1990</u>				
Overfill Device	<u>Alarm</u>				

**Notes and Comments from the UST database:** ☒ Check file before conducting inspection

2 tanks removed  
Safe Suction site (no valve at tank)

If tanks are manifolded, which tanks: NO

<b>III. Operating Certificate</b>		<b>Compliance</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Current	<input checked="" type="checkbox"/> Accurate	<input checked="" type="checkbox"/> Posted for delivery drive to observe	

<b>IV. Operator Training</b>		<b>Compliance</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Class A/B Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Date:
Class C Operator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cardlock		

<b>V. Financial Responsibility</b>		<b>Compliance</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Type of coverage: <u>FR exempt</u>	Begin Date:	End Date:	
Coverage amount correct: <u>OHSU has own coverage \$1,000,000</u>	Number of tanks covered:		
Financial responsibility could also be in the form of self insurance, bonds, local government, trust fund, and or guarantee			

<b>VI. Walkthrough Requirements</b>		<b>Compliance</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spill prevention and release detection equipment checked monthly?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Tank top sumps checked annually?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No



# VII. Release Detection

Compliance

☐ Yes

☒ No

## a) Annual Release Detection Operability Testing (Sometimes referred to as Tank Gauge Certification)

Date of last testing:

NO

no testing

Last three tests available?

☐ Yes

☒ No

## b) Piping Release Detection (Check all that apply)

### ☐ Pressurized Piping

☐ Mechanical Leak Detector (MLLD)

☐ Electronic Leak Detector (ELLD) - check for swiftcheck requirement

Date of last testing:

Last three tests available?

☐ Yes

☐ No

Number of lines tested:

Number of LD tested:

Leak detector manufacturer make and model:

Tank gauge manufacturer make and model:

MLLD on turbine manifold?

☐ Yes

☐ No

MLLD product appropriate? (Example, diesel Red Jacket FX series on diesel system?)

☐ Yes

☐ No

If ELLD and no line testing: Annual 0.1 gph results from tank gauge?

☐ Yes

☐ No

### ☐ Interstitial Monitoring

[Monthly records must include, date system was checked, observations made, initials of person checking. Electronic records must include power status (on or off), alarm indication status (yes or no) and sensor malfunction notes (yes or no).]

Date of last sump testing:

Last two tests available?

☐ Yes

☐ No

Date of last sensor testing:

Last three tests available?

☐ Yes

☐ No

Float sensors installed correctly?

☐ Yes

☐ No

Interstitial space opened to sump?

☐ Yes

☐ No

Presence of water in sumps?

☐ Yes

☐ No

### ☒ Safe Suction

Check valve directly below suction pump?

☒ Yes

☐ No

## c) Monthly Tank Release Detection (Check all that apply)

☐ Tank Gauge

☐ CSLD

☐ SCALD

☐ Static

Are correct tank sizes programmed at tank gauge?

☒ Yes

☐ No

Tank diameter/length seem appropriate?

☒ Yes

☐ No

Are tanks manifolded?

☐ Yes

☒ No

If so, tank gauge testing setup for manifolded tanks?

☐ Yes

☐ No

If Veeder Root tank gauge leak detection

☐ CSLD set at 99%

☐ Thermal coefficient set correctly?

(Gasoline 0.00070; Diesel 0.00045)

If Incon/ Franklin tank gauge leak detection

☒ If SCALD is Vol Qual set to 14% (or 99% confidence)

☒ Is API gravity set correctly?

(Regular 63.5; Plus 62.8; Super 51.3; Diesel 32.8)

For all tank gauges doing static tests

(Static tests require tank to be 50% full for a valid test)

### ☒ Interstitial Monitoring

[Monthly records must include, date system was checked, observations made, initials of person checking. Electronic records must include power status (on or off), alarm indication status (yes or no) and sensor malfunction notes (yes or no).]

☐ SIR

Ensure pass or fail results within 30-day period. Inconclusive result means release detection requirement not met

type of sensor?

Tank release detection records available during inspection

T1:	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input type="checkbox"/> Dec
T2:	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input type="checkbox"/> Dec
T3:	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input type="checkbox"/> Dec
T4:	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input type="checkbox"/> Dec
T5:	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input type="checkbox"/> Dec



Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Facility: 5802

### VIII. Spill Prevention

**Compliance**

☐ Yes ☒ No

Date(s) of testing: None

Number of spill buckets tested? \_\_\_\_\_

Did spill bucket pass most recent testing? ☐ Yes ☐ No

If no, was spill bucket replaced/repaired? ☐ Yes ☐ No

During inspection, visual damage to spill bucket? ☐ Yes ☐ No

☐ Hydrostatic testing (test takes one hour to complete)

☐ Vacuum test (test takes 1 minute, ending vacuum must be 26 inches water column or greater)

### IX. Overfill Prevention

**Compliance**

☐ Yes ☒ No

Date(s) of testing: None

Overfill device pass most recent testing? ☐ Yes ☐ No

If no, overfill device replaced? ☐ Yes ☐ No

Overfill method that was tested: ☒ Alarm

☐ Flapper

☐ Ball Float

#### Overfill Alarm

Alarm sounds when tank is 90% full

☐ Yes ☐ No

Driver can see or hear alarm at point of transfer?

☒ Yes ☐ No

Sound alarm from tank gauge during inspection?

☒ Yes ☐ No

#### Flapper Valve

Testing verified the valve automatically restricts flow at 95%

☐ Yes ☐ No

Visual observation of flapper on day of inspection?

☐ Yes ☐ No

#### Ball Float

Testing verified the ball float automatically restricts flow at 90%

☐ Yes ☐ No

Visual observation of ball float during inspection?

☐ Yes ☐ No

### X. Corrosion Protection

**Compliance**

☐ Yes ☐ No

☐ Cathodic

☐ Galvanic

☐ Impressed Current

Steel tank with cathodic?

☐ Yes ☐ No

Steel pipes with cathodic?

☐ Yes ☐ No

Steel flex-lines with cathodic?

☐ Yes ☐ No

Date of cathodic test: \_\_\_\_\_

Last two tests available?

☐ Yes ☐ No

Did last test pass?

☐ Yes ☐ No

If not:

Was failed test reported to DEQ?

☐ Yes ☐ No

Was system repaired?

☐ Yes ☐ No

Date of repair? \_\_\_\_\_

Cathodic retested within 6 mos. of repair?

☐ Yes ☐ No

Date of retesting? \_\_\_\_\_

If impressed current system:

Rectifier Operational?

☐ Yes ☐ No

Rectifier log maintained?

☐ Yes ☐ No

Rectifier been operating continuously

☐ Yes ☐ No

☐ Tank Lining

Date of last test? \_\_\_\_\_

Pressure test conducted after tank lining inspection?

☐ Yes ☐ No

XI. General notes from inspection

Representative onsite: Keri Bishop email: bishoke@ohsu.edu

- Jimmy Thomas - ✓
- \* July of 2021 facility tech retired.
  - \* monthly walk throughs.
  - \* operator training
  - \* testing annually & tri-annually
  - \* spill & overflow testing.
  - \* send list of licensed contractors
  - \* 51 alarms
  - \* Sump?
  - Coaxial fill - dry -

Compliance Determination:

☐ No Violations Observed

☒ Observed violations resulting in enforcement

Inspector Signature:

Ingrid Haffrey

Date:

1/2/2024





1: Alarm at 505 NW 185<sup>th</sup> Ave, Beaverton, OR 97006



2: Tank nest





3: Dispenser



4: Gasoline fill





5: Tank gauge probe



6: Safe suction piping in dispenser



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY  
INSPECTION PHOTOLOG**

**FACILITY NAME:** OR Regional Primate Research Facility #5802 Page 4  
**DATE:** December 19, 2023





State of Oregon  
Department of  
Environmental  
Quality

Program Enforcement No. 2024-FC-8894

## 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:	12/19/2023	Facility ID#:	5802
Inspector:	Ingrid Gaffney	Facility Name:	Oregon Regional Primate Research
DEQ Office:	700 NE Multnomah St, Ste 600 Portland, OR 97232	Facility Address:	505 NW 185th Ave Beaverton, OR 97006-3448
Phone #:	503-229-5048	County:	Washington

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

Field Citation Issued:	<input type="radio"/> In Person <input checked="" type="radio"/> By Mail <input type="radio"/> Both	Date Issued:
Facility Representative Present During Inspection:	Keri Bishop	<input type="radio"/> Permittee <input type="radio"/> Owner <input checked="" type="radio"/> Other
Name of Permittee or Owner:	OREGON NATIONAL PRIMATE RESEARCH CENTER Attn: Keri Bishop	
Mailing Address:	505 NW 185th Ave, Beaverton, OR 97006-3448	

Field Citation Penalty – See Page 3 for detailed listing of each violation.	\$ 950	.00
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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: 03/02/2024

DEQ Revenue Section  
700 NE Multnomah St. #600  
Portland, Oregon 97232

**Check one option**

- ☐ **Option 1** - I acknowledge that the listed violation(s) have occurred and I 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. 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, Option 1 expires, 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.

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.

By submitting payment of the penalty amount, the responding permittee or owner agrees to accept the field citation as a final order of the Environmental Quality Commission (commission) and 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 payment of the penalty amount set forth in the Field Citation, the Field Citation becomes a Final Order of the 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 violates the Commission Order and subjects 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 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).

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

**UST FIELD CITATION****DATE ISSUED:** 01/02/2024**PROGRAM ENFORCEMENT No.:** 2024-FC-8894**FACILITY ID:** 5802**Page 3 of 3**

<b>Violation #1:</b> <b>*TCR:</b> <input checked="" type="radio"/> Y <input type="radio"/> N	Failure maintain or calibrate Release Detection equipment per manufacturer's instructions, including testing for operability or running condition annually.		
Corrective Action:	Begin testing annually the automatic tank gauge and annual sensor that are installed, operated, and/or maintained as per manufacturer's specifications. Maintain records and submit testing to DEQ within 60 days.		
Rule Citation: <b>OAR 340-150- 0400(2)</b>	Penalty Amount: \$ 300 .00	Correct Violation by: 3/2/2024	Date Violation Corrected:
<b>Violation #2:</b> <b>*TCR:</b> <input checked="" type="radio"/> Y <input type="radio"/> N	Failure to complete any or all initial overfill, spill prevention testing by October 1, 2023.		
Corrective Action:	Complete required testing and submit testing to DEQ within 60 days.		
Rule Citation: <b>OAR 340-150- 0310(1)</b>	Penalty Amount: \$ 500 .00	Correct Violation by: 3/2/2024	Date Violation Corrected:
<b>Violation #3:</b> <b>*TCR:</b> <input type="radio"/> Y <input checked="" type="radio"/> N	Failure to conduct monthly periodic operation and maintenance walkthrough inspection by 10/01/20 and each month thereafter		
Corrective Action:	Complete annual walkthrough inspection within 30 days. Submit to DEQ.		
Rule Citation: <b>OAR 340-150- 0315(1)</b>	Penalty Amount: \$ 150 .00	Correct Violation by: 2/2/2024	Date Violation Corrected:
<b>Violation #4:</b> <b>*TCR:</b> <input type="radio"/> Y <input type="radio"/> N			
Corrective Action:			
Rule Citation: <b>OAR 340-150-</b>	Penalty Amount: \$ .00	Correct Violation by:	Date Violation Corrected:
<b>Violation #5:</b> <b>*TCR:</b> <input type="radio"/> Y <input type="radio"/> N			
Corrective Action:			
Rule Citation: <b>OAR 340-150-</b>	Penalty Amount: \$ .00	Correct Violation by:	Date Violation Corrected:
<b>Violation #6:</b> <b>*TCR:</b> <input type="radio"/> Y <input type="radio"/> N			
Corrective Action:			
Rule Citation: <b>OAR 340-150-</b>	Penalty Amount: \$ .00	Correct Violation by:	Date Violation Corrected:
	Total Penalty Amount (This Page): \$ 950 .00	Total Penalty Amount (All Pages): \$ 950 .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: 03/02/2024**

**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

\*TCR: Technical Compliance Rate





PO BOX 883  
Sherwood, OR 97140  
888-TLC-TANK  
[www.NWTLI.com](http://www.NWTLI.com)  
Since 1959

February 7, 2024

OHSU  
Attn: Jonathan Alloway  
505 NW 185th Ave  
Beaverton, OR 97006

**Subject: Compliance Testing**

**Dear Jonathan**

This cover letter summarizes the results of the test(s) performed at the subject site. The test results and data sheets are attached.

Test Summary				
Tests Performed On: 2/7/2024				
Test Performed	Result		Test Performed	Result
<u>Tank Monitor Certification</u> INCON TS-750	Pass		<u>Spill Bucket Test</u> Regular	Pass
<u>Overfill Functionality Test</u> Audible	Pass			

**Limitations:**

The results for the test(s) are valid only for the specific operating conditions of the test method, and apply only to the condition of the subject tank/line at the time of the test. NWTLI does not express or imply any past or future responsibility as the condition of the tank system. Furthermore, NWTLI is not responsible for any on-going leakage below the limits of the accuracy of the test methods.

**Record Keeping:**

Local, State and Federal regulations may have specific record keeping and reporting requirements for compliance testing reports.

Thank you for the opportunity to provide you service. Any questions or comments regarding this report, please contact us at [testing@NWTLI.com](mailto:testing@NWTLI.com)

Sincerely,

Michael Driggs



PO BOX 883  
Sherwood, OR 97140  
888-TLC-TANK  
[www.NWTLI.com](http://www.NWTLI.com)  
Since 1959

OHSU , 505 NW 185th Ave, Beaverton, OR, 97006

Tech: Michael Driggs

Test Date: 2/7/2024

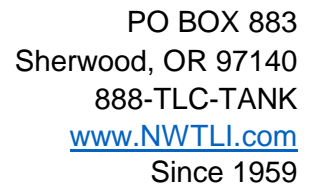
### Overfill Alarm Inspection

Tank #	1				
Product	Regular				
Volume (Tank Chart, Gallons)	5929				
90% Point (Gallons)	5335				
Diameter (Inches)	92				
Tank MFG	O/C				
Tank Model	G-5				
Tank Material	FRP				

### Alarm

Monitor MFG	INCON				
Monitor Model	TS-750				
Alarm MFG	Federal				
Alarm Model	350				
Shut Off Point From Tank Top (Inches)	15.5				
Above Calculated Point (%)	90%				
Above Calculated Point (Gallons)	5336				
Tank Charts 90% Point (Inches)	76.5				
Tank Charts 90% Point (Gallons)	5335				
Is the alarm audible?	Yes				
Does the alarm have a visual indicator?	No				
Is the Overfill Alarm sign posted?	Yes				
Is the Overfill Alarm located properly?	Yes				
Ball Float installed?	No				
Ball Float removed (if above is yes)?	N/A				
Alarm functional and installed properly per MFG instructions?	<b>Yes</b>				

Notes					
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Test Date: 2/7/2024

Test/Site Notes:	* I believe this company was bought out by Franklin Fueling and converted post 2008, but I am not sure.
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PO BOX 883  
Sherwood, OR 97140  
888-TLC-TANK  
[www.NWTLI.com](http://www.NWTLI.com)  
Since 1959

OHSU , 505 NW 185th Ave, Beaverton, OR, 97006

Tech: Michael Driggs

Test Date: 2/7/2024

**ATG / Tank Monitor Certification**  
**(Page 1 of 3)**

Monitor System Manufacturer: **INCON**

Monitor Serial: **115129**

Monitor System Model: **TS-750**

Monitor Software Version: **5.000**

**Unleaded**

- |                                     |                           |                    |
|-------------------------------------|---------------------------|--------------------|
| <input checked="" type="checkbox"/> | Annular Sensor            | <b>Unknown *</b>   |
| <input checked="" type="checkbox"/> | In-Tank Probe             | <b>TPS-LL2</b>     |
| <input checked="" type="checkbox"/> | Piping Sump Sensor        | <b>TSP-ULS</b>     |
| <input checked="" type="checkbox"/> | Overfill/High Level Alarm | <b>Federal 350</b> |
| <input type="checkbox"/>            |                           |                    |
| <input type="checkbox"/>            |                           |                    |
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<input type="checkbox"/>		

<input type="checkbox"/>		
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<input type="checkbox"/>		
<input type="checkbox"/>		

<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		



OHSU , 505 NW 185th Ave, Beaverton, OR, 97006

Tech: Michael Driggs

Test Date: 2/7/2024

**ATG / Tank Monitor Certification**  
**(Page 2 of 3)**

**Results of Inspection/Certification**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Were all sensors installed at the lowest point of secondary containment and positioned so that other equipment will not interfere with their operation?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communication equipment (i.e. Modem) operational?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Sump Sensors <input type="checkbox"/> Dispenser Sensors	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?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Did you confirm positive shut down due to leaks and sensor failure disconnection?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, trigger point is <b>90 %</b>	For tank systems that utilize the monitoring system as the primary tank overflow warning device (i.e. no mechanical overflow prevention valve is installed), is the overflow warning visible and audible at the tank fill point(s) and operating properly?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was any monitoring equipment replaced/repaired? If Yes, identify specific equipment replaced/repaired and list in the Comments
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Product <input type="checkbox"/> Water	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) If Yes, describe potential causes in the Comments section.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is all monitoring equipment inspected operational per manufacturers' specifications?

**In-Tank Gauging**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the in-tank gauging system used solely for inventory control?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Were all tank gauging probes visually inspected for damage and residue build-up?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Was the accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Were all items on the equipment manufacturer's maintenance checklist completed?

**Line Leak Detectors (LLD)**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Was a leak simulated to verify LLD performance?
<input type="checkbox"/> 3.0gph <input type="checkbox"/> .2gph <input type="checkbox"/> .1gph	If Yes, check of the simulated leak rate.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Was the testing apparatus properly calibrated prior to each test performed?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	For mechanical LLDs, do the LLDs restrict product flow if they detect a leak?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled, disconnected, malfunctions or fails a test?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected? Were all items on the equipment manufacturer's maintenance checklist completed?



PO BOX 883  
Sherwood, OR 97140  
888-TLC-TANK  
[www.NWTLI.com](http://www.NWTLI.com)  
Since 1959

OHSU , 505 NW 185th Ave, Beaverton, OR, 97006

Tech: Michael Driggs

Test Date: 2/7/2024

**ATG / Tank Monitor Certification**  
**(Page 3 of 3)**

**Certification**

- ☒ System Setup  
☒ Alarm History  
☐ Tank Testing Results  
☐ LLD Testing Results

The following reports are attached.

☒ Yes ☐ No

I hereby certify that the equipment identified in this document was inspected and functioning in accordance with the manufacturers' guidelines unless otherwise indicated in the comments section.

Technician: Michael Driggs

Manufacturer

Certification #: \_\_\_\_\_

Signature: 

ICC

Certification #: 8041100

**Comments**

\* Recommended to replace this working sensor with the appropriate EIS sensor from Franklin.

## OHSU WEST CAMPUS

02/07/2024 11:40 AM

## PRODUCT INVENTORY DETAIL

UNLEADED 5928.0 GAL

## UNLEAD

GROSS 4176.4 GAL  
NET 4211.1 GAL  
DAYS SUPPLY 113.3 DAYS  
ULLAGE 1450.8 GAL  
WATER VOLUME 4.3 GAL

## OHSU WEST CAMPUS

02/07/2024 11:40 AM

## PRODUCT INVENTORY SUMMARY

( GROSS VOLUME )

UNLEADED 4176.4 GAL

## OHSU WEST CAMPUS

02/07/2024 11:40 AM

## SENSOR STATUS REPORT

SENSOR NO. 1  
PIPEING INTR  
OK

SENSOR NO. 2  
TANK INTER  
OK

## OHSU WEST CAMPUS

02/07/2024 11:40 AM

## TANK INVENTORY DETAIL

## UNLEAD

TANK NO. 1 5928.0 GAL  
PRODUCT UNLEADED  
GROSS 4176.4 GAL  
NET 4211.1 GAL  
PROD LEVEL 60.106 IN  
GROSS CAPACITY 70.5%  
ULLAGE 1450.9 GAL  
TEMPERATURE 48.170 F  
WATER LEVEL 0.619 IN  
WATER VOLUME 4.3 GAL

## OHSU WEST CAMPUS

02/07/2024 11:42 AM

## SENSOR STATUS REPORT

SENSOR NO. 1  
PIPING SUMP  
OK

SENSOR NO. 2  
TANK INTER  
OK

## OHSU WEST CAMPUS

02/07/2024 11:43 AM

## REGULATORY REPORT

## HARDWARE STATUS

TS-CIM NOT INSTALLED  
TS-ROM NOT INSTALLED  
TS-SEM 1 NOT INSTALLED  
TS-SEM 2 NOT INSTALLED  
TS-CPM NOT INSTALLED  
PRINTER OPERATIONAL  
FAX/MOD NOT INSTALLED

## PROBES

PROBE 1 OPERATIONAL

## SENSORS

SENSOR 1 OPERATIONAL  
SENSOR 2 OPERATIONAL

## AUXILIARY INPUTS

AUX IN 1 OPERATIONAL  
AUX IN 2 OPERATIONAL

## PASSED LEAK TESTS

## TANK 1

NO DATA

## OHSU WEST CAMPUS

02/07/2024 11:46 AM

## ALARM HISTORY

11/11/2023 1:58 PM  
POWER UP

11/11/2023 1:55 PM  
POWER DOWN

11/11/2023 8:46 AM  
POWER UP

11/11/2023 8:46 AM  
POWER DOWN

04/03/2023 10:13 AM  
PRINTER OUT OF PAPER

04/03/2023 10:10 AM  
PRINTER OUT OF PAPER

12/27/2022 3:13 PM  
POWER UP

12/27/2022 3:09 PM  
POWER DOWN

12/27/2022 11:05 AM  
POWER UP

12/27/2022 11:04 AM  
POWER DOWN

06/03/2022 5:44 PM  
PROBE SYNC ERROR  
TANK NO. 1

05/18/2022 2:01 PM  
POWER UP

05/18/2022 12:44 PM  
POWER DOWN

04/20/2022 2:45 PM  
POWER UP

04/20/2022 1:17 PM  
POWER DOWN

04/09/2022 11:35 PM  
PROBE SYNC ERROR  
TANK NO. 1

04/08/2022 2:05 PM  
POWER UP

04/08/2022 2:04 PM  
POWER DOWN

04/08/2022 2:04 PM  
POWER UP

04/08/2022 2:04 PM  
POWER DOWN

04/08/2022 2:04 PM  
POWER UP

04/08/2022 2:03 PM  
POWER DOWN

04/08/2022 3:29 AM  
PROBE SYNC ERROR  
TANK NO. 1

04/08/2022 3:08 AM  
PROBE SYNC ERROR  
TANK NO. 1

04/04/2022 4:06 PM  
PROBE SYNC ERROR  
TANK NO. 1

04/01/2022 6:03 PM  
PROBE SYNC ERROR  
TANK NO. 1

04/01/2022 5:58 PM  
PROBE SYNC ERROR  
TANK NO. 1

04/01/2022 5:58 PM  
PROBE SYNC ERROR  
TANK NO. 1

03/12/2022 2:57 PM  
PROBE SYNC ERROR  
TANK NO. 1

12/02/2021 1:02 PM  
POWER UP

12/02/2021 8:05 AM  
POWER DOWN

04/25/2021 9:20 PM  
PROBE SYNC ERROR  
TANK NO. 1

04/25/2021 9:20 PM  
PROBE SYNC ERROR  
TANK NO. 1

04/24/2021 7:19 PM  
PROBE SYNC ERROR  
TANK NO. 1

03/31/2021 8:47 AM  
PROBE SYNC ERROR  
TANK NO. 1

03/05/2021 2:46 PM  
PROBE SYNC ERROR  
TANK NO. 1

03/05/2021 2:45 PM  
PROBE SYNC ERROR  
TANK NO. 1



03/05/2021 2:44 PM  
PROBE SYNC ERROR  
TANK NO. 1

03/05/2021 2:44 PM  
PROBE SYNC ERROR  
TANK NO. 1

02/26/2021 5:56 PM  
PROBE SYNC ERROR  
TANK NO. 1

11/07/2020 5:19 PM  
PROBE SYNC ERROR  
TANK NO. 1

10/16/2020 9:46 AM  
PROBE SYNC ERROR  
TANK NO. 1

10/16/2020 9:37 AM  
PROBE SYNC ERROR  
TANK NO. 1

10/16/2020 9:35 AM  
PROBE SYNC ERROR  
TANK NO. 1

10/16/2020 9:35 AM  
PROBE SYNC ERROR  
TANK NO. 1

10/16/2020 9:34 AM  
PROBE SYNC ERROR  
TANK NO. 1

10/16/2020 9:33 AM  
PROBE SYNC ERROR  
TANK NO. 1

10/16/2020 9:33 AM  
PROBE SYNC ERROR  
TANK NO. 1

09/18/2020 3:22 PM  
PROBE SYNC ERROR  
TANK NO. 1

09/18/2020 1:12 PM  
PROBE SYNC ERROR  
TANK NO. 1

09/18/2020 1:10 PM  
PROBE SYNC ERROR  
TANK NO. 1

OHSU WEST CAMPUS

02/07/2024 11:49 AM  
SYSTEM SETUP REPORT

SYSTEM INFO

SOFTWARE  
PART T750P/1S  
VERSION 5.000  
RELEASED 07/05/2006

SYSTEM ID SEE ABOVE

MEASUREMENT UNITS  
CORRECTION TEMP 60.0  
ULAGE PERCENT 95  
VOLUME GALLONS  
LEVEL INCHES  
TEMPERATURE FAHRENHEIT  
PRESSURE PSI

CLOCK/CALENDAR  
TIME STYLE 12 HOUR  
DATE STYLE MM/DD/YY  
DAYLIGHT SAV ENABLED  
SET TIME 11:49 AM  
SET DATE 02/07/2024

SENTINEL MODE  
MODE OFF  
START TIME 12:00 AM  
END TIME 12:00 AM

REPORT PRINT ENABLES  
DELIVERIES ENABLED  
ALARMS DISABLED  
LEAK TESTS DISABLED  
SCALD TESTS DISABLED

LIMITS  
LEAK LIMIT 2.00  
LEAK LIMIT O/G NONE  
THEFT LIMIT 10.00  
THEFT LIMIT O/G NONE

MISCELLANEOUS  
SYSTEM FAIL O/G NONE  
DELIVERY DELAY 15  
HISTORY LENGTH 50  
PRINT INTERVAL 1  
BUSY SUPPORTED NO  
USER THRESHOLD 0

#### TANKS

NUMBER OF TANKS 1

TANK 1  
NAME UNLEAD  
TANK TYPE STANDARD 10  
PROBE PROBE 1  
PRODUCT PRODUCT 1  
MANIFOLD NONE  
PROD OFFSET 0.000  
WATER OFFSET 0.000  
DEL THRESHOLD 200  
HIGH HIGH LIM 87.500  
HIGH HIGH O/G NONE  
HIGH LIMIT 83.000  
HIGH LIMIT O/G GROUP A  
LOW LIMIT 10.0  
LOW LIMIT O/G NONE  
LOW LOW LIMIT 6.0  
LOW LOW O/G NONE  
WATER LIMIT 4.000  
WATER O/G NONE

#### PROBES

PROBE 1  
TYPE STD 101  
GRADIENT 9.00299  
RATIO 1:1 TIP TO HEAD  
FLOATS 2 FLOATS  
FLOAT TYPE GASOLINE

#### PRODUCTS

PRODUCT 1  
NAME UNLEADED  
TYPE UNLEADED REG

#### REPORT SCHEDULES

INVENTORY  
PRODUCT DETAIL  
SCHEDULE NONE  
PRODUCT SUMMARY  
SCHEDULE NONE  
PRODUCT USAGE DETAIL  
SCHEDULE NONE  
PRODUCT USAGE SUMMARY  
SCHEDULE NONE  
TANK DETAIL  
SCHEDULE SUNDAY  
TIME 1 6:30 AM  
TIME 2 12:00 AM  
TIME 3 12:00 AM  
SEND TO FAX NO  
SEND TO PRINTER YES

TANK SUMMARY  
SCHEDULE NONE  
RECONCILIATION  
SCHEDULE NONE

DELIVERY  
PRODUCT DETAIL  
SCHEDULE NONE  
PRODUCT SUMMARY  
SCHEDULE NONE  
DELIVERY HISTORY  
SCHEDULE NONE

ALARMS  
ACTIVE ALARMS  
SCHEDULE NONE  
CLEARED ALARMS  
SCHEDULE NONE

ALARM HISTORY  
SCHEDULE NONE

SENSOR STATUS  
SCHEDULE 21ST DAY  
TIME 1 12:00 AM  
TIME 2 12:00 AM  
TIME 3 12:00 AM

SEND TO FAX NO  
SEND TO PRINTER YES  
SCALD TESTS  
SCHEDULE NONE  
REGULATORY SCHEDULE NONE

#### COMM PORTS

COMM PORT 1  
MODE NATIVE  
BAUD 9600 BAUD  
DATA BITS 8 BITS  
STOP BITS 1 STOP BIT  
PARITY NO PARITY  
SECURITY  
COMM PORT 2  
MODE NATIVE  
BAUD 9600 BAUD  
DATA BITS 8 BITS  
STOP BITS 1 STOP BIT  
PARITY NO PARITY  
SECURITY  
ACCESS 1  
PHONE 1  
REDIAL 1 DISABLED  
ACCESS 2  
PHONE 2  
REDIAL 2 DISABLED  
ACCESS 3  
PHONE 3  
REDIAL 3 DISABLED  
ACCESS 4  
PHONE 4  
REDIAL 4 DISABLED  
DIAL DELIV  
DIAL ALARM  
DIAL LEAK  
DIAL SCALD

#### LEAK TESTS

CONFIDENCE 99.0%  
MIN TEST TIME 2  
MAX TEST TIME 8  
LEAK TEST  
TANK 1 0.20  
TEST SCHEDULES  
TANK 1  
SCHEDULE NONE  
TIME 12:00 AM  
ALARM ON TEST FAIL NO

#### SCALD TESTS

CONFIDENCE 99.0  
LEAK TEST 0.20  
INTERVAL 18  
VOLUME QUALIFY 0.0%  
VAPOR RECOVERY DISABLED  
SCALD ENABLE  
TANK 1 DISABLED  
ALARM ON TEST FAIL NO

#### ANNUNCIATORS

MODULATED ANNUNCIATOR  
TIMEOUT 0  
OUTPUT GROUPS  
A-P -----  
Q-FF -----  
SOLID ANNUNCIATOR  
TIMEOUT 0  
OUTPUT GROUPS  
A-P -----  
Q-FF -----

#### RELAYS

RELAY 1  
TIMEOUT 10  
OUTPUT GROUPS  
A-P -----  
Q-FF -----  
RELAY 2  
TIMEOUT 15  
OUTPUT GROUPS  
A-P -----  
Q-FF -----

#### SENSORS

NUMBER OF SENSORS 2  
SENSOR 1 STD  
NAME PIPING SUMP  
STD O/G NONE  
SENSOR 2 STD  
NAME TANK INTER  
STD O/G NONE

TPI  
ENABLED NO  
ADDRESS 80

#### AUXILIARY INPUTS

INPUT 1  
NAME ACTIVE CLOSED  
AUX INPUT O/G AUXILIARY 1  
INPUT 2 NONE  
NAME ACTIVE CLOSED  
AUX INPUT O/G AUXILIARY 2  
NONE

## OHSU WEST CAMPUS

02/07/2024 11:52 AM

## TANK SETUP REPORT

TANK NO. 1 5928.0 GAL

TANK NAME UNLEAD  
TANK TYPE STANDARD 10  
DIAMETER 92.00  
LENGTH 205.99  
DEL THRESHOLD 200.00  
PRODUCT PRODUCT 1  
PROD NAME UNLEADED  
PROD TYPE UNLEADED REG  
OFFSET P 0.00  
OFFSET W 0.00  
MANIFOLD NONE  
PROBE PROBE 1  
PROBE TYPE STD 101  
FLOATS 2 FLOATS  
FLOAT TYPE GASOLINE  
GRADIENT 9.00299  
RATIO 1:1 TIP TO HEAD  
HIGH LIMIT 83.00  
HIGH LIMIT O/G GROUP A  
LOW LIMIT 10.00  
LOW LIMIT O/G NONE  
HIGH HIGH 87.50  
HIGH HIGH O/G NONE  
LOW LOW 6.00  
LOW LOW O/G NONE  
WATER LIMIT 4.00  
WATER LIMIT O/G NONE  
TEMP COMP API 68/54B  
API GRAVITY 63.50  
ALPHA 320.00  
VAPOR A 11.68  
VAPOR B 5134.38  
MOLE WEIGHT 77.90  
NO. RTDS 5  
RTD LOC 1 11.49  
RTD LOC 2 30.93  
RTD LOC 3 45.81  
RTD LOC 4 60.47  
RTD LOC 5 77.19

## STRAPPING DATA

INCHES	GALLONS
0.000	0.000
1.000	9.367
2.000	28.046
3.000	51.176
4.000	79.036
5.000	109.606
6.000	143.692
7.000	180.925
8.000	221.014
9.000	263.100
10.000	307.603
11.000	354.349
12.000	403.189
13.000	453.986
14.000	508.716
15.000	565.174
16.000	623.260
17.000	682.880
18.000	744.541
19.000	807.571
20.000	871.894
21.000	938.722
22.000	1006.706
23.000	1075.780
24.000	1145.885
25.000	1218.311
26.000	1291.652
27.000	1365.855
28.000	1441.916
29.000	1518.736
30.000	1596.916
31.000	1675.757
32.000	1756.513
33.000	1837.840
34.000	1919.692
35.000	2002.976
36.000	2086.699
37.000	2172.003
38.000	2257.663
39.000	2343.637
40.000	2431.053

41.000	2518.704
42.000	2606.550
43.000	2694.551
44.000	2784.449
45.000	2874.425
46.000	2964.439
47.000	3054.454
48.000	3144.430
49.000	3233.448
50.000	3322.349
51.000	3409.920
52.000	3497.295
53.000	3584.437
54.000	3671.303
55.000	3756.329
56.000	3841.000
57.000	3925.273
58.000	4008.107
59.000	4090.459
60.000	4172.285
61.000	4251.908
62.000	4330.916
63.000	4409.263
64.000	4485.999
65.000	4561.977
66.000	4637.147
67.000	4710.088
68.000	4782.115
69.000	4853.168
70.000	4922.193
71.000	4990.127
72.000	5056.039
73.000	5120.728
74.000	5184.125
75.000	5245.369
76.000	5305.164
77.000	5363.424
78.000	5420.057
79.000	5474.012
80.000	5524.897
81.000	5573.823
82.000	5620.656
83.000	5665.246
84.000	5707.418
85.000	5746.974
86.000	5784.556
87.000	5818.992
88.000	5850.229
89.000	5877.456
90.000	5899.953
91.000	5918.632
92.000	5927.999







## OHSU WEST CAMPUS

02/07/2024 1:42 PM

## REGULATORY REPORT

## HARDWARE STATUS

TS-CIM NOT INSTALLED  
 TS-ROM NOT INSTALLED  
 TS-SEM 1 NOT INSTALLED  
 TS-SEM 2 NOT INSTALLED  
 TS-CPM NOT INSTALLED  
 PRINTER OPERATIONAL  
 FAX/MOD NOT INSTALLED

## PROBES

PROBE 1 OPERATIONAL

## SENSORS

SENSOR 1 OPERATIONAL  
 SENSOR 2 OPERATIONAL

## AUXILIARY INPUTS

AUX IN 1 OPERATIONAL  
 AUX IN 2 OPERATIONAL

## PASSED LEAK TESTS

## TANK 1

NO DATA

## OHSU WEST CAMPUS

02/07/2024 1:44 PM

## SYSTEM SETUP REPORT

## SYSTEM INFO

SOFTWARE  
 PART T750P/1S  
 VERSION 5.000  
 RELEASED 07/05/2006

SYSTEM ID SEE ABOVE

MEASUREMENT UNITS  
 CORRECTION TEMP 60.0  
 ULAGE PERCENT 95  
 VOLUME GALLONS  
 LEVEL INCHES  
 TEMPERATURE FAHRENHEIT  
 PRESSURE PSI

## CLOCK/CALENDAR

TIME STYLE 12 HOUR  
 DATE STYLE MM/DD/YY  
 DAYLIGHT SAV ENABLED  
 SET TIME 1:44 PM  
 SET DATE 02/07/2024

## SENTINEL MODE

MODE OFF  
 START TIME 12:00 AM  
 END TIME 12:00 AM

REPORT PRINT ENABLES  
 DELIVERIES ENABLED  
 ALARMS DISABLED  
 LEAK TESTS DISABLED  
 SCALD TESTS DISABLED

## LIMITS

LEAK LIMIT 2.00  
 LEAK LIMIT O/G NONE  
 THEFT LIMIT 10.00  
 THEFT LIMIT O/G NONE

## MISCELLANEOUS

SYSTEM FAIL O/G NONE  
 DELIVERY DELAY 15  
 HISTORY LENGTH 50  
 PRINT INTERVAL 1  
 BUSY SUPPORTED NO  
 USER THRESHOLD 0

## NUMBER OF TANKS

1

TANK 1  
 NAME UNLEAD  
 TANK TYPE STANDARD 10  
 PROBE PROBE 1  
 PRODUCT PRODUCT 1  
 MANIFOLD NONE  
 PROD OFFSET 0.750  
 WATER OFFSET -0.618  
 DEL THRESHOLD 200  
 HIGH HIGH LIM 87.500  
 HIGH HIGH O/G NONE  
 HIGH LIMIT 76.500  
 HIGH LIMIT O/G GROUP A  
 LOW LIMIT 15.0  
 LOW LIMIT O/G GROUP B  
 LOW LOW LIM 6.0  
 LOW LOW O/G NONE  
 WATER LIMIT 4.000  
 WATER O/G GROUP C

## PROBES

PROBE 1  
 TYPE STD 101  
 GRADIENT 9.00299  
 RATIO 1:1 TIP TO HEAD  
 FLOATS 2 FLOATS  
 FLOAT TYPE GASOLINE

## PRODUCTS

PRODUCT 1  
 NAME UNLEADED  
 TYPE UNLEADED REG

## REPORT SCHEDULES

INVENTORY  
 PRODUCT DETAIL  
 SCHEDULE NONE  
 PRODUCT SUMMARY  
 SCHEDULE NONE  
 PRODUCT USAGE DETAIL  
 SCHEDULE NONE  
 PRODUCT USAGE SUMMARY  
 SCHEDULE NONE  
 TANK DETAIL  
 SCHEDULE SUNDAY  
 TIME 1 6:30 AM  
 TIME 2 12:00 AM  
 TIME 3 12:00 AM  
 SEND TO FAX NO  
 SEND TO PRINTER YES  
 TANK SUMMARY  
 SCHEDULE NONE  
 RECONCILIATION  
 SCHEDULE NONE  
 DELIVERY  
 PRODUCT DETAIL  
 SCHEDULE NONE  
 PRODUCT SUMMARY  
 SCHEDULE NONE  
 DELIVERY HISTORY  
 SCHEDULE NONE  
 ALARMS  
 ACTIVE ALARMS  
 SCHEDULE NONE  
 CLEARED ALARMS  
 SCHEDULE NONE  
 ALARM HISTORY  
 SCHEDULE NONE  
 SENSOR STATUS  
 SCHEDULE 21ST DAY  
 TIME 1 12:00 AM  
 TIME 2 12:00 AM  
 TIME 3 12:00 AM  
 SEND TO FAX NO  
 SEND TO PRINTER YES  
 SCALD TESTS  
 SCHEDULE NONE  
 REGULATORY  
 SCHEDULE NONE

## COMM PORTS

COMM PORT 1  
 MODE NATIVE  
 BAUD 9600 BAUD  
 DATA BITS 8 BITS  
 STOP BITS 1 STOP BIT  
 PARITY NO PARITY  
 SECURITY  
 COMM PORT 2  
 MODE NATIVE  
 BAUD 9600 BAUD  
 DATA BITS 8 BITS  
 STOP BITS 1 STOP BIT  
 PARITY NO PARITY  
 SECURITY  
 ACCESS 1  
 PHONE 1  
 REDIAL 1 DISABLED  
 ACCESS 2  
 PHONE 2  
 REDIAL 2 DISABLED  
 ACCESS 3  
 PHONE 3  
 REDIAL 3 DISABLED  
 ACCESS 4  
 PHONE 4  
 REDIAL 4 DISABLED  
 DIAL DELIV  
 DIAL ALARM  
 DIAL LEAK  
 DIAL SCALD

## LEAK TESTS

CONFIDENCE 99.0%  
 MIN TEST TIME 2  
 MAX TEST TIME 8  
 LEAK TEST  
 TANK 1 0.20  
 TEST SCHEDULES  
 TANK 1  
 SCHEDULE NONE  
 TIME 12:00 AM  
 ALARM ON TEST FAIL NO

## SCALD TESTS

CONFIDENCE 99.0  
 LEAK TEST 0.20  
 INTERVAL 18  
 VOLUME QUALIFY 0.0%  
 VAPOR RECOVERY DISABLED  
 SCALD ENABLE  
 TANK 1 DISABLED  
 ALARM ON TEST FAIL NO

## ANNUNCIATORS

MODULATED ANNUNCIATOR  
 TIMEOUT 0  
 OUTPUT GROUPS  
 A-P VVVV  
 Q-FF  
 SOLID ANNUNCIATOR  
 TIMEOUT 0  
 OUTPUT GROUPS  
 A-P  
 Q-FF

## RELAYS

RELAY 1  
 TIMEOUT 10  
 OUTPUT GROUPS  
 A-P V  
 Q-FF  
 RELAY 2  
 TIMEOUT 15  
 OUTPUT GROUPS  
 A-P  
 Q-FF

## SENSORS

NUMBER OF SENSORS 2  
 SENSOR 1 STD  
 NAME PIPING INTER  
 STD O/G NONE  
 SENSOR 2 STD  
 NAME TANK INTER  
 STD O/G NONE

## TPI

ENABLED NO  
 ADDRESS 00

## AUXILIARY INPUTS

INPUT 1  
 ACTIVE CLOSED  
 NAME AUXILIARY 1  
 AUX INPUT O/G NONE  
 INPUT 2  
 ACTIVE CLOSED  
 NAME AUXILIARY 2  
 AUX INPUT O/G NONE

## OHSU WEST CAMPUS

02/07/2024 1:53 PM

## ALARM HISTORY

02/07/2024 1:51 PM  
 PROBE SYNC ERROR  
 TANK NO. 1  
 02/07/2024 1:51 PM  
 NO PROBE DETECTED  
 TANK NO. 1  
 02/07/2024 1:49 PM  
 HIGH PRODUCT LIMIT  
 TANK NO. 1  
 02/07/2024 1:49 PM  
 NO PROBE DETECTED  
 TANK NO. 1  
 02/07/2024 1:48 PM  
 STANDARD SENSOR  
 PIPING INTER  
 SENSOR NO. 1

02/07/2024 2:24 PM

POWER UP

02/07/2024 2:24 PM

POWER DOWN

02/07/2024 2:11 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2

02/07/2024 2:07 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2

02/07/2024 2:06 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2

02/07/2024 2:06 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2

02/07/2024 2:06 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2

02/07/2024 2:06 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2

02/07/2024 2:06 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2

02/07/2024 2:05 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2

02/07/2024 2:05 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2

02/07/2024 2:04 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2

02/07/2024 2:04 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2

02/07/2024 2:04 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2

02/07/2024 2:03 PM

STANDARD SENSOR  
 TANK INTER  
 SENSOR NO. 2



**From:** [GAFFNEY Ingrid \\* DEQ](#)  
**To:** [Keri Bishop](#)  
**Cc:** [Tanks Info \\* DEQ](#); [UST Duty Officer \\* DEQ](#)  
**Subject:** RE: DEQ UST Inspection Determination: Oregon Regional Primate Research Facility #5802  
**Date:** Wednesday, February 14, 2024 11:27:37 AM

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Hi Keri

Once we get the payment and signed FC, we can close out the citation with DEQ.

Thank you for tending to all the citations.

Emily – once we get payment this one can be closed out.

Regards,

Ingrid Gaffney  
UST Compliance Inspector  
DEQ UST Program  
700 NE Multnomah St, Ste 600  
Portland, OR 97232  
<https://www.oregon.gov/deq/Pages/index.aspx>  
*she/ her*

---

**From:** Keri Bishop <bishoke@ohsu.edu>  
**Sent:** Wednesday, February 14, 2024 7:58 AM  
**To:** GAFFNEY Ingrid \* DEQ <Ingrid.GAFFNEY@deq.oregon.gov>  
**Cc:** Tanks Info \* DEQ <tanksinfo@deq.oregon.gov>; UST Duty Officer \* DEQ <UST.DutyOfficer@DEQ.oregon.gov>  
**Subject:** RE: DEQ UST Inspection Determination: Oregon Regional Primate Research Facility #5802

Some people who received this message don't often get email from [bishoke@ohsu.edu](mailto:bishoke@ohsu.edu). [Learn why this is important](#)

Good Morning Ingrid,

I have attached the recent testing results for OHSU's West Campus UST.

I will be sending the signed UST citation form and the penalty check this week by registered mail.

Please let me know if you have any further questions or if additional actions are required by OHSU.

Thank you,

-Keri

Keri Bishop, CHOP  
Hazardous Waste Program Manager, Environmental Health and Safety  
OHSU  
[bishoke@ohsu.edu](mailto:bishoke@ohsu.edu)  
p: 503 348-9329

[Healthcare and Central Services - Hazardous Waste Request Form](#)  
[Research- Hazardous Waste Request Form](#)

\*Please note: I do not typically work on Mondays\*

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**From:** GAFFNEY Ingrid \* DEQ <[Ingrid.GAFFNEY@deq.oregon.gov](mailto:Ingrid.GAFFNEY@deq.oregon.gov)>  
**Sent:** Friday, January 26, 2024 6:59 AM  
**To:** Keri Bishop <[bishoke@ohsu.edu](mailto:bishoke@ohsu.edu)>  
**Cc:** Tanks Info \* DEQ <[tanksinfo@deq.oregon.gov](mailto:tanksinfo@deq.oregon.gov)>; UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>  
**Subject:** [EXTERNAL] RE: DEQ UST Inspection Determination: Oregon Regional Primate Research Facility #5802

Hi Keri

Thank you for sending this over. Please make sure the person doing the monthly walkthrough is checking the emergency spill supplies and dispensing equipment for any deficiencies.

Regards,

Ingrid Gaffney  
UST Compliance Inspector  
DEQ UST Program  
700 NE Multnomah St, Ste 600  
Portland, OR 97232  
<https://www.oregon.gov/deq/Pages/index.aspx>  
*she/ her*

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**From:** Keri Bishop <[bishoke@ohsu.edu](mailto:bishoke@ohsu.edu)>  
**Sent:** Thursday, January 25, 2024 5:58 PM  
**To:** GAFFNEY Ingrid \* DEQ <[Ingrid.GAFFNEY@deq.oregon.gov](mailto:Ingrid.GAFFNEY@deq.oregon.gov)>  
**Cc:** Tanks Info \* DEQ <[tanksinfo@deq.oregon.gov](mailto:tanksinfo@deq.oregon.gov)>  
**Subject:** RE: DEQ UST Inspection Determination: Oregon Regional Primate Research Facility #5802

Some people who received this message don't often get email from [bishoke@ohsu.edu](mailto:bishoke@ohsu.edu). [Learn why this is important](#)

Good Evening Ingrid,

I have attached OHSU's West Campus UST Monthly Walkthrough Inspection form for January.

Our annual and triannual tank gauge testing is scheduled for February 7<sup>th</sup>, so I should be sending you those documents in the next couple of weeks.

Thank you,

-Keri

Keri Bishop, CHOP  
Hazardous Waste Program Manager, Environmental Health and Safety  
OHSU  
[bishoke@ohsu.edu](mailto:bishoke@ohsu.edu)  
p: 503 348-9329

[Healthcare and Central Services - Hazardous Waste Request Form](#)  
[Research- Hazardous Waste Request Form](#)

\*Please note: I do not typically work on Mondays\*

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**From:** GAFFNEY Ingrid \* DEQ <[Ingrid.GAFFNEY@deq.oregon.gov](mailto:Ingrid.GAFFNEY@deq.oregon.gov)>  
**Sent:** Tuesday, January 2, 2024 8:39 AM  
**To:** Keri Bishop <[bishoke@ohsu.edu](mailto:bishoke@ohsu.edu)>  
**Subject:** [EXTERNAL] DEQ UST Inspection Determination: Oregon Regional Primate Research Facility #5802  
**Importance:** High

Hello Keri

Thank you for meeting with DEQ to conduct the underground storage tank inspections, on December 19<sup>th</sup>, 2023 at: 505 NW 185<sup>th</sup> Ave, Beaverton, OR 97006. DEQ has made the final compliance determination for Oregon Regional Primate Research

**Please see the attached field citation. There are instructions within the citation and the violation is shown:**

- DEQ will require the site perform annual testing of the tank gauge (and annual sensor) and have it certified by the licensed UST contractor. Submit to DEQ within 60 days.
- The site will provide DEQ with tri-annual testing of the spill bucket and overfill. Submit to DEQ within 60 days.
- DEQ will require the site to perform a month of walkthrough tasks and submit a copy to DEQ within 30 days. (attached is copy)

**Note that the payment for the field citation is due by 3/2/2024 the corrective action is due in 60/30 days that will require providing DEQ with testing and walkthrough documentation. DEQ will need to be sent a signed copy of the field citation with payment. Credit card payments are not available until later this year, so my apologies that is not an option.**

DEQ's licensed contractor list: <https://www.oregon.gov/deq/tanks/Pages/UST-Service.aspx> please use a licensed contractor to perform any repairs.

As always, please reach out to DEQ when any issues or questions should arise. Thank you!

Regards,

Ingrid Gaffney  
UST Compliance Inspector  
DEQ UST Program  
700 NE Multnomah St, Ste 600  
Portland, OR 97232  
<https://www.oregon.gov/deq/Pages/index.aspx>  
*she/ her*



**DEPARTMENT OF ENVIRONMENTAL QUALITY  
TRANSMITTAL ADVICE  
UST EXPEDITED ENFORCEMENT PROG**

CK #	TRAN AMNT	FOR THE ACCOUNT OF	CIVIL PENALTY #
CHECK NAME		REASON FOR PAYMENT	INV # RCPT #
4696919	950.00	OR REGIONAL PRIMATE RESEARCH	2024-FC-8894
OHSU		FIELD CITATION FOR UST VIOLATION	FC-8894
0094763	150.00	UNITED PACIFIC #7531	2023-FC-8829
UNITED PACIFIC		FIELD CITATION FOR UST VIOLATION	FC-8829
	1,100.00	TOTAL	

[illegible]



DataBase Connection: **PROD**

Program Enforcement Maintenance



Program Enforcement

Violations List (3)

Corrective Actions (0)

Link Actions

File #5802

Create PEN

Create OCE Enforcement

Name

OR REGIONAL PRIMATE RESEARCH CENTER

Location

505 NW 185TH AVE / BEAVERTON / WASHINGTON

Permit

UST General Permit.34-5802-2023-OPER.Active

Recipient Information:

Show Recipient Selection

Name / Title

Bishop, Keri / Hazardous Waste Program Manager Environmental Health and Safety

Address

505 NW 185th Ave / Beaverton / OR / 97006-3448

Phone / Fax / Email

503 348-9329 // bishoke@ohsu.edu

Edit

Delete

Program Enforcement Number

2024-FC-8894

Regulatory Program

Underground Storage Tanks

Staff Assigned

Ingrid Gaffney

Enforcement Type

Field Citation

Enforcement Action Issued Date

01/02/2024

Show Calendar

Response Received Date

Show Calendar

Payment Due Date

03/02/2024

Show Calendar

Payment Received Date

02/16/2024

Show Calendar

Penalty Amount

\$950.00

Related Items

View Selected

	ID	Name/Reference	Date
Select	SV: 20903	Full Compliance Inspection (FCI)	12/19/2023
Select	PE: 8894	Field Citation	01/02/2024
Select	SV Vio: 19178	(G) General Release Detection - TCR	12/19/2023
Select	SV Vio: 19179	(C) Spill and Overfill Prevention - TCR	12/19/2023
Select	SV Vio: 19180	(A) General Permit Requirements	12/19/2023

Records Found = 5

Legend

ID Type	Description
SV	Site Visit
PE	Program Enforcement
SV Vio	Site Visit Violation

Compliance Events Report

PEN Referral  
Date

[Show Calendar](#)

Closed Date

[Show Calendar](#)

Withdrawn Date

[Show Calendar](#)

Link To  
Complaint

Comments

60 days to schedule or perform annual and tri-annual testing (submit results to DEQ). 30 days to submit walkthrough checklist to DEQ.

[Edit](#)[Delete](#)

Create By

01/02/2024

Ingrid Gaffney

Last Update By

02/16/2024

Tanisha Smith

Record ID

8894

[Create PEN](#)[Create OCE Enforcement](#)





State of Oregon  
Department of  
Environmental  
Quality

Program Enforcement No. 2024-FC-8894

## Department of Environmental Quality Underground Storage Tank Program

# Field Citation FEB 16 2024 For UST Violations

This section for  
DEQ use only

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	12/19/2023	Facility ID#:	5802
Inspector:	Ingrid Gaffney	Facility Name:	Oregon Regional Primate Research
DEQ Office:	700 NE Multnomah St, Ste 600 Portland, OR 97232	Facility Address:	505 NW 185th Ave Beaverton, OR 97006-3448
Phone #:	503-229-5048	County:	Washington

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

Field Citation Issued:	<input type="radio"/> In Person <input checked="" type="radio"/> By Mail <input type="radio"/> Both	Date Issued:	<input type="radio"/> Permittee <input type="radio"/> Owner <input checked="" type="radio"/> Other
Facility Representative Present During Inspection:	Keri Bishop		
Name of Permittee or Owner:	OREGON NATIONAL PRIMATE RESEARCH CENTER Attn: Keri Bishop		
Mailing Address:	505 NW 185th Ave, Beaverton, OR 97006-3448		

Field Citation Penalty – See Page 3 for detailed listing of each violation.	\$ 950	.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: 03/02/2024

DEQ Revenue Section  
700 NE Multnomah St. #600  
Portland, Oregon 97232

**Check one option**

- ☒ **Option 1** - I acknowledge that the listed violation(s) have occurred and I 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:	<u>Aaron M. Todd</u>	Owner / <input checked="" type="radio"/> Permittee
Signature:	<u>[Signature]</u>	Date: <u>1-31-2024</u>

### 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. 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, Option 1 expires, 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.

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.

By submitting payment of the penalty amount, the responding permittee or owner agrees to accept the field citation as a final order of the Environmental Quality Commission (commission) and 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 payment of the penalty amount set forth in the Field Citation, the Field Citation becomes a Final Order of the 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 violates the Commission Order and subjects 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 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).

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

**UST FIELD CITATION**

DATE ISSUED: 01/02/2024

PROGRAM ENFORCEMENT NO.: 2024-FC-8894

FACILITY ID: 5802

Page 3 of 3

<b>Violation #1:</b> *TCR: <input checked="" type="radio"/> Y <input type="radio"/> N	Failure maintain or calibrate Release Detection equipment per manufacturer's instructions, including testing for operability or running condition annually.		
Corrective Action:	Begin testing annually the automatic tank gauge and annual sensor that are installed, operated, and/or maintained as per manufacturer's specifications. Maintain records and submit testing to DEQ within 60 days.		
Rule Citation: <b>OAR 340-150- 0400(2)</b>	Penalty Amount: \$ 300 .00	Correct Violation by: 3/2/2024	Date Violation Corrected: 2/7/2024
<b>Violation #2:</b> *TCR: <input checked="" type="radio"/> Y <input type="radio"/> N	Failure to complete any or all initial overfill, spill prevention testing by October 1, 2023.		
Corrective Action:	Complete required testing and submit testing to DEQ within 60 days.		
Rule Citation: <b>OAR 340-150- 0310(1)</b>	Penalty Amount: \$ 500 .00	Correct Violation by: 3/2/2024	Date Violation Corrected: 2/7/2024
<b>Violation #3:</b> *TCR: <input type="radio"/> Y <input checked="" type="radio"/> N	Failure to conduct monthly periodic operation and maintenance walkthrough inspection by 10/01/20 and each month thereafter		
Corrective Action:	Complete annual walkthrough inspection within 30 days. Submit to DEQ.		
Rule Citation: <b>OAR 340-150- 0315(1)</b>	Penalty Amount: \$ 150 .00	Correct Violation by: 2/2/2024	Date Violation Corrected: 1/25/2024
<b>Violation #4:</b> *TCR: <input type="radio"/> Y <input type="radio"/> N			
Corrective Action:			
Rule Citation: <b>OAR 340-150-</b>	Penalty Amount: \$ .00	Correct Violation by:	Date Violation Corrected:
<b>Violation #5:</b> *TCR: <input type="radio"/> Y <input type="radio"/> N			
Corrective Action:			
Rule Citation: <b>OAR 340-150-</b>	Penalty Amount: \$ .00	Correct Violation by:	Date Violation Corrected:
<b>Violation #6:</b> *TCR: <input type="radio"/> Y <input type="radio"/> N			
Corrective Action:			
Rule Citation: <b>OAR 340-150-</b>	Penalty Amount: \$ .00	Correct Violation by:	Date Violation Corrected:
Total Penalty Amount (This Page): \$ 950 .00		Total Penalty Amount (All Pages): \$ 950 .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: 03/02/2024**

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

1 2/14/2024