



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

December 21, 2023

PacWest Energy LLC
Attn: Andrew Marvin
3450 E Commercial Ct
Meridian, ID 83642-8915

RE: UST Compliance Inspection
DEQ UST # 3256 4525 SE 28th Ave, Portland

Dear PacWest Energy LLC:

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. **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 January 25, 2024 starting at approximately 10 am at the DEQ UST # listed below.

1. DEQ UST #3256 4525 SE 28th Ave, Portland at 10 am

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 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.

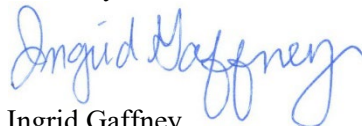
DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overfill protection device, these will need to be 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 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: 1/25/2024 Time: 10AM Facility: 3256

I. Site Information		
Facility Name: <u>JOIL #5042 Holgate Shell</u>	Permittee: <u>Puget Sound Fuel</u>	Contact: <u>Duane Blair</u>
Site Address: <u>4525 SE 28th Ave</u>	Organization: <u>PACWEST Energy</u>	Phone: <u>541-221-2829</u>
City: <u>Portland, OR 97202</u>	Phone:	<u>Andrew Marvin</u>

II. Tank Information					
DEQ Permit #	<u>BGKFF</u>	<u>JJEE</u>	<u>JJEF</u>		
Estimated Gallons	<u>10,000</u>	<u>6,000</u>	<u>12,000</u>		
Substance	<u>GASOLINE</u>	<u>Diesel</u>	<u>GASOLINE</u>		
Tank Material	<u>DW Fiber vessels</u>	<u>SF P3 steel (CP)</u>	<u>SF P3 (CP)</u>		
Tank Install Date	<u>12/15/2004</u>	<u>4/3/1985</u>	<u>→</u>		
Pipe Material	<u>Smith Fiberglass</u>	<u>Smith Fiberglass</u>	<u>→</u>		
Pipe Type	<u>pressure</u>	<u>pressure</u>	<u>→</u>		
Pipe Install Date	<u>12/15/2004</u>	<u>4/3/1985</u>	<u>→</u>		
Overfill Device	<u>Alarm</u>	<u>Auto shutoff</u>	<u>Alarm</u>		

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

* Diesel and Regular are direct bury sumps in dirt / soil.

If tanks are manifolded, which tanks: ND

III. Operating Certificate			Compliance	<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			

IV. Operator Training			Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Class A/B Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>Andrew Marvin</u>	Date: <u>6/20/2022</u>		
Class C Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cardlock	<u>Duane Blair</u>	<u>2/6/2014</u>		

V. Financial Responsibility			Compliance	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Type of coverage:	<u>Insurance</u>	Begin Date: <u>11/9/2022</u>	End Date: <u>11/9/2025</u>		
Coverage amount correct:	<u>5,000,000</u>	Number of tanks covered:	<u>3</u>		

Financial responsibility could also be in the form of self insurance, bonds, local government, trust fund, and or guarantee

VI. Walkthrough Requirements			Compliance	<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 checked="" type="checkbox"/> Yes	<input 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: 12/6/2023 10/7/2022 12/8/2021 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

2018 last test
Date of last testing: 12/6/2023 12/7/2022 12/8/2021 Last three tests available? Yes No

Number of lines tested: 3 Number of LD tested: 3

Leak detector manufacturer make and model: LD2000

Tank gauge manufacturer make and model: veeder root TWS 450

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

Tank release detection records available during inspection

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

2023
JAN

VIII. Spill Prevention Compliance Yes No

Date(s) of testing: 12/6/2023 12/9/2020 Number of spill buckets tested? 3

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: 12/6/2023 12/9/2020

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: 5/26/2021

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

5/24/2018 ^{★ last test ★}

★ Lines are booted in direct bury Sumps.

XI. General notes from inspection

Representative onsite: Willie email: _____

* email the tank bulletin

- GUILLERMO BUCARDO @ HOTMAIL . COM

2024-FC-8946

Compliance Determination: No Violations Observed Observed violations resulting in enforcement

Inspector Signature: Imquid Maffrey

Date: 2/29/2024



1: 4525 SE 28th Ave, Portland, OR 97202



2: Premium tank nest looking west



3: Diesel and regular tank nest looking North



4: Vents



5: Premium fill



6: Premium sump



7: Diesel sump



8: Diesel fill



9: Regular fill



10: Regular sump



11: Dispenser 1



12: UDC #1



13: Dispenser #3



14: UDC #3



15: Overfill alarm east side of building



State of Oregon
Department of
Environmental
Quality

Program Enforcement 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:		Facility ID#:	
Inspector:		Facility Name:	
DEQ Office:		Facility Address:	
Phone #:		County:	

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="checkbox"/> In Person	<input type="checkbox"/> By Mail	<input type="checkbox"/> Both	Date Issued:
Facility Representative Present During Inspection:				<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:				
Mailing Address:				

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

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:

PROGRAM ENFORCEMENT No.:

FACILITY ID:

Page 3 of 3

Violation #1:			
*TCR: Y N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Violation Corrected:
Violation #2:			
*TCR: Y N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Violation Corrected:
Violation #3:			
*TCR: Y N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Violation Corrected:
Violation #4:			
*TCR: Y N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Violation Corrected:
Violation #5:			
*TCR: Y N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Violation Corrected:
Violation #6:			
*TCR: Y N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Violation Corrected:
Total Penalty Amount (This Page): \$.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: _____

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

Name: [Gaffney, Ingrid](#)
To: [wills@arcada.com](#)
Subject: RE: Hrgen 2024-FC-0046
Date: Thursday, March 8, 2024 at 4:12 pm

Great, thanks for the update.

Regards,

Ingrid Gaffney
LIST Compliance Inspector
DEQ LIST Program
700 NE Multnomah St, Ste 600
Portland, OR 97232
<https://www.oregon.gov/Deq/Pages/Default.aspx>
awr/awr

From: LIST Duty Officer <LIST.DutyOfficer@DEQ.oregon.gov>

Sent: Wednesday, March 6, 2024 at 4:48 AM

To: GAffney Ingrid <GaffneyIngrid@deq.oregon.gov>

Subject: RE: Hrgen 2024 Inspection checklist 2024-FC-0046

According to ACEE payment was received on 3/2/24, so I am just waiting for accounting to send over their paperwork then I will combine files and upload to CRM.

Emly

From: GAffney Ingrid <GaffneyIngrid@deq.oregon.gov>

Sent: Wednesday, February 29, 2024 at 1:11 AM

To: LIST Duty Officer <LIST.DutyOfficer@deq.oregon.gov>

Subject: RE: Hrgen 2024 Inspection checklist 2024-FC-0046

Hi Emly

This FC

2024-FC-0046

It supposed to be paid by this Friday. The site said they mailed it out on Tuesday. Below is a copy of the walkthrough checklist they needed to complete.

Hrgen crossed this one will be done by Friday or Monday.

Regards,

Ingrid Gaffney
LIST Compliance Inspector
DEQ LIST Program
700 NE Multnomah St, Ste 600
Portland, OR 97232
<https://www.oregon.gov/Deq/Pages/Default.aspx>
awr/awr

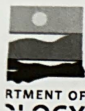
From: Wills Arcada <wills@arcada.com>

Sent: Monday, February 26, 2024 at 2:22 PM

To: GAffney Ingrid <GaffneyIngrid@deq.oregon.gov>

Subject: Hrgen 2024 Inspection checklist

You don't often get email from wills@arcada.com. Learn why this is important at <https://help.outlook.com/en-us/article/3668bf83-4644-47ab-b964-c847616739a3>



UST WALKTHROUGH INSPECTIONS CHECKLIST

JOIL # 5042 HOLGATE SHELL 4525 SE 28TH AVE. PORTLAND, OR.

Site Name

Site Address 97202

Tag #

- Initial each box to indicate the equipment was inspected, as described. Use NA if the equipment inspection does not apply to the site.
- Take action for any alarms, damaged equipment and non-normal operating conditions; note actions taken on page 2
- NOTE: Petroleum found in a sump or interstice must be reported to Ecology within 24 hours.

YEAR: <u>2024</u>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Date of Inspection →		1 ST										
REQUIRED MONTHLY												
Spill bucket(s) checked for damage and cracks*. Liquid and/or debris removed.		GB										
Fill pipe(s) checked for obstructions. Removed, if found.		GB										
Fill cap(s) securely fitted on fill pipe(s).		GB										
Tank monitor equipment checked for alarms and normal operating condition.		GB										
Leak detection records are reviewed for non-leaking results and kept for three years. Suspected leaks were reported.		GB										
REQUIRED ANNUALLY												
Containment sump(s) checked for damage and presence of liquid. Liquid and/or debris removed.												
If using manual tank gauging, checked condition of tank gauge stick is good (e.g. readable at 1/8" increments throughout).												
RECOMMENDED ACTIVITIES												
Emergency spill response supplies inventoried and restocked if low. Inspected supplies for deterioration.		GB										
Inspected loose fitting, deterioration, obvious signs of leaks and improper function of dispenser hoses, nozzles and breakaways.		GB										

*If a tank receives deliveries at intervals greater than 30 days, the spill bucket check may instead be conducted prior to each delivery. To be eligible for this option, include a copy of each delivery receipt with this form.

Note: This checklist doesn't include the requirement to inspect hydrant pits and piping vaults at airport hydrant systems at least every 30 days.

UST FIELD CITATION

DATE ISSUED: 01/29/2024

PROGRAM ENFORCEMENT No.: 2024-FC-8946

FACILITY ID: 3256

Page 3 of 3

Violation #1: *TCR: <input type="radio"/> Y <input checked="" type="radio"/> N	Failure to conduct monthly operation and maintenance walkthrough inspection by 10/01/2020 and thereafter.		
Corrective Action:	Complete monthly walkthrough inspection within 30 days. Submit compliance of walkthrough inspection form to DEQ.		
Rule Citation: OAR 340-150- 0315(1)	Penalty Amount: \$ 150 .00	Correct Violation by: 2/29/2024	Date Violation Corrected: Feb 1 st
Violation #2: *TCR: <input type="radio"/> Y <input type="radio"/> N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Violation Corrected:
Violation #3: *TCR: <input type="radio"/> Y <input type="radio"/> N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Violation Corrected:
Violation #4: *TCR: <input type="radio"/> Y <input type="radio"/> N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Violation Corrected:
Violation #5: *TCR: <input type="radio"/> Y <input type="radio"/> N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Violation Corrected:
Violation #6: *TCR: <input type="radio"/> Y <input type="radio"/> 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): \$ 150 .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: 02/29/2024

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.

C. B. [Signature]
Permittee/Owner Signature

1.2.26.24
Date

*TCR: Technical Compliance Rate

**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 #
9204	150.00	JOIL #5042 HOLGATE SHELL	2024-FC-8946
JSR GROUP INC		FIELD CITATION FOR UST VIOLATION	FC-8946
	<u>150.00</u>	TOTAL	



Program Enforcement Maintenance



File #

Name

Location

Permit

Recipient Information:

Name / Title

Address

Phone / Fax / Email

Program Enforcement Number

Regulatory Program

Staff Assigned

Enforcement Type

Enforcement Action Issued Date

Response Received Date

Payment Due Date

Payment Received Date

Penalty Amount

PEN Referral Date

Closed Date

Withdrawn Date

Link To Complaint

Comments

Create By

Last Update By

Record ID

Related Items

ID	Name/Reference	Date
Select SV: 21273	Full Compliance Inspection (FCI)	01/25/2024
Select PE: 8946	Field Citation	01/29/2024
Select SV Vio: 19479	(A) General Permit Requirements	01/25/2024

Records Found = 3

Legend

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



State of Oregon
Department of
Environmental
Quality

Program Enforcement No. 2024-FC-8946

**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:	01/25/2024	Facility ID#:	3256
Inspector:	Ingrid Gaffney	Facility Name:	JOIL #5042 HOLGATE SHELL
DEQ Office:	700 NE Mulnomah St, Ste 600	Facility Address:	4525 SE 28th Ave
	Portland, OR 97232		Portland, OR 97202
Phone #:	503-875-1246	County:	Multnomah

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:

Facility Representative Present During Inspection: Guillermo Bucardo Permittee Owner Other

Name of Permittee or Owner: PacWest Energy LLC Attn: Andrew Marvin

Mailing Address: 3450 E Commercial Ct, Meridian, ID 83642-8915

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 should select Option 1 or Option 2 below and return a signed copy of this form to DEQ by the following date: 02/29/2024

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: GUILLERMO BUCARDO Owner / Permittee

Signature: [Signature] Date: 2-26-24

Important

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