

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

Inspector: Diana Foss

Date: April 24, 2024

Time: 1:00 pm

Facility: 8125

| I. Site Information                                                                                                                                                           |          |                          |                                                                                |                                        |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|--------------------------------------------------------------------------------|----------------------------------------|----------|
| Facility Name: Reedsport 76                                                                                                                                                   |          |                          | Permittee: Reinard Pollmann                                                    |                                        |          |
| Site Address: 2118 Winchester Ave.                                                                                                                                            |          |                          | Organization:                                                                  |                                        |          |
| City: Reedsport                                                                                                                                                               |          |                          | Phone:                                                                         |                                        |          |
| II. Tank Information                                                                                                                                                          |          |                          |                                                                                |                                        |          |
| DEQ Permit #                                                                                                                                                                  | JGDA     | JGDB                     |                                                                                | JGDC                                   | JGDD     |
| Estimated Gallons                                                                                                                                                             | 8000     | 8000                     |                                                                                | 6000                                   | 6000     |
| Substance                                                                                                                                                                     | Gasoline | Gasoline                 |                                                                                | Gasoline                               | Diesel   |
| Tank Material                                                                                                                                                                 | Stip-3   | Stip-3                   |                                                                                | Stip-3                                 | Stip-3   |
| Tank Install Date                                                                                                                                                             | 3/7/1998 | 3/7/1998                 |                                                                                | 3/7/1998                               | 3/7/1998 |
| Pipe Material                                                                                                                                                                 | FRP      | FRP                      |                                                                                | FRP                                    | FRP      |
| Pipe Type                                                                                                                                                                     | pressure | pressure                 |                                                                                | pressure                               | pressure |
| Pipe Install Date                                                                                                                                                             |          |                          |                                                                                |                                        |          |
| Overfill Device                                                                                                                                                               | alarm    | alarm                    |                                                                                | alarm                                  | alarm    |
| Objective of field visit: FCI                                                                                                                                                 |          |                          |                                                                                |                                        |          |
| <b>Notes and Comments from the UST database:</b> <span style="float: right;"><i>x Check file before conducting inspection</i></span>                                          |          |                          |                                                                                |                                        |          |
| III. Financial Responsibility                                                                                                                                                 |          |                          | Compliance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                        |          |
| Type of coverage: none                                                                                                                                                        |          | Begin Date:              |                                                                                | End Date:                              |          |
| Coverage amount correct:                                                                                                                                                      |          | Number of tanks covered: |                                                                                |                                        |          |
| Financial responsibility could also be in the form of self insurance, bonds, local government, trust fund, and or guarantee                                                   |          |                          |                                                                                |                                        |          |
| IV. Corrosion Protection                                                                                                                                                      |          |                          | Compliance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                        |          |
| <input type="checkbox"/> Cathodic <input checked="" type="checkbox"/> Galvanic <input type="checkbox"/> Impressed Current <input type="checkbox"/> Fiberglass/composite tanks |          |                          |                                                                                |                                        |          |
| Steel tank with cathodic?                                                                                                                                                     |          |                          | <input checked="" type="checkbox"/> Yes                                        | <input type="checkbox"/> No            |          |
| Steel pipes with cathodic?                                                                                                                                                    |          |                          | <input type="checkbox"/> Yes                                                   | <input checked="" type="checkbox"/> No |          |
| Steel flex-lines with cathodic?                                                                                                                                               |          |                          | <input type="checkbox"/> Yes                                                   | <input checked="" type="checkbox"/> No |          |
| Date of cathodic test: _____                                                                                                                                                  |          |                          |                                                                                |                                        |          |
| Last two tests available?                                                                                                                                                     |          |                          | <input type="checkbox"/> Yes                                                   | <input checked="" type="checkbox"/> No |          |
| Did last test pass?                                                                                                                                                           |          |                          | <input type="checkbox"/> Yes                                                   | <input type="checkbox"/> No            |          |
| If not:                                                                                                                                                                       |          |                          |                                                                                |                                        |          |
| Was failed test reported to DEQ?                                                                                                                                              |          |                          | <input type="checkbox"/> Yes                                                   | <input type="checkbox"/> No            |          |
| Was system repaired?                                                                                                                                                          |          |                          | <input type="checkbox"/> Yes                                                   | <input type="checkbox"/> No            |          |
| Date of repair? _____                                                                                                                                                         |          |                          |                                                                                |                                        |          |
| Cathodic retested within 6 mos. of repair?                                                                                                                                    |          |                          | <input type="checkbox"/> Yes                                                   | <input type="checkbox"/> No            |          |
| Date of retesting? _____                                                                                                                                                      |          |                          |                                                                                |                                        |          |
| If impressed current system:                                                                                                                                                  |          |                          |                                                                                |                                        |          |
| Rectifier Operational?                                                                                                                                                        |          |                          | <input type="checkbox"/> Yes                                                   | <input type="checkbox"/> No            |          |
| Rectifier log maintained?                                                                                                                                                     |          |                          | <input type="checkbox"/> Yes                                                   | <input type="checkbox"/> No            |          |
| Rectifier been operating continuously                                                                                                                                         |          |                          | <input type="checkbox"/> Yes                                                   | <input type="checkbox"/> No            |          |
| <input type="checkbox"/> Tank Lining                                                                                                                                          |          |                          |                                                                                |                                        |          |
| Date of last test?                                                                                                                                                            |          |                          |                                                                                |                                        |          |
| Pressure test conducted after tank lining inspection?                                                                                                                         |          |                          | <input type="checkbox"/> Yes                                                   | <input type="checkbox"/> No            |          |

**V. General notes from inspection**

Representative onsite: Reinard Pollmann

email: \_\_\_\_\_

No CP test, no FR, no A/B operator, 3-4" of liquid in each tank, fill ports not secured, unpaid tank fees in 2019,2021,2022,2023,2024 TC expired 7/2/2018

Compliance Determination: ☐ No Violations Observed

☒ Observed violations resulting in enforcement

Inspector Signature: *Diana Foss*

Date: 05/01/2024

# FCI Exp

Submitted by: diana.foss\_deq

Submitted time: Apr 26, 2024, 6:35:28 AM

Facility Number

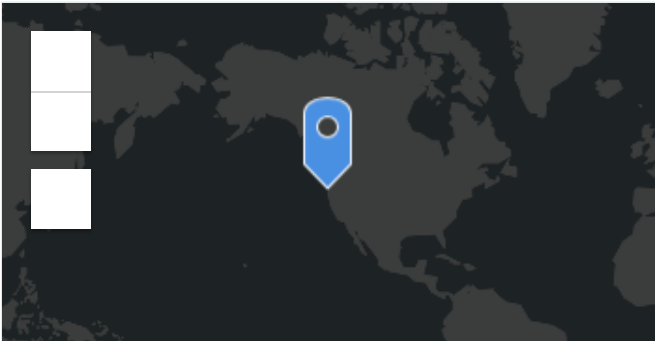
8125

Address

2118 Winchester Avenue, Reedsport, OR, 97467

Map

Lat: 43.695287 Lon: -124.121651



Esri, FAO, NOAA, USGS

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Date

Apr 24, 2024

Compliance Determination

Corrosion Protection

Fail

Spill Prevention

Pass

Overfill Prevention

Pass

Release Detection

**Fail**

Operator Training

**Fail**

Financial Responsibility

**Fail**

Walkthrough Requirements

**Pass**

Passing Inspection

**Fail**

Photos



photos-20240424-202214.jpg



photos-20240424-202205.jpg





photos-20240424-200145.jpg

