



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

April 10, 2024

Citizens Telecommunications Company
Ziply Fiber
Attn: Lee Varnam
2610 W Casino Rd
Everett, WA 98024

RE: UST Compliance Inspection
DEQ UST #5666 2018 College Way
DEQ UST #5664 19555 SW Kinnaman Rd
DEQ UST #5662 4155 SW Cedar Hills Rd

Dear Citizens Telecommunications Company,

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 May 14, 2024, starting at approximately 9 am at the DEQ UST # listed below.

- DEQ UST #5666 2018 College Way, Forest Grove at 9 am
- DEQ UST #5664 19555 SW Kinnaman Rd, Aloha - following Forest Grove site
- DEQ UST #5662 4155 SW Cedar Hills Rd, Beaverton – following Aloha site

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, one year
- Class A, B, and C training documentation,
- Financial responsibility mechanism,
- Annual tank gauge certification,
- Spill prevention testing records, was due by October 2020
- Monthly walkthroughs,
- Overfill Prevention Equipment testing, was due by October 2020
- 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.

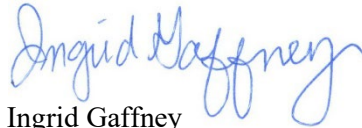
DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overfill protection device, these will need to be 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: 5/23/2024

Time: 9:00 AM

Facility: 56600

I. Site Information		
Facility Name: 21ply Forest Grove office	Permittee: Citizens telecommunications co.	Contact: Lee Varnan
Site Address: 2018 college way	Organization: same	Phone: 206-947-7581
City: Forest Grove, OR 97116	Phone: _____	

II. Tank Information					
DEQ Permit #	BDHCT				
Estimated Gallons	500				
Substance	Diesel				
Tank Material	DW Fiberglass				
Tank Install Date	1/15/1997 2/8/1998				
Pipe Material	Steel pipes in HDPE casing				
Pipe Type	Safe Suction				
Pipe Install Date	1/15/1997				
Overfill Device	Alarm				

Notes and Comments from the UST database:

☒ Check file before conducting inspection

* safe suction
↓ open

If tanks are manifolded, which tanks:

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: John mayer			
Class C Operator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cardlock	Date: 6/14/2012 5/2024			

V. Financial Responsibility		Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Type of coverage: Insurance	Begin Date: 5/1/2024	End Date: 5/1/2025		
Coverage amount correct: \$1,000,000	Number of tanks covered: 1			

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

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

5666

VII. Release Detection

Compliance

☐ Yes

☒ No

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

Date of last testing: NO 2023

Last three tests available?

☐ Yes

☒ No

b) Piping Release Detection (Check all that apply)

6/22/2022
6/16/2020 2021?

☒ 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:

Veeder Root

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:

N/A

Last two tests available?

☐ Yes

☐ No

Date of last sensor testing:

N/A

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

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

Inspector: _____ Date: _____ Time: _____ Facility: 5666

VIII. Spill Prevention Compliance ☒ Yes ☐ No

Date(s) of testing: 6/22/22 12/4/2020 Number of spill buckets tested? 1

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: NOT done 6/16/2020

Overfill device pass most recent testing? ☐ Yes ☐ No If no, overfill device replaced? ☐ Yes ☐ No

Overfill method that was tested: ☒ Alarm BOTH ☒ 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: Peter Kelly email: peter.kelly@rply.com

o missing 2023 Tank certification ATG testing #100
o missing 2023 overfill testing. #500

Compliance Determination: ☐ No Violations Observed ☒ Observed violations resulting in enforcement

Inspector Signature: Ingrid Matton

Date: 5/23/2024



1: Check valve at 2018 College Way, Forest Grove, OR 97116



2: Overfill alarm



3: Sump



4: Fill



5: Diesel sump



State of Oregon
Department of
Environmental
Quality

Program Enforcement No. 2024-FC-9316

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:	05/23/2024	Facility ID#:	5666
Inspector:	Ingrid Gaffney	Facility Name:	Ziply Forest Grove Office #5360
DEQ Office:	700 NE Multnomah St, Ste 600 Portland, OR 97232	Facility Address:	2018 College Way Forest Grove, OR 97116
Phone #:	503-875-1246	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:	05/28/2024
Facility Representative Present During Inspection:	Peter Kelly	<input type="radio"/> Permittee <input type="radio"/> Owner <input checked="" type="radio"/> Other	
Name of Permittee or Owner:	Citizens Telecommunications Company Attn: Lee Varnman		
Mailing Address:	2610 W Casino Rd, Everett, WA 98024		

Field Citation Penalty – See Page 3 for detailed listing of each violation.	\$ 400	.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: 06/28/2024

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:** 05/28/2024 **PROGRAM ENFORCEMENT No.:** 2024-FC-9316 **FACILITY ID:** 5666 **Page 3 of 3**

Violation #1: *TCR: <input checked="" type="radio"/> Y <input type="radio"/> N	Corrective Action: Failure to test spill prevention equipment at least once every 3 years			
	Corrective Action: Test overflow prevention (alarm) and send reports and work order to DEQ by 7/28/2024			
Violation #2: *TCR: <input checked="" type="radio"/> Y <input type="radio"/> N	Rule Citation: OAR 340-150-0310 (a)	Penalty Amount: \$ 300	Correct Violation by: 7/28/2024	Date Violation Corrected:
	Failure to operate, maintain or calibrate Release Detection equipment per manufacturer's instructions, including testing for operability or running condition annually.			
	Corrective Action: Perform annual testing of automatic tank gauge for annual certification. Send testing and reports to DEQ by 7/28/2024			
	Rule Citation: OAR 340-150-0400 (2)	Penalty Amount: \$ 100	Correct Violation by: 7/28/2024	Date Violation Corrected:
Violation #3: *TCR: <input type="radio"/> Y <input checked="" type="radio"/> N				
	Corrective Action:			
	Rule Citation: OAR 340-150-	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #4: *TCR: <input type="radio"/> Y <input checked="" type="radio"/> N				
	Corrective Action:			
	Rule Citation: OAR 340-150-	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #5: *TCR: <input type="radio"/> Y <input checked="" type="radio"/> N				
	Corrective Action:			
	Rule Citation: OAR 340-150-	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #6: *TCR: <input type="radio"/> Y <input checked="" type="radio"/> N				
	Corrective Action:			
	Rule Citation: OAR 340-150-	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
	Total Penalty Amount (This Page): \$ 400		Total Penalty Amount (All Pages): \$ 400	

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: 06/28/2024

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

Technician: David Chambers
Technician Certification: (See forms)

MONITORING SYSTEM CERTIFICATION

This form is used to document testing and servicing of tank and piping leak monitoring equipment. If required by applicable law, a copy of the completed form must be provided by the Testing Contractor or owner to the governing UST agency as required by regulation.

A. General Information

Facility Name: ZIPLY FIBER 5360 Bldg. No.: _____
Site Address: 2018 COLLEGE WAY City: FOREST GROVE State: OR Zip: 97116
Facility Contact Person: RHONDA HANDY Contact Phone No.: 503-359-0010
Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 5/28/2024


B. Inventory of Equipment Tested/Certified

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

Tank ID: <u>T1 - Diesel</u> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>847390-101</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794380-302</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>VR-HLA-001</u> <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply): ☐ System set-up ☒ Alarm history report

Technician Name (print): David Chambers Signature: 
Certification No.: C23292 License No.: _____
Testing Company Name: Tanknology Phone No.: (800) 800-4633
Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 5/28/2024

D. Results of Testing/Serviceing

Software Version Installed: 12.01

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the visual alarm on the console operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the audible alarm on the console operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Is the external visual overfill alarm (light unit) present?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the external visual overfill alarm operating properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Is the external audible overfill alarm present?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the external audible overfill alarm operating properly?
90 %	<input type="checkbox"/> N/A	At what percent of tank(s) capacity is the external alarm programmed to trigger? <i>If different % between tanks, clarify in section E.</i>
<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 lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? <i>(Check all that apply)</i> <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection? <input type="checkbox"/> Yes; <input type="checkbox"/> No
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

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

E. Comments:

Backup Battery reading, if applicable (Required for VR TLS 300/350): Backup Battery Reading @ *3.67 Vdc.

F. In-Tank Gauging / SIR Equipment:

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

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

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Comments:

--

DID OVERALL MONITOR SYSTEM TESTING PASS (Check One)? YES ☒ NO ☐
INCONCLUSIVE ☐



Overfill Alarm Operation Inspection

Location Name: ZIPLY FIBER 5360		Date: 5/28/2024
Address: 2018 COLLEGE WAY	City: FOREST GROVE	State: OR


This procedure is to determine whether the high level alarm is operational and will trigger when the tank is no more than 90% full. See PEI/RP 1200, Section 7.3 for the inspection procedure. This procedure is applicable to tank level monitor stems that touch the bottom of the tank when in place.

Tank number	T1				
Product Stored:	Diesel				
Tank Level Monitor Brand	VR-90-101				
1. Tank Volume, gallons	602				
2. Tank Diameter, inches	48				
3. Does the overfill alarm activate the test mode at the console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. When activated, can the overfill alarm be heard and seen while delivering to the tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. After removing the probe from the tank, has it been inspected and any damaged or missing parts replaced?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Float moves freely on the stem without binding?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does moving product level float up the stem trigger alarm?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Inch level from bottom of stem when 90% alarm is triggered?	39.99 in.				
9. Tank volume at inch level in Line 8	541.00 gal				
10. Calculate (Line 9 / Line 1) x 100	89.87%				
11. Is line 10 equal to or less than 90%?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the fuel float level on the console agree with the gauge stick reading?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the overfill alarm activate at 90% or less of tank chart/tank stick reading from tank manufacturer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Test Result	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

If any answers in Lines 3, 4, 5, 6, 7, or 11 are "No" the system has failed the test.

Comments

Tester's Name: David Chambers

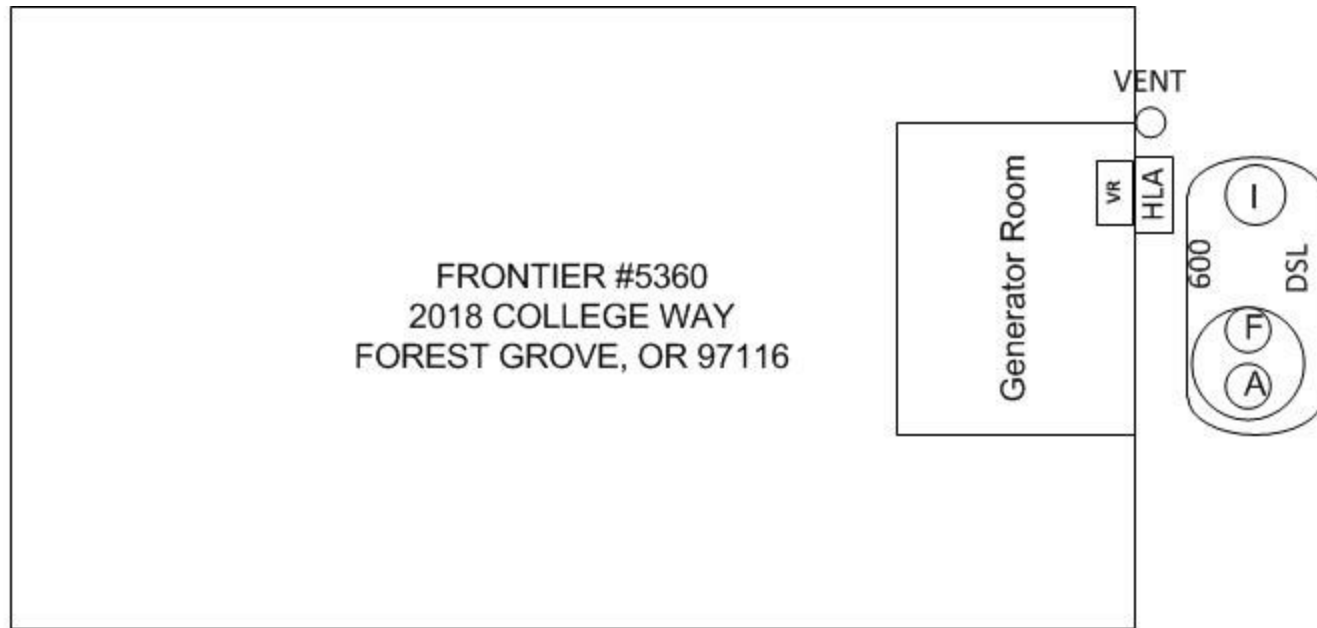
Signature: 



Site Diagram

(This site diagram is for reference only and is not drawn to scale)

Work Order: 2371292
Site ID / Name: 5360 / ZIPLY FIBER 5360
Address: 2018 COLLEGE WAY
City: FOREST GROVE State: OR Zip: 97116



COLLEGE WAY




W.O.# NW1-2371292

Cust Ref#: 13B-2913-009







 Tanknology Inc. 11000 N. MoPac Expressway, Suite 500 Austin, TX 78759 (800) 964-0010 JOB CLEARANCE FORM & SITE SAFETY CHECKLIST - OVF		Policy 100-29-A Rev: G Revised: 2/11/2019	
Site Name/ID: <u>Ziply fiber # 5360</u>		Street Address: <u>2018 College Way Forest Grove, OR 97116</u>	W.O. # <u>NW1-2371292</u>
Arrival Time: <u>1043</u>	Departure Time: <u>1125</u>	Travel Time: <u>NA</u>	Others on site: <u>NA</u>
Date: <u>05-28-2024</u>			
Scope of Work and Tasks Performed (JSA's must be available for all tasks): <u>ATG, Overfill Survey.</u>			
Repairs to Equipment or Parts Provided: <u>NA</u>			
Follow-up actions required; equipment isolated; comments: <u>All testing PASSED.</u>			
PPE - PERSONAL PROTECTIVE EQUIPMENT REQUIRED (Check ✓ items used or mark ~ if not applicable)			
<input checked="" type="checkbox"/> Safety Vest <input checked="" type="checkbox"/> Steel Toe Boots	<input checked="" type="checkbox"/> Safety Glasses <input type="checkbox"/> Splash Goggles	<input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Hard Hat	<input type="checkbox"/> Hearing Protection <input type="checkbox"/> Other _____
✓ PRE-TEST PROCEDURES (Check ✓ each item completed or mark ~ if not applicable)			
1. <input checked="" type="checkbox"/> Discuss safety procedures with site personnel. Nearest hospital: <u>911</u>			
2. <input checked="" type="checkbox"/> Prior to fuel deliveries the UST system must be placed back into working order.			
3. <input checked="" type="checkbox"/> Secure entire work area with barricades (cones, flags, and extension bars, caution tape, pennant flags, or other perimeter guard).			
4. <input checked="" type="checkbox"/> Place fire extinguishers and "No Smoking" signs in the work area.			
5. <input checked="" type="checkbox"/> Confined Space Entry – If required complete separate CSE Checklist. If NO CSE REQUIRED check the following reason: <input type="checkbox"/> No CS's <input type="checkbox"/> CS's not opened <input type="checkbox"/> No entry only visual <input type="checkbox"/> No entry - used tools <input checked="" type="checkbox"/> Work from prone position w/o risk of falling in			
6. <input type="checkbox"/> Implement Lockout/Tagout per API 1646 (when accessing product piping during tasks) <input type="checkbox"/> Secure nozzles with "Out of Service" bags and nylon ties. <input type="checkbox"/> Secure the circuit breaker(s) with lockout devices and tags. <input type="checkbox"/> Close ball valves or check valves on product piping. <input type="checkbox"/> Disconnect electrical "bayonet" connector from the STP(s). <input type="checkbox"/> All applicable equipment disabled during test(s). <input type="checkbox"/> Verify LOTO is complete by trying to operate pumps.			
SIGN IN		Lead Technician Name <u>David C.</u>	Lead Technician Signature 
General Safety Checks: All site personnel have been informed. <u>NO</u> Is a fuel delivery due today? _____ LOTO procedures have been discussed. Work areas barricaded to protect workers, staff & public.		Site Representative Name <u>Remote site</u>	Site Representative Signature <u>No personal.</u>
✓ POST-TEST PROCEDURES (Check ✓ each item completed or mark ~ if not applicable)			
1. <input type="checkbox"/> Remove all "Lockout/Tagout" devices and nozzle bags/ties.			
2. <input type="checkbox"/> Run all pumps and verify there are no leaks: <input type="checkbox"/> Leak Detector Threads on STP's <input type="checkbox"/> Impact Valve Test Ports under dispensers <input type="checkbox"/> Functional Elements & Relief Screws			
3. <input type="checkbox"/> Install lead wire seal on all test plugs & leak detectors that were serviced. Count LD threads: L1 _____ L2 _____ L3 _____ L4 _____ L5 _____ L6 _____			
4. <input checked="" type="checkbox"/> Check following components operational: <input type="checkbox"/> Ball floats, dry breaks & caps <input checked="" type="checkbox"/> ATG probes, sensors, & caps <input checked="" type="checkbox"/> Containment sumps are dry <input type="checkbox"/> Cathodic protection operational <input type="checkbox"/> Dispenser panels are replaced <input type="checkbox"/> Dispensers & POS operational <input type="checkbox"/> Leak detectors & vent tubes <input type="checkbox"/> Drop tubes, flapper valves, fill adapters & caps <input type="checkbox"/> Monitoring system is operational <input checked="" type="checkbox"/> Manhole covers and sump lids <input type="checkbox"/> Siphon lines and manifold valves open <input type="checkbox"/> Shear valves are open <input type="checkbox"/> STP fittings and bayonet connectors <input type="checkbox"/> Spill containers & drain valves <input type="checkbox"/> Vents & Extractors (not capped, plugged or isolated)			
5. <input checked="" type="checkbox"/> Remove barricades.			
SIGN OUT & Operator Verification of Work (OVF)		Lead Technician Name <u>David C.</u>	Lead Technician Signature 
General Safety Checks: Work area has been left clean & safe. Site staff aware of work status including any remaining isolation. Changes to equipment are documented and communicated. All incidents, near incidents, and unsafe situations reported.		Site Representative Name <u>Remote site</u>	Site Representative Signature <u>No personal.</u>
Site Representative Comments:			

COMPANY CONFIDENTIAL

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FOREST GROVE CO
2018 COLLEGE WAY
FOREST GROVE OR
(J1) 5360 B01

MAY 28, 2024 11:21 AM

SYSTEM STATUS REPORT

D 2:AUTODIAL FAILURE

INVENTORY REPORT

T 1:DIESEL
VOLUME = 534 GALS
ULLAGE = 68 GALS
90% ULLAGE= 7 GALS
TC VOLUME = 534 GALS
HEIGHT = 39.36 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.7 DEG F

***** END *****

FOREST GROVE CO
2018 COLLEGE WAY
FOREST GROVE OR
(J1) 5360 B01

MAY 28, 2024 11:21 AM

LIQUID STATUS

MAY 28, 2024 11:21 AM

L 1:SUMP SENSOR
SENSOR NORMAL

L 2:INTERSTITIAL SENSOR
SENSOR NORMAL

FOREST GROVE CO
2018 COLLEGE WAY
FOREST GROVE OR
(J1) 5360 B01

MAY 28, 2024 11:58 AM

SYSTEM STATUS REPORT

T 1:HIGH PRODUCT ALARM

INVENTORY REPORT

T 1:DIESEL
VOLUME = 536 GALS
ULLAGE = 66 GALS
90% ULLAGE= 5 GALS
TC VOLUME = 536 GALS
HEIGHT = 39.54 INCH
WATER VOL = 0 GALS
WATER = 0.00 INCH
TEMP = 57.4 DEG F

***** END *****

FOREST GROVE CO
2018 COLLEGE WAY
FOREST GROVE OR
(J1) 5360 B01

MAY 28, 2024 11:58 AM

LIQUID STATUS

MAY 28, 2024 11:58 AM

L 1:SUMP SENSOR
SENSOR NORMAL

L 2:INTERSTITIAL SENSOR
SENSOR NORMAL

OUTPUT RELAY SETUP

R 1:OVERFILL ALARM
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
ALL:OVERFILL ALARM
ALL:HIGH PRODUCT ALARM
ALL:MAX PRODUCT ALARM

R 2:LOW FUEL ALARM
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
ALL:LOW PRODUCT ALARM

R 3:FUEL LEAK ALARM
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
ALL:LEAK ALARM
ALL:SUDDEN LOSS ALARM

LIQUID SENSOR SETUP

L 1:SUMP SENSOR
TRI-STATE (SINGLE FLOAT)
CATEGORY : PIPING SUMP

L 2:INTERSTITIAL SENSOR
DUAL FLOAT HYDROSTATIC
CATEGORY : ANNULAR SPACE

SOFTWARE REVISION LEVEL
VERSION 12.01
SOFTWARE# 346012-100-B
CREATED - 96.11.12.08.30

NO SOFTWARE MODULE
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS

IN-TANK SETUP

T 1:DIESEL
PRODUCT CODE : 1
THERMAL COEFF : .000450
TANK DIAMETER : 47.75
TANK PROFILE : 20 PTS
FULL VOL : 602
45.4 INCH VOL : 591
43.0 INCH VOL : 572
40.6 INCH VOL : 548
38.2 INCH VOL : 520
35.8 INCH VOL : 487
33.4 INCH VOL : 453
31.0 INCH VOL : 417
28.6 INCH VOL : 379
26.3 INCH VOL : 342
23.9 INCH VOL : 303
21.5 INCH VOL : 263
19.1 INCH VOL : 225
16.7 INCH VOL : 187
14.3 INCH VOL : 150
11.9 INCH VOL : 116
9.5 INCH VOL : 83
7.2 INCH VOL : 56
4.8 INCH VOL : 31
2.4 INCH VOL : 11

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5
HIGH WATER LIMIT : 2.0

MAX OR LABEL VOL : 602
OVERFILL LIMIT : 90%
542

HIGH PRODUCT : 95%
572
DELIVERY LIMIT : 49%
300

LOW PRODUCT : 150
LEAK ALARM LIMIT : 10
SUDDEN LOSS LIMIT : 10
TANK TILT : 0.00

MANIFOLDED TANKS
T#: NONE

LEAK MIN ANNUAL : 50%
301

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:DIESEL

LEAK ALARM

SEP 10, 2023 4:30 AM
 OCT 22, 2005 4:00 AM
 OCT 22, 2005 3:30 AM

HIGH WATER ALARM

MAY 28, 2024 11:45 AM
 JUN 22, 2022 2:53 PM
 SEP 3, 2021 9:40 AM

OVERFILL ALARM

MAY 28, 2024 11:35 AM
 JUN 22, 2022 2:42 PM
 SEP 3, 2021 9:28 AM

LOW PRODUCT ALARM

MAY 28, 2024 11:26 AM
 NOV 15, 2023 11:20 AM
 JUN 22, 2022 2:25 PM

SUDDEN LOSS ALARM

SEP 10, 2023 4:16 AM
 NOV 11, 2008 2:22 AM
 OCT 22, 2005 2:57 AM

HIGH PRODUCT ALARM

MAY 28, 2024 11:36 AM
 JUN 22, 2022 2:43 PM
 SEP 3, 2021 9:31 AM

INVALID FUEL LEVEL

MAY 28, 2024 11:26 AM
 NOV 15, 2023 11:20 AM
 NOV 15, 2023 11:18 AM

PROBE OUT

MAY 28, 2024 11:26 AM
 NOV 15, 2023 9:38 AM
 JUN 22, 2022 2:56 PM

HIGH WATER WARNING

MAY 28, 2024 11:45 AM
 JUN 22, 2022 2:53 PM
 SEP 3, 2021 9:40 AM

DELIVERY NEEDED

MAY 28, 2024 11:26 AM
 SEP 10, 2023 6:52 AM
 JUN 22, 2022 2:25 PM

MAX PRODUCT ALARM

JUN 22, 2022 2:43 PM
 SEP 3, 2021 9:32 AM
 JUN 16, 2020 9:56 AM

ANNUAL TEST WARNING

DEC 24, 1997 12:00 AM

ANNUAL TEST ALARM

DEC 31, 1997 12:00 AM

LOW TEMP WARNING

JUN 22, 2022 2:57 PM
 APR 20, 2016 12:50 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 1:SUMP SENSOR
 PIPING SUMP
 FUEL ALARM
 MAY 28, 2024 11:25 AM

FUEL ALARM

JUN 22, 2022 2:24 PM

FUEL ALARM

SEP 3, 2021 9:20 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 2:INTERSTITIAL SENSOR
 ANNULAR SPACE
 HIGH LIQUID ALARM
 MAY 28, 2024 11:27 AM

LOW LIQUID ALARM

MAY 28, 2024 11:27 AM

HIGH LIQUID ALARM

JUN 22, 2022 2:23 PM

FOREST GROVE CO
 2018 COLLEGE WAY
 FOREST GROVE OR
 (J1) 5360 B01

MAY 28, 2024 11:34 AM

INVENTORY REPORT

T 1:DIESEL

VOLUME = 541 GALS
 ULLAGE = 61 GALS
 90% ULLAGE = 0 GALS
 TC VOLUME = 540 GALS
 HEIGHT = 39.99 INCHES
 WATER VOL = 22 GALS
 WATER = 3.89 INCHES
 TEMP = 61.7 DEG F

* * * * * END * * * * *

overfill sensor

----- IN-TANK ALARM -----

T 1:DIESEL
 OVERFILL ALARM
 MAY 28, 2024 11:35 AM

From: [LITKE Emily * DEQ](#)
To: [UST Duty Officer * DEQ](#); ["Mayer, John"](#); [GAFFNEY Ingrid * DEQ](#)
Cc: ["Siefken, Rod"](#); ["Kelly, Peter"](#); ["Varnam, Lee"](#); ["Ildelfonso, Tony"](#)
Subject: RE: DEQ UST Inspection Determinations: Ziplly #5664, #5666 and #5662
Date: Wednesday, June 26, 2024 2:14:00 PM
Attachments: [2024 FC-9317.pdf](#)
[image002.png](#)
[image003.png](#)
[2024-FC-9316.pdf](#)

Hey Lee,

Thank you for reaching out this afternoon. Here are the original field citations as issues by Ingrid Gaffney.

Facility 5662 Ziplly Beaverton Central Office (2024-FC-9317)

Facility 5666 Ziplly Forest Grove Office #5360 (2024-FC-9316)

Payment instructions will be listed on the first page of the field citation. It is helpful for the accounting team if you could print and sign the field citation to include with the check for payment.



Emily Litke (she/her)

Duty Officer, Underground Storage Tanks
DEQ Headquarters, Land Quality Division
700 NE Multnomah Street, Suite 600
Portland OR 97232-4100
503-806-9516
Emily.LITKE@deq.oregon.gov

From: UST Duty Officer * DEQ
Sent: Tuesday, June 11, 2024 9:44 AM
To: 'Mayer, John' <john.mayer@ziply.com>; GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; Siefken, Rod <rodney.siefken@ziply.com>; Kelly, Peter <peter.kelly@ziply.com>; Varnam, Lee <lee.varnam@ziply.com>; Ildelfonso, Tony <Tony.Ildelfonso@ziply.com>
Subject: RE: DEQ UST Inspection Determinations: Ziplly #5664, #5666 and #5662

Good morning John,

Facility 5666 Ziplly Forest Grove Office #5360 (2024-FC-9316)

Thank you for sending the tanknology testing and inspection report. Yes, this documentation satisfies the violations listed on the field citation. As soon as the \$400 fine is received, then the

inspection can be closed out. Please send payment as soon as possible.

Facility 5662 Ziplly Beaverton Central Office (2024-FC-9317)

DEQ wants to see that the tank probe is programmed correctly and that it is reading/diagnosing the system with the correct data.

-Can you please provide more information on the what the annual cleaning entailed and who the work was completed by. Include any work orders and the set up report for the system.

-Send one more month of leak detection to ensure the system is still functioning correctly.

-Send a year's worth of testing, which can be found under diagnostics in the system.

Payment of the \$300 fine is also due on 6/28/24



Emily Litke (she/her)
Duty Officer, Underground Storage Tanks
DEQ Headquarters, Land Quality Division
700 NE Multnomah Street, Suite 600
Portland OR 97232-4100
503-806-9516
Emily.LITKE@deq.oregon.gov

From: Mayer, John <john.mayer@ziply.com>

Sent: Monday, June 10, 2024 12:25 PM

To: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>

Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; Siefken, Rod <rodney.siefken@ziply.com>; Kelly, Peter <peter.kelly@ziply.com>; Varnam, Lee <lee.varnam@ziply.com>; Ildelfonso, Tony <Tony.Ildelfonso@ziply.com>

Subject: RE: DEQ UST Inspection Determinations: Ziplly #5664, #5666 and #5662

Good Fine Morning Ingrid !

I'm catching you up on the progress of the "Field Violations" from recent inspections.

2024-FC-9316

We have had the annual tank inspection completed. Along with the inspection the overfill alarm was tested and certified. Please see the attachment titled "Forest Grove CO 2024". I believe that should take care of the violation, other than paying the fines. Do you agree ?

2024-FC-9317

On the 30th of May our annual tank cleaning was done at this site. During this

process it is customary for the probe to be removed from the tank. This action "woke-up" the CPU to modem communications. And I have been able to communicate with the site frequently since then. I have attached the recent sensor and tank test reports. I'm hoping that this resolves the violations. I realize that we will still need to pay the fines. Also since the system "repaired itself" I cannot provide a receipt of the repair. Would you require further proof that communications has been restored ?

Please let me know if you need more documentation to resolve these issues.

Thanks for your time and have a GREAT day !

John Mayer
Build Services Specialist
Ziply Fiber
425-308-1576 (c)
john.mayer@ziply.com

From: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>
Sent: Tuesday, May 28, 2024 2:07 PM
To: Varnam, Lee <lee.varnam@ziply.com>; Mayer, John <john.mayer@ziply.com>; Kelly, Peter <peter.kelly@ziply.com>
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Subject: RE: DEQ UST Inspection Determinations: Ziply #5664, #5666 and #5662

You're welcome. Keep me and our UST duty officer updated on the progress. IF you require more time for repairs at Cedar Hills, please let me know in advance.

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: Varnam, Lee <lee.varnam@ziply.com>
Sent: Tuesday, May 28, 2024 1:29 PM
To: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>; Mayer, John <john.mayer@ziply.com>; Kelly, Peter <peter.kelly@ziply.com>

Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>

Subject: RE: DEQ UST Inspection Determinations: Ziplly #5664, #5666 and #5662

Thank you, Ingrid.

Lee Varnam

Facilities Manager

(206) 947-7581

Lee.Varnam@ziply.com

ZiPLYfiber.com



From: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>

Sent: Tuesday, May 28, 2024 9:52 AM

To: Varnam, Lee <lee.varnam@ziply.com>; Mayer, John <john.mayer@ziply.com>; Kelly, Peter <peter.kelly@ziply.com>

Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>

Subject: DEQ UST Inspection Determinations: Ziplly #5664, #5666 and #5662

Importance: High

WARNING: External email. Please verify sender before opening attachments or clicking on links.

Hello Lee, John and Peter:

Thank you to Peter for meeting with DEQ and helping perform the ZiPLY inspections at 2018 College Way, Forest Grove, 19555 SW Kinnamen Rd, Aloha and 4155 SW Cedar Hills Blvd, Beaverton on May 23rd, 2024.

19555 SW Kinnamen Rd, Aloha is in compliance. Please see the attached letter.. Let me know if you require hardcopies mailed.

In regards to the other two sites, DEQ observed missing testing records at 2018 College Way from 2023 for the annual tank gauge testing and overfill testing at the time of the inspection. Also, DEQ observed the ATG/Veeder Root at 4155 SW Cedar Hills Blvd is not functioning correctly nor is the site collecting monthly leak detection records since December of 2023. DEQ must issue a field citation for both sites, per enforcement guidance. Please see the attached citation.

CORRECTIVE ACTIONS: 2018 College Way, Forest Grove

1. Failure to test spill/overfill prevention equipment at least once every 3 years OAR 340-150-0310(8)(c) Perform testing, submit testing, and work order to DEQ by 7/28/2024.
2. Failure to operate, maintain or calibrate Release Detection equipment (ATG) per manufacturer's instructions, including testing for operability or running condition annually. OAR 340-150-0400(2) Perform annual testing and submit to DEQ within 60 days.

CORRECTIVE ACTIONS: 4155 SW Cedar Hills Blvd, Beaverton

1. **Failure to maintain adequate records of ATG monitoring and testing results. Provide monthly release results once repair or replacement is performed.
340-150-450(5) submit by 7/28/2024**
2. **Failure to repair, install, operate, maintain, or calibrate per manufacturer's instructions, including service checks for operability or running condition.
Repair or replace the ATG/Veeder Root so the site is maintaining monthly leak detection records, send the repair invoice and final testing to DEQ. 340-150-400(1)(c)**

This field citation will help DEQ keep track of the necessary repairs and testing required due to the ATG not functioning properly. The field citation states Ziply has **60 days to perform** or schedule the repairs and necessary repair testing with submission of recent CSLD results. If you require more time, please let DEQ know.

Please make sure to only hire licensed DEQ contractors. Here is the list:

<https://www.oregon.gov/deq/tanks/Pages/UST-Service.aspx>

***Please contact the UST Duty Officer at 503-229-5034 or ust.dutyofficer@deq.oregon.gov for the investigation and repairs and be sure to CC UST duty officer when sending over the final documentation. Enforcement is being handled through our Duty officer.**

Please let me know if you would like me to mail a copy of the field citation.

Regards,

Ingrid Gaffney
UST Compliance Inspector
DEQ UST Program
700 NE Multnomah St, Ste 600



Program Enforcement Maintenance



Program Enforcement

Violations List (2)

Corrective Actions (0)

Link Actions

File #

5666

Create PEN

Create OCE Enforcement

Name

ZIPLY FOREST GROVE OFFICE 5360

Location

2018 COLLEGE WAY / FOREST GROVE / WASHINGTON

Permit

UST General Permit.34-5666-2024-OPER.Active

Recipient Information:

Show Recipient Selection

Name / Title

Varnam, Lee /

Address

2610 W Casino Rd / Everett / WA / 98024

Phone / Fax / Email

(425) 739-1374 / /

Edit

Delete

Program Enforcement Number

2024-FC-9316

Regulatory Program

Underground Storage Tanks

Staff Assigned

Ingrid Gaffney

Enforcement Type

Field Citation

Enforcement Action Issued Date

05/28/2024

Show Calendar

Response Received Date

Show Calendar

Payment Due Date

06/28/2024

Show Calendar

Payment Received Date

07/30/2024

Show Calendar

Penalty Amount

\$400.00

PEN Referral Date

Show Calendar

Closed Date

Show Calendar

Withdrawn Date

Show Calendar

Link To Complaint

Comments

60 days to get the ATG annual testing and overfill testing complete due by 7/28/2024

PAID ON 07/30/24; PAID BY ZIPLY FIBER; CK # 32252-1; AMT \$400. XIAN

Edit

Delete

Create By

05/28/2024 08:50:13

Ingrid Gaffney

Last Update By

07/30/2024 02:33:52

Christian Hector

Record ID

9316

Create PEN

Create OCE Enforcement

Related Items

View Selected

	ID	Name/Reference	Date
Select	SV: 21570	Full Compliance Inspection (FCI)	05/23/2024
Select	PE: 9316	Field Citation	05/28/2024
Select	SV Vio: 20087	(C) Spill and Overfill Prevention - TCR	05/23/2024
Select	SV Vio: 20088	(G) General Release Detection - TCR	05/23/2024

Records Found = 4

Legend

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

Compliance Events Report

Post a Comment or Report a Problem

https://webp01.deq.state.or.us/aces/ACESProgramEnforcement.aspx

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