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

July 30, 2024

Cornelius Food Oil LLC
Attn: David Lee
1894 Baseline St
Cornelius, OR 97113-8208

RE: UST Compliance Inspection
DEQ UST #11572 – 1894 Baseline St, Cornelius

Dear Cornelius Food Oil 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 facilities, among others, has been selected for inspection. A thorough inspection of your facilities 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 August 28th, 2024 starting at approximately 10:30 am at the DEQ UST #s listed below.

August 28th 10:30 am:

- **DEQ UST #11572 - 1894 Baseline St, Cornelius**

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 via email 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 for the past three years
- Spill prevention testing records, was due by October 2020
- Monthly walkthroughs, one year
- Overfill Prevention Equipment testing, was due by October 2020
- Cathodic protection testing (if applicable). All tests since 2019.

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.

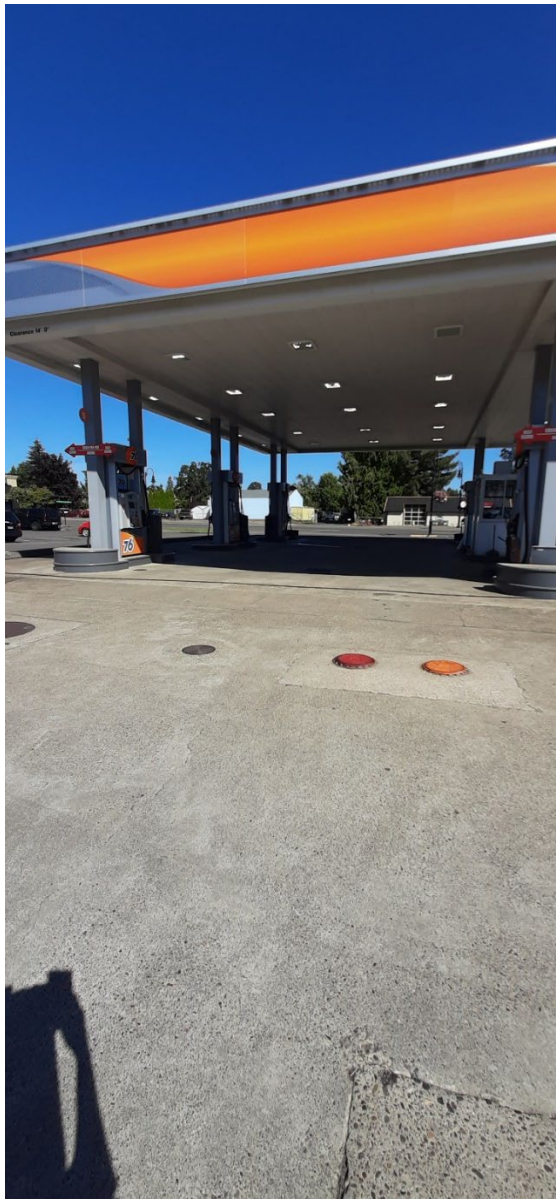
Some enforcement situations including repeat violations will go through a longer and more formal process including civil penalties.

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.

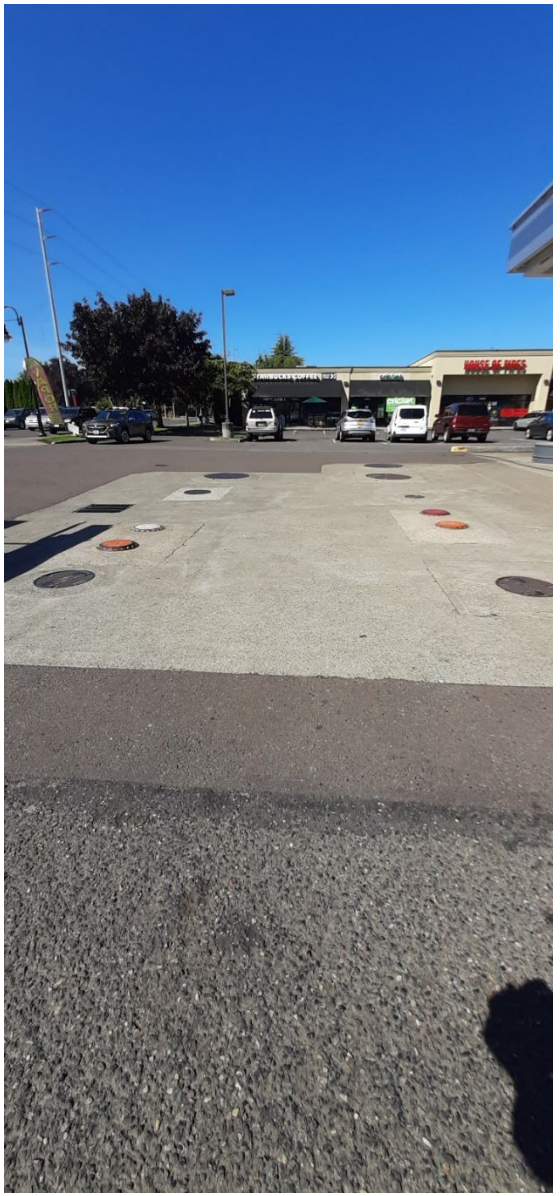
Sincerely,

Ingrid Gaffney

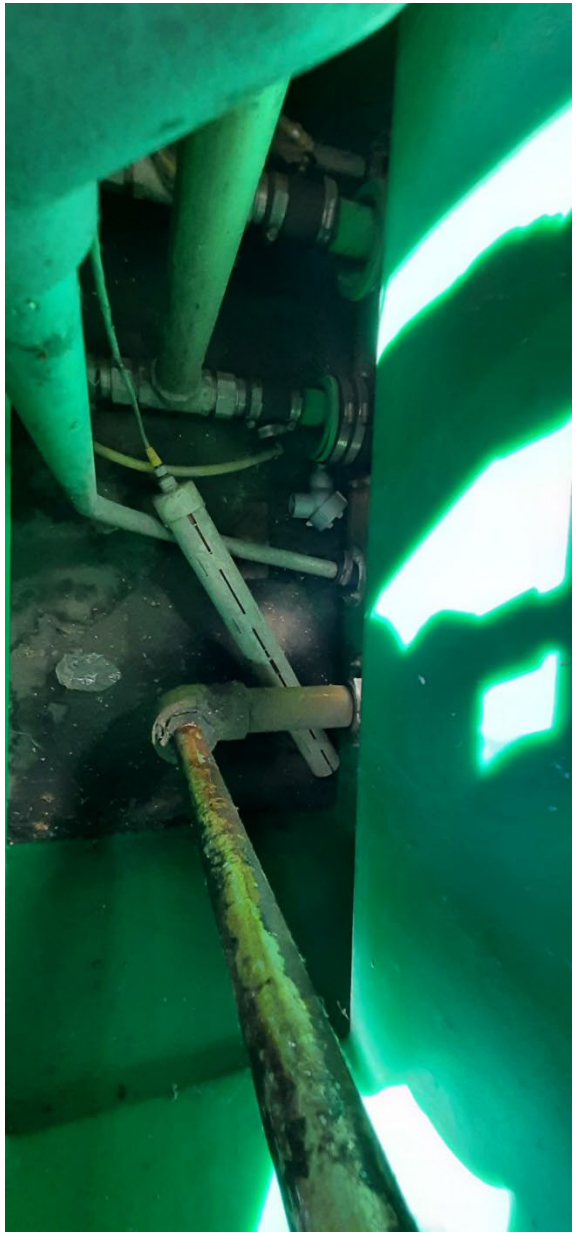
Ingrid Gaffney
UST Compliance Specialist



1: 1894 Baseline St, Cornelius, OR 97113



2: Tank nest looking west



3:UDC #1

4:UDC #3

5:UDC #6

6: UDC #8

7: Premium sump

8: Regular sump

9: Regular fill

10: Premium fill

11: Sensor alarm: work order emailed to DEQ for recent repair

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

Inspector: Ingrid Gaffney Date: 8/28/2024 Time: 10:15 AM Facility: 11572

I. Site Information			
Facility Name:	Cornelius Food Oil, LLC	Permittee: Cornelius Food Oil, LLC	Contact DAVID LEE
Site Address:	1894 Baseline St	Organization: SAME	Phone 503-860-3333
City:	Cornelius, OR 97113	Phone: → →	503-267-6871

II. Tank Information

DEQ Permit #	BD EKE	BD EKF			
Estimated Gallons	12,000	15,000			
Substance	GASOLINE	GASOLINE			
Tank Material	Steel Clad w/ Fiber	→			
Tank Install Date	1/15/1996	→			
Pipe Material	Flex Plastic Environ	→			
Pipe Type	Pressure	→			
Pipe Install Date	1/15/1996	→			
Overfill Device	ALARM	→			

☑ Check file before conducting inspection

Notes and Comments from the UST database:

- 2014 tank lining inspection * *done 2016*
- 2019 inspection (last)

If tanks are manifolded, which tanks: ND

III. Operating Certificate — Compliance ☑ Yes ☐ No

☑ Current ☐ Accurate ☑ Posted for delivery drive to observe

IV. Operator Training — Compliance ☑ Yes ☐ No

Class A/B Operator ☑ Yes ☐ No Name Peter J LEE Date 11/13/2009

Class C Operator ☑ Yes ☐ No ☐ Cardlock

V. Financial Responsibility — Compliance ☑ Yes ☐ No

Type of coverage: Insurance Begin Date 12/2/2023 End Date 12/2/2024

Coverage amount correct $1,000,000 Number of tanks covered 2

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

VI. Walkthrough Requirements — Compliance ☑ Yes ☐ No

Spill prevention and release detection equipment checked monthly? ☑ Yes ☐ No

Tank top sumps checked annually? ☑ Yes ☐ No

11572

VII. Release Detection | **Compliance** | ☑ Yes | ☐ No

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

Date of last testing: 12/12/2023 11/10/2021 10/6/2022 Last three tests available? ☑ Yes ☐ No

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

☑ *Pressurized Piping*

☑ Mechanical Leak Detector (MLLD) ☐ Electronic Leak Detector (ELLD) - *check for swiftcheck requirement*

Date of last testing: 12/12/2023 10/6/2022 11/10/2021 Last three tests available? ☑ Yes ☐ No

Number of lines tested: 2 Number of LD tested: 2

Leak detector manufacturer make and model: LD2000

Tank gauge manufacturer make and model: Veeder Root TLS350

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 ☑ VCSLD ☐ 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 → 2023 → 2024

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
T1:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
T2:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
T3:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
T4:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
T5:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Inspector: Ingrid Gaffney Date: _____ Time: _____ Facility: 11572

VIII. Spill Prevention

Compliance ☐ Yes ☑ No

Date(s) of testing: not done 2023 ? 12/11/2020 Number of spill buckets tested? 2

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

late testing, not done

☐ 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: 10/6/2022 (due 2025)

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

Overfill method that was tested: ☑ Alarm ☐ Flapper ☐ Ball Float

Overfill Alarm

Alarm sounds when tank is 90% full	☑ Yes	☐ No
Driver can see or hear alarm at point of transfer?	☑ Yes	☐ No
Sound alarm from tank gauge during inspection?	☑ Yes	☐ No

Flapper Valve

Testing verified the valve automatically restricts flow at 95%	☐ Yes	☐ No
Visual observation of flapper on day of inspection?	☐ Yes	☐ No

Ball Float

Testing verified the ball float automatically restricts flow at 90%	☐ Yes	☐ No
Visual observation of ball float during inspection?	☐ Yes	☐ No

X. Corrosion Protection

Compliance ☐ Yes ☐ No

☐ Cathodic ☐ Galvanic ☐ Impressed Current

Steel tank with cathodic?	☐ Yes	☐ No
Steel pipes with cathodic?	☐ Yes	☐ No
Steel flex-lines with cathodic?	☐ Yes	☐ No
Date of cathodic test: _____		
Last two tests available?	☐ Yes	☐ No
Did last test pass?	☐ Yes	☐ No
If not:		
Was failed test reported to DEQ?	☐ Yes	☐ No
Was system repaired?	☐ Yes	☐ No
Date of repair? _____		
Cathodic retested within 6 mos. of repair?	☐ Yes	☐ No
Date of retesting? _____		

If impressed current system:

Rectifier Operational?	☐ Yes	☐ No
Rectifier log maintained?	☐ Yes	☐ No
Rectifier been operating continuously	☐ Yes	☐ No

☐ Tank Lining

Date of lest test? _____

Pressure test conducted after tank lining inspection? ☐ Yes ☐ No

XI. General notes from inspection

Representative onsite: David LEE email: djlee@hotmail.com

✓* ~~*~~ service provider list - sent *

✓ † sudden loss > 12/4/2023 (Send service orders)* (provided) for repairs to probe

Photo #1 = UDC #1

Photo #2 = UDC #3

* late spill prevention testing not performed in 2023

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

Inspector Signature: Ingrid Gaffney Date: 8/28/2024

State of Oregon Department of Environmental Quality

Program Enforcement No. 2024-FC-9515

Department of Environmental Quality
Underground Storage Tank Program

Field Citation
For UST Violations

This section for DEQ use only

DEQ Information		UST Facility Information	
Inspection Date:	08/28/2024	**Facility ID#:**	11572
Inspector:	Ingrid Gaffney	**Facility Name:**	Cornelius Food Oil, LLC
DEQ Office:	700 NE Multnomah St, Ste 600	**Facility Address:**	1894 Baseline St
	Portland, OR 97232-9535		Cornelius, OR 97113-8208
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: ○ **In Person** ◉ **By Mail** ○ **Both** **Date Issued:** 08/26/2024

Facility Representative Present During Inspection: David Lee ○ Permittee ◉ Owner ○ Other

Name of Permittee or Owner: Cornelius Food Oil LLC Attn: David Lee

Mailing Address: 1894 Baseline St, Cornelius, OR 97113-8208

Field Citation Penalty – See Page 3 for detailed listing of each violation. $ 500 .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: 10/04/2024

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.

Department of Environmental Quality (DEQ) Underground Storage Tank Program

UST FIELD CITATION

DATE ISSUED: 09/04/2024 **PROGRAM ENFORCEMENT NO.:** 2024-FC-9515 **FACILITY ID:** 11572

Violation #1: ***TCR:** (•) **Y** ( ) **N**	Failure to test spill prevention equipment at least once every 3 years.			
Corrective Action:	Perform required spill prevention testing to correct violation and submit testing results to DEQ within 30 days.			
Rule Citation: **OAR 340-150-** 0310(8)(b)		Penalty Amount: $ 500 .00	Correct Violation by: 10/4/2024	Date Corrected:
Violation #2: ***TCR:** ( ) **Y** ( ) **N**				
Corrective Action:				
Rule Citation: **OAR 340-150-**		Penalty Amount: $ .00	Correct Violation by:	Date Corrected:
Violation #3: ***TCR:** ( ) **Y** ( ) **N**				
Corrective Action:				
Rule Citation: **OAR 340-150-**		Penalty Amount: $ .00	Correct Violation by:	Date Corrected:
Violation #4: ***TCR:** ( ) **Y** ( ) **N**				
Corrective Action:				
Rule Citation: **OAR 340-150-**		Penalty Amount: $ .00	Correct Violation by:	Date Corrected:
Violation #5: ***TCR:** ( ) **Y** ( ) **N**				
Corrective Action:				
Rule Citation: **OAR 340-150-**		Penalty Amount: $ .00	Correct Violation by:	Date Corrected:
Violation #6: ***TCR:** ( ) **Y** ( ) **N**				
Corrective Action:				
Rule Citation: **OAR 340-150-**		Penalty Amount: $ .00	Correct Violation by:	Date Corrected:

Total Penalty Amount (This Page): $ 500 .00 Total Penalty Amount (All Pages): $ 500 .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

UPSS Precision Test Report

Date	10/10/2024
Report #	US207348
Site	CORNELIUS FOOD OIL 1894 BASELINE ST CORNELIUS OR 97113 USA
Test Date(s)	10/03/2024
Reason for Test	Annual Compliance

LEIGHTON O'BRIEN
E-mail: jeffstevenson@leightonobrien.com
Website: www.leightonobrien.com

SME SOLUTIONS, LLC
Service Distributor: SME Solutions, LLC
www.smecorp.com
Tel. 253-572-3822

EXECUTIVE SUMMARY

All lines passed the tests.

RECOMMENDATIONS

There are no recommendations.

AIM

To investigate the integrity of the UPSSs due to Annual Compliance

METHODOLOGY

An individual test was / were performed on the product line(s). Line was/were tested to a 0.05 gph leak rate using Leighton O'Brien PM2 test equipment & procedures.

SUMMARY OF LINES RESULTS AS TESTED

Product Lines - Round 1 Pressure Tests	Test Date	Result
Unleaded Tank 1 to Dispenser (3,4)	10/03/2024	PASS
Premium Tank 2 to Dispenser (3,4)	10/03/2024	PASS

COMMENTS/DISCUSSIONS

All lines passed the tests.

RECOMMENDATIONS

There are no recommendations.

FUEL SYSTEM DETAILS

Fuel Operation System	Pressure
Tank	Double Wall (Fiberglass/Fiberglass)
Line	Smartflex

ADDENDUM

Licensed Tester	Todd Sehon
Report Prepared by	Jason Weber

Leighton O'Brien
Field Services Pty Ltd

Phone: +61 3 9804 2200
Fax: +61 3 9804 2299

USA: +1 888 275 3781
Email: info@leightonobrien.com

www.leightonobrien.com

Glossary of Terms

UPSSs:	Underground Petroleum Storage Systems.
USEPA:	United States of America Environmental Protection Agency.

The underground pipe and tank configurations contained in this report are deduced from information gathered at the site by Leighton O'Brien Field Services and by information given to Leighton O'Brien Field Services by the client.

Test technology used: Leighton O'Brien wet test (mass based), Leighton O'Brien ullage test (pressure or vacuum), Quantitative Wet Line Test PM2 and Qualitative Dry Line Test PM2

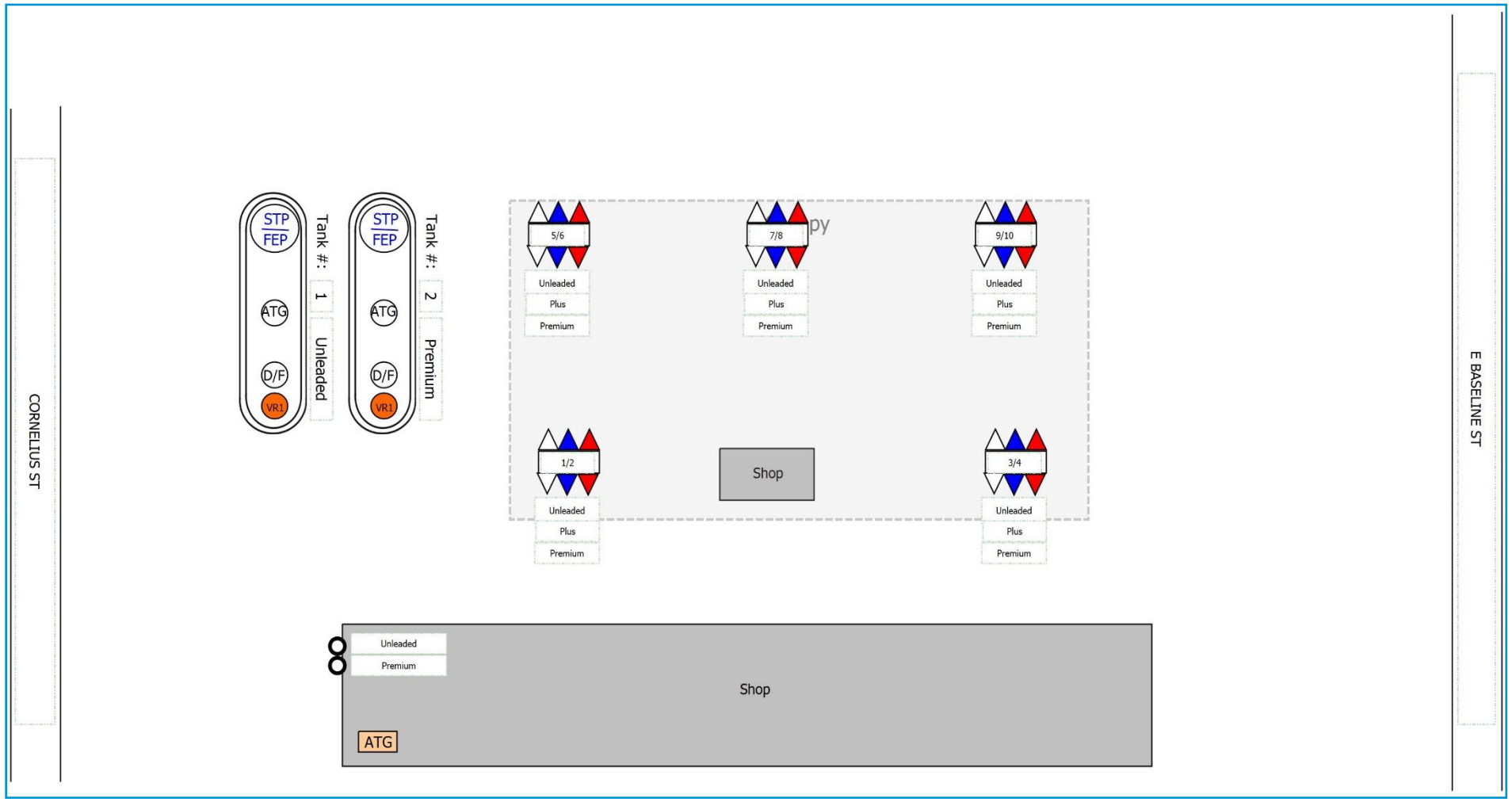
Leighton O'Brien Field Services are provided on the terms and conditions set out in the conditions of sale document. The Leighton O'Brien service is warranted to the invoiced value of services performed in accordance with section 64A of the Australian Consumer Law (Schedule 2 of the Competition and Consumer Act 2010).

LINE TESTS DETAILS

Line Tests - Round 1 Pressure Tests	Date	Start	End	Cert #	Result	Condition	gal/hr	Psi
Premium Tank 2 to Dispenser (3,4)*	10/03/24	09:37	10:21	521145	PASS	Wet	-0.001	56.12
Unleaded Tank 1 to Dispenser (3,4)*	10/03/24	09:37	10:21	521145	PASS	Wet	-0.001	56.12

Lines tested to a 0.05 gph leak rate using Leighton O'Brien PM2 test equipment & procedures
*Lines were manifolded during testing

SITE MAP


CORNELIUS ST
E BASELINE ST
STP
FEP
ATG
D/F
VR1
Tank #: 1
Unleaded
STP
FEP
ATG
D/F
VR1
Tank #: 2
Premium
5/6
Unleaded
Plus
Premium
7/8
Unleaded
Plus
Premium
9/10
Unleaded
Plus
Premium
1/2
Unleaded
Plus
Premium
Shop
3/4
Unleaded
Plus
Premium
Unleaded
Premium
Shop
ATG

SME SOLUTIONS, LLC

Invoice Number: 2245553

Date: 10/16/2024

PO/Release #: DAVID LEE

SME Ref #: 588184

Bill To:
MDEALX11440
Cornelius Food Oil LLC
1894 Baseline St
Cornelius OR 97113

Location of Work:
M0376-1894
UNOCAL 76
1894 Baseline St
Cornelius OR 97113

Description	Measure	Qty.	Price	Extended
Compliance testing; Tank monitor certification, line test, leak detector test, overfill verification, P/V Valve test, pressure decay and spill bucket test.See attached work order(s) for				
Labor: TODDS on 10/03/2024	HRS	2.50	$125.00	$312.50
Travel: TODDS on 10/03/2024	HRS	0.75	$125.00	$93.75
Mileage Charges	MILE	25	$1.25	$31.25
Third Party Certification	EA	1.00	$120.00	$120.00
Misc Safety Equipment	EA	1	$17.00	$17.00
Fuel Surcharge	EA	1	$13.25	$13.25
Nitrogen Charge	EA	1	$125.00	$125.00
Pressure Decay Test Unit	EA	1	$125.00	$125.00

Test Results Must Be Paid In Full
Prior To Documents Being Released.
To Make Payment, Please Call :
253-572-3822
Option 5 then Option 1

For your convenience, we accept credit cards.

COD

Sub-total:	$837.75
Tax:	$0.00
Total Due:	$837.75

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

680 Quinn Avenue, San Jose, CA 95112 253-572-3822 office 253-572-0978 fax

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

Monitoring System Equipment Certification

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

A. General Information

Facility Name: Cornelius Food Oil Bldg. No.: ____

Site Address: 1894 Baseline St City: CORNELIUS Zip: 97113

Facility Contact Person: ____ Contact Phone Number: ____

Make/Model of Monitoring System: TLS 350 Date of Testing/Servicing: 2024-10-03

B. Inventory of Equipment Tested/Certified

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

Tank ID: T1 PREMIUM		**Tank ID:** T2 UNLEADED	
☑ In - Tank Gauging Probe	Model: MAG 7	☑ In - Tank Gauging Probe	Model: MAG 1
☐ Annular Space or Vault Sensor	Model:	☐ Annular Space or Vault Sensor	Model:
☑ Piping Sump/Trench Sensor	Model: 208	☑ Piping Sump/Trench Sensor	Model: 208
☐ Fill Sump Sensor(s)	Model:	☐ Fill Sump Sensor(s)	Model:
☑ Mechanical Line Leak Detector	Model: 99LD2000	☑ Mechanical Line Leak Detector	Model: 99LD2000
☐ Electronic Line Leak Detector	Model:	☐ Electronic Line Leak Detector	Model:
☑ Tank Overfill/High Level Sensor	Model: AUDIBLE	☑ Tank Overfill/High Level Sensor	Model: AUDIBLE
☐ Other (Specify equipment type and model in Section G on Page 3)		☐ Other (Specify equipment type and model in Section G on Page 3)	

Tank ID:		**Tank ID:**	
☐ In - Tank Gauging Probe	Model:	☐ In - Tank Gauging Probe	Model:
☐ Annular Space or Vault Sensor	Model:	☐ Annular Space or Vault Sensor	Model:
☐ Piping Sump/Trench Sensor	Model:	☐ Piping Sump/Trench Sensor	Model:
☐ Fill Sump Sensor(s)	Model:	☐ Fill Sump Sensor(s)	Model:
☐ Mechanical Line Leak Detector	Model:	☐ Mechanical Line Leak Detector	Model:
☐ Electronic Line Leak Detector	Model:	☐ Electronic Line Leak Detector	Model:
☐ Tank Overfill/High Level Sensor	Model:	☐ Tank Overfill/High Level Sensor	Model:
☐ Other (Specify equipment type and model in Section G on Page 3)		☐ Other (Specify equipment type and model in Section G on Page 3)	

Tank ID:		**Tank ID:**	
☐ In - Tank Gauging Probe	Model:	☐ In - Tank Gauging Probe	Model:
☐ Annular Space or Vault Sensor	Model:	☐ Annular Space or Vault Sensor	Model:
☐ Piping Sump/Trench Sensor	Model:	☐ Piping Sump/Trench Sensor	Model:
☐ Fill Sump Sensor(s)	Model:	☐ Fill Sump Sensor(s)	Model:
☐ Mechanical Line Leak Detector	Model:	☐ Mechanical Line Leak Detector	Model:
☐ Electronic Line Leak Detector	Model:	☐ Electronic Line Leak Detector	Model:
☐ Tank Overfill/High Level Sensor	Model:	☐ Tank Overfill/High Level Sensor	Model:
☐ Other (Specify equipment type and model in Section G on Page 3)		☐ Other (Specify equipment type and model in Section G on Page 3)	

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

Site Address: 1894 Baseline St

Date of Testing/Servicing: 2024-10-03

Dispenser ID: ALL ☐ Dispenser Containment Sensor(s) Model: ______ ☑ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)	**Dispenser ID:** ______ ☐ Dispenser Containment Sensor(s) Model: ______ ☐ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)
Dispenser ID: ______ ☐ Dispenser Containment Sensor(s) Model: ______ ☐ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)	**Dispenser ID:** ______ ☐ Dispenser Containment Sensor(s) Model: ______ ☐ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)
Dispenser ID: ______ ☐ Dispenser Containment Sensor(s) Model: ______ ☐ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)	**Dispenser ID:** ______ ☐ Dispenser Containment Sensor(s) Model: ______ ☐ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)
Dispenser ID: ______ ☐ Dispenser Containment Sensor(s) Model: ______ ☐ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)	**Dispenser ID:** ______ ☐ Dispenser Containment Sensor(s) Model: ______ ☐ Shear Valve(s) ☐ Dispenser Containment Float(s) and Chain(s)

C. Results of Testing/Servicing

Software Version Installed: 129.02

Complete the following checklist:

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

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

Site Address: 1894 Baseline St Date of Testing/Servicing: 2024-10-03

D. In - Tank Gauging/ SIR Equipment

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

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

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

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

E. Line Leak Detectors (LLD):

Complete the following checklist: ☐ Check this box if LLD's are not installed

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

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

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

G. Comments

☑ System set-up ☑ Alarm History Report

Technician Name: TODD SEHON Signature : T Sehon

Mfg. Cert.#: C25612 ICC# 9007253 License No.:

Testing Company Name: SME SOLUTIONS LLC Phone No.: 253-572-3822

Testing Company Address: 10107 S.TACOMA WAY LAKEWOOD, WA 98499 Date of Testing/Servicing: 2024-10-03

Form 1

Pressure/Vacuum (P/V) Vent Valve Data Sheet

Facility Name: Cornelius Food Oil	Test Date: 2024-10-03
Address: 1894 Baseline St	Test Company: SME SOLUTIONS
City : CORNELIUS	Tester Name: TODD SEHON

P/V Valve Manufacturer:	Model Number:	Pass Fail
OPW	623V-2203	PASS

Manufacturers Specified Positive Leak Rate (CFH): .05	**Manufacturers Specified Negative Leak Rate (CFH):** .21
Measured Positive Leak Rate (CFH): .025	Measured Negative Leak Rate (CFH): .042
Positive Cracking Pressure (in. H_2O): 3.45	Negative Cracking Pressure (in. H_2O): -7.45

P/V Valve Manufacturer:	Model Number:	Pass Fail
OPW	623V-2203	PASS

Manufacturers Specified Positive Leak Rate (CFH): .05	**Manufacturers Specified Negative Leak Rate (CFH):** .21
Measured Positive Leak Rate (CFH): .025	Measured Negative Leak Rate (CFH): .042
Positive Cracking Pressure (in. H_2O): 3.28	Negative Cracking Pressure (in. H_2O): -7.23

P/V Valve Manufacturer:	Model Number:	Pass Fail

Manufacturers Specified Positive Leak Rate (CFH):	**Manufacturers Specified Negative Leak Rate (CFH):**
Measured Positive Leak Rate (CFH):	Measured Negative Leak Rate (CFH):
Positive Cracking Pressure (in. H_2O):	Negative Cracking Pressure (in. H_2O):

P/V Valve Manufacturer:	Model Number:	Pass Fail

Manufacturers Specified Positive Leak Rate (CFH):	**Manufacturers Specified Negative Leak Rate (CFH):**
Measured Positive Leak Rate (CFH):	Measured Negative Leak Rate (CFH):
Positive Cracking Pressure (in. H_2O):	Negative Cracking Pressure (in. H_2O):

Washington Oregon Gasoline Vapor Control Committee

This form will be accepted by any State or Local Air Pollution Agency requiring compliance testing on gas station vapor recovery equipment within the states of Washington or Oregon

For Agency Use Only

Reviewed by: _____

Date: _____

☐ Passed ☐ Failed

(Attach reasons for test failure to this form)

Pressure Decay Test CARB Test Procedure TP-201.3 or Procedure in CARB Executive Order for Stage 2 Equipment

Station Name: Cornelius Food Oil

Air Agency Registration No.:

Address: 1894 Baseline St

City, State, Zip: CORNELIUS OR 97113

Testing Company Name: SME Solutions

Date/Time of Test: 10/3/24. 1000

Address: 2800 NW 31st ave

Phone No.: (503) 205-7777

City, State, Zip: Portland, OR 97210

Tank #

Type of Stage 1: ☐ Coaxial ☑ Dual Point

Type of Stage 2 system: ☑ Balance ☐ Tokheim ☐ Wayne ☐ OPW ☐ Gilbarco ☐ Healy ☐ Other: _____

Tanks Manifolded? ☑ Yes ☐ No **Total Nozzles:** 10 **Tested with vapor cap:** ON ☐ or OFF ☑

	Tank #2 UNLEADED	Tank #1 PREMIUM	Tank #3	Tank #4	
Number of Nozzles:	10	10			Total if Manifolded
Capacity:	14973	12151			27124
Gasoline Volume:	9850	3118			12968
Ullage:	5123	9033			14156
Percent Ullage:	% 34.215	% 74.34	%	%	% 52.19

Minimum total ullage for each tank must be 1,000 gallons or 25% of tank capacity

Maximum total ullage from manifolded (all) tanks must not exceed 25,000 gallons

Date Test Equipment Calibrated: 2024-07-15

Test Results

	If Manifolded	Non-Manifolded Tank #1	Tank #2	Tank #3	Tank #4
Initial Pressure	2.0" H2O 2.0	2.0" H2O	2.0" H2O	2.0" H2O	2.0" H2O
Pressure after 1 minute	" H2O 2.0	" H2O	" H2O	" H2O	" H2O
Pressure after 2 minutes	" H2O 2.0	" H2O	" H2O	" H2O	" H2O
Pressure after 3 minutes	" H2O 2.0	" H2O	" H2O	" H2O	" H2O
Pressure after 4 minutes	" H2O 2.0	" H2O	" H2O	" H2O	" H2O
Pressure after 5 minutes	" H2O 2.0	" H2O	" H2O	" H2O	" H2O

Pass

Allowable pressure from table (TP-201.3 or Applicable CARB Exec Exhibit #): _____

Allowable pressure calculated (Formulas on back): 1.891

Person conducting the test:

Todd Sehon — *Print Name*

T Sehon — *Signature*

2024-10-03 — *Date*

Tank owner or authorized representative:

_____ — *Print Name*

_____ — *Signature*

2024-10-03 — *Date*

1 Calculating Results

1.1 Allowable Pressures for Balance Systems

For Phase II Balance systems, the allowable five-minute final pressure, with an initial pressure of two inches (2.0) of water column, shall be calculated as follows:

$P_f = 2e^{-760.490/V}$ If N = 1-6

$P_f = 2e^{-792.196/V}$ If N = 7-12

$P_f = 2e^{-824.023/V}$ If N = 13-18

$P_f = 2e^{-855.974V}$ If N = 19-24

$P_f = 2e^{-888.047/V}$ If N = 24

Where:

N = The number of affected nozzles:

For manifold systems, N equals the total number of nozzles.

For dedicated plumbing configurations, N equals the number of nozzles serviced by the tank being tested.

P_f = The minimum allowable five-minute final pressure, inches H_20

V = The total ullage affected by the test, gallons

e = A dimensionless constant approximately equal to 2.718

2 = The initial starting pressure, inches H_20

1.2 Allowable Pressures for Assist Systems

For Phase II Vacuum Assist Systems, the allowable five-minute final pressure, with an initial pressure of two inches (2.0) of water column, shall be calculated as follows:

$P_f = 2e^{-500.887/V}$ If N = 1-6

$P_f = 2e^{-531.614/V}$ If N = 7-12

$P_f = 2e^{-562.455/V}$ If N = 13-18

$P_f = 2e^{-593.412/V}$ If N = 19-24

$P_f = 2e^{-624.483/V}$ If N = 24

SME SOLUTIONS, LLC

10707 S. Tacoma Way
Suite A-2
Lakewood, WA. 98499
(253) 572-3822

2800 N.W. 31st. Ave
Portland, OR. 97210
(503) 946-0000

Mechanical Leak Detector Test Data Sheet

Site Name Cornelius Food Oil Date 10/3/2024

Address 1894 Baseline St

CORNELIUS,OR 97113

Test Information

	1	2	3	4	5
Product	UNLEADED	PREMIUM			
Manufacturer	VAPORLESS	VAPORLESS			
Model	99LD2000	99LD2000			
Full Operating Pressure (PSI)	30	30			
Line Bleed Back (ml)	150	125			
Trip Time (sec)	3	4			
Metering Pressure (PSI)	18	16			
F/E Holding Pressure (PSI)	28	28			
Test Leak Rate (ml/min)(gph)	3.0 GPH	3.0 GPH			
PASS or FAIL	**PASS**	**PASS**			

Comments

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

Inspected By: Contractor SME SOLUTIONS, LLC

Technician TODD SEHON Lic# 9007253

Signature

UNDERGROUND STORAGE TANK
OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM (Page 1 of 1)

Type of Action ☐ Installation Inspection ☐ Repair Inspection ☑ 36 Month Inspection

I. FACILITY INFORMATION

	Date of Overfill Prevention Equipment Inspection
	10/3/24

Business Name *(Same as Facility Name or DBA-Doing Business As)*
Cornelius Food Oil

Business Site Address	City	ZIP Code
1894 Baseline St	CORNELIUS	97113

II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

Name of UST Service Technician Performing the Inspection *(Print as shown on the ICC Certification.)*	Phone #
TODD SEHON	(503) 502-9531

Contractor / Tank Tester License #	ICC Certification #	ICC Certification Expiration Date
	9007253	9/19/25

Overfill Prevention Equipment Inspection Training and Certifications *(List applicable certifications.)*
OPW 1/3

III. OVERFILL PREVENTION EQUIPMENT INSPECTION INFORMATION

Inspection Method Used:
- ☑ Manufacturer Guidelines *(Specify)*: OPW
- ☐ Industry Code or Engineering Standard *(Specify)*:
- ☐ Engineered Method *(Specify)*:

Attach the inspection procedures and all documentation required to determine the results. # of Attached Pages

TANK ID: *(By tank number, stored product, etc.)*	T1 PREMIUM	T2 UNLEADED		
What is the tank inside diameter? *(Inches)*	95	119		
Is the fill piping secondarily contained?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the vent piping secondarily contained?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Overfill Prevention Equipment Manufacturer(s)	OPW	OPW		
What is the overfill prevention equipment response when activated? *(Check all that apply.)*	☐ Shuts Off Flow ☐ Restricts Flow ☑ A/V Alarm	☐ Shuts Off Flow ☐ Restricts Flow ☑ A/V Alarm	☐ Shuts Off Flow ☐ Restricts Flow ☐ A/V Alarm	☐ Shuts Off Flow ☐ Restricts Flow ☐ A/V Alarm
Are flow restrictors installed on vent piping?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
At what level in the tank is the overfill prevention set to activate? *(Inches from bottom of tank.)*	80.125	100.375		
What is the percent capacity of the tank at which the overfill prevention equipment activates?	90	90		
Is the overfill prevention in proper operating condition to respond when the substance reaches the appropriate level?	☑ Yes ☐ No *(Specify in V.)*	☑ Yes ☐ No *(Specify in V.)*	☐ Yes ☐ No *(Specify in V.)*	☐ Yes ☐ No *(Specify in V.)*

IV. SUMMARY OF INSPECTION RESULTS

Overfill Prevention Inspection Results	☑ Pass ☐ Fail	☑ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

V. COMMENTS

Any items marked "Fail" must be explained in this section. Any additional comments may also be provided here.

VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS INSPECTION

I hereby certify that the overfill prevention equipment was inspected and all the information contained herein is accurate.

UST Service Technician Signature TSehon

If the facility has more components than this form accommodates, additional copies of this page may be attached.

ID = Identification, UST = Underground Storage Tank, ICC = International Code Council, A/V = Audible and Visual

UNDERGROUND STORAGE TANK
SPILL CONTAINER TESTING REPORT FORM (Page 1 of 1)

Type of Action ☐ Installation Test ☐ Repair Test ☑ 36 Month Test

I. FACILITY INFORMATION

CERS ID	Date of Spill Container Test
	10/03/24

Business Name *(Same as Facility Name or DBA-Doing Business As)*
Cornelius Food Oil

Business Site Address	City	ZIP Code
1894 Baseline St	CORNELIUS	97113

II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

Name of UST Service Technician Performing the Test *(Print as shown on the ICC Certification.)*	Phone #
Todd Sehon	2535723822

Contractor / Tank Tester License #	ICC Certification #	ICC Certification Expiration Date
	9007253	9/19/25

Spill Container Testing Training and Certifications *(List applicable certifications.)*
U 1/3

III. SPILL CONTAINER TESTING INFORMATION

Test Method Used:
- ☑ Manufacturer Guidelines *(Specify)*: OPW
- ☐ Industry Code or Engineering Standard *(Specify)*:
- ☐ Engineered Method *(Specify)*:

Attach the testing procedures and all documentation required to determine the results. # of Attached Pages:

TANK ID: *(By tank number, stored product, etc.)*	1 Regular	2 Prem	3	4
Spill Container Manufacturer:	OPW	OPW		
Method of Cathodic Protection:	☑ Non-Metallic ☐ Isolation ☐ Other *(Specify in V.)*	☑ Non-Metallic ☐ Isolation ☐ Other *(Specify in V.)*	☐ Non-Metallic ☐ Isolation ☐ Other *(Specify in V.)*	☐ Non-Metallic ☐ Isolation ☐ Other *(Specify in V.)*
Inside Diameter of Spill Container: *(Inches)*	12”	12”		
Depth of Spill Container: *(Inches)*	12”	12”		
Does the spill container have a 5 gallon capacity?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Method to Keep Spill Container Empty:	☑ Drain Valve ☐ Onsite Pump ☐ Other *(Specify in V.)*	☑ Drain Valve ☐ Onsite Pump ☐ Other *(Specify in V.)*	☐ Drain Valve ☐ Onsite Pump ☐ Other *(Specify in V.)*	☐ Drain Valve ☐ Onsite Pump ☐ Other *(Specify in V.)*

IV. SUMMARY OF TESTING RESULTS

Spill Container Test Results:	☑ Pass ☐ Fail	☑ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

V. COMMENTS

Any items marked “Fail” above must be explained in this section. Any additional comments may also be provided here.

VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TESTING

I hereby certify that the spill containers were tested in accordance with California Code of Regulations, Title 23, Division 3, Chapter 16, Section 2637.1 and all the information contained herein is accurate.

UST Service Technician Signature
TSehon

If the facility has more components than this form accommodates, additional copies of this page may be attached.

CERS = California Environmental Reporting System, ID = Identification, UST = Underground Storage Tank, ICC = International Code Council

Identify Spill Bucket (*By Tank Number, Stored Product, etc.*)	**1** 1 Regular	**2** 2 Prem	**3** 3	**4** 4
Test Start Time (T_I):	0930	0930		
Initial Reading (R_I):	11"	11"		
Test End Time (T_F):	1030	1030		
Final Reading (R_1):	11"	11"		
Test Duration (T_F - T_I):	1hr	1hr		
Change in Reading (R_1):	0	0	0	

Identify Spill Bucket (*By Tank Number, Stored Product, etc.*)	**5**	**6**	**7**	**8**
Test Start Time (T_I):				
Initial Reading (R_I):				
Test End Time (T_F):				
Final Reading (R_1):				
Test Duration (T_F - T_I):				
Change in Reading (R_1):				

Identify Spill Bucket (*By Tank Number, Stored Product, etc.*)	**9**	**10**	**11**	**12**
Test Start Time (T_I):				
Initial Reading (R_I):				
Test End Time (T_F):				
Final Reading (R_1):				
Test Duration (T_F - T_I):				
Change in Reading (R_1):				

Cornelius 76

Location: 1894 Baseline St. Cornelius, OR 97113

Date: 9.2.24

Dispenser #1/2

Sensor was placed upright instead of lying down.

Use of a zip tie will keep this stable in upright position.

Dispenser #5/6

This sensor was also laying side ways.

Sensor is placed upright secured with zip tie in correct position.

Premium Fuel Inlet

All liquids has been cleaned out of spill bucket.

New fuel cap in transit to replace old one.

Premium Vapor Outlet

All liquids has been cleaned out of spill bucket.

New fuel cap in transit to replace old one.

Regular Fuel Inlet

All liquids has been cleaned out of spill bucket.

New fuel cap in transit to replace old one.

Regular Vapor Outlet

All liquids has been cleaned out of spill bucket.

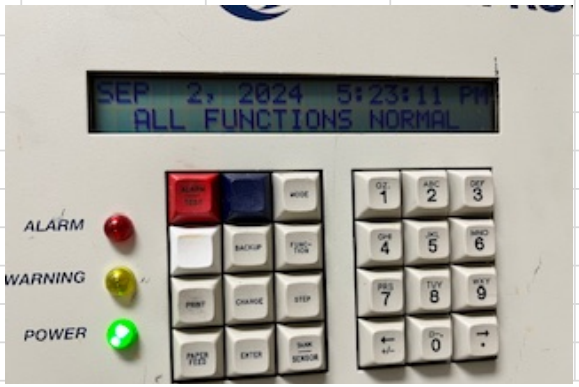
New fuel cap in transit to replace old one.

Single Float Sensor in L1 Premium Sump

New float sensor in Premium sump has been replaced.

Also has been lowered nearly resting on sump floor.

Tank Monitor showing "All Functions Normal"



From: David Lee
To: GAFFNEY Ingrid * DEQ
Cc: corneliusbaseline@gmail.com
Subject: Re: DEQ UST Inspection Follow-up: Cornelius Food Oil, LLC #11572
Date: Wednesday, August 28, 2024 3:32:17 PM
Attachments: PDF Invoice 13862-1.pdf
PDF Invoice 13906-1.pdf
PDF Invoice 12975.pdf

Hi Ingrid,

It was good meeting you today.

I called Mascott and was told we did not get the Hydrostatic/overfill testing done unfortunately.
I have those testing to be completed by SME with the upcoming Annual compliance testing on 9/23/24.

Attached are the service orders you requested for the repairs done on the alarms/sensors.

We will get to work on the sump placement and get the photos over to you when completed.

Best Regards,
David Lee

From: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>
Sent: Wednesday, August 28, 2024 1:53 PM
To: djlee783@hotmail.com <djlee783@hotmail.com>
Subject: DEQ UST Inspection Follow-up: Cornelius Food Oil, LLC #11572

Hello David and Peter
Thanks for meeting with DEQ today to perform the UST inspection at 1894 Baseline St, Cornelius, OR 97113. It was nice meeting you both. There are few items that require documentation before DEQ can provide the final determination for the site's compliance.
Please send the documentation by 9/5/2024.

- **Email or call Mascott/SME to see if they performed spill bucket testing for the site back in 2023. Send to me via emai.**
- **Email me the service orders for the sensor repairs you mentioned is related to the sudden loss alarm.**
- Here's the link to the licensed service providers in the State of Oregon: https://www.oregon.gov/deq/tanks/Pages/UST-Service.aspx
- The white sensors in the dispenser sumps need to be standing straight up and down. Otherwise, they don't function correctly.

- The silver bullet-like sensor in the sump is fine. No need to change it.
- Make sure the grey sensor is on the bottom of the sump and also standing straight up and down.

Once the documents are sent the final determination can be made by DEQ. Thank you.

Regards,

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

DEPARTMENT OF ENVIRONMENTAL QUALITY
TRANSMITTAL ADVICE

UST EXPEDITED ENFORCEMENT PROG

CK #	TRAN AMNT	FOR THE ACCOUNT OF	CIVIL PENALTY #	
CHECK NAME		REASON FOR PAYMENT	INV #	RCPT #
1456	**500.00**	CORNELIUS FOOD OIL, LLC	**2024-FC-9515**	
		FIELD CITATION FOR UST VIOLATION	**FC-9515**	
	500.00	**TOTAL**		

Program Enforcement No. 2024-FC-9515

Department of Environmental Quality
Underground Storage Tank Program

Field Citation
For UST Violations

State of Oregon Department of Environmental Quality

This section for DEQ use only

RECEIVED SEP 4 2024 DEQ - Accounting

DEQ Information		UST Facility Information	
Inspection Date:	08/28/2024	**Facility ID#:**	11572
Inspector:	Ingrid Gaffney	**Facility Name:**	Cornelius Food Oil, LLC
DEQ Office:	700 NE Multnomah St, Ste 600	**Facility Address:**	1894 Baseline St
	Portland, OR 97232-9535		Cornelius, OR 97113-8208
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: ○ **In Person** ◉ **By Mail** ○ **Both** **Date Issued:** 08/26/2024

Facility Representative Present During Inspection: David Lee ○ Permittee ◉ Owner ○ Other

Name of Permittee or Owner: Cornelius Food Oil LLC Attn: David Lee

Mailing Address: 1894 Baseline St, Cornelius, OR 97113-8208

Field Citation Penalty – See Page 3 for detailed listing of each violation. $ 500 .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: 10/04/2024

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: David Lee	Owner / Permittee
Signature:	Date: 9/6/24

Important

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

Oregon Department of Environmental Quality

DataBase Connection: PROD

Program Enforcement Maintenance

Program Enforcement | Violations List (1) | Corrective Actions (0) | Link Actions

File # 11572 Create PEN Create OCE Enforcement

Name CORNELIUS FOOD OIL, LLC

Location 1894 BASELINE ST / CORNELIUS / WASHINGTON

Permit UST General Permit.34-11572-2024-OPER.Active

Recipient Information: Show Recipient Selection

Name / Title Lee, David /

Address 1894 Baseline St / Cornelius / OR / 97113-8208

Phone / Fax / Email (503) 267-6871 / /

Edit Delete

Program Enforcement Number 2024-FC-9515

Regulatory Program Underground Storage Tanks

Staff Assigned Ingrid Gaffney

Enforcement Type Field Citation

Enforcement Action Issued Date 09/04/2024 Show Calendar

Response Received Date Show Calendar

Payment Due Date 10/04/2024 Show Calendar

Payment Received Date 09/11/2024 Show Calendar

Penalty Amount $500.00

PEN Referral Date Show Calendar

Closed Date Show Calendar

Withdrawn Date Show Calendar

Link To Complaint

Comments Perform spill prevention testing and submit testing results to DEQ within 30 days.

Edit Delete

Create By 09/04/2024 07:39:58 Ingrid Gaffney

Last Update By 09/11/2024 12:08:28 Christian Hector

Record ID 9515 Create PEN Create OCE Enforcement

Related Items

View Selected

	ID	Name/Reference	Date
Select	SV: 21905	Full Compliance Inspection (FCI)	08/28/2024
Select	PE: 9515	Field Citation	09/04/2024
Select	SV Vio: 20435	(C) Spill and Overfill Prevention - TCR	08/28/2024

Records Found = 3

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