



Oregon

Kate Brown, Governor

Department of Environmental Quality

Northwest Region

700 NE Multnomah Street, Suite 600

Portland, OR 97232

(503) 229-5263

FAX (503) 229-6945

TTY 711

October 1, 2024

Jason Lee Powell
Powell Distribution Company Inc.
PO Box 17160
Portland, OR 97217-0160

RE: UST Compliance Inspection
DEQ UST #6040 – Powell Distribution Co
DEQ UST #6049 – Powell Distribution Co
DEQ UST #6061 – Powell Distribution Co

Dear Mr. Powell,

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 October 16, 2024, starting at approximately 9:00 am at the DEQ UST #6049 – Powell Distribution Company. Facility DEQ UST #6040 will be next, followed by DEQ UST #6061

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 or open sump lids. Please be prepared to open and operate these system parts.

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

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

Please submit these records to diamond.oden@deq.state.or.us 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 (971) 295.8180 or diamond.oden@deq.state.or.us to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,

Diamond Oden
UST Compliance Specialist



State of Oregon
Department of
Environmental
Quality

Program Enforcement No. 2024-FC-9701

This section for
DEQ use only

Department of Environmental Quality
Underground Storage Tank Program

Field Citation
For UST Violations

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	10/16/2024	Facility ID#:	6040
Inspector:	Diamond Oden	Facility Name:	POWELL DISTRIB CO - JUNCTION SERVICE
DEQ Office:	700 NE Multnomah St. #600 Portland, Oregon 97232	Facility Address:	9125 NE Martin Luther King Jr Blvd, PORTLAND, Oregon 97217
Phone #:		County:	Multnomah

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

Field Citation Issued:	<input type="checkbox"/> In Person <input checked="" type="checkbox"/> By Mail <input type="checkbox"/> Both	Date Issued: 11/13/2024
Facility Representative Present During Inspection:	<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other	
Name of Permittee or Owner:	Powell Distributing Company Inc.	
Mailing Address:	PO Box 17160 , Portland Oregon 97217	

Field Citation Penalty – See Page 3 for detailed listing of each violation. \$ 1300

Check payable to: DEQ Revenue Section
700 NE Multnomah St. #600
Portland, Oregon 97232

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 for to DEQ by the following date: 12/13/2024**

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.

DATE ISSUED: 11/13/2024

PROGRAM ENFORCEMENT No.: 2024-FC-9701

FACILITY ID: 6040

Page 3 of 3

Violation #1:	Failure to complete initial overfill, spill prevention or sump testing requirements by October 1, 2020		
*TCR:			
Corrective Action:	Missing spill and overfill prevention equipment testing prior to 1Oct2020. No additional response required		
Rule Citation: OAR 340-150-0310(10)	Penalty Amount: \$ 0.00	Correct Violation by: N/A	Date Violation Corrected:
Violation #2:	Failure to test spill prevention equipment at least once every 3 years		
*TCR:			
Corrective Action:	Spill prevention equipment testing completed 29Oct2024. No additional response required.		
Rule Citation: OAR 340-150-0310(8)(b)	Penalty Amount: \$ 500	Correct Violation by: N/A	Date Violation Corrected:
Violation #3:	Failure to inspect overfill equipment at least once every 3 years.		
*TCR:			
Corrective Action:	Overfill prevention equipment testing completed 29Oct2024. No additional response required.		
Rule Citation: OAR 340-150-0310(9)	Penalty Amount: \$ 500	Correct Violation by: N/A	Date Violation Corrected:
Violation #4:	Failure to conduct the 3-year inspections/tests of corrosion protection system		
*TCR:			
Corrective Action:	Missing cathodic protection records from 2020. Completed cathodic protection testing on 4April2023. No additional response required		
Rule Citation: OAR 340-150-0325(2)(b)	Penalty Amount: \$ 300	Correct Violation by: N/A	Date Violation Corrected:
Violation #5:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #6:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
	Total Penalty Amount	\$1300	
	(This Page):		

YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, SIGN THE STATEMENT BELOW AND

RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE: 12/13/2024

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

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

Inspector:

Date:

Time:

Facility:

I. Site Information					
Facility Name:		Permittee:		Contact:	
Site Address:		Phone:		Phone:	
City:		Organization:			
II. Tank Information					
DEQ Permit #					
Estimated Gallons					
Tank Install Date					
Substance					
Tank Material					
Pipe Material					
Pipe Type					
Pipe Install Date					
Overfill Device					
<p>Notes and Comments for UST database:</p> <p><input type="checkbox"/> Check file before conducting inspection</p> <p><input type="checkbox"/> Tanks manifolded? Which One?</p>					
III. Operating Certificate				Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Current <input type="checkbox"/> Accurate <input type="checkbox"/> Posted					
IV. Operator Training				Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class A/B Operator: _____				Date: _____	
Class C Operator: <input type="checkbox"/> Yes <input type="checkbox"/> No					
V. Financial Responsibility				Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Coverage: _____				Begin Date: _____ End Date: _____	
Coverage Amount: _____				Number of tanks coverage: _____	
Financial responsibility could also be in the form of self-insurance, bonds, local government, trust fund, and/or guarantee.					
VI. Walkthrough Requirements				Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spill prevention and release detection equipment checked annually?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank top sumps checked annually?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

VII. Release Detection	Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A) Annual Release Detection Operability Testing (Tank Gauge Certification)			
Date of last testing: _____	Last three tests available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Piping Release Detection (Check all that apply)			
<input type="checkbox"/> <u>Pressurized Piping</u>			
<input type="checkbox"/> Mechanical Leak Detector (MLLD)	<input type="checkbox"/> Electronic Leak Detector (ELLD) - <i>check for swiftcheck requirement</i>		
Date of last testing: _____	Last three tests available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of lines tested: _____	Number of Leak Detectors tested: _____		
Leak Detector manufacturer make and model: _____			
Tank Gauge manufacturer make and model: _____			
MLLD on turbine manifold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MLLD product appropriate? (Example, diesel Red Jacket FX series on diesel system?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If ELLD and no line testing: Annual 0.1 gph results from tank gauge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<input type="checkbox"/> <u>Interstitial Monitoring</u> <input type="checkbox"/> N/a			
[Monthly records must include, date system was checked, observations made, initials of person checking. Electronic records must include power status (on or off), alarm indication status (yes or no) and sensor malfunction notes (yes or no).]			
Date of last sump testing: _____	Last three tests available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of last sensor testing: _____	Last three tests available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Float sensor installed correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Interstitial space opened to sump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Presence of water in sumps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			

<input type="checkbox"/> <u>Safe Suction</u> <input type="checkbox"/> N/a			
Check valve directly below suction pump? <input type="checkbox"/> Yes <input type="checkbox"/> No			
C) Monthly Release Detection (Check all that apply)			
<input type="checkbox"/> Tank Gauge			
<input type="checkbox"/> CLSD <input type="checkbox"/> SCLAD <input type="checkbox"/> Static			
Correct tank size programmed at tank gauge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Tank diameter/length seem appropriate size?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Tanks manifolded? Gauge set correctly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<input type="checkbox"/> 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).]			
<input type="checkbox"/> 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

Tank1: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Tank2: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Tank3: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Tank4: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Tank5: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

VII. Spill Prevention

Compliance ☐ Yes ☐ No

Date(s) of last testing: _____ Number of spill buckets tested _____

Did the spill buckets pass most recent testing? ☐ Yes ☐ No If no, was it replaced/repared? ☐ 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 last testing: _____

Overfill device pass most recent testing? ☐ Yes ☐ No If no, was it replaced/repared? ☐ Yes ☐ No

Overfill method 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

Sounds 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 ☐ N/a ☐ 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 last cathodic testing: _____ Last two tests available? ☐ Yes ☐ No

Pass most recent testing? ☐ Yes ☐ No If no, was it replaced/repared? ☐ Yes ☐ No

Date of repair _____ Date of retesting _____

Impressed current system

Rectifier Operational ☐ Yes ☐ No

Rectifier log maintained ☐ Yes ☐ No

Rectifier been operating continuously ☐ Yes ☐ No

Tank Lining

Date of last testing ☐ Yes ☐ No

Pressure test conducted ☐ Yes ☐ No

XI. General notes from inspection

Representative onsite: _____ Email: _____

Last cathodic testing was 2017
No spill bucket testing
Flapper was not pulled to be tested

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

Inspector Signature: Diamond Oden Date: _____



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG

FACILITY NAME: 6040 – Powell's Distribution Co Page 1
DATE: 10/16/2024



1:



2:



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

FACILITY NAME: 6040 – Powell's Distribution Co **Page 2**
DATE: 10/16/2024



3:



4:



5:



6:



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

FACILITY NAME: 6040 – Powell's Distribution Co **Page 4**
DATE: 10/16/2024



7:



8:



9:



10:



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**



11:

FACILITY NAME: 6040 – Powell's Distribution Co **Page 6**
DATE: 10/16/2024



12:



13:



14:



15:



SME SOLUTIONS, LLC

10107 South Tacoma Way Ste A-2

Lakewood, WA 98499

(253)572-3822

SMEDispatch@sme-solutions.com

Contractor License: 174332/SMESOL*935CH/974078

Work Order

Job: 401465

PO #: Jason

Ref #:

Site:**Powell Dist 12**

9125 NE Martin Luther King Jr Blvd

Portland, OR 97217

Work Performed

Category:	PM-Testing	Unit#:	04
Component:	Prec. Tank Test	Item :	TANK
Failure:	Verification	Serial#:	
Repair:	Tested/Retested	Task#:	1

Enter Date/Time of Service (Military Time):	03-15-2021 08:45	The following data was recorded by (Tech First/Last Name):	Steve Colby
---	-------------------------	--	--------------------

Update Site Maintenance and ISD Logs, TAKE PICTURES and attach to job:	LOG NOT AVAILABLE WHEN REQUESTED	Name of person site keys returned to or Did Not Use:	Did Not Use
--	---	--	--------------------

The status of this task is:	CLOSED - COMPLETE	Brief Summary of Repairs or Additional Details:	Tested B5 Diesel tank
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Labor and Travel

Start Date	Tech Name	Travel	Labor	Total Hours
3/15/2021 6:00 AM	ROBERTK	5.00	4.00	8.50
3/15/2021 6:15 AM	STEVEN C	5.50	3.50	8.50
Totals:		10.50	7.50	17.00

Parts and Materials

Entry Date	Description	Qty
3/15/2021	Mileage Charges	270.00

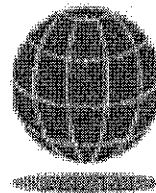
We do not guarantee solutions to all problems with one service call. Due to part and equipment issues, intermittent problems, and other reasons, multiple trips may be required. Travel charges will be added for each service call required. Your signature below acknowledges that the times recorded and work described is accurate. If applicable, parts and labor warranty is limited to that offered by the manufacturer only. Customer is responsible to verify that all programming (i.e. pricing, PLU, etc.) is accurate. SME Solutions, LLC is not responsible for any damages, loss, or expenses incurred due to electronic system failure, data breach, or corruption including, but not limited to, connectivity for hardware, software operation, virus or malware, or program setting /reports that may be related to our work. We are not responsible for down time or loss of business or revenues due to the work being performed. Current labor and travel rates, in effect at the time of this work, will be charged. This is not a final invoice. All terms and conditions in your current customer agreement or quote for this specific job are in effect.

Signature:

Signed By Jason Powell

Date Signed 3/15/2021 4:15:00 PM

UPSS Precision Test Report



LEIGHTON O'BRIEN

E-mail: jeffstevenson@leightonobrien.com

Website: www.leightonobrien.com



SME SOLUTIONS, LLC

Service Distributor: SME Solutions LLC

www.smeincorp.com

Tel. 253-572-3822

Date 03/16/2021

Report # US120539

Site Powell Distributing #12
9125 N.E. MLK Jr. Way
Portland, OR 97217
USA

Test Date(s) 03/15/2021

Reason for Test Insurance Requirement

EXECUTIVE SUMMARY

Diesel tank 4 passed the tests.

RECOMMENDATIONS

It is recommended to remove water from tank.



AIM

To investigate the integrity of the UPSSs due to Insurance Requirement

METHODOLOGY

The tanks and all its/their associated lines (i.e. vent, dip, fill) were subjected to the tank test.

SUMMARY OF TANK RESULTS AS TESTED

Tank	Start	End	Test	Result	Rate
Diesel Tank 4 (5141 Tgal) at 1683 gal. or 32.7% fill (& 1/4 in water) 15 Mar 2021 - Cert. No. 271563	09:56	12:15	Wet Static	PASS	
			Wet Pressure	PASS	
			Ullage	PASS	

Nomenclature for tables above:

A 6.5 times ullage fail rate is the nitrogen decay equivalent to a liquid leak under 1.5Psi at the USEPA threshold of 0.05 gph. 0.05 gph is the PASS/FAIL criteria for a USEPA precision test.

(i) Indicates a liquid ingress was detected during the test at the noted rate. (e) indicates a liquid egress was detected during the test at the noted rate.

INC Indicates an inconclusive result was obtained.

*denotes temporarily manifolded for testing.

COMMENTS/DISCUSSIONS

Tank 4 - S/W FRP tank Line is S/W FRP safe suction.

All visible parts of the systems, sealed by the technician, were shown to be tight using soapy water.

Ground water level was found to below tanks.

RECOMMENDATIONS

It is recommended to remove water from tank.

FUEL SYSTEM DETAILS

Fuel Operation System	Suction
Tank	Single Wall (Fiberglass)
Line	Environ

ADDENDUM

Date of Test 03/15/2021

Licensed Tester Steve Colby

Report Prepared by Jeff Stevenson & Jafet Cifuentes

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.

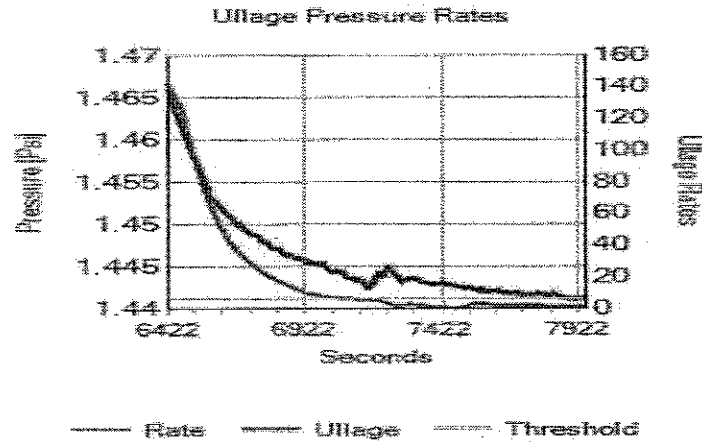
Test technology used: Leighton O' Brien wet test (mass based), Leighton O' Brien ullage test (pressure or vacuum), Quantitative Wet Line Test PM2 and Qualitative Dry Line Test PM2

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).

TANK TESTS DETAILS

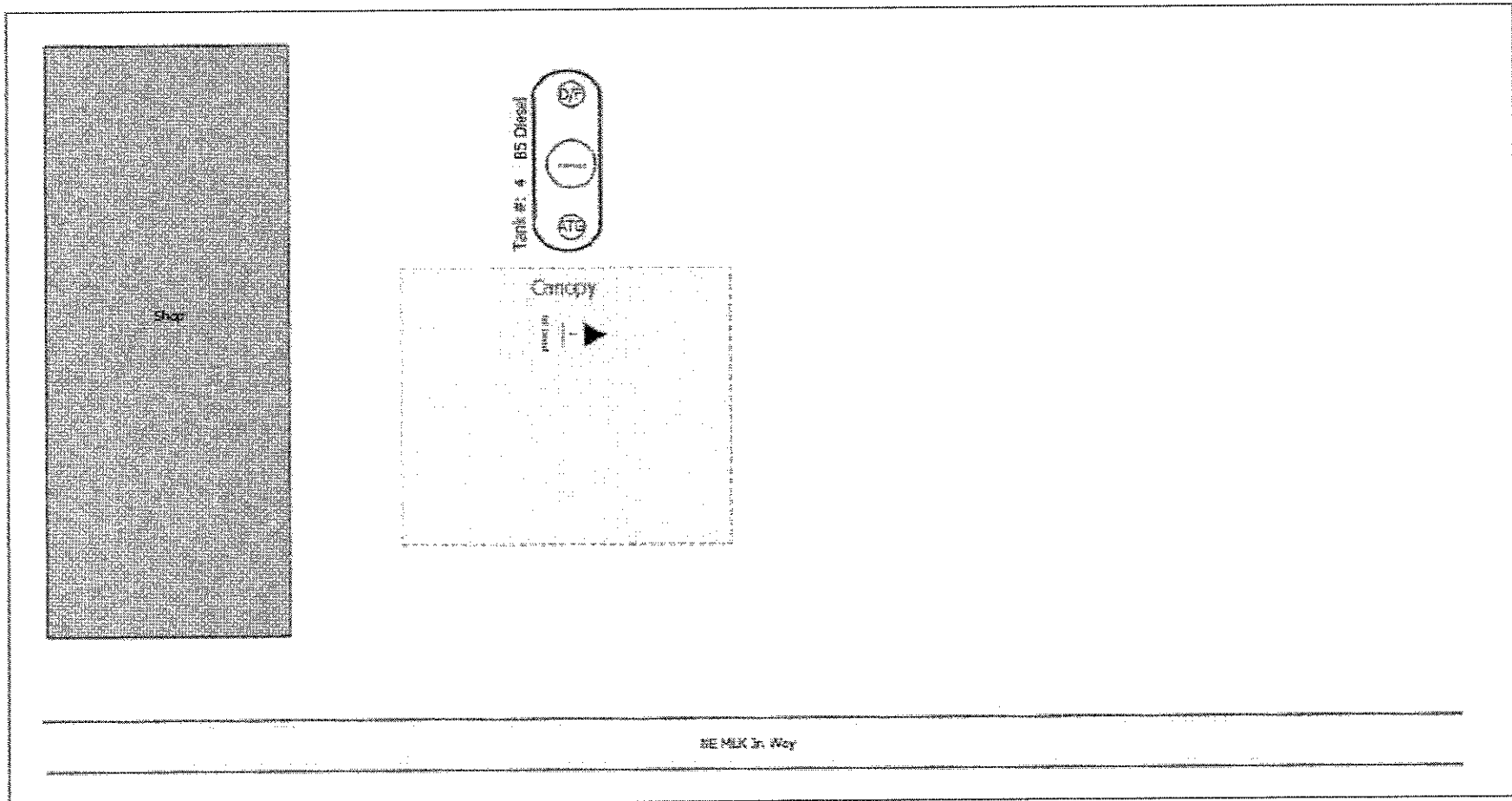
Tank 4 - Diesel / Cert No. 271563

Product	Diesel
Capacity	4280.77 Gal
Test Date	03/15/21 09:53 AM
Wetted Volume of Tank	1401.20 Gal
Ullage Volume of Tank	2879.55 Gal
Surface Area	110.95 ft ²
Calculated Tank Length	49.92 ft
Diameter	91 in
Water Level	0.25 in
Calculated Density	49.3961 lb/ft ³



Item	Time	Units
Mass Reading 1	10:20:27 AM	0.9437
Mass Reading 2	11:22:24 AM	0.9436
Mass Reading 3	11:45:20 AM	0.9417
Mass Reading 4	12:10:15 PM	0.9416
Ullage Test	Time	Pressure (Psi)
Start	11:45:20 AM	1.47
Finish	12:15:20 PM	1.44
Decay Total	-0.03 psi	
Test Duration	29m 35s	

SITE MAP





Invoice Number: 305490Z
Date: 3/31/2021
PO/Release #: JASON
SME Ref #: 305490

Bill To:

MPOWEL002
Powell Distributing
PO Box 17160
Portland OR 97217



Location of Work:

M1359-12
Powell Dist 12
9125 NE Mlk Jr Blvd
Portland OR 97217

FILE COPY



Description	Measure	Qty.	Price	Extended
Compliance Testing, Completed: Tank monitor certification				
Nontaxable Bid	EA	1	\$200.00	\$200.00

For your convenience, we accept credit cards.

NET 10

Sub-total: \$200.00
Tax: \$0.00
Total Due: \$200.00

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

10107 South Tacoma Way, #A2, Lakewood, WA 98499 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: POWELL DISTRIBUTION KWIK GAS 12 Bldg. No.: _____
Site Address: 9125 NE MLK JR BLVD City: PORTLAND Zip: 97217
Facility Contact Person: _____ Contact Phone Number: _____
Make/Model of Monitoring System: INCON TS Date of Testing/Servicing: 2021-03-02

B. Inventory of Equipment Tested/Certified

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

Tank ID: T1 RACING <input checked="" type="checkbox"/> In - Tank Gauging Probe Model: <u>TSP-LL2</u> <input type="checkbox"/> Annular Space or Vault Sensor Model: _____ <input type="checkbox"/> Piping Sump/Trench Sensor 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 checked="" type="checkbox"/> Tank Overfill/High Level Sensor Model: <u>TS-R1</u> <input type="checkbox"/> Other (Specify equipment type and model in Section G on Page 3)	Tank ID: T2 UNLEADED <input checked="" type="checkbox"/> In - Tank Gauging Probe Model: <u>TSP-LL2</u> <input type="checkbox"/> Annular Space or Vault Sensor Model: _____ <input type="checkbox"/> Piping Sump/Trench Sensor 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 checked="" type="checkbox"/> Tank Overfill/High Level Sensor Model: <u>TS-R1</u> <input type="checkbox"/> Other (Specify equipment type and model in Section G on Page 3)
Tank ID: T3 REG <input checked="" type="checkbox"/> In - Tank Gauging Probe Model: <u>TSP-LL2</u> <input type="checkbox"/> Annular Space or Vault Sensor Model: _____ <input type="checkbox"/> Piping Sump/Trench Sensor 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 checked="" type="checkbox"/> Tank Overfill/High Level Sensor Model: <u>TS-R1</u> <input type="checkbox"/> Other (Specify equipment type and model in Section G on Page 3)	Tank ID: T4 DIESEL <input checked="" type="checkbox"/> In - Tank Gauging Probe Model: <u>TSP-LL2</u> <input type="checkbox"/> Annular Space or Vault Sensor Model: _____ <input type="checkbox"/> Piping Sump/Trench Sensor 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 checked="" type="checkbox"/> Tank Overfill/High Level Sensor Model: <u>TS-R1</u> <input type="checkbox"/> Other (Specify equipment type and model in Section G on Page 3)
Tank ID: T5 B20 DIESEL <input checked="" type="checkbox"/> In - Tank Gauging Probe Model: <u>TSP-LL2</u> <input type="checkbox"/> Annular Space or Vault Sensor Model: _____ <input type="checkbox"/> Piping Sump/Trench Sensor 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 checked="" type="checkbox"/> Tank Overfill/High Level Sensor Model: <u>TS-R1</u> <input type="checkbox"/> Other (Specify equipment type and model in Section G on Page 3)	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 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 G on Page 3)

Site Address: 9125 NE MLK JR BLVD

Date of Testing/Service: 2021-03-02

Dispenser ID: ALL <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" 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)
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)

C. Results of Testing/Service

Software Version Installed: 5.00

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all the sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	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	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<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 shutdown? (Check all that apply) <input type="checkbox"/> Sump/Trench Sensors <input type="checkbox"/> Dispenser Containment Sensors Did you confirm positive shutdown due to leaks and sensor failure/disconnection? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> 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 %
<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 G, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product <input type="checkbox"/> Water If yes, describe causes in Section G, 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 G below, describe how and when these deficiencies were or will be corrected.

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.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue build-up?
<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 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

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

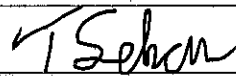
*In section G below, describe how and when these deficiencies were or will be corrected.

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

No sensors installed

Technician Name: TODD SEHON

Signature: 

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/Service: 2021-03-02



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

SPILL BUCKET TESTING FORM

Date: 3/2/20

Site/Business Name: POWELL DISTRIBUTION KWIK GAS 11

Site ID: _____

Site Address: 9125 NE MLK JR BLVD

Street
PORTLAND OR 9717
City State Zip+4 (Required)

Fill Buckets

PRODUCT	TEST RESULTS			REPAIRED TODAY ?		
	PASS	FAIL	N/A	YES	NO	N/A
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Super	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RACING	<input checked="" 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"/>

Vapor Buckets

PRODUCT	TEST RESULTS			REPAIRED TODAY ?		
	PASS	FAIL	N/A	YES	NO	N/A
	<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"/>
	<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"/>
	<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"/>

Temporary Fix ?

Comments:

Technician: Todd Sehon

Signature: _____

T Sehon

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
3/2/20

Business Name (Same as Facility Name or DBA-Doing Business As)
POWELL DISTRIBUTION KWIK GAS 12

Business Site Address
9125 NE MLK JR BLVD

City
PORTLAND

ZIP Code
97217

II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

Name of UST Service Technician Performing the Inspection (Print as shown on the ICC Certification.)
TODD SEHON

Phone #
(702) 219-5288

Contractor / Tank Tester License #

ICC Certification #
9007253

ICC Certification Expiration Date
4/11/21

Overfill Prevention Equipment Inspection Training and Certifications (List applicable certifications.)

III. OVERFILL PREVENTION EQUIPMENT INSPECTION INFORMATION

Inspection Method Used:

☒ Manufacturer Guidelines (Specify): FFS

☐ Industry Code or Engineering Standard (Specify):

☐ Engineered Method (Specify):

Attach the inspection procedures and all documentation required to determine the results.

of Attached Pages 2

TANK ID: (By tank number, stored product, etc.)	T1 RACING	T2 SUPER	T3 DIESEL	T4 REGULAR
What is the tank inside diameter? (Inches)	94.875	94.875	94.875	94.875
Is the fill piping secondarily contained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the vent piping secondarily contained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Overfill Prevention Equipment Manufacturer(s)	FFS	FFS	FFS	FFS
What is the overfill prevention equipment response when activated? (Check all that apply.)	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input checked="" type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input checked="" type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input checked="" type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input checked="" type="checkbox"/> A/V Alarm
Are flow restrictors installed on vent piping?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
At what level in the tank is the overfill prevention set to activate? (Inches from bottom of tank.)	82.375	82.375	82.375	82.375
What is the percent capacity of the tank at which the overfill prevention equipment activates?	90	90	90	90
Is the overfill prevention in proper operating condition to respond when the substance reaches the appropriate level?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

T. Sehon

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 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
3/2/20

Business Name (Same as Facility Name or DBA-Doing Business As)
POWELL DISTRIBUTION KWIK GAS 12

Business Site Address
9125 NE MLK JR BLVD

City
PORTLAND

ZIP Code
97217

II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

Name of UST Service Technician Performing the Inspection (Print as shown on the ICC Certification.)
TODD SEHON

Phone #
(702) 219-5288

Contractor / Tank Tester License #

ICC Certification #
9007253

ICC Certification Expiration Date
4/11/21

Overfill Prevention Equipment Inspection Training and Certifications (List applicable certifications.)

III. OVERFILL PREVENTION EQUIPMENT INSPECTION INFORMATION

Inspection Method
Used:

☒ Manufacturer Guidelines (Specify): FFS

☐ Industry Code or Engineering Standard (Specify):

☐ Engineered Method (Specify):

Attach the inspection procedures and all documentation required to determine the results.

of Attached Pages 2

TANK ID: (By tank number, stored product, etc.)	T5 B20 DIESEL			
What is the tank inside diameter? (Inches)	94.875			
Is the fill piping secondarily contained?	<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
Is the vent piping secondarily contained?	<input type="checkbox"/> Yes <input checked="" 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
Overfill Prevention Equipment Manufacturer(s)	FFS			
What is the overfill prevention equipment response when activated? (Check all that apply.)	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input checked="" type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input type="checkbox"/> A/V Alarm
Are flow restrictors installed on vent piping?	<input type="checkbox"/> Yes <input checked="" 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
At what level in the tank is the overfill prevention set to activate? (Inches from bottom of tank.)	82.375			
What is the percent capacity of the tank at which the overfill prevention equipment activates?	90			
Is the overfill prevention in proper operating condition to respond when the substance reaches the appropriate level?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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 in accordance and all the information contained herein is accurate.

UST Service Technician Signature

T. Sehon

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

From: [UST Duty Officer * DEQ](#)
To: [UST Duty Officer * DEQ](#); [Megan Powell](#); jason@powelloil.com
Subject: RE: Inspection Follow-Up, Site 6040
Date: Thursday, November 14, 2024 11:21:00 AM
Attachments: [2024-FC-9701 issued to 6040.pdf](#)
[image003.png](#)
[image004.png](#)

Hey Megan,

Here is the revised field citation for **facility 6040 POWELL DISTRIB CO - JUNCTION SERVICE** located at **9125 NE Martin Luther King Jr. Blvd.**

I spoke with our enforcement team and the fine has been reduced to \$1300. I marked the corrective actions has completed, so once payment has been received, then this inspection will be officially closed.



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 <UST.DutyOfficer@DEQ.oregon.gov>
Sent: Wednesday, November 13, 2024 4:19 PM
To: [Megan Powell](mailto:megan@powelloil.com) <megan@powelloil.com>; UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; jason@powelloil.com
Subject: RE: Inspection Follow-Up, Site 6040

Thank you for sending this.

I see records for CP testing in 2017 and 2023. Do you have the 2020 CP records? CP testing needs to be conducted every 3 years, thus would still need to cite for missing those records. I want to make sure I have the most accurate information when revising the field citation.

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: Megan Powell <outlook_C5AD8D26FE002BDA@outlook.com> **On Behalf Of** Megan Powell
Sent: Wednesday, November 13, 2024 3:35 PM
To: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; jason@powelloil.com
Subject: RE: Inspection Follow-Up, Site 6040

Hello,

We had provided a paper copy of the 2023 Cathodic Protection Testing during the inspection, attached is an electronic copy for your records. Can you please revise and re-send the field citation since this documentation had already been provided?

Thank you,

Megan Powell

Powell Distributing Co, Inc.
9125 N Burrage Ave., Portland, OR 97217
megan@powelloil.com

From: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Sent: Wednesday, November 13, 2024 3:26 PM
To: Megan Powell <megan@powelloil.com>; UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; jason@powelloil.com
Subject: RE: Inspection Follow-Up, Site 6040

Hey Megan,

Please review the attached field citation for **facility 6040 POWELL DISTRIB CO - JUNCTION SERVICE** located at **9125 NE Martin Luther King Jr. Blvd.**

The deadline for payment of the \$1500 fine and corrective action is 12/13/24.

The spill and overfill prevention equipment testing has already been completed, which was noted on the field citation. The cathodic protection records were from 2017, thus need to be completed as soon as possible.

Please send the CP testing to this email thread when complete.



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: Megan Powell <outlook_C5AD8D26FE002BDA@outlook.com> **On Behalf Of** Megan Powell
Sent: Tuesday, October 29, 2024 4:25 PM
To: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; jason@powelloil.com
Cc: ODEN Diamond * DEQ <Diamond.Oden@deq.oregon.gov>
Subject: RE: Inspection Follow-Up, Site 6040

Here are the spill bucket and overfill inspection checklists.

Thank you,

From: Megan Powell **On Behalf Of** Megan Powell
Sent: Friday, October 25, 2024 4:18 PM
To: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; jason@powelloil.com;
megan@powelloil.com
Cc: ODEN Diamond * DEQ <Diamond.Oden@deq.oregon.gov>
Subject: RE: Inspection Follow-Up, Site 6040

Hi Diamond,

Here are the last 2 cathodic testing for this site. Also attached is the email from Mascott confirming the testing is scheduled for the spill prevention and overfill on 11/1. We have the 2021 passing results and will get the 2024 to you as soon as available.

Thank you,

Megan Powell

Powell Distributing Co, Inc.

9125 N Burrage Ave., Portland, OR 97217

megan@powelloil.com

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

Sent: Friday, October 18, 2024 9:31 AM

To: jason@powelloil.com; megan@powelloil.com

Cc: ODEN Diamond * DEQ <Diamond.Oden@deq.oregon.gov>

Subject: Inspection Follow-Up, Site 6040

Hello,

This email is to serve as a follow-up to the inspection conducted by DEQ UST on October 16, 2024, at 9125 NE Martin Luther King Jr. Blvd, Portland.

Please provide the below information in the next 5 business days.

- Spill prevention testing (Last 2 tests).
- Drop Tube testing for flapper
- Cathodic testing (Last 2 tests).

Please reach out if you have any questions.

Best,
Diamond



Diamond Oden

Underground Storage Tank Inspector
Oregon Department of Environmental Quality
700 NE Multnomah St., Suite 600
Portland, OR 97232
Phone: (971) 295.8180

**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 #
104904	1,300.00	POWELL DISTRIB CO-JUNCTION SERVICE	2024-FC-9701
POWELL DISTRIBUTING		FIELD CITATION FOR UST VIOLATIONS	FC-9701
13093317	1,500.00	VIGOR INDUSTRIAL LLC	2024-FC-9680
		FIELD CITATION FOR UST VIOLATIONS	FC-9680
	2,800.00	TOTAL	



DataBase Connection: **PROD**

Program Enforcement Maintenance



- Program Enforcement
- Violations List (4)
- Corrective Actions (0)
- Link Actions

File # 6040

Create PEN

Create OCE Enforcement

Name POWELL DISTRIB CO - JUNCTION SERVICE

Location 9125 NE Martin Luther King Jr. Blvd. / PORTLAND

Permit UST General Permit.26-6040-2024-OPER.Active

Recipient Information:

Show Recipient Selection

Name / Title Powell Jr, Lee / President

Address PO Box 17160 / Portland / OR / 97217-0160

Phone / Fax / Email (503) 289-5558 / /

Edit

Delete

Program Enforcement Number 2024-FC-9701

Regulatory Program Underground Storage Tanks

Staff Assigned Diana Foss

Enforcement Type Field Citation

Enforcement Action Issued Date 11/13/2024

Show Calendar

Response Received Date

Show Calendar

Payment Due Date 12/13/2024

Show Calendar

Payment Received Date 11/22/2024

Show Calendar

Penalty Amount \$1,300.00

Related Items

View Selected

	ID	Name/Reference	Date
Select	SV: 22347	Full Compliance Inspection (FCI)	10/16/2024
Select	PE: 9701	Field Citation	11/13/2024
Select	SV Vio: 21193	(C) Spill and Overfill Prevention - TCR	10/16/2024
Select	SV Vio: 21194	(C) Spill and Overfill Prevention - TCR	10/16/2024
Select	SV Vio: 21195	(C) Spill and Overfill Prevention - TCR	10/16/2024
Select	SV Vio: 21196	(D) Corrosion Protection - TCR	10/16/2024

Records Found = 6

Legend

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

Compliance Events Report

PEN Referral
Date

[Show Calendar](#)

Closed Date

[Show Calendar](#)

Withdrawn Date

[Show Calendar](#)

Link To
Complaint

Comments PD 11/27/24; CK # 104904; \$1300.00; Powell
Distributing Co

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

Create By 11/13/2024

02:40:00 PM

Diana Foss

Last Update By 11/27/2024

00:40:53 AM

Tanisha Smith

Record ID 9701

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