



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

September 18, 2024

Portland School Dist #1J
PO Box 3107
Portland, OR 97208-3107

RE: UST Compliance Inspection
DEQ UST #9928 – 6801 SE 60th Ave, Portland

Dear Portland School Dist #1J:

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 October 29, 2024 starting at approximately 8:30 am at the DEQ UST #s listed below.

October 29th at 8:30 am:

- **DEQ UST #9928 -6801 SE 60TH AVE**

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 prepare to open and operate these system parts.

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.

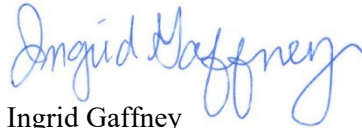
DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overfill protection device, these will need to be 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 503-875-1246 ingrid.gaffney@deq.oregon.gov to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,



Ingrid Gaffney
UST Compliance Specialist

✓

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

Inspector: Ingrid Gaffney Date: 10/29/2024 Time: 8:20AM 8:30AM Facility: 9928

I. Site Information								
Facility Name:	<u>Green Thumb Project</u>		Permittee:	<u>Portland School District</u>	Contact	<u>Eric Bail</u>		
Site Address:	<u>6801 SE 60th Ave</u>		Organization:	<u>SAME</u>	Phone	<u>Herb Wagner</u>		
City:	<u>Portland, OR 97206</u>		Phone:	<u>503-916-5426</u>	<u>971-201-0922</u>			
II. Tank Information								
DEQ Permit #	<u>BEEA H</u>							
Estimated Gallons	<u>550</u>							
Substance	<u>Diesel</u>							
Tank Material	<u>DW Fiberglass XERES</u>							
Tank Install Date	<u>8/15/1997</u>							
Pipe Material	<u>Galvanized Steel</u>							
Pipe Type	<u>Safe suction</u>							
Pipe Install Date	<u>8/15/1997</u>							
Overfill Device	<u>Auto shutoff</u>							
Notes and Comments from the UST database:						<input checked="" type="checkbox"/> Check file before conducting inspection		
If tanks are manifolded, which tanks: <u>N/A</u>								
III. Operating Certificate						Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Current		<input type="checkbox"/> Accurate		<input checked="" type="checkbox"/> Posted for delivery drive to observe				
IV. Operator Training						Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Class A/B Operator		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name:		<u>Brett Borgenson</u>	Date:	<u>10/25/2024</u>	
Class C Operator		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Cardlock					
V. Financial Responsibility						Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Type of coverage:		<u>Local government bond</u>		Begin Date:		<u>6/5/2024</u>	End Date:	<u>6/5/2025</u>
Coverage amount correct:		<u>\$1,000,000</u>		Number of tanks covered:		<u>1</u>		
Financial responsibility could also be in the form of self insurance, bonds, local government, trust fund, and or guarantee								
VI. Walkthrough Requirements						Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Spill prevention and release detection equipment checked monthly?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Tank top sumps checked annually?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9928

VII. Release Detection Compliance ☒ Yes ☐ No

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

Date of last testing: Brine sensor alarm not Last three tests available? ☐ Yes ☐ No
Auto tank gauge

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: N/A Last three tests available? ☐ Yes ☐ No

Number of lines tested: N/A Number of LD tested: _____

Leak detector manufacturer make and model: _____

Tank gauge manufacturer make and model: site has alarm attached to brine sensor

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 (no valve at tank)

c) Monthly Tank Release Detection (Check all that apply)

☒ Tank Gauge ☐ CSLD ☐ SCALD ☐ Static

Are correct tank sizes programmed at tank gauge? ☐ Yes ☐ No

Tank diameter/length seem appropriate? ☐ Yes ☐ No

Are tanks manifolded? ☐ Yes ☐ No

If so, tank gauge testing setup for manifolded tanks? ☐ Yes ☐ No

If Veeder Root tank gauge leak detection
☐ CSLD set at 99%
☐ Thermal coefficient set correctly?
 (Gasoline 0.00070; Diesel 0.00045)
 If Incon/Franklin tank gauge leak detection
☐ If SCALD is Vol Qual set to 14% (or 99% confidence)
☐ Is API gravity set correctly?
 (Regular 63.5; Plus 62.8; Super 51.3; Diesel 32.8)
 For all tank gauges doing static tests
 (Static tests require tank to be 50% full for a valid test)

☐ Interstitial Monitoring [Monthly records must include, date system was checked, observations made, initials of person checking.

Electronic records must include power status (on or off), alarm indication status (yes or no) and sensor malfunction notes (yes or no).]

☐ SIR Ensure pass or fail results within 30-day period. Inconclusive result means release detection requirement not met

Manual tank gauging and a brine sensor attached to an alarm.

Tank release detection records available during inspection

	2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
T1:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
T2:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
T3:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
T4:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
T5:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Inspector: Ingrid Gaffney

Date: _____

Time: _____

Facility: 9928

VIII. Spill Prevention**Compliance**☐ Yes☒ No

Date(s) of testing: _____

Number of spill buckets tested? _____

Did spill bucket pass most recent testing? ☐ Yes☐ NoIf no, was spill bucket 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 testing: _____

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

Overfill method that was tested:

☐ Alarm☐ Flapper☐ Ball FloatOverfill 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☐ NoFlapper Valve

Testing verified the valve automatically restricts flow at 95%

☐ Yes☐ No

Visual observation of flapper on day of inspection?

☐ Yes☐ NoBall Float

Testing verified the ball float automatically restricts flow at 90%

☐ Yes☐ No

Visual observation of ball float during inspection?

☐ Yes☐ No**X. Corrosion Protection****Compliance**☐ Yes☐ No☐ Cathodic☐ Galvanic☐ Impressed Current

Steel tank with cathodic?

☐ Yes☐ No

Steel pipes with cathodic?

☐ Yes☐ No

Steel flex-lines with cathodic?

☐ Yes☐ No

Date of cathodic test: _____

Last two tests available?

☐ Yes☐ No

Did last test pass?

☐ Yes☐ No

If not:

Was failed test reported to DEQ?

☐ Yes☐ No

Was system repaired?

☐ Yes☐ No

Date of repair? _____

Cathodic retested within 6 mos. of repair?

☐ Yes☐ No

Date of retesting? _____

If impressed current system:

Rectifier Operational?

☐ Yes☐ No

Rectifier log maintained?

☐ Yes☐ No

Rectifier been operating continuously

☐ Yes☐ No☐ Tank Lining

Date of last test? _____

Pressure test conducted after tank lining inspection?

☐ Yes☐ No

XI. General notes from inspection

Representative onsite: Brett Borgenson
Eric Bail

email: bborgenson@pps.net

- * Overfill and spill testing: violation
- * monthly walkthrough. ✓
- * Brine sensor repaired ✓

Compliance Determination:

☐ No Violations Observed

☒ Observed violations resulting in enforcement

Inspector Signature: Imgrid Maffry

Date: 10/29/2024



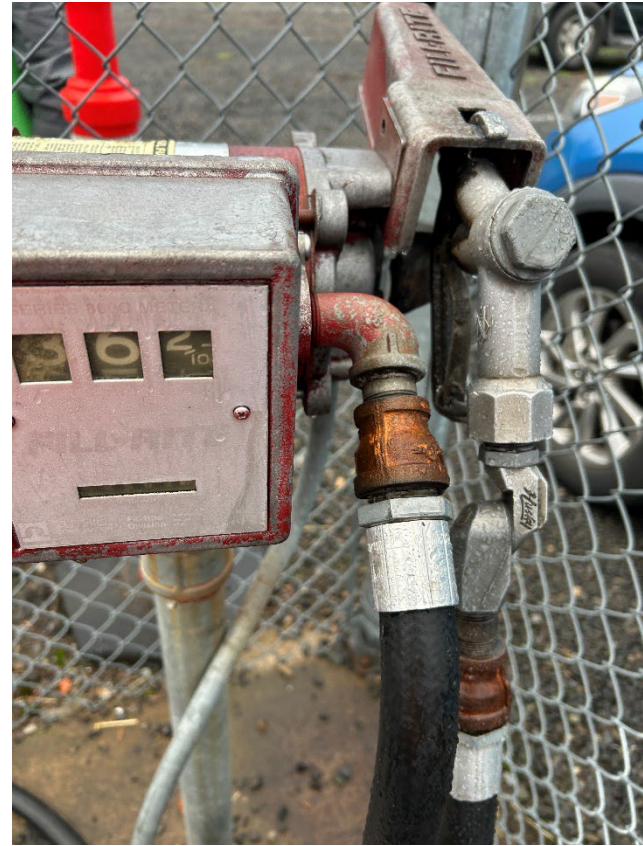
**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

**FACILITY NAME: Green Thumb Project #9928
INSPECTION DATE: October 29, 2024**

Page 1



1: 6801 SE 60th Ave, Portland, OR 97206



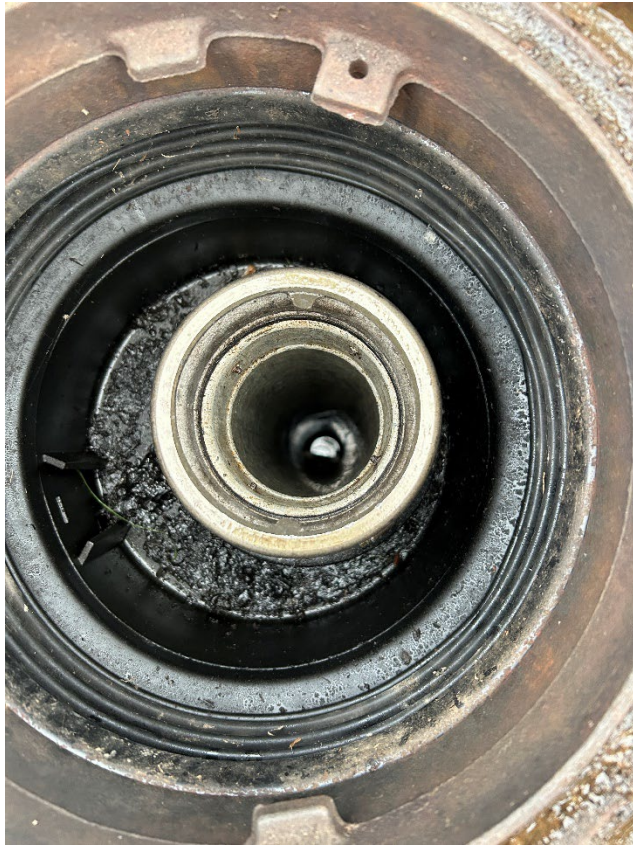
2: Dispenser for diesel



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

**FACILITY NAME: Green Thumb Project #9928
INSPECTION DATE: October 29, 2024**

Page 1



3: Spill bucket for diesel



4: Vent



5: Vent



6: Alarm connect to the brine sensor



State of Oregon
Department of
Environmental
Quality

Program Enforcement No. 2024-FC-9689

Department of Environmental Quality Underground Storage Tank Program

Field Citation For UST Violations

This section for
DEQ use only

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	10/29/2024	Facility ID#:	9928
Inspector:	Ingrid Gaffney	Facility Name:	Green Thumb Project
DEQ Office:	700 NE Multnomah St, Ste 600 Portland, OR 97232	Facility Address:	6801 SE 60th Ave Portland, OR 97206
Phone #:	503-875-1246	County:	Multnomah

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

Field Citation Issued:	<input type="radio"/> In Person <input checked="" type="radio"/> By Mail <input type="radio"/> Both	Date Issued:	11/08/2024
Facility Representative Present During Inspection:	Brett Borgeson	<input type="radio"/> Permittee <input type="radio"/> Owner <input checked="" type="radio"/> Other	
Name of Permittee or Owner:	Portland School Dist #1J Attn: Risk Management		
Mailing Address:	PO Box 3107, Portland, OR 97208-3107		

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: 01/08/2025

DEQ Revenue Section
700 NE Multnomah St. #600
Portland, Oregon 97232

Check one option

- ☐ **Option 1** - I acknowledge that the listed violation(s) have occurred and I am remitting the listed field citation penalty.
- ☐ **Option 2** - I do not want to participate in the expedited enforcement process and understand that my file will be referred to the Department's Office of Compliance and Enforcement for formal enforcement action.

Name:	Owner / Permittee
Signature:	Date:

Important

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

Field Citation Requirements

The permittee or owner should select Option 1 or Option 2 and return a signed copy of Page 1 of the Field Citation form within thirty (30) days of issuance of the Field Citation. If the permittee or owner fails to sign and send Page 1 of the Field Citation form back or pay the penalty within thirty days, Option 1 expires, the Field Citation will serve as a Pre-Enforcement Notice (PEN) and the permittee and owner will be subject to formal enforcement including the imposition of civil penalties in accordance with OAR Chapter 340, Division 12.

The permittee or owner must complete the actions required to correct the violations listed on the Field Citation by the date specified to prevent further enforcement action by DEQ.

Option 1:

By checking Option 1 the permittee or owner acknowledges that the violations listed on Page 3 of this Field Citation have occurred and agrees to pay the established penalty.

By submitting payment of the penalty amount, the responding permittee or owner agrees to accept the field citation as a final order of the Environmental Quality Commission (commission) and waives any and all rights and objections to the form, content, manner of service and timeliness of the Field Citation; to a contested case hearing and judicial review of the Field Citation [OAR 340-150-0250(6)]; and to service of a copy of this Final Order (*i.e.*, no other copy will be provided).

Upon the Department's receipt of payment of the penalty amount set forth in the Field Citation, the Field Citation becomes a Final Order of the Commission that:

1. Imposes upon the permittee or owner a civil penalty in the amount listed on Page 1 of this Field Citation; and
2. Requires the permittee or owner to satisfactorily complete the requirements and actions necessary to correct the violations documented by the dates set forth on Page 3 of this Field Citation.

Failure by the permittee or owner to complete the actions set forth on Page 3 of the Field Citation by the specified date violates the Commission Order and subjects the permittee and owner to a formal enforcement action including the imposition of additional civil penalties.

Option 2:

The permittee or owner may deny that the violations as listed on Page 3 of this Field Citation have occurred or contest the Field Citation process by checking Option 2 and submitting to the Department a signed copy of Page 1 of the Field Citation. In that event, the Field Citation will serve as a Pre-Enforcement Notice (PEN) and the permittee and owner will be subject to formal enforcement for those violations set forth in the Field Citation, including the imposition of civil penalties in accordance with OAR Chapter 340, Division 12. Civil penalties that will be imposed by the formal enforcement process will exceed the Field Citation penalties for the same violation(s).

The Department appreciates your cooperation and efforts to comply with the regulations for underground storage tank systems.

UST FIELD CITATION

DATE ISSUED: 11/08/2024

PROGRAM ENFORCEMENT No.: 2024-FC-9689

FACILITY ID: 9928

Page 3 of 3

Violation #1: *TCR: <input checked="" type="radio"/> Y <input type="radio"/> N	Failure to complete initial overfill, spill prevention or interstitial containment testing requirements by October 1, 2020		
Corrective Action:	Complete spill bucket and overfill testing, submit results to DEQ.		
Rule Citation: OAR 340-150- 0310(10)	Penalty Amount: \$ 500 .00	Correct Violation by: 1/8/2025	Date Corrected:
Violation #2: *TCR: <input type="radio"/> Y <input checked="" type="radio"/> N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Corrected:
Violation #3: *TCR: <input type="radio"/> Y <input checked="" type="radio"/> N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Corrected: N/A
Violation #4: *TCR: <input type="radio"/> Y <input checked="" type="radio"/> N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Corrected:
Violation #5: *TCR: <input type="radio"/> Y <input checked="" type="radio"/> N			
Corrective Action:			
Rule Citation: OAR 340-150-	Penalty Amount: \$.00	Correct Violation by:	Date Corrected:
Violation #6: *TCR: <input type="radio"/> Y <input checked="" type="radio"/> 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: 01/08/2025

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

APPENDIX C-5

UST OVERFILL EQUIPMENT INSPECTION AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE

Facility Name: Green Thumb Project	Owner: Portland School Dist #1J
Address: 6801 SE 60th Ave	Address: PO Box 3107
City, State, Zip Code: Portland, OR 97206	City, State, Zip Code: Portland, OR 97208
Facility I.D. #: 9928	Phone #:
Testing Company: Mascott Equipment Company	Phone #: (800) 452-5019 Date: 12/3/24

This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200, Section 7 for inspection procedures.

Product Grade	Diesel					
Tank Number	1					
Tank Volume, gallons	550					
Tank Diameter, inches	48					
Overfill Prevention Device Brand	OPW					
Type	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve

AUTOMATIC SHUTOFF DEVICE INSPECTION

1. Drop tube removed from tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Drop tube and float mechanisms are free of debris?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Float moves freely without binding and poppet moves into flow path?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Bypass valve in the drop tube is open and free of blockage (if present)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present
5. Flapper is adjusted to shut off flow at 95% capacity?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

BALL FLOAT VALVE INSPECTION

1. Tank top fittings are vapor-tight and leak-free?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Ball float cage free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ball is free of holes and cracks and moves freely in cage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Vent hole in pipe is open and near top of tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Ball float pipe is proper length to restrict flow at 90% capacity?**	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
---------------------	--	---	---	---	---	---

* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.

** Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity.

Comments:

Tester's Name G. Druery Tester's Signature Greg Druery

Digitally signed by Greg Druery
DN: cn=Greg Druery, o=ou,
email=gdruery@mascottcc.com, c=US
Date: 2024.12.05 22:16:30 -0800

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Green Thumb Project	Date of Testing:	12/03/2024
Facility Address:	6801 SE 60th Ave - Portland, OR 97206		
Facility Contact:	Staff	Phone:	
Date Local Agency Was Notified of Testing :	N/A		
Name of Local Agency Inspector (if present during testing):	N/A		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Mascott Equipment Company
Technician Conducting Test:	G. Druery
Credentials ¹	<input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify)
License Number(s):	ICC 10199243 U1-U3

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other
Test Equipment Used:	Visual, tape measure		Equipment Resolution: 1/8"
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 Diesel fill	2	3
Bucket Installation Type:	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	11"		
Bucket Depth:	12"		
Wait time between applying vacuum/water and start of test:	5 Minutes		
Test Start Time (T _I):	0945		
Initial Reading (R _I):	11.5"		
Test End Time (T _F):	1045		
Final Reading (R _F):	11.5"		
Test Duration (T _F - T _I):	1 hour		
Change in Reading (R _F - R _I):	0"		
Pass/Fail Threshold or Criteria:	1/8"		
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Water pumped into barrel and taken off site for disposal.

Per PEI RP 1200

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: Greg Druery

Digitally signed by Greg Druery
DN: cn=Greg Druery, o=ou, email=gdruery@mascottec.com, c=US
Date: 2024.12.05 22:16:48 -08'00'

Date: 12/03/2024

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

From: [Brett Borgeson](#)
To: [GAFFNEY Ingrid * DEQ](#)
Cc: [Eric Bail](#); [Herb Wagner](#)
Subject: Re: DEQ UST Inspection Follow-up: Green Thumb Project #9928
Date: Tuesday, November 5, 2024 11:36:47 AM

Hi Ingrid,

I was not able to find the spill bucket testing or the overfill auto shutoff testing documentation. I have reached out to Mascott to schedule this work.

Thanks,



Brett Borgeson
Senior Manager of Environmental Health & Safety
Portland Public Schools
Risk Management Department
Office: 503-916-3502

Equity and Excellence

Every Student, Every Teacher, Every School Succeeding

“Confidentiality Notice: This e-mail and any attachments are intended only for use by addressee(s) named and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this document to the intended recipient, you are hereby notified that any dissemination, printing, or copying of this e-mail is strictly prohibited. If you have received this message in error, please notify my office and promptly delete the original copy of any e-mail. Thank you”.

On Tue, Oct 29, 2024 at 9:45 AM GAFFNEY Ingrid * DEQ
<Ingrid.GAFFNEY@deq.oregon.gov> wrote:

Hello Eric, Brett and Herb

Thank you for meeting with DEQ to perform the UST inspection for 6801 SE 60th Ave, Portland, OR 97206. There was some missing documentation for the site and DEQ will need to review those prior to providing a final determination.

Please send DEQ the following by **November 5th, 2024**:

- Spill bucket testing

Overfill (auto shutoff/flapper) testing

Once those are provided DEQ will be able to provide the final compliance determination for the site.

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

From: [Brett Borgeson](#)
To: [UST Duty Officer * DEQ](#)
Cc: [LITKE Emily * DEQ](#)
Subject: Re: DEQ UST Inspection Determination: Green Thumb Project #9928
Date: Wednesday, December 11, 2024 3:55:06 PM
Attachments: [image001.png](#)

You don't often get email from bborgeson@pps.net. [Learn why this is important](#)

I have submitted the payment to our accounting department and it will be issued soon.

Thanks,



Brett Borgeson
Senior Manager of Environmental Health & Safety
Portland Public Schools
Risk Management Department
Office: 503-916-3502

Equity and Excellence

Every Student, Every Teacher, Every School Succeeding

“Confidentiality Notice: This e-mail and any attachments are intended only for use by addressee(s) named and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this document to the intended recipient, you are hereby notified that any dissemination, printing, or copying of this e-mail is strictly prohibited. If you have received this message in error, please notify my office and promptly delete the original copy of any e-mail. Thank you”.

On Wed, Dec 11, 2024 at 3:42 PM UST Duty Officer * DEQ
<UST.DutyOfficer@deq.oregon.gov> wrote:

Hey Brett,

Thank you for sending the spill and overflow prevention testing reports. These both look great. I will mark the corrective actions as complete.

Do not forget to submit payment of the \$500 penalty to the DEQ by the 1/8/25 deadline. Review the attached field citation for directions for payment. As soon as payment is received, then the inspection can be 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: Brett Borgeson <bborgeson@pps.net>

Sent: Wednesday, December 11, 2024 2:24 PM

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

Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>

Subject: Re: DEQ UST Inspection Determination: Green Thumb Project #9928

Hi Ingrid,

Attached is the spill bucket and overflow testing that Mascott performed last week.

Thanks,

Brett Borgeson

Senior Manager of Environmental Health & Safety

Portland Public Schools



Risk Management Department

Office: 503-916-3502

Equity and Excellence

Every Student, Every Teacher, Every School Succeeding

“Confidentiality Notice: This e-mail and any attachments are intended only for use by addressee(s) named and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this document to the intended recipient, you are hereby notified that any dissemination, printing, or copying of this e-mail is strictly prohibited. If you have received this message in error, please notify my office and promptly delete the original copy of any e-mail. Thank you”.

On Fri, Nov 8, 2024 at 8:58 AM UST Duty Officer * DEQ
<UST.DutyOfficer@deq.oregon.gov> wrote:

Thank you, Brett. Have a good weekend.

Regards,

Ingrid Gaffney

UST Compliance Inspector

DEQ UST Program

700 NE Multnomah St, Ste 600

Portland, OR 97232

<https://www.oregon.gov/deq/Pages/index.aspx>

she/ her

From: Brett Borgeson <bborgeson@pps.net>
Sent: Friday, November 8, 2024 8:53 AM
To: UST Duty Officer * DEQ <UST.DutyOfficer@deq.oregon.gov>
Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Subject: Re: DEQ UST Inspection Determination: Green Thumb Project #9928

You don't often get email from bborgeson@pps.net. [Learn why this is important](#)

Received. I will get the citation paid and send over the testing documentation once completed.

Thanks,



Brett Borgeson

Senior

Manager of Environmental Health & Safety

Portland

Public Schools

**Risk Management
Department**

Office:
503-916-3502

Equity and Excellence

Every Student, Every Teacher, Every School Succeeding

“Confidentiality Notice: This e-mail and any attachments are intended only for use by addressee(s) named and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this document to the intended recipient, you are hereby notified that any dissemination, printing, or copying of this e-mail is strictly prohibited. If you have received this message in error, please notify my office and promptly delete the original copy of any e-mail. Thank you”.

On Fri, Nov 8, 2024 at 8:31 AM UST Duty Officer * DEQ

<UST.DutyOfficer@deq.oregon.gov> wrote:

Good morning Brett:

Thank you for meeting with DEQ to UST Inspection on October 29th 2024 at 6801 SE 60th Ave, Portland, OR 97206. It was great to meet you. Thank you for the update that Portland School District has contacted Mascott to Schedule testing.

Since DEQ observed missing spill and overfill testing, DEQ must issue a field citation, per enforcement guidance. Please see the attached citation.

This field citation will help DEQ keep track of the necessary testing required. The field citation states Green Thumb Project/Portland School District #1J has **60 days to perform the testing and submit results to Oregon DEQ. Keep the site on a 3-year testing schedule.**

Corrective Action:

1. Failure to complete initial overfill, spill prevention or interstitial containment testing requirements by October 1, 2020. Perform spill bucket and overfill testing within 60 days and submit results to Oregon DEQ.

If the site requires more time, please let the DEQ UST Duty Officer know (see contact below).

PLEASE SEND ALL documents and testing to
UST.DutyOfficer@deq.oregon.gov

Please make sure to only hire licensed DEQ contractors.

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

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



DataBase Connection: **PROD**

Program Enforcement Maintenance



Program Enforcement

Violations List (1)

Corrective Actions (0)

Link Actions

File # 9928

Create PEN

Create OCE Enforcement

Name

GREEN THUMB PROJECT

Location

6801 SE 60TH AVE / PORTLAND / MULTNOMAH

Permit

UST General Permit.26-9928-2024-OPER.Active

Recipient Information:

Show Recipient Selection

Name / Title

Borgeson, Brett / Attn: Risk Management

Address

PO Box 3107 / Portland / OR / 97208-3107

Phone / Fax / Email

(503) 916-3409 / /

Edit

Delete

Program Enforcement Number

2024-FC-9689

Regulatory Program

Underground Storage Tanks

Staff Assigned

Ingrid Gaffney

Enforcement Type

Field Citation

Enforcement Action Issued Date

11/08/2024

Show Calendar

Response Received Date

Show Calendar

Payment Due Date

01/08/2025

Show Calendar

Payment Received Date

12/23/2024

Show Calendar

Penalty Amount

\$500.00

Related Items

View Selected

	ID	Name/Reference	Date
Select	SV: 22088	Full Compliance Inspection (FCI)	10/29/2024
Select	PE: 9689	Field Citation	11/08/2024
Select	SV Vio: 21172	(C) Spill and Overfill Prevention - TCR	10/29/2024

Records Found = 3

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

Perform spill bucket and overfill testing and submit results to DEQ.
PD 12/23/24; CK # 509913; \$500.00; School



Edit

Delete

Create By

11/08/2024

Ingrid Gaffney

Last Update By

12/23/2024

Tanisha Smith

Record ID

9689

Create PEN

Create OCE Enforcement