



# 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

August 8, 2024

Radio Cab Co., Inc.  
Attn: Stephen Entler, MANAGER  
1613 NW Kearney St  
Portland, OR 97209-2312

RE: UST Compliance Inspection  
DEQ UST #5173 – 1613 NW Kearney St, Portland

Dear Radio Cab Co., Inc.:

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 September 17, 2024 starting at approximately 9 am at the DEQ UST #s listed below.**

**September 17<sup>th</sup> at 9 am:**

- **DEQ UST #5173 - 1613 NW Kearney St**

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](mailto: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.

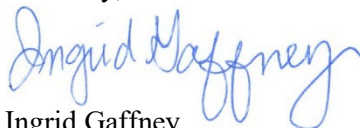
DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overfill protection device, these will need to be 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](mailto: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: 9/17/24 Time: 9 AM Facility: 5173

I. Site Information					
Facility Name:	Radio Cab		Permittee:	Radio Cab Co, Inc.	
Site Address:	1613 NW Kearney St.		Organization:	SAME	
City:	Portland, OR 97209		Phone:	503-227-1212	
Contact:	Stephen Entler				

II. Tank Information					
DEQ Permit #	BCCBA	BCEA-H			
Estimated Gallons	14000	6000			
Substance	Gasoline	Gasoline			
Tank Material	Sti-P3	Sti-P3			
Tank Install Date	9/8/1992	9/18/1992			
Pipe Material	Smith Fiber	Smith Fiber			
Pipe Type	Pressure	Pressure			
Pipe Install Date	9/8/1992	9/8/1992			
Overfill Device	(Flapper) Auto Shutoff	Auto Shutoff			

Notes and Comments from the UST database: ☒ Check file before conducting inspection

- \* 2005 new dispensers and UOCS
- \* 2019 field citation - corrosion protection testing not done last 2 years.

If tanks are manifolded, which tanks: NO

III. Operating Certificate		Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Current	<input checked="" type="checkbox"/> Accurate	<input checked="" type="checkbox"/> Posted for delivery drive to observe	

IV. Operator Training		Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Class A/B Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name: Stephen Entler	Date: 10/26/2012
Class C Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cardlock		

V. Financial Responsibility		Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Type of coverage:	Insurance	Begin Date: 2/16/2024	End Date: 2/16/2025
Coverage amount correct:	\$1,000,000	Number of tanks covered:	2
Financial responsibility could also be in the form of self insurance, bonds, local government, trust fund, and/or guarantee			

VI. Walkthrough Requirements		Compliance	<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		

# **VII. Release Detection**

## **Compliance**

☐ Yes

☒ No

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

Date of last testing: \_\_\_\_\_

Last three tests available? ☐ Yes ☒ No

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

#### ☒ Pressurized Piping

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

Date of last testing: \_\_\_\_\_

Last three tests available? ☐ Yes ☒ No

Number of lines tested: \_\_\_\_\_

Number of LD tested: \_\_\_\_\_

Leak detector manufacturer make and model: LD 2000, VM1

Tank gauge manufacturer make and model: Weeder Root

MLLD on turbine manifold? ☒ Yes ☐ No

MLLD product appropriate? (Example, diesel Red Jacket FX series on diesel system?) ☒ Yes ☐ No

If ELLD and no line testing: Annual 0.1 gph results from tank gauge? ☐ Yes ☐ No

#### ☒ Interstitial Monitoring

[Monthly records must include, date system was checked, observations made, initials of person checking. Electronic records must include power status (on or off), alarm indication status (yes or no) and sensor malfunction notes (yes or no).]

Date of last sump testing: \_\_\_\_\_

Last two tests available? ☐ Yes ☐ No

Date of last sensor testing: 5/12/2022

Last three tests available? ☐ Yes ☐ No

Float sensors installed correctly? ☐ Yes ☐ No

Interstitial space opened to sump? ☐ Yes ☐ No

Presence of water in sumps? ☐ Yes ☐ No

#### ☐ Safe Suction

Check valve directly below suction pump? ☐ Yes ☐ No

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

#### ☒ Tank Gauge

☒ CSLD

☐ SCALD

☐ Static

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

Tank diameter/length seem appropriate? ☒ Yes ☐ No

Are tanks manifolded? ☐ Yes ☒ No

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

#### **If Weeder Root tank gauge leak detection**

☒ CSLD set at 99%

☒ Thermal coefficient set correctly?

(Gasoline 0.00070; Diesel 0.00045)

#### **If Incon/Franklin tank gauge leak detection**

☐ If SCALD is Vol Qual set to 14% (or 99% confidence)

☐ Is API gravity set correctly?

(Regular 63.5; Plus 62.8; Super 51.3; Diesel 32.8)

For all tank gauges doing static tests

(Static tests require tank to be 50% full for a valid test)

#### ☒ Interstitial Monitoring

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

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

#### ☐ SIR

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

### **Tank release detection records available during inspection**

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

Inspector: Ingrid Gaffney

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Facility: 5173**VIII. Spill Prevention****Compliance**☐ Yes☒ NoDate(s) of testing: 10/16/2020Number of spill buckets tested? 2Did spill bucket pass most recent testing? ☐ Yes ☐ No☐ Yes ☐ NoIf no, was spill bucket replaced/repared? ☐ Yes ☐ No☐ Yes ☐ NoDuring inspection, visual damage to spill bucket? ☐ Yes ☒ No☐ 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☒ NoDate(s) of testing: 5/12/2022Overfill device pass most recent testing? ☐ Yes ☐ No☐ Yes ☐ NoIf no, overfill device replaced? ☐ Yes ☐ No☐ Yes ☐ NoOverfill method that was tested: ☐ Alarm ☐ Flapper ☐ Ball Float☐ Alarm ☐ Flapper ☐ Ball Float☐ Flapper ☐ Ball Float☐ Ball FloatOverfill AlarmAlarm sounds when tank is 90% full ☒ Yes ☐ No☒ Yes ☐ No☐ NoDriver can see or hear alarm at point of transfer? ☒ Yes ☐ No☒ Yes ☐ No☐ NoSound alarm from tank gauge during inspection? ☐ Yes ☐ No☐ Yes ☐ No☐ NoFlapper ValveTesting verified the valve automatically restricts flow at 95% ☒ Yes ☐ No☒ Yes ☐ No☐ NoVisual observation of flapper on day of inspection? ☒ Yes ☐ No☒ Yes ☐ No☐ NoBall FloatTesting verified the ball float automatically restricts flow at 90% ☐ Yes ☐ No☐ Yes ☐ No☐ NoVisual observation of ball float during inspection? ☐ Yes ☐ No☐ Yes ☐ No☐ No**X. Corrosion Protection****Compliance**☒ Yes☐ No☐ Cathodic☒ Galvanic☐ Impressed CurrentSteel tank with cathodic? ☒ Yes ☐ No☒ Yes ☐ No☐ NoSteel pipes with cathodic? ☐ Yes ☒ No☐ Yes ☒ No☐ NoSteel flex-lines with cathodic? ☐ Yes ☐ No☐ Yes ☐ No☐ No

Date of cathodic test: \_\_\_\_\_

Last two tests available? ☐ Yes ☐ No☐ Yes ☐ No☐ NoDid last test pass? ☐ Yes ☐ No☐ Yes ☐ No☐ No

If not:

Was failed test reported to DEQ? ☐ Yes ☐ No☐ Yes ☐ No☐ NoWas system repaired? ☐ Yes ☐ No☐ Yes ☐ No☐ No

Date of repair? \_\_\_\_\_

Cathodic retested within 6 mos. of repair? ☐ Yes ☐ No☐ Yes ☐ No☐ No

Date of retesting? \_\_\_\_\_

If impressed current system:

Rectifier Operational? ☐ Yes ☐ No☐ Yes ☐ No☐ NoRectifier log maintained? ☐ Yes ☐ No☐ Yes ☐ No☐ NoRectifier been operating continuously ☐ Yes ☐ No☐ Yes ☐ No☐ No☐ Tank Lining

Date of last test? \_\_\_\_\_

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

XI. General notes from inspection

Representative onsite: Stephen

email: claims@radio cab.net  
Christina

Needed  
\*Paperwork:

- ~~Insurance new policy~~
- Annual testing - missing two years
- Tri annual testing - missing 2023 and late repairs.
- training - ~~AB~~ (+C) ✓
- cathodic protection ✓
- monthly walkthroughs ✓

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

Inspector Signature: Impid Gaffney

Date: 9/17/2024



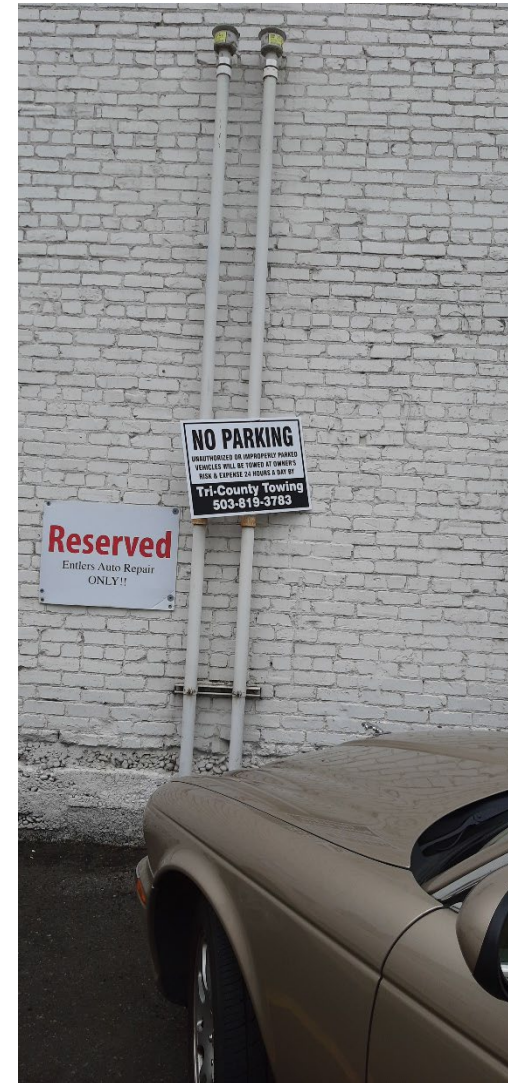
OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY  
INSPECTION PHOTOLOG

FACILITY NAME: Radio Cab #5173  
INSPECTION DATE: September 17, 2024

Page 1



1: 1613 NW Kearney St, Portland, OR 97209 tank nest



2: Pressure vents





**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY  
INSPECTION PHOTOLOG**

**FACILITY NAME: Radio Cab #5173  
INSPECTION DATE: September 17, 2024**

Page 1



**3: Tank nest looking north**



**4: Regular sump**





**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY  
INSPECTION PHOTOLOG**

**FACILITY NAME: Radio Cab #5173  
INSPECTION DATE: September 17, 2024**

Page 1



5: Regular fill



6: Regular sump #2



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY  
INSPECTION PHOTOLOG**

**FACILITY NAME: Radio Cab #5173  
INSPECTION DATE: September 17, 2024**

Page 1



7: UDC #1



8: UDC #3



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY  
INSPECTION PHOTOLOG**

**FACILITY NAME: Radio Cab #5173  
INSPECTION DATE: September 17, 2024**

Page 1



9: UDC #3





State of Oregon  
Department of  
Environmental  
Quality

Program Enforcement No. 2024-FC-9555

## 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:	09/17/2024	Facility ID#:	5173
Inspector:	Ingrid Gaffney	Facility Name:	Radio Cab
DEQ Office:	700 NE Multnomah St, Ste 600 Portland, OR 97232	Facility Address:	1613 NW Kearney St Portland, OR 97209
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:	09/25/2024
Facility Representative Present During Inspection:	Stephen Entler	<input type="radio"/> Permittee <input type="radio"/> Owner <input checked="" type="radio"/> Other	
Name of Permittee or Owner:	Radio Cab Co., Inc. Attn: Stephen Entler		
Mailing Address:	1613 NW Kearney St, Portland, OR 97209-2312		

Field Citation Penalty – See Page 3 for detailed listing of each violation.	\$ 850	.00
---	--------	-----

This Field Citation is issued in accordance with the requirements for the expedited enforcement of underground storage tank (UST) violations, OAR 340-150-0250.

Owner or Permittee should select Option 1 or Option 2 below and return a signed copy of this form to DEQ by the following date: 10/25/2024

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

### Check one option

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

Name:	Owner / Permittee
Signature:	Date:

### Important

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

## **Field Citation Requirements**

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

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

### **Option 1:**

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

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

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

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

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

### **Option 2:**

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

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



**UST FIELD CITATION**

DATE ISSUED: 09/25/2024

PROGRAM ENFORCEMENT No.: 2024-FC-9555

FACILITY ID: 5173

Page 3 of 3

<b>Violation #1:</b> *TCR: <input checked="" type="radio"/> Y <input type="radio"/> N	Failure to test spill bucket prevention equipment at least once every 3 years		
Corrective Action:	Perform required testing to correct violation within 30 days and send results to DEQ.		
Rule Citation: <b>OAR 340-150- 0310(8)(b)</b>	Penalty Amount: \$ 500 .00	Correct Violation by: 10/25/2024	Date Corrected:
<b>Violation #2:</b> *TCR: <input checked="" type="radio"/> Y <input type="radio"/> N	Failure to complete initial overfill alarm testing requirements by October 1, 2020		
Corrective Action:	Perform required tri annual testing in 2025 and keep site on a schedule. Submit dates to DEQ for 2025 testing.		
Rule Citation: <b>OAR 340-150- 0310(10)</b>	Penalty Amount: \$ 00 .00	Correct Violation by: 2025	Date Corrected:
<b>Violation #3:</b> *TCR: <input checked="" type="radio"/> Y <input type="radio"/> N	Failure to calibrate release detection equipment per manufacturer's instructions, including service checks for operability or running condition		
Corrective Action:	Perform annual testing of line leak detection and tank gauge equipment within 30 days. Submit required testing records (and maintain records) to DEQ within 30 days.		
Rule Citation: <b>OAR 340-150- 0400(2)</b>	Penalty Amount: \$ 200 .00	Correct Violation by: 10/25/2024	Date Corrected:
<b>Violation #4:</b> *TCR: <input checked="" type="radio"/> Y <input type="radio"/> N	Failure to maintain adequate records of testing or monitoring equipment calibration, maintenance or repair.		
Corrective Action:	Begin keeping records of annual and tri annual testing or monitoring equipment calibration, maintenance or repair. No document submittal necessary		
Rule Citation: <b>OAR 340-150- -0400(2)</b>	Penalty Amount: \$ 150 .00	Correct Violation by: 10/25/2024	Date Corrected:
<b>Violation #5:</b> *TCR: <input type="radio"/> Y <input checked="" type="radio"/> N			
Corrective Action:			
Rule Citation: <b>OAR 340-150-</b>	Penalty Amount: \$ .00	Correct Violation by:	Date Corrected:
<b>Violation #6:</b> *TCR: <input type="radio"/> Y <input checked="" type="radio"/> N			
Corrective Action:			
Rule Citation: <b>OAR 340-150-</b>	Penalty Amount: \$ .00	Correct Violation by:	Date Corrected:
	Total Penalty Amount (This Page): \$ 850 .00	Total Penalty Amount (All Pages): \$ 850 .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: 10/25/2024**

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

\*TCR: Technical Compliance Rate

**Petroleum Compliance Services LLC****UST Spill Bucket  
Integrity Testing Form****Underground Storage Tanks (UST) Program**

Doc Type: Compliance Certification

**Purpose:** This procedure is to test the leak integrity of single- and double-walled spill buckets. Consult PEI/RP1200, Section 6.2 for hydrostatic test method, Section 6.3 for single-walled vacuum test method, and Section 6.4 for double-walled vacuum test method.

**Facility Information**Facility name: Radio Cab Co.Facility address: 1613 NW Kearney StFacility ID#: 5173

Mailing address: \_\_\_\_\_

City: PortlandState: ORZip code: 97209Owner name: Radio Cab Co., Inc.Mailing address: 1613 NW Kearney StCity: PortlandState: ORZip code: 97209

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Testing Information**

1. Tank number	1	2				
2. Product stored	Regular Unleaded	Premium Unleaded				
3. Spill bucket capacity	5 gal	5 gal				
4. Manufacturer	EBW	EBW				
5. Construction	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
6. Test type	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor
7. Spill bucket type						
8. Liquid and debris removed from spill bucket.*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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
9. Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<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
10. Tank riser cap included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
11. Is drain valve included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
12. Starting level	10"	10"				
13. Test start time	10:00am	10:00am				
14. Ending level	10"	10"				
15. Test end time	11:00am	11:00am				
16. Test period	1 hour	1 hour				
16. Level change	0"	0"				
Test results:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<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

Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of less than 1/8 inch; Vacuum single-walled only; Maintain at least 26 inches water column; Vacuum double-walled; maintain at least 12 inches water column.

**Comments:**

\* All liquids and debris must be disposed of properly.

Testing company name: Petroleum Compliance Services LLCTester's name: Kenneth PikeDate (mm/dd/yyyy): 9-30-2024Tester's signature: Kenneth Pike



## OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY ANNUAL RELEASE DETECTION OPERABILITY TESTING FORM

- > In-tank setup and alarm history reports must be attached to testing form.
- > Maintain three years of testing records.
- > Instructions on how to use this form.

I. FACILITY INFORMATION – Type or print (in ink) all items.				TEST DATE	
Facility ID #: 5173		Facility Name: Radio Cab Co.		9-30-2024	
II. AUTOMATIC TANK GAUGE				Pass	
ATG Manufacturer: Veeder-Root		ATG Model: TLS-350			
Release Detection Method:      Tank Gauge 0.2 gph leak tests: ( <input type="checkbox"/> Continuous <input type="checkbox"/> Static) <input type="checkbox"/> SIR      X–Interstitial Monitoring					
Battery Backup Functional?		Yes		ATG software properly programmed?	
ATG alarms functional and audible?		Yes		ATG In-Tank Setup Reports attached to form?	
III. TEST PROCEDURE					
X – PEI/RP 1200 <input type="checkbox"/> Oregon Testing Procedures (Page 2) <input type="checkbox"/> Manufacturer Testing Procedures <input type="checkbox"/> Other Method (Describe)					
IV. PROBE AND TESTING INFORMATION					
Tank Number	1	2			
Product Stored	Regular Unleaded	Premium Unleaded			
Model	Veeder-Root	Veeder-Root			
Is the ATG console clear of alarms?	Yes	Yes	Yes      No	Yes      No	Yes      No
Disconnect cable from tank probe. Is appropriate alarm triggered?	Yes	Yes	Yes      No	Yes      No	Yes      No
Tank gauge probes removed and inspected for damage?	Yes	Yes	Yes      No	Yes      No	Yes      No
Residual buildup on floats has been removed?	Yes	Yes	Yes      No	Yes      No	Yes      No
Float(s) move freely?	Yes	Yes	Yes      No	Yes      No	Yes      No
Measured product and water levels match ATG values?	Yes	Yes	Yes      No	Yes      No	Yes      No
Alarm history report attached?	Yes	Yes	Yes      No	Yes      No	Yes      No
V. TEST RESULT	Pass	Pass	Pass      Fail	Pass      Fail	Pass      Fail

Any "No" answer indicates the test failed. Failed tests must be remedied and retested immediately.

Facility ID # 5173

Facility Name: Radio Cab Co.

Test Date: 9-30-2024

**VI. SENSORS AND TESTING INFORMATION (liquid sensors, tank interstitial sensors, etc.)**

Sensor as identified on tank gauge								
Is sensor in alarm? (If yes, indicate why in the comments section)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Sensor installed in the proper location and position?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Sensor triggers alarm, at tank gauge, when placed in test liquid	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
When alarm is triggered, the sensor is properly identified on the ATG	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Alarm history report attached?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>VII. TEST RESULTS</b>	<b>Pass Fail</b>	<b>Pass Fail</b>	<b>Pass Fail</b>	<b>Pass Fail</b>	<b>Pass Fail</b>	<b>Pass Fail</b>	<b>Pass Fail</b>	<b>Pass Fail</b>

Any "No" answer indicates the test failed. Failed tests must be remedied and retested immediately.

**VIII. COMMENTS**

Liquid status attached for passing monthly test.

**XI. Tester**

Person Conducting Testing: Kenneth Pike – Petroleum Compliance Services, LLC

*Kenneth Pike***Oregon DEQ Tank Gauge and Probe Functionality Testing Procedures**

1. Inspect console and verify that there are no active or recurring warnings or alarms.
2. Confirm that both the visual and audible alarms on the tank gauge console function correctly.
3. Verify that the correct set-up parameters for the probes and appropriate tank leak detection is programmed correctly.
4. Test battery backup (if present).
5. Remove tank probe from tank.
6. Disconnect probe, wait for "Probe Out" alarm, reconnect probe and reset tank gauge.
7. Remove build up from probes.
8. Measure the fuel and water contents of the tank and compare with the tank gauge inventory report ensuring that they are the same.
9. Ensure that the probe's fuel and water floats are the correct type for the product stored in the tank.
10. Reposition the floats, measure distance from bottom of the probe, and utilize tank charts to confirm accuracy of the tank gauge.
11. Reinstall probes ensuring that the tank riser cap seals properly and the communication cable seal is tight.
12. If tank gauge is equipped with printer, attach the printed tank gauge in-tank setup and alarm history report demonstrating that probes were tested.

**Oregon DEQ Sensor Functionality Testing Procedures**

1. Inspect sensor for damage.
2. Place sensor in at least three inches of testing liquid.
3. Verify sensor alarms at tank gauge or sensor has appropriate alarm response (dispenser or turbine shut down).
4. Clear alarm.
5. Reinstall sensor upon verification of proper operation.
6. If tank gauge is equipped with printer, attach the printed tank gauge in-tank setup and alarm history report demonstrating that sensors were tested.

IN-TANK ALARM  
T 2:PREMIUM  
HIGH PRODUCT ALARM  
SEP 30, 2024 10:51 AM

----- IN-TANK ALARM -----  
T 2:PREMIUM  
HIGH PRODUCT ALARM  
SEP 30, 2024 10:48 AM

IN-TANK ALARM  
T 2:PREMIUM  
HIGH WATER WARNING  
SEP 30, 2024 10:51 AM

----- IN-TANK ALARM -----  
T 2:PREMIUM  
HIGH PRODUCT ALARM  
SEP 30, 2024 10:48 AM

----- IN-TANK ALARM -----  
T 1:UNLEADED  
HIGH WATER ALARM  
SEP 30, 2024 10:51 AM

RADIO CAR  
1613 180 DEARBORN  
PORTLAND, OR 97209  
503-227-1212

SEP 30, 2024 10:28 AM

LIQUID STATUS

SEP 30, 2024 10:28 AM

----- IN-TANK ALARM -----  
T 1:UNLEADED  
HIGH PRODUCT ALARM  
SEP 30, 2024 10:48 AM

----- IN-TANK ALARM -----  
T 1:UNLEADED  
HIGH WATER WARNING  
SEP 30, 2024 10:51 AM

L 1:SUPER-REG ANNUAL  
SENSOR NORMAL

\* \* \* \* \* END \* \* \* \* \*

----- IN-TANK ALARM -----  
T 1:UNLEADED  
HIGH PRODUCT ALARM  
SEP 30, 2024 10:48 AM

RADIO CAR  
1613 180 DEARBORN  
PORTLAND, OR 97209  
503-227-1212





## Petroleum Compliance Services LLC

### **Test Data Official Report For:**

**Radio Cab Co. - #5173**

Address: 1613 NW Kearney St, Portland, OR 97209

**Site Owner: Radio Cab Co., Inc.**

### **Date Testing Conducted:**

9-30-2024

### **NACE / ICC / DEQ Certified Technician:**

Luke Pike / Kenneth Pike

Test included in this report:

Line tightness testing

Line Leak detector testing

Third party tank monitor certification

Manual pulling/sounding of probe floats

Annual release detection form

Probe operability check

Spill bucket testing (in 2024)

Sensor Check

Office 503-873-4139 Fax 503-873-8070 Cell 503-302-9144 Email [pes@pesnw.net](mailto:pes@pesnw.net)  
3258 Cascade Hwy NE Silverton, Or 97381

NACE CPI # 1109 \* DEQ Testing #1109 \* CP #26449

Maintain all test reports on site for a minimum of 7 years

## DATA CHART FOR USE WITH PETROTITE LINE TESTER

DATE: 9-30-2024

Station: Radio Cab Co. - #5173

Site address: 1613 NW Kearney St, Portland, OR 97209

Owner: Radio Cab Co., Inc.

Operator: Radio Cab Co., Inc.

Reason for test: Annual compliance testing

Special instructions; none

Testing Company: Petroleum Compliance Services LLC.

Weather: Sunny	Temp: 62F	Surface Ac/concrete	Line burial depth; 2' Length; 20' to 100'
----------------	-----------	------------------------	--

Identify each Line tested	Time tested	Pressure Readings		Volume Readings ML			
		Before	After	Before	After	Net change	Bleed Back
Regular Unleaded	Test time 60 minutes	Start PSI 50	PSI 50	400	280		
		PSI 50	PSI 49	280	398	.1	398
Premium Unleaded	Test time 60 minutes	Start PSI 50	PSI 50	400	250		
		PSI 50	PSI 49	250	398	.1	398
	Test time	Start PSI	PSI				
		PSI	PSI				
	Test time	Start PSI	PSI				
		PSI	PSI				
Test Results	Line ID		Volume ML				
	PASS/FAIL		Net Change			Date Tested	
	Regular Unleaded	PASSED	.1			9-30-2024	
	Premium Unleaded	PASSED	.1			9-30-2024	
<i>Kenneth Pike</i> Kenneth Pike Tech							

**The test results indicate the systems condition at the time of testing.**

**The results do not carry any implied warranty or guaranty of the system after the test date.**

**PETROLEUM COMPLIANCE SERVICES LLC**

Office 503-873-4139

**Tank Monitor Annual Third-Party Certification**

Make – Veeder-Root TLS-350

Services Performed	PASS	FAIL	N/A
1. Run system Diagnostic check.	X		
2. Verify setup values and programmable Info.	X		
3. Flapper valves checked for correct placement and operation.	X		
4. Probe floats were pulled/sounded manually in 2024 for overfill.	X		
5. Probe operability check.	X		
6. Test over-fill alarm for correct operations.	X		
7. Verify date last tank test passed. Using annular sensor.	X		

**In Tank Probes-Annual Service.**

Services Performed	YES	NO	N/A
1. Run probe diagnostic check.	X		
2. Inspect sensor cables and connections.	X		
3. Inspect probe floats and probe for residue build-up.	X		

**Sump Sensors-Annual Services**

Services Performed	YES	NO	N/A
1. Run sensor diagnostic.	X		
2. Inspect sensor cables and connections.	X		
3. Test sensor floats.	X		
4. Clean and inspect.	X		

NOTES:

**LINE/ TURBINE INFORMATION**

Lines ID	Regular Unleaded	Premium Unleaded		
1. Piping type: Fiberglass (S) Single wall (D) Double wall	D	D		
2. Pump Type (T) Turbine (S) Suction	T	T		
3. If Turbine is Line Leak Detector present (YES) (NO)	YES	YES		
4. Line shut off at Turbine (YES) (NO)	NO USE FE	NO USE FE		
5. Turbine operating pressure	29	29		

**VISUAL INSPECTION AND MAINTANCE**

	YES	NO	N/A	Comments/Observations
Check sumps Water/fuel	X			Dry.
Visual inspect Exposed Piping	X			Piping looks okay.
Emergency stop Location/working	X			
Spill buckets	X			Tested in 2024. Due next in 2027. In place. Coax.
PVV vent	X			
Stage one	X			
Class A	X			
Class C	X			
Top off	X			
Clean Valve boxes	X			

NOTES:

## MECHANICAL LEAK DETECTORS TEST RESULTS

DATE: 9-30-2024

Company Performing Test: Petroleum Compliance Service LLC

Tech: Kenneth Pike

Client: Radio Cab Co., Inc.

Site Name: Radio Cab Co. - #5173

Address: 1613 NW Kearney St, Portland, OR 97209

Product Type: Regular Unleaded	
Type of Leak Detector: VMI 1 <sup>st</sup> Generation	
Type of line Tested: Fiberglass	
3GPH TEST Results: <b>PASSED</b>	
Replaced Leak Detector: NO	
If Yes Type of new replacement:	Retest:

Product Type: Premium Unleaded	
Type of Leak Detector: Vaporless 99 LD-2000	
Type of line Tested: Fiberglass	
3GPH TEST Results: <b>PASSED</b>	
Replaced Leak Detector: NO	
If Yes Type of new replacement:	Retest:

Product Type:	
Type of Leak Detector:	
Type of line Tested:	
3GPH TEST Results:	
Replaced Leak Detector:	
If Yes Type of new replacement:	Retest:

Product Type:	
Type of Leak Detector:	
Type of line Tested:	
3GPH TEST Results:	
Replaced Leak Detector:	
If Yes Type of new replacement:	Retest:



**From:** [GAFFNEY Ingrid \\* DEQ](#)  
**To:** [LITKE Emily \\* DEQ](#)  
**Subject:** RE: DEQ UST Inspection Determination: Radio Cab #5173  
**Date:** Wednesday, October 9, 2024 7:20:16 AM

---

Got it, thanks

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:** LITKE Emily \* DEQ <Emily.Litke@deq.oregon.gov>  
**Sent:** Tuesday, October 8, 2024 7:19 PM  
**To:** GAFFNEY Ingrid \* DEQ <Ingrid.GAFFNEY@deq.oregon.gov>  
**Subject:** RE: DEQ UST Inspection Determination: Radio Cab #5173

Hey Ingrid

Payment and corrective actions for **facility 5173 Radio Cab Co** was received 10/7/24.

When you get a chance, can you upload your inspection notes, photos, and inspection notification.

Emily

---

**From:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>  
**Sent:** Wednesday, September 25, 2024 9:05 AM  
**To:** Christina Hanson <[claims@radiocab.net](mailto:claims@radiocab.net)>; [manager@radiocab.net](mailto:manager@radiocab.net)  
**Cc:** LITKE Emily \* DEQ <[Emily.Litke@deq.oregon.gov](mailto:Emily.Litke@deq.oregon.gov)>  
**Subject:** DEQ UST Inspection Determination: Radio Cab #5173  
**Importance:** High

Hello Radio Cab

Thank you for meeting with DEQ on September 17, 2024 to perform the underground storage tank inspection for 1613 NW Kearney St, Portland, OR 97209.

Since DEQ observed no annual testing for 2023 or 2021 and no tri annual testing for the spill buckets, along with late testing of the overfill. 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 Radio Cab has **30 days** to perform or schedule and perform the necessary testing. And pay the fine.

**If you require more time, please let the DEQ UST Duty Officer know (see contact below).**

**Please contact the UST Duty Officer at 503-229-5034 or [ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov) for the investigation and testing and be sure to email the UST duty officer when sending over the final documentation.**

**CORRECTIVE ACTIONS:**

1. Failure to test spill bucket prevention equipment at least once every 3 years. Perform required testing to correct violation within 30 days and send results to DEQ. Keep site on testing schedule.
2. Failure to complete initial overfill alarm testing requirements by October 1, 2020. Perform required tri annual testing in 2025 and keep site on a schedule. Submit dates to DEQ for 2025 testing.
3. Failure to calibrate release detection equipment per manufacturer's instructions, including service checks for operability or running condition. Perform annual testing of line leak detection and tank gauge equipment within 30 days. Submit required testing records (and maintain records) to DEQ within 30 days.
4. Failure to maintain adequate records of testing or monitoring equipment calibration, maintenance or repair. Begin keeping records of annual and tri annual testing or monitoring equipment calibration, maintenance or repair. No document submittal necessary

**Observations of note:**

- **Ensure that site is tracking all repairs, testing and monthly leak detection records.**

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*



State of Oregon  
Department of  
Environmental  
Quality

Program Enforcement No. 2024-FC-9555

**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:	09/17/2024	Facility ID#:	5173
Inspector:	Ingrid Gaffney	Facility Name:	Radio Cab
DEQ Office:	700 NE Multnomah St, Ste 600 Portland, OR 97232	Facility Address:	1613 NW Kearney St Portland, OR 97209
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:	09/25/2024
Facility Representative Present During Inspection:	Stephen Entler	<input type="radio"/> Permittee <input type="radio"/> Owner <input checked="" type="radio"/> Other	
Name of Permittee or Owner:	Radio Cab Co., Inc. Attn: Stephen Entler		
Mailing Address:	1613 NW Kearney St, Portland, OR 97209-2312		

Field Citation Penalty – See Page 3 for detailed listing of each violation. \$ 850 .00

This Field Citation is issued in accordance with the requirements for the expedited enforcement of underground storage tank (UST) violations, OAR 340-150-0250.

Owner or Permittee should select Option 1 or Option 2 below and return a signed copy of this form to DEQ by the following date: 10/25/2024

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:	<u>STEPHEN P. ENTLER</u>	<input checked="" type="radio"/> Owner <input type="radio"/> Permittee
Signature:	<u>Stephen P. Entler</u>	Date: <u>9/26/2024</u>

**Important**

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

**UST FIELD CITATION**

DATE ISSUED: 09/25/2024

PROGRAM ENFORCEMENT No.: 2024-FC-9555

FACILITY ID: 5173

Page 3 of 3

<b>Violation #1:</b> <b>*TCR:</b> <input checked="" type="radio"/> Y <input type="radio"/> N	Failure to test spill bucket prevention equipment at least once every 3 years		
Corrective Action:	Perform required testing to correct violation within 30 days and send results to DEQ.		
Rule Citation: <b>OAR 340-150- 0310(8)(b)</b>	Penalty Amount: \$ 500 .00	Correct Violation by: 10/25/2024	Date Corrected:
<b>Violation #2:</b> <b>*TCR:</b> <input checked="" type="radio"/> Y <input type="radio"/> N	Failure to complete initial overfill alarm testing requirements by October 1, 2020		
Corrective Action:	Perform required tri annual testing in 2025 and keep site on a schedule. Submit dates to DEQ for 2025 testing.		
Rule Citation: <b>OAR 340-150- 0310(10)</b>	Penalty Amount: \$ 00 .00	Correct Violation by: 2025	Date Corrected:
<b>Violation #3:</b> <b>*TCR:</b> <input checked="" type="radio"/> Y <input type="radio"/> N	Failure to calibrate release detection equipment per manufacturer's instructions, including service checks for operability or running condition		
Corrective Action:	Perform annual testing of line leak detection and tank gauge equipment within 30 days. Submit required testing records (and maintain records) to DEQ within 30 days.		
Rule Citation: <b>OAR 340-150- 0400(2)</b>	Penalty Amount: \$ 200 .00	Correct Violation by: 10/25/2024	Date Corrected:
<b>Violation #4:</b> <b>*TCR:</b> <input checked="" type="radio"/> Y <input type="radio"/> N	Failure to maintain adequate records of testing or monitoring equipment calibration, maintenance or repair.		
Corrective Action:	Begin keeping records of annual and tri annual testing or monitoring equipment calibration, maintenance or repair. No document submittal necessary		
Rule Citation: <b>OAR 340-150- -0400(2)</b>	Penalty Amount: \$ 150 .00	Correct Violation by: 10/25/2024	Date Corrected:
<b>Violation #5:</b> <b>*TCR:</b> <input type="radio"/> Y <input checked="" type="radio"/> N			
Corrective Action:			
Rule Citation: <b>OAR 340-150-</b>	Penalty Amount: \$ .00	Correct Violation by:	Date Corrected:
<b>Violation #6:</b> <b>*TCR:</b> <input type="radio"/> Y <input checked="" type="radio"/> N			
Corrective Action:			
Rule Citation: <b>OAR 340-150-</b>	Penalty Amount: \$ .00	Correct Violation by:	Date Corrected:
	Total Penalty Amount (This Page): \$ 850 .00	Total Penalty Amount (All Pages): \$ 850 .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: 10/25/2024**

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

\*TCR: Technical Compliance Rate