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

October 10, 2024

KATU
Attn: Tim Ondracek
2153 NE Sandy Blvd
Portland, OR 97232-2819

RE: UST Compliance Inspection
DEQ UST #5670 – 225 NW Skyline Blvd
DEQ UST #5674 – 2153 NE Sandy Blvd

Dear KATU:

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

November 14 at 9 am:

- **DEQ UST #5670 – 225 NW Skyline Blvd, Portland starting at 9 am**
- **DEQ UST #5674 – 2153 NE Sandy Blvd, Portland following NW Skyline site**

Please note that the inspection will require uninterrupted participation and attendance by you or a knowledgeable assistant. For the inspection you need to provide access to tank sumps, under dispenser areas, cathodic protection rectifiers, and leak monitoring equipment. DEQ will not touch the equipment or enter the facility, if you are unable to assist with equipment access, please have your UST Service Provider there. This inspection may also include review of Stage I Vapor Recovery.

DEQ staff will not assist with operating tank gauges 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).

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.

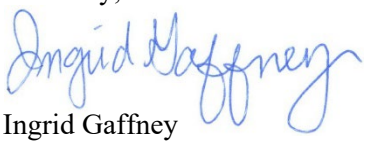
DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overfill protection device, these will need to be 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: 11/14/2024 Time: 10:30 AM Facility: 5670

I. Site Information

Facility Name: KATU Transmitter	Permittee: Sinclair Broadcasting	Contact: Tom Ondraeek	
Site Address: 225 NW Skyline Blvd	Organization: KATU	503 - Phone: 231-4222	
City: Portland, OR 97210	Phone: —	410-568-1900	
		503-800-5462	

II. Tank Information

DEQ Permit #	BBJDD				
Estimated Gallons	6000				
Substance	DIESEL				
Tank Material	Steel w/ Fiber ACE				
Tank Install Date	12/15/1990				
Pipe Material	Copper not in contact with soil				
Pipe Type	Upgraded to Suction				
Pipe Install Date	10/08/2007 12/15/1990				
Overfill Device	Alarm				

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

DEQA inspection, informed of 2018 rule changes on 2016.

If tanks are manifolded, which tanks:

III. Operating Certificate **Compliance** ☑ Yes ☐ No

☑ Current ☑ Accurate ☑ Posted for delivery drive to observe

IV. Operator Training **Compliance** ☑ Yes ☐ No

Class A/B Operator ☑ Yes ☐ No Name: Gus McCaslin Date: 2/29/2010

Class C Operator ☐ Yes ☐ No ☐ Cardlock

V. Financial Responsibility **Compliance** ☑ Yes ☐ No

Type of coverage: Insurance Begin Date: 1/15/2024 End Date: 1/15/2025

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

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

VI. Walkthrough Requirements **Compliance** ☐ Yes ☑ No

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

Tank top sumps checked annually? ☐ Yes ☐ No

VII. Release Detection — Compliance ☐ Yes ☐ No

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

Date of last testing: NONE — 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: N/A — Last three tests available? ☐ Yes ☐ No

Number of lines tested: _____ Number of LD tested: _____

Leak detector manufacturer make and model: _____

Tank gauge manufacturer make and model: _____

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: _____ — 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 egen

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

☑ Tank Gauge ☐ CSLD ☐ SCALD ☐ Static

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

Tank diameter/length seem appropriate? ☑ Yes ☐ No

Are tanks manifolded? ☐ Yes ☑ No

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

If Veeder Root tank gauge leak detection
- ☑ CSLD set at 99%
- ☐ Thermal coefficient set correctly? (Gasoline 0.00070; Diesel 0.00045)

If Incon/Franklin tank gauge leak detection
- ☐ If SCALD is Vol Qual set to 14% (or 99% confidence)
- ☐ Is API gravity set correctly? (Regular 63.5; Plus 62.8; Super 51.3; Diesel 32.8)

For all tank gauges doing static tests
(Static tests require tank to be 50% full for a valid test)

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

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

Tank release detection records available during inspection 2024 2025 →

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

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

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

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

Did spill bucket pass most recent testing? ☐ Yes ☐ No If no, was spill bucket replaced/repaired? ☐ Yes ☐ No

During inspection, visual damage to spill bucket? ☐ Yes ☐ No

☐ Hydrostatic testing (test takes one hour to complete)

☐ Vacuum test (test takes 1 minute, ending vacuum must be 26 inches water column or greater)

IX. Overfill Prevention **Compliance** ☐ Yes ☐ No

Date(s) of testing: _____ _____

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

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

Overfill Alarm

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

Flapper Valve

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

Ball Float

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

X. Corrosion Protection **Compliance** ☐ Yes ☐ No

☐ Cathodic ☐ Galvanic ☐ Impressed Current

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

☐ Tank Lining

Date of last test? _____		
Pressure test conducted after tank lining inspection?	☐ Yes	☐ No

XI. General notes from inspection

Representative onsite: Gus McCaslin email: GusM@katu.com

Violations

- no ATG testing
- no spill or overfill testing
- no monthly walkthrough

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

Inspector Signature: Ingrid Gaffney Date: 11/14/2024

1: Tank nest and generator: 225 NW Skyline Blvd, Portland, OR 97210

2: ATG probe

3: Diesel fill

4: Overfill alarm

5: line to holding tank

6: Holding tank

7: Return and supply lines into the generator

State of Oregon Department of Environmental Quality

Program Enforcement No. 2024-FC-9703

Department of Environmental Quality
Underground Storage Tank Program

Field Citation
For UST Violations

This section for DEQ use only

DEQ Information		UST Facility Information	
Inspection Date:	11/14/2024	**Facility ID#:**	5670
Inspector:	Ingrid Gaffney	**Facility Name:**	KATU Transmitter
DEQ Office:	700 NE Multnomah St, Ste 600	**Facility Address:**	225 NW Skyline Blvd
	Portland, OR 97232		Portland, OR 97210
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: ○ **In Person** ◉ **By Mail** ○ **Both** **Date Issued:** 11/14/2024

Facility Representative Present During Inspection: Gus McCaslin ○ Permittee ○ Owner ◉ Other

Name of Permittee or Owner: Sinclair Broadcast Group Attn: Tom Ondracek

Mailing Address: 2153 NE Sandy Blvd, Portland, OR 97232-2819

Field Citation Penalty – See Page 3 for detailed listing of each violation. $ 950 .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: 01/14/2025

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.

Department of Environmental Quality (DEQ) Underground Storage Tank Program

UST FIELD CITATION

DATE ISSUED: 11/14/2024 **PROGRAM ENFORCEMENT NO.:** 2024-FC-9703 **FACILITY ID:** 5670

Violation #1: ***TCR:** (•) Y ( ) 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: 1/14/2025	Date Corrected:	
Violation #2: ***TCR:** (•) Y ( ) N	Failure to calibrate tank gauge equipment per manufacturer's instructions, including testing for operability or running condition annually.			
Corrective Action:	Begin testing annually, tank gauge equipment that is maintained as per manufacturer's specifications within 60 days. Submit Compliance Certification Statement to DEQ.			
Rule Citation: **OAR 340-150-** 0400(2)	Penalty Amount: $ 300 .00	Correct Violation by: 1/14/2025	Date Corrected:	
Violation #3: ***TCR:** ( ) Y (•) N	Failure to conduct monthly periodic operation and maintenance walkthrough inspection by 10/01/2020 and each month thereafter.			
Corrective Action:	Complete monthly walkthrough inspection within 60 days. Submit walkthrough checklist document to DEQ.			
Rule Citation: **OAR 340-150-** 0315(1)(a)(A)	Penalty Amount: $ 150 .00	Correct Violation by: 1/14/2025	Date Corrected:	
Violation #4: ***TCR:** ( ) Y ( ) N				
Corrective Action:				
Rule Citation: **OAR 340-150-**	Penalty Amount: $ .00	Correct Violation by:	Date Corrected:	
Violation #5: ***TCR:** ( ) Y ( ) N				
Corrective Action:				
Rule Citation: **OAR 340-150-**	Penalty Amount: $ .00	Correct Violation by:	Date Corrected:	
Violation #6: ***TCR:** ( ) Y ( ) N				
Corrective Action:				
Rule Citation: **OAR 340-150-**	Penalty Amount: $ .00	Correct Violation by:	Date Corrected:	

Total Penalty Amount (This Page): $ 950 .00 Total Penalty Amount (All Pages): $ 950 .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: 01/14/2025

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

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: SINCLAIR KATU TV   Bldg. No.:

Site Address: 225 NW SKYLINE BLVD   City: PORTLAND   Zip: 97210

Facility Contact Person: GUS McCASLIN   Contact Phone Number:

Make/Model of Monitoring System: TLS 300   Date of Testing/Servicing: 2025-01-06

B. Inventory of Equipment Tested/Certified

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

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

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

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

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

Site Address: 225 NW SKYLINE BLVD

Date of Testing/Servicing: 2025-01-06

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

C. Results of Testing/Servicing

Software Version Installed: 426.01

Complete the following checklist:

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

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

Site Address: 225 NW SKYLINE BLVD Date of Testing/Servicing: 2025-01-06

D. In - Tank Gauging/ SIR Equipment

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

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

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

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

E. Line Leak Detectors (LLD):

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

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

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

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

G. Comments ☑ System set-up ☑ Alarm History Report

SUCTION TO GENERATOR

Technician Name: TODD SEHON Signature : T Sehon

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

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

Testing Company Address: 10107 S.TACOMA WAY LAKEWOOD, WA 98499 Date of Testing/Servicing: 2025-01-06

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
	1/6/25

Business Name *(Same as Facility Name or DBA-Doing Business As)*
SINCLAIR KATU TV

Business Site Address	City	ZIP Code
225 NW SKYLINE BLVD	PORTLAND	97210

II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

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

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

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

III. OVERFILL PREVENTION EQUIPMENT INSPECTION INFORMATION

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

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

TANK ID: *(By tank number, stored product, etc.)*	T1 DIESEL			
What is the tank inside diameter? *(Inches)*	95			
Is the fill piping secondarily contained?	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the vent piping secondarily contained?	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Overfill Prevention Equipment Manufacturer(s)	OPW	OPW	OPW	
What is the overfill prevention equipment response when activated? *(Check all that apply.)*	☐ Shuts Off Flow ☐ Restricts Flow ☑ A/V Alarm	☐ Shuts Off Flow ☐ Restricts Flow ☐ A/V Alarm	☐ Shuts Off Flow ☐ Restricts Flow ☐ A/V Alarm	☐ Shuts Off Flow ☐ Restricts Flow ☐ A/V Alarm
Are flow restrictors installed on vent piping?	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
At what level in the tank is the overfill prevention set to activate? *(Inches from bottom of tank.)*	80.125			
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?	☑ Yes ☐ No *(Specify in V.)*	☐ Yes ☐ No *(Specify in V.)*	☐ Yes ☐ No *(Specify in V.)*	☐ Yes ☐ No *(Specify in V.)*

IV. SUMMARY OF INSPECTION RESULTS

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

V. COMMENTS

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

VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS INSPECTION

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

UST Service Technician Signature TSehon

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

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

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

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

I. FACILITY INFORMATION

CERS ID	Date of Spill Container Test
	01/06/25

Business Name *(Same as Facility Name or DBA-Doing Business As)*
SINCLAIR KATU TV

Business Site Address	City	ZIP Code
225 NW SKYLINE BLVD	PORTLAND	97210

II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

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

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

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

III. SPILL CONTAINER TESTING INFORMATION

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

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

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

IV. SUMMARY OF TESTING RESULTS

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

V. COMMENTS

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

VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS TESTING

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

UST Service Technician Signature
TSehon

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

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

Identify Spill Bucket (*By Tank Number, Stored Product, etc.*)	**1** 1 Diesel	**2** 2	**3** 3	**4** 4
Test Start Time (T_I):	1045			
Initial Reading (R_I):	11”			
Test End Time (T_F):	1145			
Final Reading (R_1):	11”			
Test Duration (T_F - T_I):	1 HR			
Change in Reading (R_1):	0			

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

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

CERTIFICATE OF COMPLETION

This is to certify that

Alexander Byers

has successfully completed the online course

Oregon Class A/B UST Operator Training

on

12/04/2024

UST TRAINING APPROVED CLASS AB

USTTraining.com

I'm TANK SAVVY™

This course is approved by the Oregon Department of Environmental Quality.

This certificate is valid indefinitely unless directed to retrain by the State of Oregon due to operational violations.

CERTIFICATE OF COMPLETION

This is to certify that

Chris Arnesen

has successfully completed the online course

Oregon Class A/B UST Operator Training

on

12/10/2024

UST TRAINING APPROVED CLASS AB

USTTraining.com

I'm TANK SAVVY™

This course is approved by the Oregon Department of Environmental Quality.

This certificate is valid indefinitely unless directed to retrain by the State of Oregon due to operational violations.

RTMENT OF

UST WALKTHROUGH INSPECTIONS CHECKLIST

KATU SKYLINE TRANSMITTER — Site Name
225 NW SKYLINE BLVD. — Site Address
UST # 5670 — Tag #

- Initial each box to indicate the equipment was inspected, as described. Use NA if the equipment inspection does not apply to the site.
- Take action for any alarms, damaged equipment and non-normal operating conditions; note actions taken on page 2
- NOTE: Petroleum found in a sump or interstice must be reported to Ecology within 24 hours.

YEAR: 2024 — Date of Inspection →	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
											28	31
REQUIRED MONTHLY												
Spill bucket(s) checked for damage and cracks*. Liquid and/or debris removed.											RGM	RGM
Fill pipe(s) checked for obstructions. Removed, if found.											RGM	RGM
Fill cap(s) securely fitted on fill pipe(s).											RGM	RGM
Tank monitor equipment checked for alarms and normal operating condition.											RGM	RGM
Leak detection records are reviewed for non-leaking results and kept for three years. Suspected leaks were reported.											RGM	RGM
REQUIRED ANNUALLY												
Containment sump(s) checked for damage and presence of liquid. Liquid and/or debris removed.											N/A	N/A
If using **manual tank gauging**, checked condition of tank gauge stick is good (e.g. readable at 1/8" increments throughout).											N/A	N/A
RECOMMENDED ACTIVITIES												
Emergency spill response supplies inventoried and restocked if low. Inspected supplies for deterioration.											RGM	RGM
Inspected loose fitting, deterioration, obvious signs of leaks and improper function of **dispenser hoses, nozzles and breakaways**.											N/A	N/A

*If a tank receives deliveries at intervals greater than 30 days, the spill bucket check may instead be conducted prior to each delivery. To be eligible for this option, include a copy of each delivery receipt with this form.

Note: This checklist doesn't include the requirement to inspect hydrant pits and piping vaults at airport hydrant systems at least every 30 days.

Use this table to explain actions taken by employees and/or service provider to fix issues. Use additional sheets, as necessary.

Date	Action Taken	Initials

Keep this record for three years after the last inspection date on the form.

From:	DEQAR * DEQ
To:	Joel Stephens; DEQAR * DEQ
Cc:	LITKE Emily * DEQ
Subject:	RE: [EXT] RE: DEQ UST Inspection Determination: KATU and KATU Transmitter #5670 and 5674
Date:	Thursday, January 23, 2025 2:07:09 PM
Attachments:	W-9 Form 2025.pdf image001.png image003.png

Joel,

Please see W9 attached.

Best,

Andrea Schrosk
Accounting Technician - Revenue

Pronouns: she/her *why share pronouns?*
Phone: 503.229.5455
Email: andrea.schrosk@deq.oregon.gov

State of Oregon
Department of
Environmental
Quality

Oregon Department of Environmental Quality
700 NE Multnomah St #600
Portland OR 97232

From: Joel Stephens <jcstephens@sbgtv.com>
Sent: Thursday, January 23, 2025 11:07 AM
To: DEQAR * DEQ <DEQAR@deq.oregon.gov>
Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Subject: RE: [EXT] RE: DEQ UST Inspection Determination: KATU and KATU Transmitter #5670 and 5674

Many thanks.
Our corporate accounting group is requesting a W9. Can you please send over at your earliest convenience?

Thank you!

Joel Stephens
Business Manager
KATU/KUNP

503-963-2616

From: DEQAR * DEQ <DEQAR@deq.oregon.gov>
Sent: Wednesday, January 22, 2025 1:15 PM
To: Joel Stephens <jcstephens@sbgtv.com>
Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>; DEQAR * DEQ <DEQAR@deq.oregon.gov>
Subject: RE: [EXT] RE: DEQ UST Inspection Determination: KATU and KATU Transmitter #5670 and 5674

Joel,

One check mailed to the address listed below is fine. Please include the signed citations with the check for our reference to correctly apply the payments.

Thank you,

Andrea Schrosk
Accounting Technician - Revenue

Pronouns: she/her *why share pronouns?*
Phone: 503.229.5455
Email: andrea.schrosk@deq.oregon.gov

State of Oregon Department of Environmental Quality
Oregon Department of Environmental Quality
700 NE Multnomah St #600
Portland OR 97232

From: LITKE Emily * DEQ <Emily.LITKE@deq.oregon.gov>
Sent: Wednesday, January 22, 2025 9:15 AM
To: DEQAR * DEQ <DEQAR@deq.oregon.gov>
Subject: FW: [EXT] RE: DEQ UST Inspection Determination: KATU and KATU Transmitter #5670 and 5674

Hey accounting team,

A UST facility has some questions about submitting payment. Please see their prior email with questions – they need to submit payment for two facilities.

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: Joel Stephens <jcstephens@sbgtv.com>
Sent: Wednesday, January 22, 2025 9:10 AM
To: LITKE Emily * DEQ <Emily.LITKE@deq.oregon.gov>
Cc: Dean Ditmer <dditmer@katu.com>
Subject: FW: [EXT] RE: DEQ UST Inspection Determination: KATU and KATU Transmitter #5670 and 5674

> You don't often get email from jcstephens@sbgtv.com. Learn why this is important

Hi Emily,
Following up on this conversation with Gus from this morning, we are preparing to send payment of the citations to

DEQ Revenue Section
700 NE Multnomah St.
Suite
600 Portland, OR 97232

Should that be two checks--one for each citation? Any particular references to help ensure they get processed accurately?

Thank you!
Joel

Joel Stephens
Business Manager
KATU/KUNP
503-963-2616

From: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Sent: Wednesday, January 22, 2025 8:45 AM
To: Gus McCaslin <gusm@katu.com>; GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>; LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Subject: RE: [EXT] RE: DEQ UST Inspection Determination: KATU and KATU Transmitter #5670 and 5674

Hey Gus,

Thank you for sending all this over. I have reviewed the documents and everything is passing – **I will mark the corrective actions for KATU and KATU Transmitter #5670 and 5674 as complete.**

I do have a note that an extension was granted for payment. As soon as the DEQ receives payment, then we can close these UST inspections. The penalty amount was $950 for each facility.

Thank you for the communication and prompt response throughout this process.

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: Gus McCaslin <gusm@katu.com>
Sent: Wednesday, January 22, 2025 8:14 AM
To: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>; LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Subject: RE: [EXT] RE: DEQ UST Inspection Determination: KATU and KATU Transmitter #5670 and 5674

Good Morning,
I have hopefully attached everything that you need to bring used up to date.
The only thing missing is the Financial Responsibility documentation. Which I should have in hand by the end of the month.
I was the hold up on that one.
Please let me know if there is anything else you need.

I also am putting in place annual and monthly inspections on all of this so we should not have this problem again.

Thank you again for the help and patience on getting us compliant.

Gus McCaslin
Facilities Maintenance
(503) 231-4613 office
(503) 860-5462 mobile
gusm@katu.com

From: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>
Sent: Monday, January 13, 2025 7:55 AM
To: Gus McCaslin <gusm@katu.com>; LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Subject: RE: [EXT] RE: DEQ UST Inspection Determination: KATU and KATU Transmitter #5670 and 5674

Thank you, Gus. Appreciate the update.

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: Gus McCaslin <gusm@katu.com>
Sent: Monday, January 13, 2025 7:53 AM
To: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>; LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Subject: RE: [EXT] RE: DEQ UST Inspection Determination: KATU and KATU Transmitter #5670 and 5674

Hi Ingrid and Emily,
Just a heads up. We have all our testing done and repairs have been made as needed as of last

Friday. I am just waiting on the reports to come though and then I will pass everything to you both. I should meet the deadline if SME gets their reports to me. I will let you know if that does not happen.

Till then…. Thank you for getting us up to date.

Gus McCaslin
Facilities Maintenance
(503) 231-4613 office
(503) 860-5462 mobile
gusm@katu.com

From: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>
Sent: Tuesday, November 19, 2024 11:41 AM
To: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; Gus McCaslin <gusm@katu.com>
Subject: [EXT] RE: DEQ UST Inspection Determination: KATU and KATU Transmitter #5670 and 5674

Hi Emily
I have spoke with Gus at KATU and the site has to have their attorneys sign the field citations which will potentially take more time than DEQ has indicated for January 14th, 2025 deadline. I have told Gus that is fine and make sure they get a service provided scheduled. Gus informed me they are actively looking to get an SP scheduled.

If their payment does not show up by January 14th that will be acceptable since they have to wait for their attorneys.

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: UST Duty Officer * DEQ
Sent: Thursday, November 14, 2024 1:58 PM
To: gusm@katu.com
Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Subject: DEQ UST Inspection Determination: KATU and KATU Transmitter #5670 and 5674
Importance: High

Hi Gus and Chris:
Thanks so much for meeting with DEQ today, November 14, 2024 to perform the UST Inspections at 2153 NE Sandy Blvd, Portland, OR and 225 NW Skyline Blvd, Portland, OR. It was a pleasure to meet you both.
Attached is a digital copy of the monthly walkthrough checklist and an extra alarm log.
Here's a link to the Service Provides in Oregon:
https://www.oregon.gov/deq/tanks/Pages/UST-Service.aspx

Since DEQ observed no annual testing, tri annual testing, and no documented monthly walkthroughs. DEQ must cite the site per the enforcement guidelines.

Attached is the citation for each site. This field citation will help DEQ keep track of the necessary testing required. KATU/Sinclair Broadcasting will have **60 days to schedule and/or complete the testing and provide walkthrough documentation to DEQ**. **Keep the site on a 1 and 3-year testing schedule.**
If you require more time, please let the DEQ UST Duty Officer know (see contact below). PLEASE SEND ALL work order 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

Corrective Actions:

1. Failure to calibrate Release Detection (Tank Gauge) equipment per manufacturer's instructions, including testing for operability or running condition annually**. Perform testing annually of release detection (Tank Gauge) equipment that is installed and operated as per manufacturer's specifications within 30 days. Submit notification of testing and results to DEQ in 60 days.**
2. Failure to complete initial overfill, spill prevention testing requirements by October 1, 2020. **Complete required testing for spill buckets and overfill device. Submit notification of testing and results to DEQ in 60 days.**
3. Failure to conduct annual and monthly (30 day) periodic Operation and Maintenance Walkthrough Inspection. **Complete annual walkthrough inspection within 30 days. Submit Compliance Certification Statement to DEQ.**

Thank you and have a good holiday season.

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