



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

November 13, 2024

HASCO Holdings, LLC
Attn: Christian Torres
2860 N Santiago Blvd
Orange, CA 92867-1722

RE: UST Compliance Inspection
DEQ UST #1506 - 24485 HWY 101 S
DEQ UST #1510 - 701 GARIBALDI AVE
DEQ UST # 1511 - 36453 HWY 101

Dear HASCO Holdings, LLC:

The Oregon Department of Environmental Quality (DEQ) is conducting underground storage tank (UST) inspections throughout Oregon. The purpose of this letter is to inform you that your facility has been selected for inspection. A thorough inspection of your facility will be conducted to determine compliance with state and federal UST requirements. **The date you receive this letter is the date that the inspection starts.** If you have work done after that date, you will need to have the previous set of records available for evaluation in addition to the most recent records.

If I do not hear from you, the inspection for these facilities is scheduled for December 19th, 2024 starting at approximately 9 am at the DEQ UST # listed below.

1. DEQ UST #1506 - 24485 HWY 101 S, Beaver, OR
2. DEQ UST #1510 - 701 GARIBALDI AVE, Garibaldi, OR
3. DEQ UST # 1511 - 36453 HWY 101, Nehalem, OR

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

DEQ staff will not assist with operating tank gauges.

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

- Line and leak detector testing results for the past three years,
- Monthly tank leak detection records,
- Class A, B, and C training documentation,
- Financial responsibility mechanism,

- Annual tank gauge certification,
- Spill prevention testing records,
- Monthly walkthroughs,
- Overfill Prevention Equipment testing,
- Cathodic protection testing (if applicable).

Please submit these records to ingrid.gaffney@deq.oregon.gov for review. If these records cannot be submitted prior to the inspection, please have them available for review at the facility.

Owners must also be able to operate the tank gauge and print out applicable reports such as the tank setup and in-tank alarm reports. Owners also must be able to sound high fill over alarm from the tank gauge, if applicable.

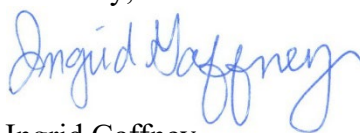
DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overfill protection device, these will need to be verified during the inspection, please be able to locate and remove the ball floats.

If violations are found at the time of the inspection without prior notification, DEQ is required to initiate enforcement action. For UST violations, enforcement usually begins with a field citation option, which is much like paying a traffic ticket and making corrections.

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

Thank you for your cooperation. I can be reached at 503-229-5048 ingrid.gaffney@deq.oregon.gov to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,



Ingrid Gaffney
UST Compliance Specialist
Northwest Region



1: Tank 2 alarm at 36453 Hwy 101, Nehalem, OR 97131



2: Non-Ethanol unleaded sump



3:Non-Ethanol unleaded fill



4:Unleaded sump



5: Unleaded Premium sump



6: Premium unleaded fill #2



7: Pressure valve vents



8: regular fill



9: Unleaded sump



10: Transition sump with sensor



11: Unleaded fill



12: Non ethanol dispenser



13: Non ethanol UDC



14: UDC #12



15: Dispenser #12



16: Dispenser #10



17: UDC #10



18: UDC #5



19: Dispenser #5

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

Inspector: Ingrid Gaffney

Date: 12/19/2024

Time: 11:20 AM

Facility: 1511

I. Site Information

| | | |
|--|--------------------------------------|----------------------------------|
| Facility Name: <u>HASCO Stations LLC</u> | Permittee: <u>HASCO Holdings LLC</u> | Contact: <u>Christian Torres</u> |
| Site Address: <u>36453 Hwy 101</u> | Organization: <u>SAME</u> | Phone: |
| City: <u>Nehalem, OR 97131</u> | Phone: | <u>714-873-3774</u> |

II. Tank Information

| DEQ Permit # | JFJJ | BAHKJ | BAHAK | BAHAA | BHAEG |
|-------------------|-------------------------------------|-------------------|-------------------|-------------------|-------------------------------------|
| Estimated Gallons | <u>12000</u> | <u>10000</u> | <u>6000</u> | <u>2000</u> | <u>6000</u> |
| Substance | <u>GASOLINE</u> | <u>GASOLINE</u> | <u>GASOLINE</u> | <u>GASOLINE</u> | <u>DIESEL</u> |
| Tank Material | <u>Fiberglass owens Corning</u> | <u>XERXES</u> | <u>XERXES</u> | <u>XERXES</u> | <u>Composite Steel w/ Fiber</u> |
| Tank Install Date | <u>4/28/1985</u> | <u>8/21/1990</u> | <u>8/21/1990</u> | <u>8/21/1990</u> | <u>3/01/2016</u> |
| Pipe Material | <u>DW APT</u> | <u>DW APT</u> | <u>DW APT</u> | <u>DW APT</u> | <u>DW APT</u> |
| Pipe Type | <u>Pressure</u> | <u>pressure</u> | <u>pressure</u> | <u>pressure</u> | <u>pressure</u> |
| Pipe Install Date | <u>3/01/2016</u> | ————— | ————— | ————— | <u>3/01/2016</u> |
| Overfill Device | <u>Alarm</u> | ————— | ————— | ————— | ————— |

Notes and Comments from the UST database:

Check file before conducting inspection

- * TANK ~~1~~ is a slave tank siphoned to BAHKJ
- * No turbine on JFJJ (slave tank)
- * LLe sensor for newer tank.

If tanks are manifolded, which tanks: JFJJ & BAHKJ

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: Albert Gill Date: 1/27/2010
 Class C Operator Yes No Cardlock Christian Torres 3/15/2024

V. Financial Responsibility

Compliance Yes No

Type of coverage: Insurance Begin Date: 3/19/2024 End Date: 3/19/2025
 Coverage amount correct: \$7000000 Number of tanks covered: 5
 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: 11/14/2024 11/13/2023 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: 11/14/2024 11/13/2023 Last three tests available? Yes No

Number of lines tested: 5 12/15/2022 Number of LD tested: 5

Leak detector manufacturer make and model: vaporless 99 LD-2000

Tank gauge manufacturer make and model: veeder root TLS 350

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: 11/14/2024 11/16/2021 Last two tests available? Yes No

Date of last sensor testing: 11/14/2024 11/13/2023 12/5/2022 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

Tank 2 unleaded

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 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

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

Inspector: _____

Date: _____

Time: _____

Facility: 1511

VIII. Spill Prevention

Compliance

Yes No

Date(s) of testing: June 2025

~~12/5/2022~~

Number of spill buckets tested? 5

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: 11/14/2024

11/16/2021

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: Albert Gill

email: A.Gill@hnsenergygroup.com

- * Alarm LS
- * T4 clear gas non ethanol
- * T2 periodic test fail alarm ~~alarm~~
water from the recent storm in sump.

Violations

T2 alarm - water in sump.
LS alarm

Recommendation:

- ✓ get covers for the sumps - mats.
- * Print liquid sensor status too vs just checking a test.

Compliance Determination:

No Violations Observed

Observed violations resulting in enforcement

Inspector Signature:

Ingrid Mayberry

Date:

12/19/2024



This section for DEQ use only

State of Oregon
Department of
Environmental
Quality

Department of Environmental Quality
Underground Storage Tank Program

Field Citation
For UST Violations

| DEQ Information | | UST Facility Information | |
|------------------|---|--------------------------|---|
| Inspection Date: | 12/19/2024 | Facility ID#: | 1511 |
| Inspector: | Ingrid GAFFNEY | Facility Name: | HASCO STATIONS, LLC #8051 |
| DEQ Office: | 700 NE Multnomah St. #600 Portland, Oregon 97232 | Facility Address: | 36453 HWY 101 N, NEHALEM, Oregon 97131 |
| Phone #: | 503-229-5048 | County: | Tillamook |

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

| | | | | |
|--|--|--|-------------------------------|--|
| Field Citation Issued: | <input type="checkbox"/> In Person | <input checked="" type="checkbox"/> By Email | <input type="checkbox"/> Both | Date Issued: 01/13/2025 |
| Facility Representative Present During Inspection: | Christian Torres | | | <input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other |
| Name of Permittee or Owner: | HASCO Stations, LLC, HASCO Holdings, LLC | | | |
| Mailing Address: | 2860 N Santiago Blvd , Orange California 92867 | | | |

Field Citation Penalty – See Page 3 for detailed listing of each violation. \$ 450

Check payable to: DEQ Financial Services LBX3615; P.O. Box 3615; Portland OR 97208-3615

Or pay online through your YDO account

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

Owner or Permittee should select Option 1 or Option 2 below and return a signed copy of this for to DEQ by the following date: 02/10/2025

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.

DATE ISSUED: 01/13/2025

PROGRAM ENFORCEMENT No.: 2025-FC-9753

FACILITY ID: 1511

Page 3 of 3

Violation #1: Failure to operate or maintain a method or combination of methods for release detection such that the method can detect a release from any portion of the UST system.
***TCR:**

Corrective Action: (1) Operate, maintain or modify the unleaded sump and tank 2 L5 sensor equipment within 30 days. Ensure the sump is liquid tight. Installation/Modification Checklist due 30 days after completion or work

Rule Citation: **OAR 340-150-0400(1)(a)** Penalty Amount: \$ 300 Correct Violation by: 02/10/2025 Date Violation Corrected:

Violation #2: Failure to install, operate, maintain or calibrate RD equipment per manufacturer's instructions, including service checks for operability or running condition (i.e. device has been incorrectly installed, is defective, damaged, or may have been tamp
***TCR:**

Corrective Action: (2) Begin using Release Detection (annular sensor) equipment that is installed, operated, and/or maintained as per manufacturer's specifications within 30 days. Submit Notification and/or Installation /Modification Checklists as required. Maintain Records

Rule Citation: **OAR 340-150-0400(1)(c)** Penalty Amount: \$ 150 Correct Violation by: 02/10/2025 Date Violation Corrected:

Violation #3:
***TCR:**

Corrective Action:

Rule Citation: **OAR** Penalty Amount: \$ Correct Violation by: Date Violation Corrected:

Violation #4:
***TCR:**

Corrective Action:

Rule Citation: **OAR** Penalty Amount: \$ Correct Violation by: Date Violation Corrected:

Violation #5:
***TCR:**

Corrective Action:

Rule Citation: **OAR** Penalty Amount: \$ Correct Violation by: Date Violation Corrected:

Violation #6:
***TCR:**

Corrective Action:

Rule Citation: **OAR** Penalty Amount: \$ Correct Violation by: Date Violation Corrected:

Total Penalty Amount 450
 (This Page): \$

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

RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE: 02/10/2025

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



* * * * * END * * * * *

#1511

ALARM HISTORY REPORT

----- SENSOR ALARM -----
LEVEL UNL PIPING SUMP
PIPING SUMP
FUEL ALARM

11-19-24 9:56 AM

FUEL ALARM

11-19-24 9:50 AM

FUEL ALARM

01-18-24 6:11 PM

* * * * * END * * * * *



WARNING
NO FILL
AVERTISSEMENT
AUCUN REMPLISSAGE

WARNING
NO FILL
AVERTISSEMENT
AUCUN REMPLISSAGE

OPEN
Morrison Valve Co.
1110 6211

T 1:LNLEADD
PROBE SERIAL NUM 522260

TEST STARTING TIME:
JAN 5. 2020 11:30 PM

LEAK TEST RESULTS
GROSS TEST PASS

* * * * * END * * * * *

BAYSIDE GARDENS
SHELL AND GROCERY
36455 HWY 101 N
NEHALEM OR 97131

JAN 15. 2025 4:04 PM

LEAK TEST REPORT

T 2:LNLEADED
PROBE SERIAL NUM 945598

TEST STARTING TIME:
JAN 5. 2020 11:30 PM

LEAK TEST RESULTS
GROSS TEST PASS

* * * * * END * * * * *

BAYSIDE GARDENS
SHELL AND GROCERY
36453 HWY 101 N
NEHALEM OR 97131

JAN 15. 2025 6:45 PM

LIQJID STATUS

JAN 15. 2025 5:45 PM

L 1:REG SUMP
SENSOR NORMAL

L 2:REG SUMP
SENSOR NORMAL

L 3:PREM SUMP
SENSOR NORMAL

L 4:DL SUMP
SENSOR NORMAL

L 5:DSL SUMP
SENSOR NORMAL

L 6:CLS ANN
SENSOR NORMAL

L 9:DISP 1-2
SENSOR NORMAL

L10:DISP 3-4
SENSOR NORMAL

L11:DISP 5-6
SENSOR NORMAL

BAYSIDE GARDENS
SHELL AND GROCERY
36453 HWY 101 N
NEHALEM OR 97131

JAN 15, 2025 8:00 AM

CSLD TEST RESULTS

JAN 15, 2025 8:00 AM

I 1: UNLEADED
PROBE SERIAL NUM 522260

0.2 GAL/HR TEST
PER: JAN 15, 2025 PASS

I 2: UNLEADED
PROBE SERIAL NUM 945598

0.2 GAL/HR TEST
PER: JAN 15, 2025 PASS

I 3: SUPER
PROBE SERIAL NUM 144414

0.2 GAL/HR TEST
PER: JAN 15, 2025 PASS

I 4: CLEAR GAS
PROBE SERIAL NUM 153384

0.2 GAL/HR TEST
PER: JAN 15, 2025 PASS

I 5: DIESEL
PROBE SERIAL NUM 948543

0.2 GAL/HR TEST
PER: JAN 15, 2025 PASS

#1511

ALARM HISTORY REPORT

---- IN-TANK ALARM ----

D 2: UNLEADED

HIGH WATER ALARM

NOV 14, 2024 9:51 AM

OVERFILL ALARM

DEC 11, 2024 9:36 AM

NOV 22, 2024 11:50 AM

OCT 11, 2024 8:12 AM

LOW PRODUCT ALARM

AUG 21, 2024 10:42 AM

AUG 13, 2024 10:39 AM

FEB 19, 2024 12:26 PM

HIGH PRODUCT ALARM

NOV 14, 2024 9:48 AM

MAY 3, 2024 7:08 AM

NOV 13, 2023 2:08 PM

PROBE OUT

DEC 6, 2024 10:19 AM

NOV 13, 2023 2:07 PM

HIGH WATER WARNING

NOV 14, 2024 9:51 AM

DELIVERY NEEDED

AUG 21, 2024 9:54 AM

AUG 14, 2024 3:20 PM

AUG 13, 2024 9:53 AM

MAX PRODUCT ALARM

NOV 14, 2024 9:48 AM

NOV 13, 2023 2:08 PM

PERIODIC TEST FAIL

DEC 11, 2024 3:53 AM

NOV 20, 2024 7:00 AM

NOV 15, 2024 8:00 AM

Penalty

▶ 2025-FC-9753

ⓘ UST - Field Citation

\$ 450.00

1 Results

➕ Add Penalty

➡ Send to FIMS

Payment

▼ Credit Card

📅 2/10/2025

📅 2/10/2025

ⓘ DEQEDM000047962

\$ 450.00

Type

Amount

Credit Card

450

E-Payment Confirmation#

E-Payment Settle Date

DEQEDM000047962

02/10/2025

Ref#

Payment Date

02/10/2025

Comments

Text input area for comments with a remaining length indicator of 4000.

Site Info

HASCO STATIONS, LLC #8051



📍 36453 HWY 101 N, NEHALEM, OR 97131

ⓘ 56944 ✓

ⓘ 266650

ⓘ dbo.Incident.Lust(d=46503 UST (1511)

📁 Stationary

Contact Info

- Icons for email, document, and phone contact options.