



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

January 16, 2025

Woodburn Fast Serv, Inc.
Attn: Robert J. Barman
111 SE 3rd Ave Ste F
Hillsboro, OR 97123-4036

RE: UST Compliance Inspection
DEQ UST# 12484 – 993 Lawson Ave

Dear Woodburn Fast Serv, 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 February 26, 2025, starting at approximately 8:30 am at the DEQ UST #s listed below.

February 26th at 8:30 am:

- DEQ UST# 12484 – 993 Lawson Ave, Woodburn, 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 or open sump lids. Please be prepared 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.

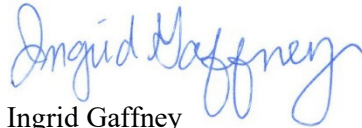
DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overfill protection device, these will need to be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

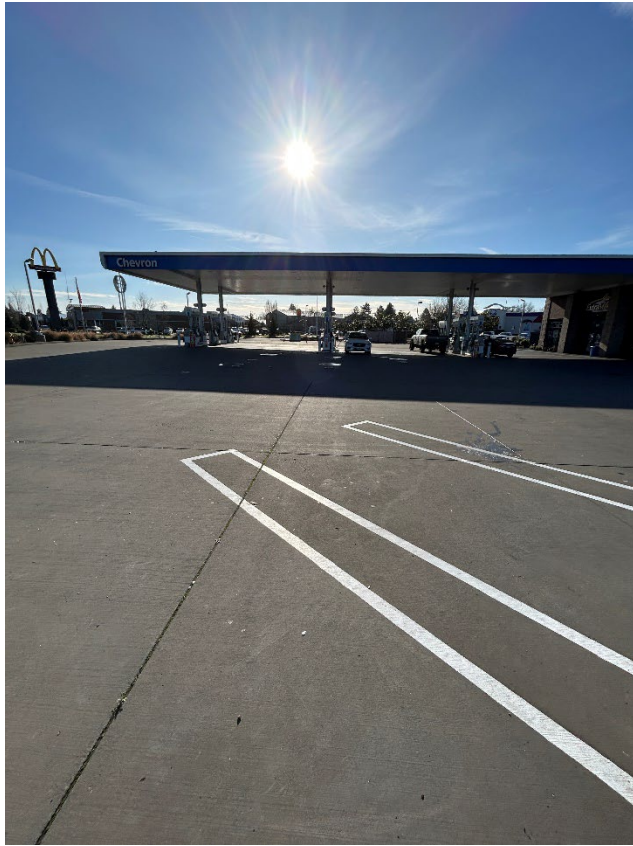
Some enforcement situations including repeat violations will go through a longer and more formal process including civil penalties.

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.

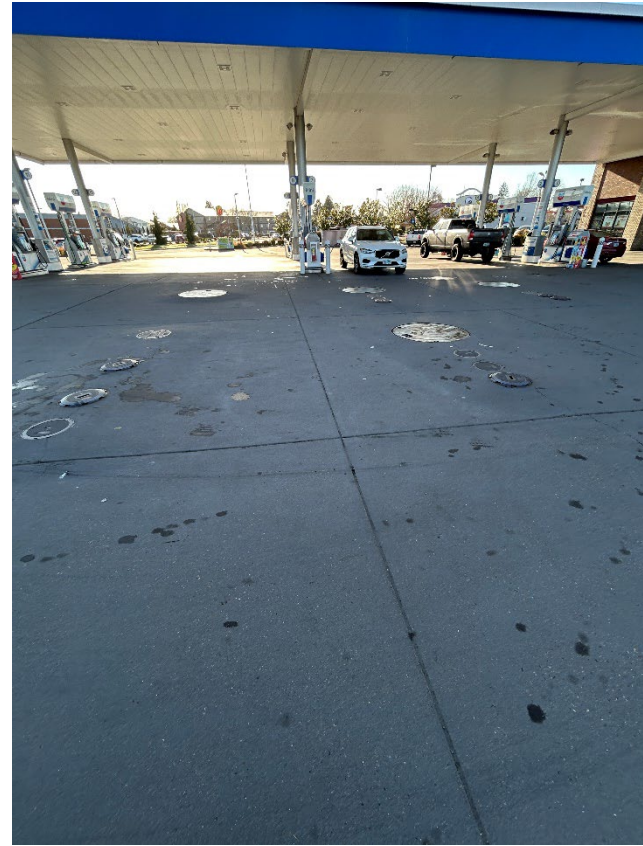
Sincerely,



Ingrid Gaffney
UST Compliance Specialist



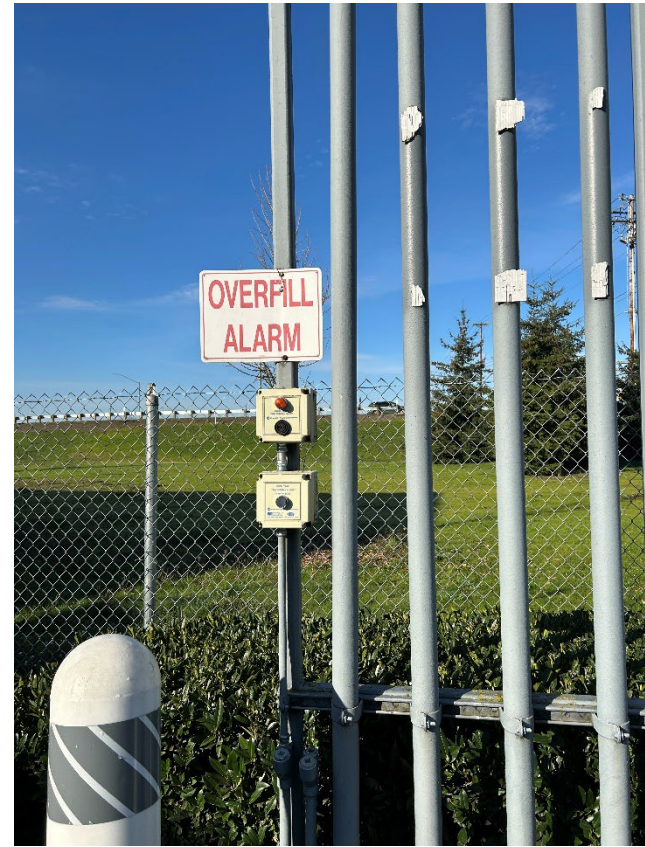
1: 993 Lawson Ave, Woodburn, OR 97071



2: Tank nest looking east



3: Pressure vents



4: Overfill alarm



5: Dispenser #1



6: UDC #1



7: Dispenser #3



8: UDC #3



9: Dispenser #5



10: UDC #5



11: Dispenser #7



12: UDC #7



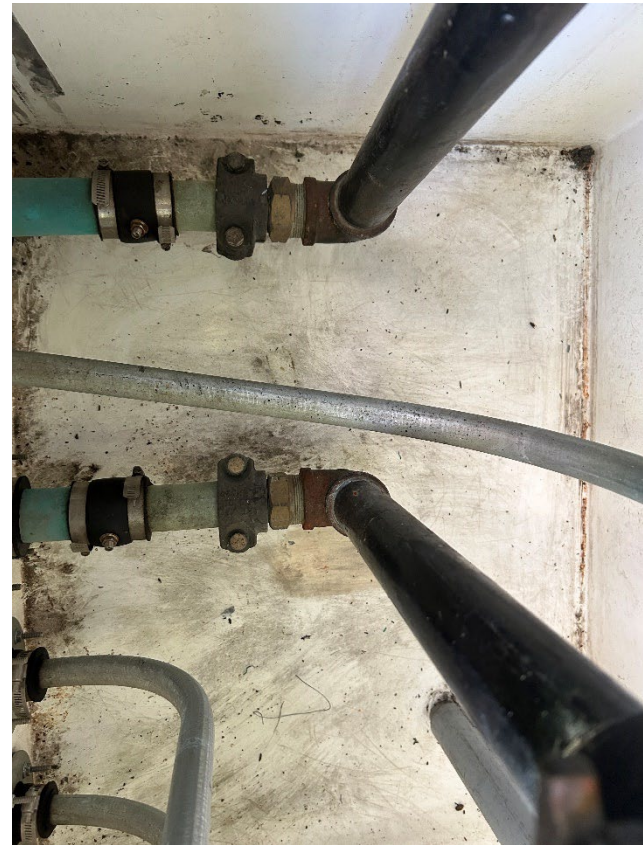
13: Dispenser #9



14: UDC #9



15: Dispenser #15



16: UDC #15



17: Dispenser #13



18: UDC #13



19: Dispenser #11



20: UDC #11



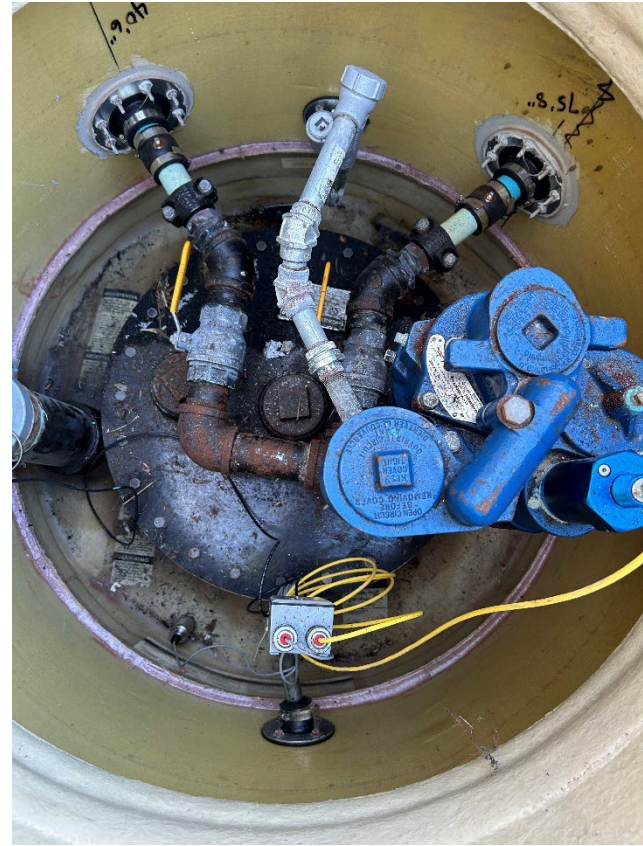
21: Premium Fill



22: Premium vapor return



23: Premium ATG probe



24: Premium sump



25: Diesel #2 Fill



26: Diesel #2 sump



27: Biodiesel fill



28: Biodiesel sump



29: Bio diesel probe



30: Regular fill



31: Regular vapor return



32: Regular sump

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

Inspector: Ingrid Gaffney

Date: 2/26/2025

Time: 8:30 AM

Facility: 12484

I. Site Information

Facility Name: <u>Chevron Woodburn Fast Serv</u>	Permittee: <u>Woodburn East serv.</u>	Contact: <u>Robert J. Barman</u>
Site Address: <u>993 Lawson Ave</u>	Organization: <u>same</u>	Phone: <u>Danny Draper</u>
City: <u>Woodburn, OR 97071</u>	Phone: <u>---</u>	<u>503-693-0462</u>
<u>523-407-3864</u>		

II. Tank Information

DEQ Permit #	BHKGE	BHKGF	BHKGG	BHKGH
Estimated Gallons	<u>20000</u>	<u>10,000</u>	<u>10,000</u>	<u>12,000</u>
Substance	<u>Gasoline</u>	<u>Diesel</u>	<u>Diesel</u>	<u>Gasoline</u>
Tank Material	<u>DW Fiberglass</u>	<u>---</u>	<u>---</u>	<u>---</u>
Tank Install Date	<u>5/11/2015</u>	<u>5/11/2015</u>	<u>5/11/2015</u>	<u>5/11/2015</u>
Pipe Material	<u>APT DW</u>	<u>APT DW</u>	<u>APT DW</u>	<u>APT DW</u>
Pipe Type	<u>pressure</u>	<u>pressure</u>	<u>pressure</u>	<u>pressure</u>
Pipe Install Date	<u>5/11/2015</u>	<u>5/11/2015</u>	<u>5/11/2015</u>	<u>5/11/2015</u>
Overfill Device	<u>Alarm</u>	<u>Alarm</u>	<u>Alarm</u>	<u>Alarm</u>

Notes and Comments from the UST database:

Check file before conducting inspection

If tanks are manifolded, which tanks: yes

Compliance Yes No

III. Operating Certificate

Current Accurate Posted for delivery drive to observe

Compliance Yes No

IV. Operator Training

Class A/B Operator Yes No Name: Tom Veal Date: 11/13/2014

Class C Operator Yes No Cardlock

Compliance Yes No

V. Financial Responsibility

Type of coverage: insurance Begin Date: 11/9/2024 End Date: 11/9/2025

Coverage amount correct: \$1,000,000 Number of tanks covered: 3

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

Compliance Yes No

VI. Walkthrough Requirements

Spill prevention and release detection equipment checked monthly? Yes No

Tank top sumps checked annually? Yes No

12484

VII. Release Detection

Compliance

Yes No

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

Date of last testing: 9/17/2024

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: 9/18/2024

9/21/2023

9/24/2022

9/19/2023

Last three tests available? Yes No

Number of lines tested: 4

9/20/2022

Number of LD tested: 4

Leak detector manufacturer make and model: LS500

Tank gauge manufacturer make and model: INCON EVO TS550

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: NONE

Last two tests available? Yes No

Date of last sensor testing: 9/17/2024

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 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

SCALD is Vol Qual set to 14% (or 99% confidence)
 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 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 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
T5:	<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

Inspector: _____

Date: _____

Time: _____

Facility: 12484

VIII. Spill Prevention

Compliance

Yes No

Date(s) of testing: 9/17/2024 10/6/2021

Number of spill buckets tested? 4

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: 9/17/2024 10/6/2021

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

Representative onsite: Tom Veal email: _____

Ryan Olson

→ sump and UDC testing.

* email: ^{Tom →} ~~te~~6061@gmail.com
 Danny → draper99@hotmail.com
 Ryan → t.ryanolson@gmail.com

Violation

① Missed UDC and sump-spill prevention testing. performed spill buckets.

Compliance Determination: No Violations Observed Observed violations resulting in enforcement

Inspector Signature: Ingrid Daffney Date: 2/28/2025



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:	02/26/2025	Facility ID#:	12484
Inspector:	Ingrid GAFFNEY	Facility Name:	CHEVRON (WOODBURN FAST SERV, INC.)
DEQ Office:	700 NE Multnomah St Ste 600	Facility Address:	993 LAWSON AVE, WOODBURN, Oregon 97071
Phone #:	503-229-5048	County:	Marion

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: 03/03/2025
Facility Representative Present During Inspection:	Ryan Olson			<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	Woodburn Fast Serv, Inc.			
Mailing Address:	111 SE 3rd Ave Ste F , Hillsboro Oregon 97123			

Field Citation Penalty – See Page 3 for detailed listing of each violation. \$ 500

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:

04/03/2025

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: 02/28/2025

PROGRAM ENFORCEMENT No.: 2025-FC-9783

FACILITY ID: 12484

Page 3 of 3

Violation #1: **Failure to complete initial overfill, spill prevention or sump testing requirements by October 1, 2020**
***TCR:**

Corrective Action: Complete hydrostatic or vacuum testing of the sumps and UDCs at the site.

Rule Citation: **OAR 340-150-0310(10)** Penalty Amount: \$ 500 Correct Violation by: 04/03/2025 Date Violation Corrected:

Violation #2:
***TCR:**

Corrective Action:

Rule Citation: **OAR** Penalty Amount: \$ Correct Violation by: 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	500
(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: 04/03/2025**

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

To test alarm

Drop down
Go to utilities
Go to tools
Press test relays
Enter "admin"
Then press overfill alarm to test

If pressure loss occurs

- #1 Press the screen
- #2 Press the drop down arrow on top
- #3 Press "Lines"
- #4 Press the tank that is not working
- #5 Press "Control"
- #6 Type in "admin" and enter ↵

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Chevron 98992		Date of Testing: 2025-03-25	
Facility Address: 993 Lawson Ave		Woodburn, OR 97101	
Facility Contact: Tom	Phone	<input type="checkbox"/> Initial	<input type="checkbox"/> Repair Test
Date Local Agency Was Notified of Testing:		<input type="checkbox"/> 6 Month	<input type="checkbox"/> Other
Name of Local Agency Inspector (if present during testing):		<input checked="" type="checkbox"/> Triennial	

2. TESTING CONTRACTOR INFORMATION

Company Name: SME Solutions, LLC			
Technician Conducting Test: Dylan Petersen		Dylanp@sme-solutions.com	
Credentials: <input type="checkbox"/> CSLB Licensed Contractor		<input type="checkbox"/> SWRCB Licensed Tank Tester	<input checked="" type="checkbox"/> ICC UST Service Technician
License Type: U3		License Number: 10330447	
Manufacturer Training			
Manufacturer	Component(s)	Date Training Expires	

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
RUL STP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREM STP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL 1 STP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL 2 STP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 1-4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 5-8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 9-12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 13-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Customer self-disposed Oil/Water separator.

For any equipment capable of generating a print out of test results, you must attach a copy of the test report to this certification System printout attached.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature:

Date: 2025-03-25

4. TANK ANNULAR TESTING

Test Method Developed By:	<input type="checkbox"/> Tank Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (<i>Specify</i>)		
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (<i>Specify</i>)		
Test Equipment Used:	Equipment Resolution:		
	Tank #	Tank #	Tank #
Is Tank Exempt From Testing? ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity:			
Tank Material:			
Tank Manufacturer:			
Product Stored:			
Wait time between applying pressure/vacuum/water and starting test:			
Test Start Time:			
Initial Reading (R _I):			
Test End Time:			
Final Reading (R _F):			
Test Duration:			
Change in Reading (R _F -R _I):			
Pass/Fail Threshold or Criteria:			
Test Result:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<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
Was sensor properly replaced and verified functional after testing?	<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

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

¹ Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (<i>Specify</i>)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (<i>Specify</i>)			
Test Equipment Used:	Equipment Resolution:			
	Piping Run #	Piping Run #	Piping Run #	Piping Run #
Piping Material:				
Piping Manufacturer:				
Piping Diameter:				
Length of Piping Run:				
Product Stored:				
Method and location of piping-run isolation:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R _I):				
Test End Time:				
Final Reading (R _F):				
Test Duration:				
Change in Reading (R _F -R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	<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

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

6. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer		<input checked="" type="checkbox"/> Industry Standard		<input type="checkbox"/> Professional Engineer			
	<input type="checkbox"/> Other (<i>Specify</i>)							
Test Method Used:	<input type="checkbox"/> Pressure		<input type="checkbox"/> Vacuum		<input checked="" type="checkbox"/> Hydrostatic			
	<input type="checkbox"/> Other (<i>Specify</i>)							
Test Equipment Used: Water					Equipment Resolution:	Inches		
	Sump # 1 (Reg)		Sump # 2 (Prem)		Sump # 3 (Diesel)		Sump # 4 (Diesel)	
Sump Diameter:	32		32		32		32	
Sump Depth:	51		48		48		48	
Sump Material:	Fibreglass		Fibreglass		Fibreglass		Fibreglass	
Height from Tank Top to Top of Highest Piping Penetration:	19		20		17		22	
Height from Tank Top to Lowest Electrical Penetration:	17		14		17		16	
Condition of sump prior to testing:	Clean		Clean		Clean		Clean	
Portion of Sump Tested ¹	4" Highest Penetration		4" Highest Penetration		4" Highest Penetration		4" Highest Penetration	
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Turbine shutdown response time	N/A		N/A		N/A		N/A	
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Wait time between applying pressure/vacuum/water and starting test:	15Min		15Min		15Min		15Min	
Test Start Time:	9:30	9:30	10:15	10:15	11:30	11:30	12:30	12:30
Initial Reading (R _I):	23 <small>Inches</small>	23 <small>Inches</small>	24 <small>Inches</small>	24 <small>Inches</small>	21 <small>Inches</small>	21 <small>Inches</small>	26 <small>Inches</small>	26 <small>Inches</small>
Test End Time:	10:30	10:30	11:15	11:15	12:30	12:30	13:30	13:30
Final Reading (R _F):	23 <small>Inches</small>	23 <small>Inches</small>	24 <small>Inches</small>	24 <small>Inches</small>	21 <small>Inches</small>	21 <small>Inches</small>	26 <small>Inches</small>	26 <small>Inches</small>
Test Duration:	1	1	1	1	1	1	1	1
Change in Reading (R _F -R _I):	0	0	0	0	0	0	0	0
Pass/Fail Threshold or Criteria:	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Was sensor removed for testing?	<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 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	
Was sensor properly replaced and verified functional after testing?	<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 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	

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

7.

UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer		<input checked="" type="checkbox"/> Industry Standard		<input type="checkbox"/> Professional Engineer			
	<input type="checkbox"/> Other (<i>Specify</i>)							
Test Method Used:	<input type="checkbox"/> Pressure		<input type="checkbox"/> Vacuum		<input checked="" type="checkbox"/> Hydrostatic			
	<input type="checkbox"/> Other (<i>Specify</i>)							
Test Equipment Used: Water					Equipment Resolution:	Inches		
	UDC # 1-4		UDC # 5-8		UDC # 9-12		UDC # 13-16	
UDC Manufacturer:	Unknown		Unknown		Unknown		Unknown	
UDC Material:	OPW		OPW		OPW		OPW	
UDC Depth:	29		29		29		29	
Height from UDC Bottom to Top of Highest Piping Penetration:	12		8		12		10	
Height from UDC Bottom to Lowest Electrical Penetration:	9		11		9		9	
Condition of UDC prior to testing:	Clean		Clean		Clean		Clean	
Portion of UDC Tested ¹	4" Above highest penetration		4" Above highest penetration		4" Above highest penetration		4" Above highest penetration	
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	No		No		No		No	
Turbine shutdown response time	NA		NA		NA		NA	
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Wait time between applying pressure/vacuum/water and starting test	15Min		15Min		15Min		15Min	
Test Start Time:	13:30	13:30	13:30	13:30	13:30	13:30	14:00	14:00
Initial Reading (R _I):	16 Inches	16 Inches	12 Inches	12 Inches	16 Inches	16 Inches	14 Inches	14 Inches
Test End Time:	14:30	14:30	14:30	14:30	14:30	14:30	15:00	15:00
Final Reading (R _F):	16 Inches	16 Inches	12 Inches	12 Inches	16 Inches	16 Inches	14 Inches	14 Inches
Test Duration:	1	1	1	1	1	1	1	1
Change in Reading (R _F -R _I):	0	0	0	0	0	0	0	0
Pass/Fail Threshold or Criteria:	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Was sensor removed for testing?	<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 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	
Was sensor properly replaced and verified functional after testing?	<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 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	

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

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps <input type="checkbox"/>				
Fill Riser Containment Sumps are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Sump Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (<i>Specify</i>)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (<i>Specify</i>)				
Test Equipment Used:			Equipment Resolution:	
	Fill Sump #	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:				
Sump Depth:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:				
Portion of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R _I):				
Test End Time:				
Final Reading (R _F):				
Test Duration:				
Change in Reading (R _F -R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	<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
Is there a sensor in the sump?	<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
Does the sensor alarm when either product or water is detected?	<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
Was sensor removed for testing?	<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
Was sensor properly replaced and verified functional after testing?	<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

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

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes <input type="checkbox"/>				
Spill/Overfill Containment Boxes are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Spill Bucket Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (<i>Specify</i>)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (<i>Specify</i>)				
Test Equipment Used:			Equipment Resolution:	
	Spill Box #	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:				
Bucket Depth:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R _I):				
Test End Time:				
Final Reading (R _F):				
Test Duration:				
Change in Reading (R _F -R _I):				
Pass/Fail Threshold or Criteria:				
Test Result:	<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

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



Program Enforcement No. 2025-FC-9783

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

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	02/26/2025	Facility ID#:	12484
Inspector:	Ingrid GAFFNEY	Facility Name:	CHEVRON (WOODBURN FAST SERV, INC.)
DEQ Office:	700 NE Multnomah St Ste 600	Facility Address:	993 LAWSON AVE, WOODBURN, Oregon 97071
Phone #:	503-229-5048	County:	Marion

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: 03/03/2025
Facility Representative Present During Inspection:	Ryan Olson			<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	Woodburn Fast Serv, Inc.			
Mailing Address:	111 SE 3rd Ave Ste F , Hillsboro Oregon 97123			

Field Citation Penalty - See Page 3 for detailed listing of each violation. \$ 500

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:

04/03/2025

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:	<i>Danny Draper</i>	Owner / Permittee
Signature:	<i>[Signature]</i>	Date: <i>3/28/2025</i>

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.

From: [Danny Draper](#)
To: [UST Duty Officer * DEQ](#); [GAFFNEY Ingrid * DEQ](#); [Bob Barman](#); [Ryan Olson](#)
Subject: Re: Field citation 993 Lawson ave Woodburn
Date: Friday, March 28, 2025 3:23:25 PM
Attachments: [image001.png](#)

Emily,

Thank you

Danny

From: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Sent: Friday, March 28, 2025 2:03 PM
To: Danny Draper <draper99@hotmail.com>; UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>; Bob Barman <bobbarmanaz717@gmail.com>; Ryan Olson <t.ryanolson@gmail.com>
Subject: RE: Field citation 993 Lawson ave Woodburn

Thank you for sending the requested documents – they all look great.

The UST inspection for **facility 12484 Chevron Woodburn located at 993 LAWSON AVE, WOODBURN, Oregon 97071** is **officially CLOSED and COMPLETE.**

Thank you for the communication throughout this process and keeping your facility in compliance with Oregon rules and regulations.



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: Danny Draper <draper99@hotmail.com>
Sent: Friday, March 28, 2025 11:35 AM
To: UST Duty Officer * DEQ <ust.dutyofficer@deq.oregon.gov>; GAFFNEY Ingrid * DEQ <ingrid.gaffney@deq.oregon.gov>; Bob Barman <bobbarmanaz717@gmail.com>; Ryan Olson <t.ryanolson@gmail.com>
Subject: Field citation 993 Lawson ave Woodburn

Good Morning Ingrid and Support Staff,

Please find the attached Signed Citation for 993 Lawson Ave Woodburn OR 97071, as well as the rest results from SME produced on 3/25/2025.

I have also attached the Written instructions (posted on our bulletin board above our tank monitor) on sounding the alarm through the Franklin Evos 550.

This should complete our requirements for DEQ purposes.

I would appreciate if you would confirm receipt of this communication and that we are signed off,

Thank you ,

Danny Draper

General manager

Woodburn Fast Serv Inc

Fee \$ 500.00 - Paid \$ 500.00 = Due \$ 0.00

Penalty

2025-FC-9783 \$ 500.00
UST - Field Citation

1 Results

Add Penalty Send to FIMS

Payment

ePayment (ACH) \$ 500.00
3/4/2025
3/5/2025
DEQEDM000049230

Type	Amount
ePayment (ACH)	500
E-Payment Confirmation#	E-Payment Settle Date
DEQEDM000049230	03/05/2025
Ref#	Payment Date
	03/04/2025

Comments
(Remaining Length: 4000)

1 Results

Site Info

CHEVRON (WOODBURN FAST SERV, INC.)



993 LAWSON AVE, WOODBURN, OR 97071
85447 ✓
294446
CEM_FacilityIdentifier=135831 UST (12484)
Stationary

Contact Info

Contact information icons: person, mail, phone

Inspection Info

7960 Completed
UST
Full Compliance Inspection (FCI) TCR only