

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

Inspector:

Date:

Time:

Facility:

I. Site Information					
Facility Name:		Permittee:		Contact:	
Site Address:		Phone:		Phone:	
City:		Organization:			
II. Tank Information					
DEQ Permit #					
Estimated Gallons					
Tank Install Date					
Substance					
Tank Material					
Pipe Material					
Pipe Type					
Pipe Install Date					
Overfill Device					
Notes and Comments for UST database: <input type="checkbox"/> Check file before conducting inspection <input type="checkbox"/> Tanks manifolded? Which One?					
III. Operating Certificate			Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Current <input type="checkbox"/> Accurate <input type="checkbox"/> Posted					
IV. Operator Training			Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Class A/B Operator: _____ Date: _____ Class C Operator: <input type="checkbox"/> Yes <input type="checkbox"/> No					
V. Financial Responsibility			Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Coverage: _____ Begin Date: _____ End Date: _____ Coverage Amount: _____ Number of tanks coverage: _____ <small>Financial responsibility could also be in the form of self-insurance, bonds, local government, trust fund, and/or guarantee.</small>					
VI. Walkthrough Requirements			Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spill prevention and release detection equipment checked annually?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tank top sumps checked annually?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

VII. Release Detection	Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A) Annual Release Detection Operability Testing (Tank Gauge Certification)			
Date of last testing: _____	Last three tests available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Piping Release Detection (Check all that apply)			
<input type="checkbox"/> <u>Pressurized Piping</u>			
<input type="checkbox"/> Mechanical Leak Detector (MLLD)	<input type="checkbox"/> Electronic Leak Detector (ELLD) - <i>check for swiftcheck requirement</i>		
Date of last testing: _____	Last three tests available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of lines tested: _____	Number of Leak Detectors tested: _____		
Leak Detector manufacturer make and model: _____			
Tank Gauge manufacturer make and model: _____			
MLLD on turbine manifold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MLLD product appropriate? (Example, diesel Red Jacket FX series on diesel system?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If ELLD and no line testing: Annual 0.1 gph results from tank gauge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<input type="checkbox"/> <u>Interstitial Monitoring</u>			
<input type="checkbox"/> N/a			
[Monthly records must include, date system was checked, observations made, initials of person checking. Electronic records must include power status (on or off), alarm indication status (yes or no) and sensor malfunction notes (yes or no).]			
Date of last sump testing: _____	Last three tests available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of last sensor testing: _____	Last three tests available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Float sensor installed correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Interstitial space opened to sump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Presence of water in sumps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<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			

<input type="checkbox"/> <u>Safe Suction</u>			
<input type="checkbox"/> N/a			
Check valve directly below suction pump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C) Monthly Release Detection (Check all that apply)			
<input type="checkbox"/> Tank Gauge			
<input type="checkbox"/> CLSD <input type="checkbox"/> SCLAD <input type="checkbox"/> Static			
Correct tank size programmed at tank gauge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tank diameter/length seem appropriate size?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tanks manifolded? Gauge set correctly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<input type="checkbox"/> 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).]			
<input type="checkbox"/> 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

Tank1: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Tank2: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Tank3: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Tank4: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Tank5: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

VII. Spill Prevention

Compliance ☐ Yes ☐ No

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

Did the spill buckets pass most recent testing? ☐ Yes ☐ No If no, was it replaced/repared? ☐ Yes ☐ No

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

☐ Hydrostatic testing (test takes one hour to complete)

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

IX. Overfill Prevention

Compliance ☐ Yes ☐ No

Date(s) of last testing: _____

Overfill device pass most recent testing? ☐ Yes ☐ No If no, was it replaced/repared? ☐ Yes ☐ No

Overfill method 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

Sounds 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 ☐ N/a ☐ 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 last cathodic testing: _____ Last two tests available? ☐ Yes ☐ No

Pass most recent testing? ☐ Yes ☐ No If no, was it replaced/repared? ☐ Yes ☐ No

Date of repair _____ Date of retesting _____

Impressed current system

Rectifier Operational ☐ Yes ☐ No

Rectifier log maintained ☐ Yes ☐ No

Rectifier been operating continuously ☐ Yes ☐ No

Tank Lining

Date of last testing ☐ Yes ☐ No

Pressure test conducted ☐ Yes ☐ No

XI. General notes from inspection

Representative onsite: _____ Email: _____

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

Inspector Signature: _____ Date: _____



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
Page 1 INSPECTION PHOTOLOG

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

Inspector: Diamond Olson Date: 03/05/2025 Time: 1:00pm Facility: 8140

Site Information		Permittee		Contact: Andrew Martin	
Facility Name: Jackson Food Stores #551		Permittee:		Phone:	
Site Address: 8502 Franklin Blvd.		Phone:		Phone:	
City/Town:		Organization:			
II. Tank Information					
DEQ Permit #	APGHG	AFGHU	AFGHU	AFGJK	
Estimated Capacity	10,000	10,000	10,000	10,000	
Tank Install Date	02/01/1989	02/01/1989	02/01/1989	02/01/1989	
Substance	Gasoline	Gasoline	Gasoline	Diesel	
Tank Material	Korxex				
Pipe Material	Fiberglass				
Pipe Type	Pressure				
Pipe Install Date	02/01/1989				
Overfill Device	Automatic Shutoff				
Notes and Comments for UST database: <input type="checkbox"/> Check the following information: <input type="checkbox"/> Tanks numbered "Whisk One?"					
III. Operating Certificate					
Certificate #		Compliance		in Yes in No	
Certificate #		in Accurate		in Posted	
Class A/B Operator		Compliance		in Yes in No	
Class C Operator		in Yes		in No	
IV. Financial Responsibility					
Type of Coverage		Begin Date		End Date	
Coverage amount		Number of tanks covered			
Please note: responsibility could also be in the form of a bond, local government, or a surety guarantee.					
V. Maintenance & Inspection					
Spill prevention and release detection equipment checked annually?		Compliance		in Yes in No	
Tank integrity checked annually?		in Yes		in No	

Level 3 - Restricted

1:

FACILITY NAME: Jacksons Food Stores #551
Inspection DATE: 05March2025



2:



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
Page 1 **INSPECTION PHOTOLOG**

FACILITY NAME: Jacksons Food Stores #551
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Inspection DATE: 05March2025



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FACILITY NAME: Jacksons Food Stores #551
Inspection DATE: 05March2025



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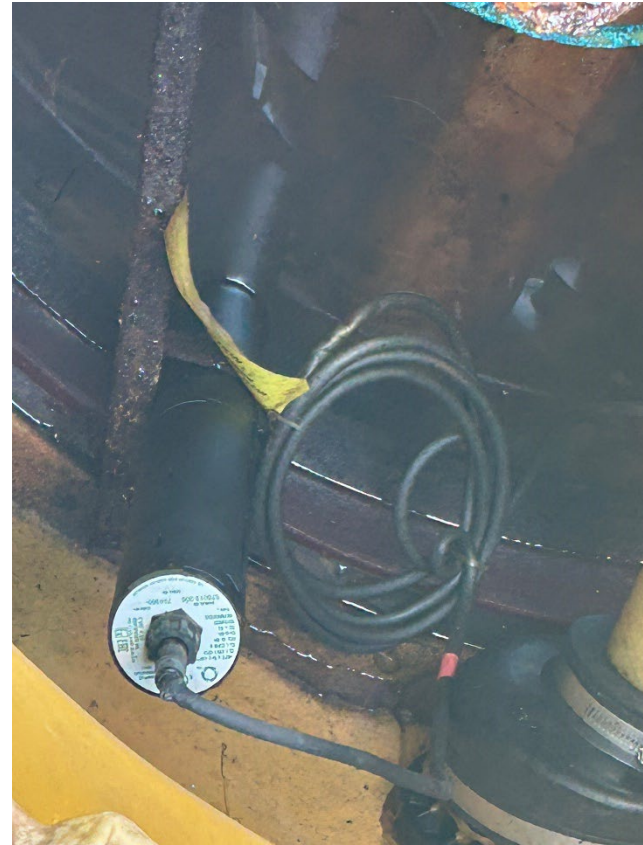
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17:

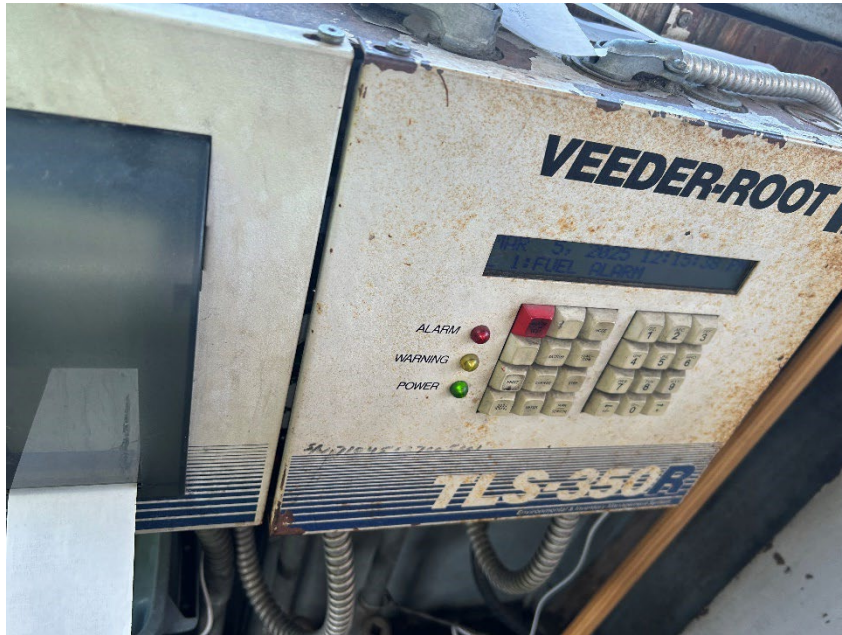


18:



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
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FACILITY NAME: Jacksons Food Stores #551
Inspection DATE: 05March2025



19:



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FACILITY NAME: Jacksons Food Stores #551
Inspection DATE: 05March2025



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Inspection DATE: 05March2025



27:



28:

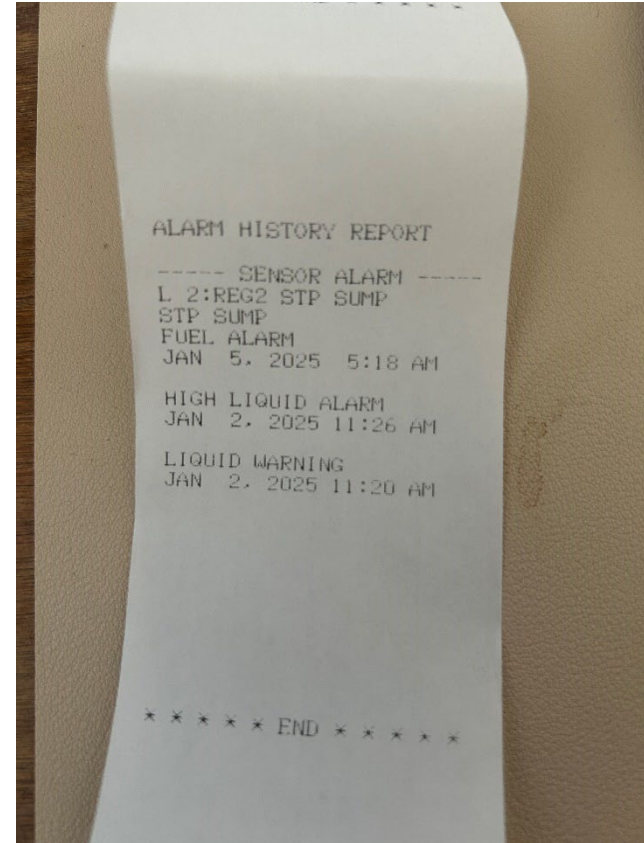


OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
Page 1 INSPECTION PHOTOLOG

FACILITY NAME: Jacksons Food Stores #551
Inspection DATE: 05March2025



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30:



State of Oregon
Department of
Environmental
Quality

Program Enforcement No. 2025-FC-9793

This section for
DEQ use only

Department of Environmental Quality
Underground Storage Tank Program

Field Citation
For UST Violations

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	03/05/2025	Facility ID#:	8140
Inspector:	Diamond Oden	Facility Name:	JACKSONS FOOD STORES #551
DEQ Office:		Facility Address:	86623 FRANKLIN BLVD, EUGENE, Oregon 97405
Phone #:		County:	Lane

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: 03/12/2025
Facility Representative Present During Inspection:	<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other			
Name of Permittee or Owner:	PacWest Energy LLC			
Mailing Address:	3450 E Commercial Ct , Meridian Idaho 83642			
Field Citation Penalty – See Page 3 for detailed listing of each violation.				\$ 300

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:

04/12/2025

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: 03/12/2025

PROGRAM ENFORCEMENT No.: 2025-FC-9793

FACILITY ID: 8140

Page 3 of 3

Violation #1:	Failure to investigate or confirm a suspected release.		
*TCR:			
Corrective Action:	Remove and safely dispose of liquid from sump. Investigate confirmed release in UDC #1 and 2. submit site assessment plan that includes hydrostatic test and source of leak		
Rule Citation: OAR 340-150-0163(1)(f)	Penalty Amount: \$ 300	Correct Violation by: 05/12/2025	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 300		
	(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: 04/12/2025

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

2348

CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD						
Facility Name:	Jacksons 551		Owner:	Pac West		
Address:	86623 Franklin Blvd.		Address:	3450 E Commercial Ct		
City, State, Zip Code:	Eugene OR		City, State, Zip Code:	Meridian, ID 83642		
Facility I.D. #:	8140		Phone #:	208-888-6061		
Testing Company:	4C's ENVIRONMENTAL		Phone #:	503-606-3020	Date: 4-10-25	
This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.						
Containment Sump ID	Dx	Reg 2				
Containment Sump Material	Fiberglass Fiberglass					
Liquid and debris removed from sump?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the containment sump.)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Containment Sump Depth	41 1/2"	39 7/8"				
Height From Bottom to Top of Highest Penetration	23 1/4"	19 1/2"				
Starting Water Level	28 1/2"	29 15/16"				
Test Start Time	12:42	2:30 PM				
Ending Water Level	28 1/2"	29 15/16"				
Test End Time	1:42	3:30				
Test Period (Minimum test time: 1 hour)	1hr	1hr				
Water Level Change	0	0				
Pass/fail criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.						
Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:						

*All liquids and debris must be disposed of properly.

Tester's Name (print) Math Hale Tester's Signature Math Hale

CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD

Facility Name: JFS 551	Owner: Pac West	
Address: 86623 Franklin Blvd	Address: 3450 E Commercial Ct	
City, State, Zip Code: Eugene, OR	City, State, Zip Code: Meridian, ID 83642	
Facility I.D. #: 8140	Phone #: 208-888-6061	
Testing Company: 4C's Environmental Inc.	Phone #: 503-606-3020	Date: 5-8-25

This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.

Containment Sump ID	UDC 1/2					
Containment Sump Material	ST					
Liquid and debris removed from sump?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the containment sump.)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Containment Sump Depth	8-7/8"					
Height From Bottom to Top of Highest Penetration	0"					
Starting Water Level	8-3/4"					
Test Start Time	2:35					
Ending Water Level	8-3/4"					
Test End Time	3:35					
Test Period (Minimum test time: 1 hour)	1hr					
Water Level Change	0"					

Pass/fail criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.

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

*All liquids and debris must be disposed of properly.

Tester's Name (print) Matthew Hale

Tester's Signature



From: [UST Duty Officer * DEQ](#)
To: [Andrew Marvin](#); [UST Duty Officer * DEQ](#)
Cc: [Alvin Feliciano](#)
Subject: RE: [** EXTERNAL **] Inspection Concluded - DEQ Site 8140
Date: Tuesday, May 13, 2025 1:43:00 PM
Attachments: [image002.png](#)
[image004.png](#)
[image003.png](#)

Thank you for sending the hydrostatic tests – they both look great. The corrective actions are now complete.

The UST inspection for UST inspection for **facility 8140 Jackson's 551 located at 86623 FRANKLIN BLVD, EUGENE, Oregon 97405** is officially **COMPLETE and CLOSED.**

Thank you for your communication throughout this process and keeping your UST 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: Andrew Marvin <Andrew.Marvin@jacksons.com>
Sent: Monday, May 12, 2025 6:03 AM
To: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Cc: Alvin Feliciano <alvin.feliciano@jacksons.com>
Subject: RE: [** EXTERNAL **] Inspection Concluded - DEQ Site 8140

Diamond,

Please see attached test results.

Thank you,

Andrew Marvin | **Environmental Manager**
Jacksons Food Stores, Inc.
3450 E. Commercial Ct. | Meridian, ID 83642

T 208.880.8971

jacksons.com



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

Sent: Monday, March 10, 2025 2:31 PM

To: Andrew Marvin <Andrew.Marvin@jacksons.com>; Alvin Feliciano <alvin.feliciano@jacksons.com>

Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; STORE0551 <store0551@jacksons.com>

Subject: [** EXTERNAL **] Inspection Concluded - DEQ Site 8140

Hello,

This email is to serve as the official closing of the inspection conducted on March 5, 2025, for facility 86623 Franklin BLVD E, Eugene, OR 97405.

Based on your response and my observations during the inspection the following violation(s) were found:

- (L2) – Failing to investigate or confirm a suspected release
 - Piping leak into UDC under dispensers one and two observed while one site
 - Approximately 4 inches of fuel were found in the tank sump for tank 2.Additionally, upon further observation, the alarm for this tank has been in Alarm since January 25, 2025.

Corrective Action(s):

- Clean out sump of fuel
- A written plan of action to complete the suspected release investigation system test or site assessment. Any plan of action must include a schedule for completion.
 - Determine source of leak and report to DEQ
 - Hydrostatic testing of sump
 - Confirm/ prove that fuel has no be released into the environment.

Please reply to this email with proof of corrective actions with **60 days** of receipt.

Best,



Diamond Oden

Underground Storage Tank Inspector
Oregon Department of Environmental Quality
700 NE Multnomah St., Suite 600
Portland, OR 97232
Phone: (971) 295.8180

From: [UST Duty Officer * DEQ](#)
To: [UST Duty Officer * DEQ](#); [Andrew Marvin](#); [Alvin Feliciano](#)
Cc: store0551@jacksons.com
Subject: RE: Inspection Concluded - DEQ Site 8140
Date: Wednesday, March 12, 2025 9:58:00 AM
Attachments: [2025-FC-9793 issued to 8140.pdf](#)
[image004.png](#)
[image001.png](#)

Good morning,

Please review the attached field citation. **The deadline for payment of the \$300 penalty is 4/12/25 and completion of the corrective actions is 5/12/25.**

Payment can be made either through **check** or **online** through Your DEQ Online – follow the link below to create an account.

[Department of Environmental Quality : Welcome to Your DEQ Online : Online Services : State of Oregon](#)

[PaymentsforEEOs.pdf](#) – step by step instructions on submitting payments online

Questions about online payments and submittals can be directed to the Help Desk at itservicedesk@deq.oregon.gov or call 503-229-5202

[Your DEQ Online Helpdesk - Jira Service Management](#) –



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: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Sent: Monday, March 10, 2025 1:31 PM
To: [Andrew Marvin](mailto:andrew.marvin@jacksons.com) <andrew.marvin@jacksons.com>; [Alvin Feliciano](mailto:alvin.feliciano@jacksons.com) <alvin.feliciano@jacksons.com>
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; store0551@jacksons.com
Subject: Inspection Concluded - DEQ Site 8140

Hello,

This email is to serve as the official closing of the inspection conducted on March 5, 2025, for facility 86623 Franklin BLVD E, Eugene, OR 97405.

Based on your response and my observations during the inspection the following violation(s) were found:

(L2) – Failing to investigate or confirm a suspected release

- Piping leak into UDC under dispensers one and two observed while one site
- Approximately 4 inches of fuel were found in the tank sump for tank 2.
Additionally, upon further observation, the alarm for this tank has been in Alarm since January 25, 2025.

Corrective Action(s):

- Clean out sump of fuel
- A written plan of action to complete the suspected release investigation system test or site assessment. Any plan of action must include a schedule for completion.
 - Determine source of leak and report to DEQ
 - Hydrostatic testing of sump
 - Confirm/ prove that fuel has no be released into the environment.

Please reply to this email with proof of corrective actions with **60 days** of receipt.

Best,



Diamond Oden

Underground Storage Tank Inspector
Oregon Department of Environmental Quality
700 NE Multnomah St., Suite 600
Portland, OR 97232
Phone: (971) 295.8180

\$ 300.00

\$ 300.00

\$ 0.00

Penalty

▶ 2025-FC-9793

① UST - Field Citation

\$ 300.00

1 Results

⊕ Add Penalty

↔ Send to FIMS

Payment

▼ Check by Mail 0175498

📅 4/15/2025

① 47429

\$ 300.00

Type	Amount
Check by Mail	300
E-Payment Confirmation#	E-Payment Settle Date
	mm/dd/yyyy
Ref#	Payment Date
47429	04/15/2025
Comments	
2025-FC-9793	

(Remaining Length: 3988)

1 Results

Site Info

JACKSONS FOOD STORES #551



86623 FRANKLIN BLVD, EUGENE, OR 97405

① 6263 ✓

① 200741

① CEM_FacilityIdentifier=23515 UST (8140)

Stationary

Contact Info



Inspection Info

7926 Completed