

Department of Environmental Quality Northwest Region

700 NE Multnomah Street, Suite 600 Portland, OR 97232 (503) 229-5263 FAX (503) 229-6945 TTY 711

December 20, 2024

Royal D. Moore II Royal Moore Subaru PO Box 646 Hillsboro, OR 97123-0646

RE: UST Compliance Inspection

DEQ UST #10354 – Royal Moore Subaru 1326 SE Enterprise Circle, Hillsboro OR

Attention Mr. Moore,

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, among others, 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 inspections for these facilities are scheduled for January 16, 2025 starting at approximately 9 am at UST Facility 10354, Royal Moore Subaru. 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.

To complete this inspection, you will need to have compliance testing records available on-site on the day of the inspection or sent to me prior to the inspection at alex.spencer@deq.oregon.gov If the records are not available during the day of the inspection, you will have five (5) business days to provide the records to me electronically. After which time this facility will be subject to enforcement actions.

At a minimum the following records are required to complete this inspection:

- Line and leak detector testing results for the past three years,
- Monthly tank leak detection records (12 months),
- Class A, B, and C training documentation.
- Financial responsibility mechanism.
- Annual tank gauge / release detection equipment certification
- Spill prevention testing records
- Overfill Prevention Equipment testing
- Cathodic protection testing (if applicable)
- Tank lining records (if applicable)
- Monthly walkthroughs

As stated previously, DEQ will not touch any equipment and if you are unable to assist with equipment access, please have your UST Service Provider there to remove manway or sump lids. 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 503-866-2480 or alex.spencer@deq.oregon.gov to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,

Alex Spencer

UST Compliance Specialist

Northwest Region

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

Inspector: Alex Spencer	Date: 1/16/2025	Time: 9:00 AM	Facility: 10354
I. Site Information			
Facility Name: Royal	Moore Nissan Subaru	Permittee: Royal D. Moore	Contact Mike Egger
Site Address: 1326	SE Enterprise Cir	Organization: Royal Moore Suba	uPhone
City: Hillsboro Of	· · · · · · · · · · · · · · · · · · ·		mikee@royalmoore.com
DEQ Permit# B	ACAH (1)		
Estimated Gallons 3	,000		
	soline		
Tank Material	Cathodically ected Steel		
Tank Install Date 3/	30/1983		
Pipe Material Sw	FRP		
Pipe Type Saf	e suction		
Pipe Install Date 3/3	16/1983		
Overfill Device A	utomatic		
Notes and Comments from		□ Check fi	le before conducting inspection
- Lined fan			9
- 2020 CP	testing failure. PCS schedule	ed repair for 1/30/2020	× _e
			, , ,
			s s
20 and			2 2
If tanks are manifolded, whi	ich tanks:		
III. Operating Certificate		Complian	nce : VYes □ No
Z Current	☐ Accurate	Posted for delivery drive to o	bserve
IV. Operator Training		Complia	nce
Class A/B Operator Yes		Mike Easer	Date: 2/24/2022
Class C Operator Yes	□ No □ Cardlock Clint	Mike Egger Edwards 4/15/2	023
V. Financial Responsibility		Complia	
Type of coverage: 🗫 Sur	ance	Begin Date: 10/24/2024	End Date: 10/21/2625
Coverage amount correct:	\$1,000,000	Number of tanks covered:	
Financial responsibility could also	be in the form of self insurance, bonds, local	government, trust fund, and or guarante	ee /
VI. Walkthrough Requirem	ents	Complia	nce ☑Yes □No
Spill prevention and release	e detection equipment checked monti	nly?	☑Yes ☐ No
Tank top sumps checked ar	nnually? Pag	e 1 of 4	✓ Yes □ No

VII. Release Detection				Compliance	□Yes	No
a) Annual Release Detection Operability Testing (Someti	imes refer	red to as T	ank Gaus	ge Certification)	_ 103	2110
Date of last testing:				ee tests available?	□Yes	□No
b) Piping Release Detection (Check all that apply)	6	-010064				-
☐ <u>Pressurized</u> Piping						
	Leak Dete	ector (ELLD)) – check fo	or swiftcheck requirement		
8		1				/
Date of last testing:			Last thre	ee tests available?	□Yes	₩ No
Number of lines tested:			Number	of LD tested:		
Leak detector manufacturer make and model	•					-
Tank gauge manufacturer make and model: _		n .				_
MLLD on turbine manifold?				q	□Yes	□No
MLLD product appropriate? (Example, diesel	Red Jacke	t FX series	on diesel	system?)	□Yes	□No
If ELLD and no line testing: Annual 0.1 gph res					□Yes	□No
☐ <u>Interstitial Monitoring</u>	1840 X					
[Monthly records must include, date system was checked, observat				ng. Electronic records must	include	
power status (on or off), alarm indication status (yes or no) and sen	isor malfund	tion notes (y	res or no).]			
Date of last sump testing:			Last two	o tests available?	□Yes	□No
Date of last sensor testing:			Last thr	ee tests available?	□Yes	□No
Float sensors installed correctly?	∃Yes	□No				
	∃Yes	□No				
	∃Yes	□No				
✓ <u>Safe Suction</u>			r			
	∃Yes	□No				
c) Monthly Tank Release Detection (Check all that apply	y)			If Veeder Root tank gauge lea □ CSLD set at 99%	k detection	
☐Tank Gauge ☐ CSLD ☐ SCALD ☐ Static				☐ Thermal coefficient set co		
Are correct tank sizes programmed at tank gauge?	×	□Yes	□No	(Gasoline 0.00070; Dies If Incon/Franklin tank gauge I		
Tank diameter/length seem appropriate?		□Yes	□No	☐ If SCALD is Vol Qual set to	14% (or 99% co	nfidence)
Are tanks manifolded?	2	□Yes	□No	□ Is API gravity set correctly (Regular 63.5; Plus 62.8	r 3; Super 51.3; Die	esel 32.8)
If so, tank gauge testing setup for manifolded tanks	ţ	□Yes	□No	For all tank gauges doing stat (Static tests require tank to	ic tests	
☐ Interstitial Monitoring [Monthly records must include, date	system was	charked at	ncen/ations	made initials of nerson che	rking	
Electronic records must include power status (on or off), alarm india			•			
☐ SIR Ensure pass or fail results within 30-day period. Incom	nclusive resu	ult means rel	ease detec	tion requirement not met		
				197		
		·				
Tank release detection records available during inspect			_/.	10 10	1	
T1: Dan Deb DMar DApr DMay	☑Jun □Juha	I Jul □ A	☑ Aug	Sep 🗹 Oct	✓ Nov	☑ Dec
T3 Duan Difeb Divian DiApr Diview T4 Dilan Difeb Divian DiApr Diview T5: Dian Offeb Divian DApr Diview	Dun Dun	Juli Co	DAUG Aug Aug	Sep Cipt	□ Mov	Dec Dec

pector: A.Soencer Date: 116/2025 Time:	MA 00:P	Facility:	10359	
. Spill Prevention		Compliance	□Yes	□No
re(s) of testing:	Number o	of spill buckets tested	?	
d spill bucket pass most recent testing? ☐ Yes ☐ No If no, uring inspection, visual damage to spill bucket? ☐ Yes ☐ No	— was spill bucke	t replaced/repaired?	□Yes	□No
Hydrostatic testing (test takes one hour to complete)				
	greater)	Compliance	□Yes	□No
Vacuum test (test takes 1 minute, ending vacuum must be 26 inches water column or greater) (L. Overfill Prevention				
rate(s) of testing:				
Overfill method that was tested:			□Yes	□No
	□Yes	□No		
	□Yes	□No		
	□Yes	□No		
Flapper Valve				
	□Yes	□No		
		□No		
Ball Float				
Testing verified the ball float automatically restricts flow at 9	90% □ Yes	□No		
		□No		
Y Corresion Protection		Compliance	□Yes	□No
	ırrent	•		
		ΠNo		
production state of the second control of th				
Z)	_ ,			
	□Yes	□No		
	1000000 000 000000			
·				
	□Yes	□No		
		. —		
	□Vac			
Cathodic retested within 6 mos. of repair?	□Yes	□ No		
Date of retesting?				
If impressed current system:		g #		
Rectifier Operational?	☐ Yes	□No		
Rectifier log maintained?	□Yes	□No		
Rectifier been operating continuously	□Yes	□No	2	
□ Tank Lining				
Date of lest test?				
Pressure test conducted after tank lining inspection?	□Yes	□No		
r resourcest conducted sites rank mind inspections	L 163	L140		
	(A) ()			

XI.	General	notes	from	inspection

Representative onsite:

-No 2023, 2024

- No CP (lost 2) D9a

- _ No Annual Tank Gauge = 23,24

Compliance Determination:

□ No Violations Observed

Observed violations resulting in enforcement

1/16/2025

















- -



FACILITY NAME: 10354 – Royal Moore Nissan Subaru – 1326 SE Enterprise Cir, Hillsboro INSPECTION DATE: 1/16/2025









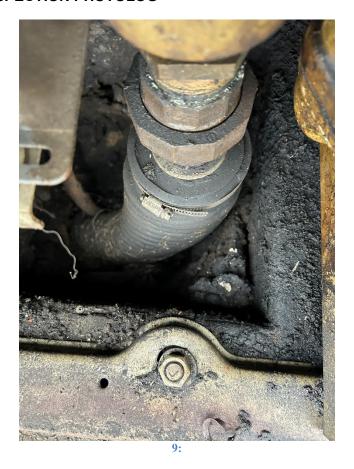




8:



FACILITY NAME: 10354 – Royal Moore Nissan Subaru – 1326 SE Enterprise Cir, Hillsboro INSPECTION DATE: 1/16/2025





10:

Program Enforcement No. 2025-FC-9802



This section for DEQ use only

Department of Environmental Quality Underground Storage Tank Program

Environmental Quality	Field Citation For UST Violations Page 1 of 3										
	DEQ Information			UST Facility Information	1015						
Inspection Date:	01/16/2025		Facility ID#:								
Inspector:	Alex SPENCER		Facility Name:	Royal Moore Nissan Subaru							
DEQ Office:	Oregon DEQ UST Pr Multnomah St 600	ogram 700 NE	Facility Address:	1326 SE ENTERPRISE CIR, HILLSBORO Oregon 97123							
Phone #:	503-229-6155		County:	Washington							
Oregon DEQ inspected the facility listed above and identified the UST violations listed on page 3 of this Field Citation.											
Field Citation Issued:	☐ In Person	☑ By Email	☐ Both	Date Issued: 03/28/2025							
Facility Representative Pre	esent During Inspection:			☐ Permittee ☐ Owner	☐ Other						
Name of Permittee or Ow	ner:	Royal Moore Suba	ru								
Mailing Address:		PO Box 646 , Hillsl	boro Oregon 97123								
Field Citation Penalty -	- See Page 3 for detailed lis	ting of each violation	n.	\$	1200						
Check one option	should select Option 1 o	r Option 2 below a 04/2 DEQ Reven 700 NE Multno Portland, Or	8/2025 ue Section omah St. #600 regon 97232	py of this for to DEQ by the fol							
penalty. Option 2 - I de	-	e in the expedited	enforcement process	and understand that my file w							
Name:				Owner / Pe	ermittee						
Signature:				Date:							
			nnt formation about your of and compliance requi								

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.

Page 2 of 3

Department of Environmental Quality (DEQ) Underground Storage Tank Program Facility Representative initials: **UST FIELD CITATION DATE ISSUED: 03/28/2025** PROGRAM ENFORCEMENT No.: 2025-FC-9802 FACILITY ID: 10354 Page 3 of 3 Violation #1: Failure to install, operate, maintain or calibrate RD equipment per manufacturer's instructions, including service checks for operability or running *TCR: condition (i.e. device has been incorrectly installed, is defective, damaged, or may have been tamper Corrective Submit passing tank monitor certification to DEQ Action: Rule Citation: OAR 340-150-Penalty 100 Correct Violation by: 04/28/2025 Date Violation Corrected: 0400(1)(c) Amount: \$ Violation #2: Failure to inspect overfill equipment at least once every 3 years. *TCR: Corrective Complete overfill equipment testing. Submit passing overfill prevention equipment testing results to DEQ Action: Rule Citation: OAR 340-150-Penalty Date Violation Corrected: 300 Correct Violation by: 04/28/2025 0310(9) Amount: \$ Violation #3: Failure to test spill prevention equipment at least once every 3 years *TCR: Corrective Complete spill bucket testing. Submit passing spill bucket testing results to DEO Action: Rule Citation: OAR 340-150-Penalty 500 Correct Violation by: 04/28/2025 Date Violation Corrected: 0310(8)(b) Amount: \$ Violation #4: Failure to maintain records from the last two 3-year cathodic protection inspections/tests *TCR: Corrective Complete cathodic protection testing. Submit Compliance Certification Statement Action: Rule Citation: OAR 340-150-Penalty 04/28/2025 Date Violation Corrected: 300 Correct Violation by: 0325(6)(b) Amount: \$ Violation #5: *TCR: Corrective Action: Penalty Rule Citation: OAR Correct Violation by: Date Violation Corrected: Amount: \$ Violation #6: *TCR: Corrective Action: Penalty Rule Citation: OAR Correct Violation by: Date Violation Corrected: Amount: \$ **Total Penalty Amount** 1200 (This Page): \$ YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, SIGN THE STATEMENT BELOW AND RETURN THIS FORM TO THE DEO INSPECTOR LISTED ON PAGE 1 ON OR BEFORE: 04/28/2025 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



Mascott Equipment Co. 435 NE Hancock Portland, OR 97212 (800) 452-5019

Company Name:_				Monitor Make:				
Site Address:				Monitor Model:				
City, State, Zip:				Serial Number:				
Date:				Software Version:				
Console	Tank # / Size	Pass	Fail	Actions Performed / Console	Pass	Fail	N/A	Comments
Print or view status of all tanks. Leave copy on site				Verify date and time				
if any programming				Verify setup values				
changes are made.				Check battery				
				Test external alarm if applicable				
				Run system diagnostics				
				Verify tests for compliance				
Sensors	Sensor # / Location	Pass	Fail	Actions Performed / Probes	Pass	Fail	N/A	Comments
Print out sensor status and leave on site. Put all				Run probe diagnostics				
sensors into alarm and				Inspect cables and connections				
verify proper operation.				Pulled and visually inspected probe				
				Verified overfill function at 90%				
				Actions Performed / Sensors	Pass	Fail	N/A	Comments
				Run sensor diagnostics				
				Inspect cables and connections				
				Test sensor for operation				
				Inspect and clean sensors				
				Additional Service Checks	Yes	No	N/A	Comments
				Lights, LED's, annunciator functioning?				
				Is customer saving required reports?				
				Is Cathodic Protection Required?				
				Note CP issues and test date				
				Type of Overfill Protection				
				Type of Leak Detection				
				Primary Tank Leak Detection Method				

Technician Name:______Technician Signature:_______lloyd fivecoats



State of Oregon Department of Environmental Quality

Annual Release Detection Operability Testing Form

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

I. FACILITY IN	FORMATION	DN – Type or	print (in	ink) all	items.			TEST DATE					
Facility ID #:			Facility	Name:									
II. AUTOMATI	C TANK G	AUGE								□ Pass	□ Fail		
ATG Manufactur	er:						ATG Model:						
Release Detection	on Method:		Tank Gauge 0.2 gph leak tests: (☐ Continuous ☐ Static) ☐ SIR ☐ Interstitial Moni										
Battery Backup Functional?													
ATG alarms functional and audible?													
III. TEST PRO	CEDURE												
☐ PEI/RP 1200		☐ Oregon ⁻	Testing Pr	ocedure	es (Page 2)	☐ Manufacturer Testing Procedures ☐ Other Method (Describe))		

IV. PROBE AND TESTING INFORMAT	TION				
Tank Number					
Product Stored					
Model					
Is the ATG console clear of alarms?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Disconnect cable from tank probe. Is appropriate alarm triggered?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank gauge probes removed and inspected for damage?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Residual buildup on floats has been removed?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Float(s) move freely?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Measured product and water levels match ATG values?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Alarm history report attached?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
V. TEST RESULT	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Any "No" answer indicates the test failed. Fa	ailed tests must be ren	nedied and retested imm	nediately.		
VIII. COMMENTS	1 110	<u> </u>			P
The comments section should be used to	o note additional info	rmation discovered or	actions taken during t	esting that affect com	pliance
IX. TESTER					
Person conducting testing:					

DEQ tank gauge and probe functionality testing procedures

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

DEQ sensor functionality testing procedures

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

ROYAL MODRE NISSAN SUBURU 1326 SE ENTERPRISE CIR, HILLSBORD OR 97123 503-648-1153

01/28/2025

9:17

SYSTEM SETUP REPORT

SYSTEM INFO

SOFTWARE

PART T750P/1 VERSION 6, 100 RELEASED 11/29/2007

SYSTEM ID SEE ABOVE

MEASUREMENT UNITS

CORRECTION TEMP 60,0
ULAGE PERCENT 95
VOLUME GALLONS
LEVEL INCHES
TEMPERATURE FAHRENHEIT
PRESSURE PSI

CLOCK/CALENDAR

TIME STYLE 24 HOUR
DATE STYLE MM/DD/YY
DAYLIGHT SAV ENABLED
SET TIME 9:17
SET DATE 01/28/2025

SENTINEL MODE

MODE OFF START TIME 0:00 END TIME 0:00

REPORT PRINT ENABLES

DELIVERIES ENABLED
ALARMS ENABLED
LEAK TESTS ENABLED

LIMITS 2,00
LEAK LIMIT 0/G NONE
LEAK LIMIT 0/G 10,00
THEFT LIMIT 0/G NONE

MISCELLANEOUS
SYSTEM FAIL O/ GROUP D
DELIVERY DELAY
HISTORY LENGTH
PRINT INTERVAL
BUSY SUPPORTED
USER THRESHOLD

TAHKS HERRICO OF TARKS (MLEAD I NIN 1 HAME SPECIAL TANK TYPE PROBE PROBE PRODUCT 1 PRODUCT NONE MANTFOLD 0,000 PROD OFFSET 0, 700 WATER OFFSET 200 DEL THRESHOLD 63, 700 HIGH HIGH LIM GROUP A HIGH HIGH OVE 60,000 HIGH LIMIT HIGH LIMIT D/G GROUP A LOW LIMIT LOV LIMIT O/G GROUP B LOW LOW LIMIT NONE LOV LOV D/G 2,000 WATER LIMIT GROUP C WATER O/G SPECIAL TANKS SPECIAL 1 75, 500 DIAMETER 156,000 LENGTH 0 CORRECTION PTS. PROBES PROBE 1 STD 77 TYPE 9,03000 RATIO 1:1 TIP TO HEAD GRADIENT 2 FLOATS FLOATS **GASOLINE** FLOAT TYPE PRODUCTS PRODUCT 1 PROD 1 NAME UNLEADED REG TYPE REPORT SCHEDULES INVENTORY PRODUCT DETAIL NONE SCHEDULE PRODUCT SUMMARY NONE SCHEDULE PRODUCT USAGE DETAIL NONE SCHEDULE PRODUCT USAGE SUMMARY NONE SCHEDULE TANK DETAIL DAILY SCHEDULE 5:00 TIME 1 0:00 TIME 2 0:00 TIME 3 NO SEND TO FAX SEND TO PRINTER YES TANK SUMMARY NONE SCHEDULE RECONCILIATION NONE SCHEDULE DELIVERY PRODUCT DETAIL NONE SCHEDULE PRODUCT SUMMARY NONE SCHEDULE DELIVERY HISTORY SCHEDULE NONE ALARMS ACTIVE ALARMS NONE SCHEDULE CLEARED ALARMS SCHEDULE NONE ALARM HISTORY NONE SCHEDULE REGULATORY NONE SCHEDULE

```
DIN DOUTE
COMM PORTS
 COMM PORT 1
  MODE
                   NATIVE
  BAUD
                9600 BAUD
8 BITS
  DATA BITS
STOP BITS
                1 STOP BIT
  PARITY
                NO PARITY
 SECURITY
 COMM PORT 2
   MODE
                    NATIVE
   BAUD
                 9600 BAUD
  DATA BITS
STOP BITS
PARITY
SECURITY
ACCESS 1
PHONE 1
REDIAL 1
                8 BITS
1 STOP BIT
NO PARITY
                 DISABLED
  ACCESS 2
PHONE 2
REDIAL 2
ACCESS 3
                 DISABLED
  PHONE 3
REDIAL 3
ACCESS 4
                  DISABLED
   PHONE 4
  REDIAL 4
DIAL DELIV
DIAL ALARM
DIAL LEAK
                 DISABLED
LEAK TESTS
  CONFIDENCE
                     99,0%
 MIN TEST TIME
MAX TEST TIME
 LEAK TEST
 TANK 1
TEST SCHEDULES
TANK 1
                      0, 20
   SCHEDULE
                    TUESDAY
    TIME
 ALARM ON TEST FAIL NO
ANNUNCIATORS
 MODULATED ANNUNCIATOR
  TIMEOUT 15
OUTPUT GROUPS
   A-P -YYY------
Q-FF -----
 SOLID ANNUNCIATOR
TIMEOUT
  OUTPUT GROUPS
A-P V-
   A-P Y-----
   Q-FF -----
RELAYS
 RELAY 1
TIMEOUT
   OUTPUT GROUPS
   A-P ------
Q-FF -----
 RELAY 2
TIMEOUT
  OUTPUT GROUPS
   A-P ------
SENSORS
 NUMBER OF SENSORS 0
TPI
                         NO
 ENABLED
                         80
 ADDRESS
AUXILIARY INPUTS
 INPUT 1
            ACTIVE CLOSED
AUXILIARY 1
  NAME
  AUX INPUT O/G NONE
 INPUT 2
             ACTIVE CLOSED
  NAME AUXILIARY 2
AUX INPUT D/G NONE
```

STATE OF THE PARTY.



ROYAL MOORE NISSAN SUBURU 1326 SE ENTERPRISE CIR. HILLSBORO OR 97123 503-648-1153

01/28/2025

9:43

ALARM REPORT

01/28/2025 LOW PRODUCT LIMIT TANK NO, 1

9143

ROYAL MOORE NISSAN SUBURU 1326 SE ENTERPRISE CIR. HILLSBORO OR 97123 503-648-1153

01/28/2025

10:13

TANK DELIVERY REPORT

PROD 1

3023, 4 GAL

UNLEAD

BEGIN TIME 9:44 01/28/2025 BEGIN DATE BEGIN GROSS 337, 3 GAL BEGIN NET 339, 1 GAL BEGIN ULLAGE 2532, 2 GAL BEGIN LEVEL 12, 814 IN 12, 814 IN 0,490 IN BEGIN WATER 2, 7 GAL 52, 456 F BEGIN WATER BEGIN TEMP 9:58 END TIME 01/28/2025 END DATE END GROSS 1900, 3 GAL 1916, 7 GAL END NET 762, 4 GAL END ULLAGE 48, 148 IN END LEVEL 9, 182 IN END WATER 209, 6 GAL END WATER 47, 667 F END TEMP 1562, 9 GAL GROSS DEL 1577, 6 GAL NET DEL 0, 0 GAL SALES

ROYAL MOORE HISSAN SUBURU 1326 SE ENTERPRISE CIR, HILLSBORO OR 97123 503-648-1153

01/28/2025

10:13

ALARM REPORT

01/28/2025 HIGH WATER TANK NO. 1 10:13





APPENDIX C-5

UST OVERFILL EQUIPMENT INSPECTION AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE Facility Name: Owner: Address: Address: City, State, Zip Code: City, State, Zip Code: Facility I.D. #: Phone #: Phone #: Testing Company: Date: This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200, Section 7 for inspection procedures. Product Grade Tank Number Tank Volume, gallons Tank Diameter, inches Overfill Prevention Device Brand Type ☐ Automatic ☐ Automatic ☐ Automatic ☐ Automatic ☐ Automatic ☐ Automatic Shutoff Device Shutoff Device Shutoff Device Shutoff Device Shutoff Device Shutoff Device ☐ Ball Float Valve Valve Valve Valve Valve Valve **AUTOMATIC SHUTOFF DEVICE INSPECTION** ☐ Yes ☐ No 1. Drop tube removed from tank? ☐ Yes ☐ No 2. Drop tube and float mecha-☐ Yes ☐ No ☐ Yes ☐ No nisms are free of debris? 3. Float moves freely without binding and poppet moves into ☐ Yes ☐ No flow path? 4. Bypass valve in the drop tube ☐ Yes ☐ No is open and free of blockage (if ☐ Not Present present)? 5. Flapper is adjusted to shut off ☐ Yes ☐ No flow at 95% capacity?* A "No" to any item in Lines 1-5 indicates a test failure. **BALL FLOAT VALVE INSPECTION** 1. Tank top fittings are vapor-☐ Yes ☐ No ☐ Yes ☐ No tight and leak-free? 2 Ball float cage free of debris? ☐ Yes ☐ No 3. Ball is free of holes and cracks ☐ Yes ☐ No and moves freely in cage? 4. Vent hole in pipe is open and ☐ Yes ☐ No near top of tank? 5. Ball float pipe is proper length to restrict flow at 90% ☐ Yes ☐ No capacity?** A "No" to any item in Lines 1-5 indicates a test failure. ☐ Pass ☐ Fail **Test Results** * Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity. ** Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity. Comments:

Tester's Name _____ Tester's Signature ______lloyd fivecoata

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form 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:			Date of Testing:	
Facility Address:				
Facility Contact:		Phone	e:	
Date Local Agency Was Notifie	d of Testing:			
Name of Local Agency Inspecto	or (if present during testin	<i>g</i>):		
2	. TESTING CONTR	ACTOR INFORMAT	CION	
Company Name:				
Technician Conducting Test:				
Credentials ¹ CSLB Contraction	ctor	ch. SWRCB Tank To	ester \Box Other (Specify)	·
License Number(s):				
	3. SPILL BUCKET	TESTING INFORMA	ATION	
Test Method Used:	☐ Hydrostatic	□ Vacuum	□ Other	
Test Equipment Used:		Equipment Resolution:		
Identify Spill Bucket (By Tank	1	2	3	4
Number, Stored Product, etc.)	1			
Bucket Installation Type:	☐ Direct Bury ☐ Contained in Sump			
Bucket Diameter:				
Bucket Depth:				
Wait time between applying vacuum/water and start of test:				
Test Start Time (T _I):				
Initial Reading (R _I):				
Test End Time (T _F):				
Final Reading (R _F):				
Test Duration (T _F – T _I):				
Change in Reading (R _F - R _I):				
Pass/Fail Threshold or				
Criteria:				
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	□ Pass □ Fail	☐ Pass ☐ Fail
Comments – (include inform	ation on repairs made pri	or to testing, and recomm	ended follow-up for faile	d tests)
CERTIFICATIO I hereby certify that all the infi	ON OF TECHNICIAN R			
i nereby cerujy mai an me mj	vimanon comunea in in	is report is itue, accurate	, ини ін јин сотриинсе	mun tegui requirements.
Technician's Signature:	lloyd fivecoa	ta	Date:	

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.



GALVANIC CATHODIC PROTECTION EVALUATION CHECKLIST FOR UNDERGROUND STORAGE TANKS

UST ID #:	
County:	Washington

	I. U	IST FACILITY			l	I. CERTIFIED CATHODIC PROTECTION TESTER			
Facility Compli	ance Tag #	†:			Service Provider Name: G. Druery				
UST ID #:					Company Name: Mascott Equipmer t Co.				
Site Name: R	yal Mc	re Nissan	Subaru	I	Address	: 435 NE Hancock			
Site Address:	1326 S	E terpris	Circle	!	City:	Portland State: OR Zip: 97212			
City: Hillsk	oro, Ol	§ 123			Phone:	(503) 282-2547 Email: gdrı ery@mascottec.com			
County: W	shingto	n			Certifica	tion Type: STI/SPFA			
Phone: Certification Number: CP16791 Exp. Date: 7/13/26									
	III. RES	ULTS OF EVAL	UATION (v	vhich includ	le results of	f both continuity and system surveys)			
PASS	·					protection is adequate were in accordance with a gnized association (e.g. NACE), as required by the			
Date CP Evalua	tion Perfo	rmed:							
			IV. CRITE	ERIA APPLI	CABLE TO	EVALUATION			
Continuity Surv	Continuity Survey PASS – continuity data is passing and no action is needed FAIL – continuity data is failing and the system requires a repair or retrofit								
System Survey		#TANKS	# PIPE RUNS	# STP SFC _S ¹	# DISP. SFC _S ²				
Neg. 850 mV ON	PAS					A negative (cathodic) potential of at least -850 mV with the cathodic protection applied. This potential is with respect to a saturated copper-copper sulfate reference electrode containing electrolyte.			
Neg. 850 mV Instant Off	☐ PAS					A negative polarized potential of at least 850 mV relative to a saturated copper-copper sulfate reference electrode (Instant Off Potential).			
100 mV Polarization	☐ PAS					A minimum of 100 mV of cathodic polarization between the structure surface and a stable reference electrode contacting the electrolyte.			
V. ACTION	I R EQUIRE	d as a Resul	T OF THIS	EVALUATIO	N (check o	ne box and explain further in comment box below)			
■ NONE						providing protection. No further action is necessary ears unless more immediate attention is required.			
RETEST						dequately protecting steel from corroding. Retesting is			
RETROFIT/	REPAIR	The cathodic necessary.	protection	system is n	ot adequat	tely providing protection. Retrofitting or repairing is			
RETROFIT/REPA			•	•		ofitted or repaired and tested at time of the none to six months after the retrofit or repair.			
Comments (inc	lude type	of testing gea	ir used, ste	el compon	ients teste	d, etc.:			

- 1. If no submersible turbine pump (STP) is present, these steel flex connectors (SFC) are on the tank end of piping.
- 2. If no dispenser is installed, these SFCs are on the non-tank end of piping.

						VI.	Continuit	y Suf	RVEY						
Structure "	'A" S	Structu	ıre "B"	Point "A" to Point "B" or Fixed Cell Location >30'			Structure "A" Structure " Fixed Voltage >30' >30'		ed Voltage	Poi	Point-to- Point or Fixed Voltage Difference		F A I L	Method and Standards Used (e.g. RP-0285, R051)	
Tank 1		F	ill	Re	mote	-6	937mv	-4	419mv	5	518mv	7		"Fix	ed" R051
Tank 1		Mor	nitor	readings		-6	937mv	-2	269mv	6	68mv	>		"Fix	ed" R051
				taken in											
				so	il 35'										
				ea	st of										
				ta	nks.										
			_			2.0							Ц	_	
							I. SYSTEM	SURV					Р	F	Method
Structure		itact int	Half Loca		Loca Volta "ON	age Local Volt			Remot Voltage " >30'		Local Volt (Depolariz		A S S	A I L	and Standard Used
T1	Tank I	bottom	Ea	ıst	-1073	mv	-937m	IV	-920m	١٧			·		-850 on R051
T1	Tank I	bottom	Over	tank	-1030	mv	-937m	١V	-920m	ıv			P		-850 on R051
T1	Tank I	bottom	We	est	-1080	mV	-937m	ıv	-920n	١٧			u		-850 on R051
													Ш		

IX. RETROFIT OR REPAIR DESIGN (if applicable) All retrofitting or repairs to CP systems shall be designed by a Corrosion Expert. I certify that I am a Corrosion Expert qualified to engage in the practice of corrosion control on buried or submerged metal piping systems and metal tanks. I have attached copies of the retrofit/repair design and of the Underground Storage Tank Retrofit and Repair Checklist. Corrosion Expert's Name: Company's Name: Nationally Recognized Association: Certification Number: Corrosion Expert's Signature: Date: X. REQUIRED SIGNATURES The certified supervisor certifies the criteria used to evaluate whether cathodic protection is adequate were in accordance with a code of practice developed by a nationally recognized association (e.g. NACE), as required Digitally signed by Greg Druery DN: cn=Greg Druery, o, ou, Greg Druery email-gdruery@mascottec.com, c=US Date: 2025.04.02 13:47:54 -0 01/27/2025 G. Druery Signature of Certified Supervisor Date Print or Type Name Date Signature of Tank Owner or Authorized Representative Print or Type Name

From: <u>UST Duty Officer * DEQ</u>

To: MICHAEL EGGER; UST Duty Officer * DEQ

Subject: RE: DEQ UST Inspection Determination: 1326 SE Enterprise Cir Hillsboro, OR 97123 - UST Facility #10354

Date: Wednesday, April 2, 2025 3:32:00 PM

Attachments: image003.png

2025-FC-9802 issued to 10354.pdf

image001.png

Hey Mike,

Thank you for sending these testing reports -they all look great. I will mark the corrective actions as complete.

As soon as payment of the \$1200 penalty is received, then the UST inspection can be closed.

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

<u>Department of Environmental Quality: Welcome to Your DEQ Online: Online Services: State of Oregon</u>

<u>PaymentsforEEOs.pdf</u> – step by step instructions on submitting payments online Questions about online payments and submittals can be directed to the Help Desk at <u>itservicedesk@deq.oregon.gov</u> or <u>Your DEO Online Helpdesk</u> - <u>Jira Service Management</u> –



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: MICHAEL EGGER <mikee@royalmoore.com>

Sent: Wednesday, April 2, 2025 2:23 PM

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

Subject: Re: DEQ UST Inspection Determination: 1326 SE Enterprise Cir Hillsboro, OR 97123 - UST

Facility #10354

Alex, I just received all of the testing results, please let me know if anything is missing. Thank you,

Mike Egger

Parts Director



(503) 615-8403

(971) 205-2684 Cell

Royal moore auto center

mikee@royalmoore.com

1380 SE River Road

Hillsboro Or. 97123

From: UST Duty Officer * DEQ

Sent: Thursday, March 27, 2025 2:41 PM

To: MICHAEL EGGER

Subject: DEQ UST Inspection Determination: 1326 SE Enterprise Cir Hillsboro, OR 97123 - UST

Facility #10354

Hello Mike:

Thank you for you for meeting with DEQ to perform the UST inspection at 1326 SE Enterprise Cir Hillsboro, OR 97123 on January 16, 2025. Since there were some missing testing records during the inspection, DEQ must issue a field citation, per enforcement guidance. A citation will be emailed to you from the UST Duty Officer following this email with instructions for payment. Below is the corrections DEQ expects to receive.

VIOLATIONS:

- Failure to install, operate, maintain, or calibrate RD equipment per manufacturer's
 instructions, including testing for operability or running condition annually (i.e. device
 has been incorrectly installed, is defective, damaged, or may have been tampered with
 in a manner that prevents proper operation. Missing 2023 and 2024 ATG Certification –
 G5 340-150-0400(2)
- 2. Failure to test overfill prevention equipment within 3 years of previous test. C2c 340-150-0310(9)
- 3. Failure to test spill and piping sump integrity within 3 years of previous test. C1e 340 150 0310(8)(b)
- 4. Failure to maintain records from the last two 3-year cathodic protection inspections/tests. **Missing 2023 testing**. D9a 340-150-0325 (6)(b)

CORRECTIVE ACTIONS:

- 1. Submit passing tank monitor certification to DEQ
- 2. Complete overfill equipment testing. Submit passing overfill prevention equipment testing results to DEQ
- 3. Complete spill bucket testing. Submit passing spill bucket testing results to DEQ
- 4. Complete cathodic protection testing. Submit Compliance Certification Statement

All corrective actions must be completed and documents of testing submitted to DEQ within 30 days (Due April 28th,2025)

PLEASE SEND ALL documents and testing to UST.DutyOfficer@deq.oregon.gov

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

Please make sure to only hire licensed DEQ contractors.

Here is the list: https://www.oregon.gov/deq/tanks/Pages/UST-Service.aspx

Regards,



Alex Spencer

UST Compliance Inspector

DEQ UST Program

700 NE Multnomah St, Suite 600 | Portland, OR 97232

Alex.Spencer@deq.oregon.gov

(503)866-2480

From: SPENCER Alex * DEQ
To: mikee@royalmoore.com

Subject: DEQ UST Inspection Notification: ROYAL MOORE SUBARU #10354

Date: Friday, December 20, 2024 3:31:00 PM

Attachments: image001.png

InspNotification Facility 10354 December 2024.pdf

Hello Mike,

I wanted to email you a copy of the DEQ UST inspection notification letter for ROYAL MOORE SUBARUs next due inspection.

The schedule for January: January 16th, 2025

If I do not hear from you, the inspection for these facilities is scheduled for January 16th, 2025 starting at approximately 9:00 am at the DEQ UST # listed below.

1. DEQ UST #10354 - 1326 SE Enterprise Circle, Hillsboro

Please email me any testing documents or required documentation that will help to expedite the inspection process.

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 email or call me if you have any questions or concerns. Cell: 503-866-2480. Email is the best way to reach me quickly.

Regards,

Alex Spencer

UST Compliance Inspector DEQ UST Program



