



# 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

March 26, 2025

BP Products North America Inc.  
Attn: Brenda Donovan  
PO Box 6038  
Artesia, CA 90702-6038

RE: UST Compliance Inspection  
DEQ UST#3917 – 10975 SW Beaverton Hillsdale Hwy

Dear BP Products North America 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 April 22, 2025, starting at approximately 9 am at the DEQ UST #s listed below.**

**April 22 at 9 am:**

- DEQ UST# 3917 – 10975 SW Beaverton Hillsdale Hwy

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](mailto: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.

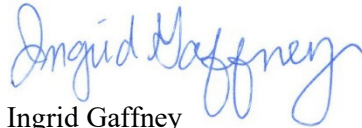
DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overfill protection device, these will need to be 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](mailto:ingrid.gaffney@deq.oregon.gov) to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,



Ingrid Gaffney  
UST Compliance Specialist

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

0.4

Inspector: Ingrid Gaffney Date: 4/22/2025 Time: 9 AM Facility: 3917

**I. Site Information**

Facility Name: <u>ARCO #7207</u>	Permittee: <u>BP products North America</u>	Contact: <u>Brenda Donovan</u>
Site Address: <u>10975 SW Beaverton Hillsdale</u>	Organization:	Phone:
City: <u>Beaverton, OR 97005</u>	Phone:	<u>971-322-7607</u>

**II. Tank Information**

DEQ Permit #	(master) 1A	(slave) 2A	4A	(4B)
BKGBK	BKGBA	BKGBB	BKGBC	
Estimated Gallons	10,000	10,000	10,000	10,000
Substance	<u>Diesel Gasoline</u>	<u>Gasoline</u>	<u>Gasoline</u>	<u>Gasoline</u>
Tank Material (owners)	<u>DW Plastic Fiber</u>			
Tank Install Date	<u>9/5/1989</u>	<u>9/5/1989</u>	<u>9/5/1989</u>	<u>9/5/1989</u>
Pipe Material	<u>DW total containment</u>			
Pipe Type	<u>pressure</u>	<u>pressure</u>	<u>pressure</u>	<u>pressure</u>
Pipe Install Date	<u>2/5/2025</u>			
Overfill Device	<u>Auto shutoff</u>	<u>Auto shutoff</u>	<u>Auto shutoff</u>	<u>Auto shutoff</u>

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

If tanks are manifolded, which tanks: yes

**III. Operating Certificate** Compliance  Yes  No

Current  Accurate  Posted for delivery drive to observe

**IV. Operator Training** Compliance  Yes  No

Class A/B Operator  Yes  No Name: Alexander Morrison Date: 4/10/25

Class C Operator  Yes  No  Cardlock

**V. Financial Responsibility** Compliance  Yes  No

Type of coverage: insurance Begin Date: 1/1/2025 End Date: 1/1/2026

Coverage amount correct: yes Number of tanks covered: 4

**VI. Walkthrough Requirements** Compliance  Yes  No

Spill prevention and release detection equipment checked monthly?  Yes  No  
 Tank top sumps checked annually?  Yes  No

3917

VII. Release Detection Compliance  Yes  No

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

Date of last testing: 12/10/24 ~~12/10/23~~ Last three tests available?  Yes  No

b) Piping Release Detection (Check all that apply)

Site Acquired Nov. 2023

Pressurized Piping

Mechanical Leak Detector (MLLD)  Electronic Leak Detector (ELLD) - check for swiftcheck requirement

Date of last testing: 12/10/24 11/27/23 Last three tests available?  Yes  No

Number of lines tested: 3 Number of LD tested: 3

Leak detector manufacturer make and model: W2000

Tank gauge manufacturer make and model: Veeder Root

MLLD on turbine manifold?  Yes  No

MLLD product appropriate? (Example, diesel Red Jacket FX series on diesel system?)  Yes  No

If ELLD and no line testing: Annual 0.1 gph results from tank gauge?  Yes  No

Interstitial Monitoring

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

Date of last sump testing: 11/26/24 Last two tests available?  Yes  No

Date of last sensor testing: 11/26/24 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

- product in Diesel & premium

Safe Suction

Check valve directly below suction pump?  Yes  No

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

Tank Gauge  CSLD  SCALD  Static

Are correct tank sizes programmed at tank gauge?  Yes  No

Tank diameter/length seem appropriate?  Yes  No

Are tanks manifolded?  Yes  No

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

If Veeder Root tank gauge leak detection  
 CSLD set at 99%  
 Thermal coefficient set correctly?  
(Gasoline 0.00070; Diesel 0.00045)  
If Incon/Franklin tank gauge leak detection  
 If SCALD is Vol Qual set to 14% (or 99% confidence)  
 Is API gravity set correctly?  
(Regular 63.5; Plus 62.8; Super 51.3; Diesel 32.8)  
For all tank gauges doing static tests  
(Static tests require tank to be 50% full for a valid test)

Interstitial Monitoring [Monthly records must include, date system was checked, observations made, initials of person checking.

Electronic records must include power status (on or off), alarm indication status (yes or no) and sensor malfunction notes (yes or no).]

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

Tank release detection records available during inspection

T1:	<input checked="" type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
T2:	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
T3:	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
T4:	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input checked="" 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: 3917

**VIII. Spill Prevention** Compliance  Yes  No

Date(s) of testing: 11/26/2024 site acquired in 2023 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: 12/10/24 11/27/23  
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

*Flapper & Alarm*

**X. Corrosion Protection** Compliance  Yes  No

Cathodic  Galvanic  Impressed Current  
Steel tank with cathodic?  Yes  No  
Steel pipes with cathodic?  Yes  No  
Steel flex-lines with cathodic?  Yes  No  
Date of cathodic test: \_\_\_\_\_  
Last two tests available?  Yes  No  
Did last test pass?  Yes  No  
If not:  
Was failed test reported to DEQ?  Yes  No  
Was system repaired?  Yes  No  
Date of repair? \_\_\_\_\_  
Cathodic retested within 6 mos. of repair?  Yes  No  
Date of retesting? \_\_\_\_\_  
If impressed current system:  
Rectifier Operational?  Yes  No  
Rectifier log maintained?  Yes  No  
Rectifier been operating continuously  Yes  No  
 Tank Lining  
Date of last test? \_\_\_\_\_  
Pressure test conducted after tank lining inspection?  Yes  No

XI. General notes from inspection

Representative onsite: Belshire - Cahn email: omrj.cahn@belshire.com

Tankology

Site aquired: November 2023 -

Tank 1 = Diesel Tank 2 = premium.

Diesel nov. 2024

Redthread in uDCs -

Tank 1 = Diesel = Q3

pump piping changes.

Photo = # 1 = uDC # 3

\* Fuel changes approved by DEQ.

Violations:

T1 diesel - product in sump. Confirmed.

T2 premium - product in sump confirmed.

Compliance Determination:  No Violations Observed  Observed violations resulting in enforcement

Inspector Signature

*Ingrid Haggerty*

Date:

4/22/25



1: 10975 SW Beaverton Hillsdale Hwy, Beaverton, OR 97005



2: Tank nest looking north



3: Diesel fill



4: Diesel sump



5: Product present in Diesel sump



6: Premium fill



7: Old sump



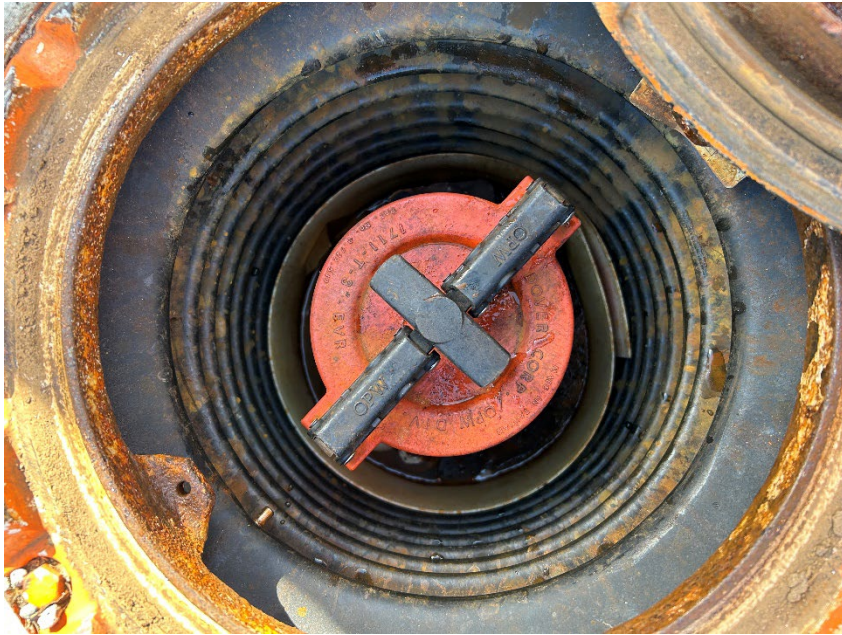
8: Premium sump



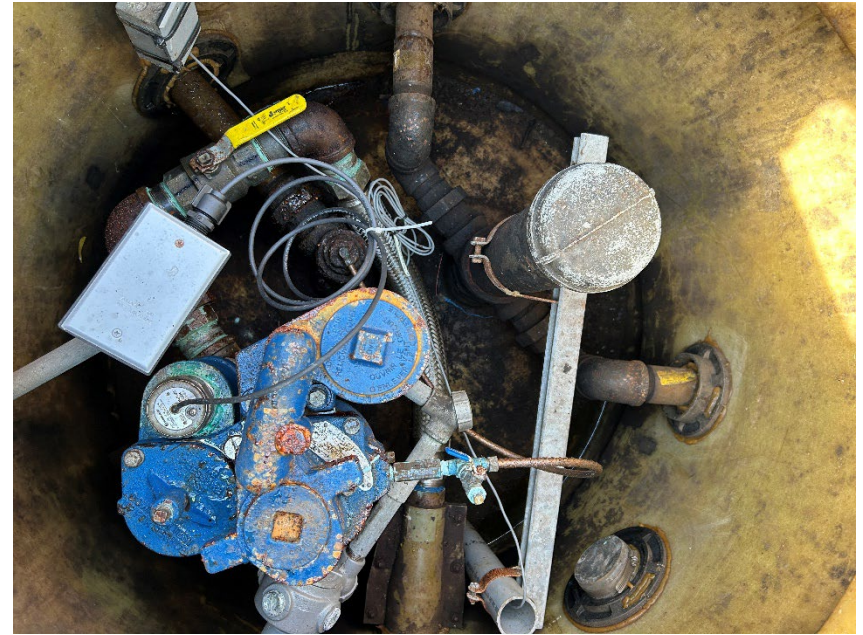
9: Product in premium sump



10: Regular fill



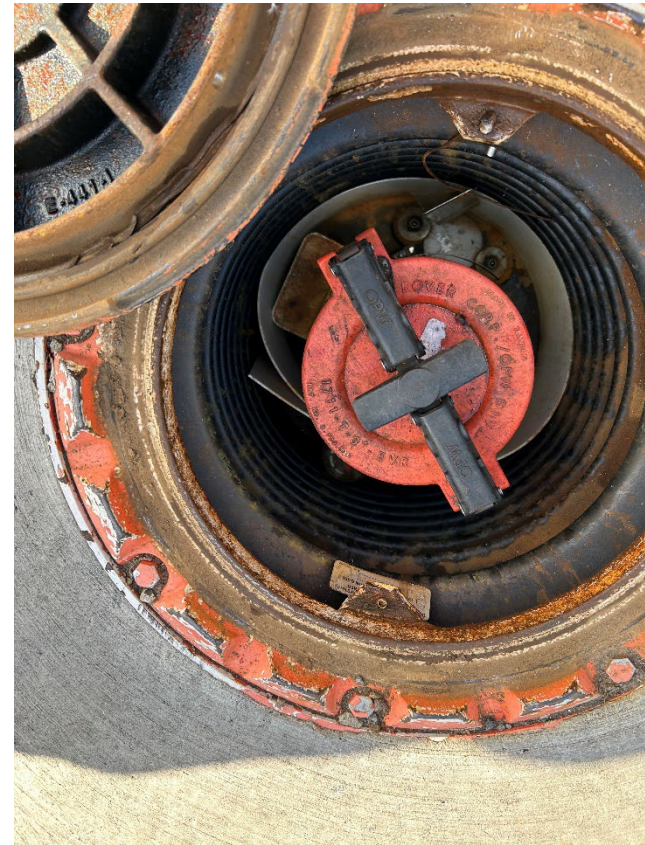
11: Regular vapor return



12: Regular sump



13: Regular fill



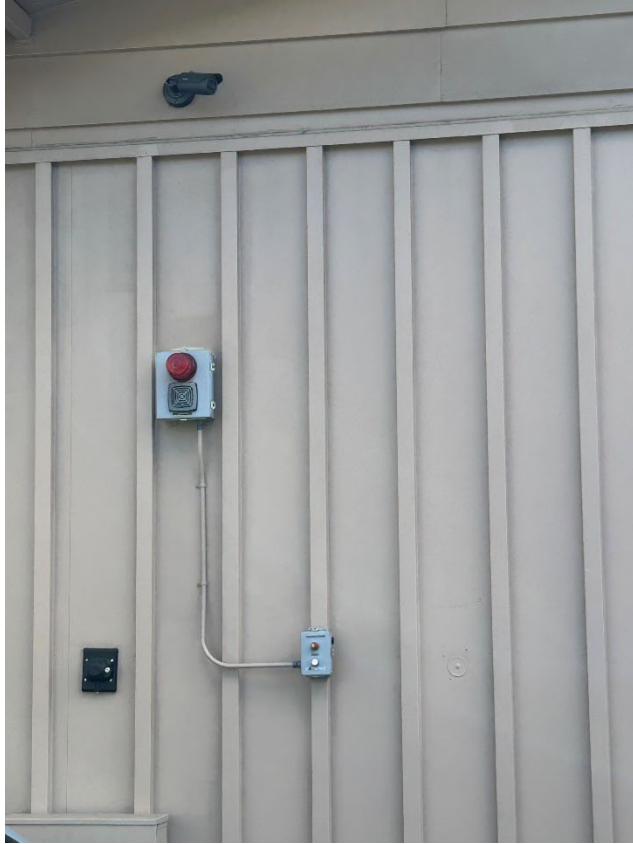
14: Regular vapor return



15: Transition sump



16: Vapor vent caps



17: Emergency stop button



18: Dispenser #3



19: UDC #3



20: Dispenser #1



21: UDC #1



22: Dispenser #5



23: UDC #5



24: Dispenser #7



25: UDC #7



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:	04/22/2025	Facility ID#:	3917
Inspector:	Ingrid GAFFNEY	Facility Name:	ARCO 7207
DEQ Office:	700 NE Multnomah St Ste 600	Facility Address:	10975 SW BEAVERTON HILLSDALE HWY, BEAVERTON, Oregon 97005
Phone #:	503-229-5048	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:	<input type="checkbox"/> In Person	<input checked="" type="checkbox"/> By Email	<input type="checkbox"/> Both	Date Issued: 04/28/2025
Facility Representative Present During Inspection:				<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	BP Products North America Inc.			
Mailing Address:	PO Box 6038 , Artesia California 90702			

**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:**

**05/23/2025**

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: 04/28/2025**

**PROGRAM ENFORCEMENT No.: 2025-FC-9896**

**FACILITY ID: 3917**

**Page 3 of 3**

**Violation #1:** **Failure to investigate or confirm a suspected release.**  
**\*TCR:**

Corrective Action: Initiate investigation to confirm source of release in diesel and premium sumps within 5 days either schedule or have a licensed technician assess the necessary repairs. Submit testing results and repair documentation to DEQ

Rule Citation: <b>OAR 340-150-0163(1)(f)</b>	Penalty Amount: \$ 300	Correct Violation by: 05/23/2025	Date Violation Corrected:
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**Violation #2:**  
**\*TCR:**

Corrective Action:

Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
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**Violation #3:**  
**\*TCR:**

Corrective Action:

Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
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**Violation #4:**  
**\*TCR:**

Corrective Action:

Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
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**Violation #5:**  
**\*TCR:**

Corrective Action:

Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
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**Violation #6:**  
**\*TCR:**

Corrective Action:

Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
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	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: \_\_\_\_\_ 05/23/2025 \_\_\_\_\_**

**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*

Date: 04/28/2025

Person In Charge: Eric Wheeler

## Pre-Task Documentation Checklist – ARCO/BP

### Mandatory Daily Forms/Tasks

	Complete
1. Sign in Sheet – All visitors must sign in with API #	<input checked="" type="checkbox"/>
2. Job Clearance Form	<input checked="" type="checkbox"/>
3. JSA Review and Tailgate Safety Meeting	<input checked="" type="checkbox"/>
4. Sign into VX Maintain Work Order - Application	<input checked="" type="checkbox"/>

### Conditional Forms

	Yes	N/A
1. Permit to work – Based on Identified Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. Ground Disturbance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Mechanical Hoisting Lifting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Confined Space Pre-Entry & Entry Permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Hot Work Permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. Hazardous Energy Lockout Tagout (LOTO)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Equipment Daily Inspection Checklist	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Beaverton, OR

### Job Clearance Form

CONTRACTOR INSTRUCTIONS PRIOR TO START OF WORK: 1. Review form, check appropriate boxes, read and sign bottom of form 2. Inform dealer, manager or representative of the job to be performed and potential safety concerns and obtain signature

Station: <b>7207</b>	Station Address: <b>10975 SW Beaverton - Hillsdale Hwy</b>	Work Order Number: <b>7149 5103</b>	Date: <b>4/28/2025</b>
Contractor Company Name: <b>Joe Hall Construction</b>	Contact person In Charge (print name): <b>Eric Wheeler</b>	Number of Workers: <b>2</b>	JSA Reference Number (if required):
Start Time:		End Time:	Labor:
Travel Time:		Travel Distance:	

Problem/Work Description: **- Investigate and repair ~~the~~ product line leaks at diesel and premium SFLs.**

Return Call:  yes / no

Damage Claim:  yes / no

#### PPE REQUIRED (CHECK ALL THAT APPLY AND/OR FILL-IN "OTHER" BLANK SPACE)

<input checked="" type="checkbox"/> SAFETY VEST	<input type="checkbox"/> HARD HAT	<input checked="" type="checkbox"/> SHOES/BOOTS	<input checked="" type="checkbox"/> HEARING PROTECTION	<input type="checkbox"/> RESPIRATOR
<input type="checkbox"/> PROTECTIVE CLOTHING	<input type="checkbox"/> GLOVES	<input checked="" type="checkbox"/> SAFETY GLASSES/GOGGLES	<input type="checkbox"/> FIRE RESIST CLOTHING/WELDING PPE	<input type="checkbox"/> OTHER _____

Contractor to complete section below if circumstances on site or specific to this job may generate additional hazards not described in the JSA (please use back of page if additional space is required to document)

Task Step	Hazards Not Covered by JSA	How to reduce or eliminate risk - include extra PPE to be worn
<b>Refer to tailgate safety</b>		

Work documentation requirements Lower Risk - This form may be used as JSA Medium Risk/Higher Risk - JSA Required Higher Risk - JSA Required and other customer requirements may apply

**Examples of higher/medium Risk Tasks**

<input checked="" type="checkbox"/> Work area Barricading (permit-to-work not required)	<input checked="" type="checkbox"/> Trenching or excavating	<input type="checkbox"/> Hoisting/Rigging/Heavy Lifting	<input type="checkbox"/> Hot Work
<input type="checkbox"/> Works at heights (permit-to-work not required)	<input checked="" type="checkbox"/> Energy isolation (Lock, Tag, Try)	<input checked="" type="checkbox"/> Work in confined spaces (ex. Tank, interceptor, or manhole entry)	

**Permits-to-work are mandatory for all of these activities (see API RP #1646 Appendix B3 for permit form)**

This form must be completed for each job and updated and re-signed if circumstances change or additional hazards are identified

SIGN IN	Contractor worker name	Signature	SIGN OUT AND OPERATOR VERIFICATION OF WORK	Contractor signature
Operating sites: to be signed by the site representative. Non-operating sites: to be signed by Contractor representative only	<b>Eric Wheeler</b>		<b>GENERAL SAFETY CHECKS BY CONTRACTOR</b> • Has the work area been left tidy and safe? • Is the site operator aware of work status and any remaining isolation? • Are changes to equipment documented and communicated? • All incidents, near misses, unsafe situations reported?	
	Site representative name	Signature		
Contractor responsibility to inform site of: • Hazards of the job, • Effects on the site or operation, • Any affect to gasoline deliveries, • Energy isolation needed, • Areas to be barricaded for worker/public safety.	Contractor has discussed Job Clearance Form with me		Site representative name	Signature
	<b>Alexander M</b>		<b>Alexander M</b>	
Site representative comments:				

PARTS - Ordered, replaced and/or disposed of (include model and serial numbers as appropriate)

**- Diesel tightened and ripple connecting flux pipe to 90°**

**- Premium disconnected union and tightened both side ~~going~~ ripples ~~connect~~ union halves to 90°**

**- Purged premium and observed both for 1 hour with no signs of leaks.**

The contractor through its authorized representative shall sign, issue and be solely responsible for all Job Clearance Forms and the obligations arising there under applicable to the work  
 This form covers important reminders and is not intended to relieve the contractor from safely performing the work in compliance with applicable laws and regulations  
 The site operator may require the contractor to stop work if it appears that the contractor or any of its workers are failing to comply with the requirements in the applicable items of this form or other applicable safety requirements



### Tailgate Safety Meeting / JSA

Daily  Weekly  Monthly

Date: 04/28/2015 Time: \_\_\_\_\_ Conducted by: Eric Walker

**Location:**

10975 W Bearerton - Hilldale Hwy Bearerton, OR

Job safety analysis reviewed? Yes

List below JSA's reviewed, or complete blank JSA from the next page.

Investigate and repair product line leaks and  
diesel and premium STPs

Permit to work required? Yes

Permit # 7149 5103

Attendees:

Print Name
<u>Juan Ramo</u>
_____
_____
_____
_____
_____
_____
_____
_____

Signature
<u>[Signature]</u>
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Topics / Suggestions from Attendees:

- PPE - Proper permit to work forms - Open holes
- Slips, trips and Fall hazards - Beware of site traffic
- Safety check of all equipment and tools to be used
- Proper use of confined space gear



<b>PERMIT TO WORK for Petroleum/Convenience Sites</b>		1. <i>Eric Wheeler</i>	2. <i>Juan Ramos</i>
Worker Signatures: I have reviewed and understand the conditions of this permit and its attachments. I will report hazardous conditions or acts identified on this jobsite to my supervisor or customer representative.		3.	4.
7.		5.	6.
8.		9.	10.
Person In Charge: <i>Eric Wheeler</i> Date: <i>04/26/2028</i>		Location: <i>10975 SW Beaverton - Milldale Hwy Beaverton</i>	
Work Order #: <i>71995763</i>	Equipment ID:	Time Issued:	<i>am out</i>
Nearest Medical Facility and Phone #: <i>See hospital section of book</i>		Time expires:	<i>am out</i>
Emergency/Rescue Phone #: 911			
<b>REQUIRED PERMITS AND/OR PROCEDURES</b>			
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Excavation Checklist	<input checked="" type="checkbox"/> Lockout Tag-out	<input checked="" type="checkbox"/> Pre Entry Checklist
<input type="checkbox"/> One Call	<input type="checkbox"/> Hoisting/Rigging	<input type="checkbox"/> Management of Change	<input checked="" type="checkbox"/> Confined Space
<input type="checkbox"/> Other	<input type="checkbox"/> Work Notification	<input type="checkbox"/> Other	
<b>HOT WORK PERMIT—API 1646 Section 15</b>			
Category of Work: <input type="checkbox"/> Welding <input type="checkbox"/> Cutting <input type="checkbox"/> Drilling <input type="checkbox"/> Grinding <input type="checkbox"/> Sandblasting <input type="checkbox"/> Other		Describe: _____	
Which of the following special precautions are required? Check all that apply:			
<input type="checkbox"/> Inspect Excavation <input type="checkbox"/> Adequate Bonding <input type="checkbox"/> Local Rectifiers Off <input type="checkbox"/> Lockout Tag-Out <input type="checkbox"/> Fuel Delivery			
<input type="checkbox"/> Hydrocarbon Soils nearby <input type="checkbox"/> Vent Stacks <input type="checkbox"/> Other Vapor Hazards (list):			
Atmospheric Tests:	O <sub>2</sub> :	% LEL:	Toxicity (H <sub>2</sub> S):
Job Control Contact Name:		Fire Watch Name (if applicable):	
<b>HAZARDOUS ENERGY LOCKOUT TAGOUT (LOTO)—API 1646 Section 14</b>			
Has the piece of equipment or system been properly isolated?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Has the energy isolation been reviewed by all affected employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List All Affected Workers:	1. <i>Eric Wheeler</i>	2. <i>Juan Ramos</i>	3.
4.	5.	6.	7.
8.	9.		



PERMIT TO WORK for Petroleum/Convenience Sites (Continued)					
GROUND DISTURBANCE AND EXCAVATION—API 1646 Section 11					
Has "One Call" performed utility mark outs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	One Call Dig Number:		
Has a line locating service marked out utilities on site?	<input type="checkbox"/>	<input type="checkbox"/>	Comments:		
Weather conditions: hours?	Rainfall last 24		Water conditions: <input type="checkbox"/> Wet <input type="checkbox"/> Dry		
Who is the designated excavation Competent Person?			How deep is the excavation?		
Manual methods to determine soil classification:	<input type="checkbox"/> Thumb Compression Test	<input type="checkbox"/> Pocket Penetrometer	<input type="checkbox"/> Plasticity	<input type="checkbox"/> Dry Strength	
Visual methods to determine soil classification:	<input type="checkbox"/> Observe samples of excavated material	<input type="checkbox"/> Observe excavation walls	<input type="checkbox"/> Observe adjacent surface area	<input type="checkbox"/> Observe soil as it is excavated	
Trench/Excavation Measurements: (if > 4 ft also complete pre-entry/reclassification Permit)	Length: _____		Width: _____	Depth: _____	
What is the Soil Classification?	<input type="checkbox"/> Stable Rock (vertical)	<input type="checkbox"/> Class A (3/4:1)	<input type="checkbox"/> Class B (1:1)	<input type="checkbox"/> Class C (1.5:1)	
Which protective system(s) is used?	<input type="checkbox"/> Sloping	<input type="checkbox"/> Shoring	<input type="checkbox"/> Trench Shield/Trench Box		
Are employees kept out of and/or away from the excavation during digging or material handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Evidence of significant fracture planes in soil or rock?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have proper notifications been made?	<input type="checkbox"/>	<input type="checkbox"/>	Any area of unusually weak soils or materials?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an exit or entry point within 25 feet of each worker?	<input type="checkbox"/>	<input type="checkbox"/>	Any noted dramatic dip in bedrock?	<input type="checkbox"/>	<input type="checkbox"/>
Soils, tools, Equipment >2 feet from excavation edge?	<input type="checkbox"/>	<input type="checkbox"/>	Short-term excavation (<24 hours)?	<input type="checkbox"/>	<input type="checkbox"/>
Are barricades/flagging in place?	<input type="checkbox"/>	<input type="checkbox"/>	Trench box(es) certified?	<input type="checkbox"/>	<input type="checkbox"/>
Is high visibility clothing being properly worn?	<input type="checkbox"/>	<input type="checkbox"/>	Tension cracks observed along slope top?	<input type="checkbox"/>	<input type="checkbox"/>
Utilities or structures protected?	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic shore pumped to design pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Underground lines exposed?	<input type="checkbox"/>	<input type="checkbox"/>	Any water seepage in excavation walls or bottom?	<input type="checkbox"/>	<input type="checkbox"/>
Bracing system installed according to design?	<input type="checkbox"/>	<input type="checkbox"/>	Is shoring secure?	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of shrinkage cracks in excavation walls?	<input type="checkbox"/>	<input type="checkbox"/>	Trees, boulders, or other hazards in area?	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of caving or sloughing of soils?	<input type="checkbox"/>	<input type="checkbox"/>	Vibration from traffic/equipment being too close?	<input type="checkbox"/>	<input type="checkbox"/>
Are slopes cut at design angle of repose?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>NOTE: Excavations deeper than 20 feet shall have protective systems designed by a Registered Professional Engineer</b>					
Observations:					
I hereby attest that the above conditions existed and that the items were checked or reviewed during this inspection:					
Competent Person Signature:					
MECHANICAL HOISTING AND LIFTING—API 1646 Section 12					
Has the Lift Plan been completed by a competent person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the equipment have the size, load, and swing capacity to do the job safely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Air or hydraulic systems inspected for deterioration or leakage in lines, tanks, valves, drain pumps, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	Toolbox discussion conducted & lift plan communicated to all affected personnel?	<input type="checkbox"/>	<input type="checkbox"/>
Hooks, hoist chains, and end connections checked for signs of wear, twist, cracks, distorted links, or excessive stretch?	<input type="checkbox"/>	<input type="checkbox"/>	Are outriggers set before hoisting operations begin?	NA <input type="checkbox"/>	<input type="checkbox"/>
Has rigging been performed by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>	Is proper cribbing being used?	<input type="checkbox"/>	<input type="checkbox"/>
Is the hoisting equipment sitting on a stable surface?	<input type="checkbox"/>	<input type="checkbox"/>	Overhead risks evaluated as part of the lift plan?	<input type="checkbox"/>	<input type="checkbox"/>
Is work area properly barricaded/isolated?	<input type="checkbox"/>	<input type="checkbox"/>	Is the operator certified for the equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Has the hoisting equipment been inspected before use?	<input type="checkbox"/>	<input type="checkbox"/>	Are periodic inspections complete and documented?	<input type="checkbox"/>	<input type="checkbox"/>



PERMIT TO WORK for Petroleum/Convenience Sites (Continued)								
CONFINED SPACE PRE-ENTRY CHECKLIST/RECLASSIFICATION—API 1646 Section 13								
Atmospheric Tests (Pre-isolation & Ventilation)	Time: <u>9:30</u>	O <sub>2</sub> (19.5 % to 23.5 %): <u>20.9</u>	% LEL (<10 %): <u>0</u>	Toxicity (H <sub>2</sub> S, Benzene): <u>0</u>				
Source Isolation (No Entry)	Electrical LOTO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> NA				
	Pumps off and LOTO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> NA				
	Lines disconnected	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> NA				
	Valves shut and LOTO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> NA				
NOTE: If any "NO" box is checked above, fill out "Confined Space Entry Permit" section. If all "YES" or "NA," continue on.								
Atmosphere Ventilation	Mechanical Forced Air	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA				
	Natural Ventilation Only	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA				
Atmospheric Tests (Post-isolation and Ventilation)	Time: <u>10:30</u>	O <sub>2</sub> (19.5 % to 23.5 %): <u>20.9</u>	% LEL (<10 %): <u>0</u>	Toxicity (H <sub>2</sub> S, benzene): <u>0</u>				
Pre-entry Check-list	Surrounding area free of hazards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA				
	Proper notifications made?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA				
	Does your knowledge indicate the area will remain free of all atmospheric hazards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA				
	Are you trained in confined space entry?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA				
	Are you trained in the operation of the air monitor used?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA				
	Has the monitor been calibrated before use?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA				
	Did you test the atmosphere in the space before entry?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA				
	Did the atmosphere check as acceptable?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA				
Will the atmosphere be continuously monitored?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA					
NOTE: IF ANY OF THE ABOVE ANSWERS ARE "NO", DO NOT ENTER								
CONFINED SPACE ENTRY PERMIT—API 1646 Section 13								
Purpose of Entry: <u>Product line leak repairs at STP</u>			Entry Supervisor: <u>Eric Wheeler</u>					
Attendants:	1. <u>Eric Wheeler</u>	2. <u>Suan Rangel</u>	Entrants:	1. <u>Juan Ramos</u>	2. <u>Eric Wheeler</u>			
	3.	4.		3.	4.			
Pre-entry Checks:	<input checked="" type="checkbox"/> LOTO	<input checked="" type="checkbox"/> Emergency Rescue Plan	<input checked="" type="checkbox"/> Secure Area	<input checked="" type="checkbox"/> Ventilation				
	<input checked="" type="checkbox"/> PPE	<input checked="" type="checkbox"/> Lines Isolated/Blacked	<input type="checkbox"/> Respirators <u>N/A</u>	<input checked="" type="checkbox"/> Fire Extinguisher				
	<input type="checkbox"/> Purge <u>N/A</u>	<input type="checkbox"/> Hot Work Permit <u>N/A</u>	<input type="checkbox"/> Communication System	<input checked="" type="checkbox"/> Lighting				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Minimum Requirements To Be Completed & Reviewed Before Entry								
Continuous atmosphere Monitoring: (Record at least every 30 minutes)	Test	PEL	Initials	Time: <u>11:30</u>	Time: <u>12:30</u>	Time:	Time:	Time:
	Oxygen	19.5% to 23.5%	<u>EAW</u>	Value: <u>20.9</u>	Value: <u>20.9</u>	Value:	Value:	Value:
	LEL	10 %	<u>EAW</u>	Value: <u>0</u>	Value: <u>0</u>	Value:	Value:	Value:
	H <sub>2</sub> S	<10 PPM	<u>EAW</u>	Value: <u>0</u>	Value: <u>0</u>	Value:	Value:	Value:
Other			Value:	Value:	Value:	Value:	Value:	
Remarks:								
Gas Tester Make/Model: <u>Gas Alert Micro Clip XL</u>			Instrument Serial Number:					
Have all of the conditions above been satisfied?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
Attendant Signature: _____			Entry Supervisor Signature: _____					
I ensure this permit has been filled out completely and in conjunction with all applicable OSHA requirements to provide a safe workplace for all workers and myself. I will take action to eliminate hazardous conditions or acts identified on this job site.								
Person In Charge Signature: _____								

*diesel*





**Premium**

**From:** [UST Duty Officer \\* DEQ](#)  
**To:** [Donovan, Brenda](#); [randall.brown1@bp.com](mailto:randall.brown1@bp.com)  
**Cc:** [UST Duty Officer \\* DEQ](#)  
**Subject:** RE: 3917 -DEQ UST Inspection Determination: ARCO #7120  
**Date:** Monday, April 28, 2025 4:48:00 PM  
**Attachments:** [2025-FC-9896 issued to 3917.pdf](#)  
[image001.png](#)

---

Good afternoon,

UST facility 3917 Arco #7120 located at 10957 SW Beaverton Hillsdale Hwy, Beaverton, OR 97005.

Please review the attached field citation. **The deadline for payment of the \$300 penalty and completion of the corrective actions is 5/23/35.**

**Corrective Actions:**

1. Initiate investigation to confirm source of release in diesel and premium sumps within 5 days either schedule or have a licensed technician assess the necessary repairs.  
Submit testing results and repair documentation to DEQ by **May 23th, 2025**

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](mailto:itservicedesk@deq.oregon.gov) or [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](mailto:Emily.LITKE@deq.oregon.gov)

---

**From:** GAFFNEY Ingrid \* DEQ <[Ingrid.GAFFNEY@deq.oregon.gov](mailto:Ingrid.GAFFNEY@deq.oregon.gov)>

**Sent:** Tuesday, April 22, 2025 2:38 PM

**To:** Donovan, Brenda <[brenda.donovan@bp.com](mailto:brenda.donovan@bp.com)>; [randall.brown1@bp.com](mailto:randall.brown1@bp.com)

**Cc:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>

**Subject:** DEQ UST Inspection Determination: ARCO #7120

Hello Brenda:

Thank you for having Belshire and Tanknology meet with DEQ on April 22, 2025, to perform the UST inspection at 10957 SW Beaverton Hillsdale Hwy, Beaverton, OR 97005.

Since DEQ observed violations, enforcement will be issued per the enforcement guidance. Below are the listed violations.

You will receive the enforcement documentation via a separate email from the UST Duty officer email. The payment can be made via [Your DEQ Online Website](#). Here's the link to all the licensed service providers that you'll need to contact to bring the site up to compliance.

**Please email the UST duty officer with questions or when sending over the final testing records and any repair documentation. Contact the UST Duty Officer at [503-229-5034](tel:503-229-5034) or [ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov)**

**Violations:**

1.
  1. L2 -Failing to investigate or confirm a suspected release in the diesel and premium sumps. Class I.

**Corrective Actions:**

2. Initiate investigation to confirm source of release in diesel and premium sumps within 5 days either schedule or have a licensed technician assess the necessary repairs. Submit testing results and repair documentation to DEQ by **May 23th, 2025**

**Observations of note:**

- **DEQ did receive a three day notification about the diesel and premium switch along with dispenser upgrades. I wanted Belshire to confirm they had done this for the site.**
- **Make sure the site is printing and collecting daily interstitial leak detection reports from the Veeder Root, due to the upgrades of the system.**

**From:** [UST Duty Officer \\* DEQ](#)  
**To:** ["Brown, Randall S"](#); [LITKE Emily \\* DEQ](#); [UST Duty Officer \\* DEQ](#); [Donovan, Brenda](#)  
**Subject:** RE: 3917 -DEQ UST Inspection Determination: ARCO #7120  
**Date:** Tuesday, May 27, 2025 11:41:00 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)

---

Hey Randall,

Thank you for sending the requested information. **The UST inspection for facility 3917 located at 10957 SW Beaverton Hillsdale Hwy, Beaverton, OR 97005 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](mailto:Emily.LITKE@deq.oregon.gov)

---

**From:** Brown, Randall S <[randall.brown1@bp.com](mailto:randall.brown1@bp.com)>  
**Sent:** Tuesday, May 27, 2025 10:38 AM  
**To:** LITKE Emily \* DEQ <[Emily.LITKE@deq.oregon.gov](mailto:Emily.LITKE@deq.oregon.gov)>; UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>; Donovan, Brenda <[brenda.donovan@bp.com](mailto:brenda.donovan@bp.com)>  
**Subject:** RE: 3917 -DEQ UST Inspection Determination: ARCO #7120

Hello Emily,

Please see attached emails.

Thanks,

**Randall Brown**  
HSSE&C Advisor, California  
bp, US Convenience



Mobile: 530 777 8942  
Email: [Randall.brown1@bp.com](mailto:Randall.brown1@bp.com)

*This email is confidential. It may also be privileged or otherwise protected by legal rules. If you have received it by mistake or are not the addressee please let me know by reply and then delete it from your system. Do not copy, forward or distribute the email or disclose its contents to anyone.*

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**From:** LITKE Emily \* DEQ <[Emily.LITKE@deq.oregon.gov](mailto:Emily.LITKE@deq.oregon.gov)>  
**Sent:** Tuesday, May 27, 2025 10:24 AM  
**To:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>; Donovan, Brenda <[brenda.donovan@bp.com](mailto:brenda.donovan@bp.com)>; Brown, Randall S <[randall.brown1@bp.com](mailto:randall.brown1@bp.com)>  
**Subject:** RE: 3917 -DEQ UST Inspection Determination: ARCO #7120

Good morning,

Please provide an update on payment of the \$300 penalty and investigation of source of diesel and premium sumps, the deadline was 5/23/25

**Corrective Actions:**

1. Initiate investigation to confirm source of release in diesel and premium sumps within 5 days either schedule or have a licensed technician assess the necessary repairs.  
Submit testing results and repair documentation to DEQ by **May 23th, 2025**



**Emily Litke** (she/her)  
Duty Officer, Underground Storage Tanks  
DEQ Headquarters, Land Quality Division  
700 NE Multnomah Street, Suite 600  
Portland OR 97232-4100  
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**From:** UST Duty Officer \* DEQ  
**Sent:** Monday, April 28, 2025 4:48 PM  
**To:** Donovan, Brenda <[brenda.donovan@bp.com](mailto:brenda.donovan@bp.com)>; [randall.brown1@bp.com](mailto:randall.brown1@bp.com)  
**Cc:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>  
**Subject:** RE: 3917 -DEQ UST Inspection Determination: ARCO #7120

Good afternoon,  
UST facility 3917 Arco #7120 located at 10957 SW Beaverton Hillsdale Hwy, Beaverton,  
OR 97005.

Please review the attached field citation. **The deadline for payment of the \$300 penalty and completion of the corrective actions is 5/23/35.**

**Corrective Actions:**

1. Initiate investigation to confirm source of release in diesel and premium sumps within 5 days either schedule or have a licensed technician assess the necessary repairs.  
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**From:** GAFFNEY Ingrid \* DEQ <[Ingrid.GAFFNEY@deq.oregon.gov](mailto:Ingrid.GAFFNEY@deq.oregon.gov)>

**Sent:** Tuesday, April 22, 2025 2:38 PM

**To:** Donovan, Brenda <[brenda.donovan@bp.com](mailto:brenda.donovan@bp.com)>; [randall.brown1@bp.com](mailto:randall.brown1@bp.com)

**Cc:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>

**Subject:** DEQ UST Inspection Determination: ARCO #7120

Hello Brenda:

Thank you for having Belshire and Tanknology meet with DEQ on April 22, 2025, to perform the UST inspection at 10957 SW Beaverton Hillsdale Hwy, Beaverton, OR 97005.

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- 1.
1. L2 -Failing to investigate or confirm a suspected release in the diesel and premium sumps. Class I.

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- **Make sure the site is printing and collecting daily interstitial leak detection reports from the Veeder Root, due to the upgrades of the system.**

Fee	-	Paid	=	Due
\$ 300.00		\$ 300.00		\$ 0.00

Penalty

▶ 2025-FC-9896

ⓘ UST - Field Citation

\$ 300.00

1 Results

➕ Add Penalty

➡ Send to FIMS

Payment

▼ Credit Card

\$ 300.00

📅 5/1/2025

📅 5/1/2025

ⓘ DEQEDM000052492

Type	Amount
Credit Card ▼	300

E-Payment Confirmation#	E-Payment Settle Date
DEQEDM000052492	05/01/2025 📅

Ref#	Payment Date
	05/01/2025 📅

Comments

Site Info

ARCO 7207



📍 10975 SW BEAVERTON HILLSDALE HWY, BEAVERTON, OR 97005

📍 6845 ✓

📍 201387

📍 CEM\_FacilityIdentifier=3498 UST (3917)

📁 Stationary

Contact Info

- 👤
- 📄
- 📄
- 📞

Inspection Info

7836 Completed