



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

April 30, 2025

Clatskanie Chevron Food Mart, LLC
Attn: Zeina Alumari
PO Box 1183
Clatskanie, OR 97016

RE: UST Compliance Inspection
DEQ UST# 2925 – 25 Columbia River Hwy

Dear Clatskanie Chevron Food Mart, LLC:

The Oregon Department of Environmental Quality (DEQ) is conducting underground storage tank (UST) inspections throughout Oregon. The purpose of this letter is to inform you that your 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.

Please confirm the inspection for this facility to Ingrid Gaffney, DEQ inspector, at ingrid.gaffney@deq.oregon.gov or 503-875-1246

Scheduled for May 27, 2025, starting at approximately 1 pm at the DEQ UST #s listed below.

May 27th at 1pm:

- DEQ UST # 2925 – Clatskanie Mobil – 25 Columbia River Hwy, Clatskanie, OR

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

DEQ staff will not assist with operating tank gauges or open sump lids. Please be prepared to open and operate these system parts.

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

- Line and leak detector testing results for the past three years,
- Monthly tank leak detection records, one year
- Class A, B, and C training documentation,
- Financial responsibility mechanism,
- Annual tank gauge certification for the past three years
- Spill prevention testing records, was due by October 2020
- Monthly walkthroughs, one year
- Overfill Prevention Equipment testing, was due by October 2020
- Cathodic protection testing (if applicable).

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

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

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

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

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

Thank you for your cooperation. I can be reached at 503-875-1246 ingrid.gaffney@deq.oregon.gov to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,



Ingrid Gaffney
UST Compliance Specialist

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

Inspector: Ingrid Rafferty Date: 5/27/2025 Time: 10M Facility: 2925

I. Site Information

Facility Name:	<u>Clatskanie Mobil</u>	Permittee:		Contact:	<u>Ali Alunari</u>
Site Address:	<u>25 W Columbia River Hwy</u>	Organization:		Phone:	
City:	<u>Clatskanie, OR 97016</u>	Phone:			<u>503-728-4957</u>

II. Tank Information

DEQ Permit #	<u>BG FCG</u>	<u>BG FCH</u>	<u>BG FCJ</u>		
Estimated Gallons	<u>20000</u>	<u>5000</u>	<u>5000</u>		
Substance	<u>GASOLINE</u>	<u>GASOLINE</u>	<u>DIESEL</u>		
Tank Material	<u>DW COMPOSITE</u> <u>Comp-Steel w/ Fib</u>				
Tank Install Date	<u>10/16/2009</u>	<u>10/16/2009</u>	<u>10/16/2009</u>		
Pipe Material	<u>As Smith</u>				
Pipe Type	<u>pressure</u>				
Pipe Install Date	<u>2009</u>	<u>2009</u>	<u>2009</u>		
Overfill Device	<u>Auto shut off</u>				

Notes and Comments from the UST database:

☒ Check file before conducting inspection

If tanks are manifolded, which tanks: yes

III. Operating Certificate

<input checked="" type="checkbox"/> Current	<input checked="" type="checkbox"/> Accurate	<input checked="" type="checkbox"/> Posted for delivery drive to observe	Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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IV. Operator Training

Class A/B Operator	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Name:	<u>Michael Snyder</u>	Date:	<u>3/23/21</u>
Class C Operator	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cardlock			

V. Financial Responsibility

Type of coverage:	<u>Insurance</u>	Begin Date:	<u>6/1/24</u>	End Date:	<u>6/1/25</u>
Coverage amount correct:	<u>\$1,200,000</u>	Number of tanks covered:	<u>3</u>		
Financial responsibility could also be in the form of self insurance, bonds, local government, trust fund, and or guarantee					

VI. Walkthrough Requirements

Spill prevention and release detection equipment checked monthly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Tank top sumps checked annually?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

VII. Release Detection

Compliance

☐ Yes

☒ No

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

Date of last testing:

2/21/25

(2024?)
5/19/23

Last three tests available?

☐ Yes

☒ No

b) Piping Release Detection (Check all that apply)

☒ Pressurized Piping

☒ Mechanical Leak Detector (MLLD)

☐ Electronic Leak Detector (ELLD) - check for swiftcheck requirement

Date of last testing:

2/21/25

2/15/19/23

Last three tests available?

☐ Yes

☒ No

Number of lines tested:

3

(2024?)

Number of LD tested:

3

Leak detector manufacturer make and model:

99LD 2000

Tank gauge manufacturer make and model:

INCON

~~TS 750~~

TS 750

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:

(NO 2023)

9/2/21

Last two tests available?

☐ Yes

☒ No

Date of last sensor testing:

(NO 2023)

9/2/21

Last three tests available?

☐ Yes

☒ No

Float sensors installed correctly?

☒ Yes

☐ No

Interstitial space opened to sump?

☒ Yes

☐ No

Presence of water in sumps?

☐ Yes

☒ No

☐ Safe Suction

Check valve directly below suction pump?

☐ Yes

☐ No

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

☐ Tank Gauge

☐ CSLD

☒ SCALD

☐ Static

Are correct tank sizes programmed at tank gauge?

☒ Yes

☐ No

Tank diameter/length seem appropriate?

☒ Yes

☐ No

Are tanks manifolded?

☐ Yes

☐ No

If so, tank gauge testing setup for manifolded tanks?

☐ Yes

☐ No

If Veeder Root tank gauge leak detection

☐ CSLD set at 99%

☐ Thermal coefficient set correctly?

(Gasoline 0.00070; Diesel 0.00045)

If Incon/Franklin tank gauge leak detection

☒ 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 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
T2: <input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
T3: <input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
T4: <input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
T5: <input type="checkbox"/> Jan	<input 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: <u>2925</u>
VIII. Spill Prevention			Compliance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date(s) of testing: <u>6/12/21</u> <u>5/19/23</u>		Number of spill buckets tested? <u>3</u>	
Did spill bucket pass most recent testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, was spill bucket replaced/repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
During inspection, visual damage to spill bucket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Hydrostatic testing (test takes one hour to complete)			
<input checked="" type="checkbox"/> Vacuum test (test takes 1 minute, ending vacuum must be 26 inches water column or greater)		Compliance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
IX. Overfill Prevention			
Date(s) of testing: <u>6/12/20</u> <u>5/19/23</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Overfill device pass most recent testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, overfill device replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Overfill method that was tested: <input checked="" type="checkbox"/> Alarm <input type="checkbox"/> Flapper <input type="checkbox"/> Ball Float			
<u>Overfill Alarm</u>			
Alarm sounds when tank is 90% full		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Driver can see or hear alarm at point of transfer?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sound alarm from tank gauge during inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Flapper Valve</u>			
Testing verified the valve automatically restricts flow at 95%		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visual observation of flapper on day of inspection?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Ball Float</u>			
Testing verified the ball float automatically restricts flow at 90%		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visual observation of ball float during inspection?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
X. Corrosion Protection			
<input type="checkbox"/> Cathodic <input type="checkbox"/> Galvanic <input type="checkbox"/> Impressed Current		Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Steel tank with cathodic?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Steel pipes with cathodic?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Steel flex-lines with cathodic?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of cathodic test: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Last two tests available?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did last test pass?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was failed test reported to DEQ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was system repaired?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of repair? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cathodic retested within 6 mos. of repair?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of retesting? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If impressed current system:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rectifier Operational?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rectifier log maintained?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rectifier been operating continuously		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Tank Lining			
Date of last test? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pressure test conducted after tank lining inspection?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

XI. General notes from inspection

Representative onsite:

Zeina Alumar

email:

alumar222@hotmail.com

violations

- * sumps & woc's - missing 2023 testing
- * ~~2024~~ annual testing - missing 2023 testing

violations

Photo #1 = woc #3

#2 = woc #1

#3 = woc #5

#4 = woc #7

Compliance Determination:

☐ No Violations Observed

☒ Observed violations resulting in enforcement

Inspector Signature:

Ingrid Lafon

Date:

5/29/25



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

FACILITY NAME: Clatskanie Mobil #2925 Page 1
INSPECTION DATE: May 27, 2025



1: 25 W Columbia River Hwy, Clatskanie, OR 97016



2: Tank nest looking north



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

FACILITY NAME: Clatskanie Mobil #2925 Page 1
INSPECTION DATE: May 27, 2025



3: Overfill alarm and vapor vent caps



4: Diesel sump



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

FACILITY NAME: Clatskanie Mobil #2925 Page 1
INSPECTION DATE: May 27, 2025



5: Premium fill



6: Premium sump



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

FACILITY NAME: Clatskanie Mobil #2925 Page 1
INSPECTION DATE: May 27, 2025



7: Regular fill



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

FACILITY NAME: Clatskanie Mobil #2925 Page 1
INSPECTION DATE: May 27, 2025



8: UDC #3/4



9: UDC #1/2



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

FACILITY NAME: Clatskanie Mobil #2925 Page 1
INSPECTION DATE: May 27, 2025



10: UDC #5/6



11: UDC #7/8



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

FACILITY NAME: Clatskanie Mobil #2925 Page 1
INSPECTION DATE: May 27, 2025



12: Regular sump



13: Regular vapor return



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

FACILITY NAME: Clatskanie Mobil #2925 Page 1
INSPECTION DATE: May 27, 2025



14: Diesel fill



15: Diesel fill



Program Enforcement No. 2025-FC-9912

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:	05/27/2025	Facility ID#:	2925
Inspector:	Ingrid GAFFNEY	Facility Name:	CLATSKANIE MOBIL
DEQ Office:	700 NE Multnomah St Ste 600	Facility Address:	25 W COLUMBIA RIVER HWY, CLATSKANIE, Oregon 97016
Phone #:	503-229-5048	County:	Columbia

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: 05/29/2025
Facility Representative Present During Inspection:	Zeina Alumari			<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	Clatskanie ChevronFoodMart LLC			
Mailing Address:	PO Box 1183 , Clatskanie Oregon 97016			

Field Citation Penalty – See Page 3 for detailed listing of each violation. \$ 600

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:

06/29/2025

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.

Department of Environmental Quality (DEQ) Underground Storage Tank Program
UST FIELD CITATION

Facility Representative initials: _____

DATE ISSUED: 05/29/2025

PROGRAM ENFORCEMENT No.: 2025-FC-9912

FACILITY ID: 2925

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 condition (i.e. device has been incorrectly installed, is defective, damaged, or may have been tamper		
*TCR:			
Corrective Action:	Schedule 2026 annual testing of the release detection equipment (veeder root, sensors and line leak detection) per the manufacturer's specifications. Submit 2026 annual testing date by June 29th, 2025.		
Rule Citation: OAR 340-150-0400(1)(c)	Penalty Amount: \$ 100	Correct Violation by: 06/29/2025	Date Violation Corrected:
Violation #2:	Failure to test spill prevention equipment at least once every 3 years		
*TCR:			
Corrective Action:	Perform sump, sensors and UDC hydrostatic testing by June 29th, 2025. Submit results and documents to DEQ via the UST Duty officer email. Keep site on a tri annual testing schedule for sumps, spill buckets and UDCs.		
Rule Citation: OAR 340-150-0310(8)(b)	Penalty Amount: \$ 500	Correct Violation by: 06/29/2025	Date Violation Corrected:
Violation #3:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #4:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #5:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #6:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
	Total Penalty Amount 600		
	(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: 06/29/2025

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

Containment & Spill Bucket Testing Report Form

This form is intended for use by contractors performing testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator.

1. FACILITY INFORMATION

Facility Name:	Date of Testing:
Facility Address:	
Facility Contact:	Phone:
Name of Local Agency Inspector (if present during testing):	

2. TESTING CONTRACTOR INFORMATION

Company Name:
Technician Conducting Test:
Credentials ¹ : <input type="checkbox"/> Licensed installer <input type="checkbox"/> Licensed tightness tester <input type="checkbox"/> Other (Specify) _____

3. TESTING INFORMATION

Test Method Used:	<input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other	
Test Equipment Used:	Equipment Resolution:			
Identify Containment & Spill Bucket (By Tank Number, Stored Product, etc.)	1	2	3	4
Containment type, tank top sump, dispenser sump, transition sump, spill bucket?				
For spill bucket, was drain removed and plugged? Yes/No/NA				
Did testing include highest penetration points? Yes/No/NA				
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:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: Lloyd Fivecoats Date: _____

Containment & Spill Bucket Testing Report Form

This form is intended for use by contractors performing testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator.

1. FACILITY INFORMATION

Facility Name:	Date of Testing:
Facility Address:	
Facility Contact:	Phone:
Name of Local Agency Inspector (if present during testing):	

2. TESTING CONTRACTOR INFORMATION

Company Name:
Technician Conducting Test:
Credentials ¹ : <input type="checkbox"/> Licensed installer <input type="checkbox"/> Licensed tightness tester <input type="checkbox"/> Other (Specify) _____

3. TESTING INFORMATION

Test Method Used:	<input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other	
Test Equipment Used:	Equipment Resolution:			
Identify Containment & Spill Bucket (By Tank Number, Stored Product, etc.)	1	2	3	4
Containment type, tank top sump, dispenser sump, transition sump, spill bucket?				
For spill bucket, was drain removed and plugged? Yes/No/NA				
Did testing include highest penetration points? Yes/No/NA				
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:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: Lloyd fivecoats Date: _____



SERVICE ORDER

508422

☒ PORTLAND 435 N.E. HANCOCK
PORTLAND, OR 97217
503-282-2587

☐ TACOMA 200 S. 20TH AVE.
PASCO, WA 99001
509-543-2018

☐ SEATTLE 6530 5TH PLACE SOUTH
SEATTLE, WA 98108
206-763-7867

☐ ANCHORAGE ANCHORAGE, AK
907-242-3821

ACCOUNT NUMBER
3440

JOB SITE
ORDER DATE 05/22/2025
JOB PHONE
WORK ORDERED BY
JOB NAME CLATSKANIE MOBIL
ADDRESS 25 W COLUMBIA RIVER HWY
CITY CLATSKANIE STATE OR 97016

SOLD TO C-STORE

ADDRESS PO BOX 1183

CITY CLATSKANIE STATE OR

3 YEAR TESTING

LF/ BH

MODEL

SERIAL NUMBER

MODEL

SERIAL NUMBER

PROBLEM REPORTED: 3 YEAR SUMP TESTING OF ALL STP AND UDC SUMPS

MATERIAL USED

QTY.	WH	PART NUMBER	DESCRIPTION	PRICE	AMOUNT
7	01	testing	sump testing		

TIME ARRIVED 9:45 am AM PM (circle one)

TIME DEPARTED 2:00 pm AM PM (circle one)

Customer Initials

WORK

DESCRIPTION: All testing passed we used 220 gallons of water witch will be transported and disposed of.

WARRANTY ☐COMPLETE ☒PENDING ☐

	CHARGES	QTY.	RATE	AMOUNT
SERVICEMAN L.J / Bryce	STANDARD LABOR			
TUBAR Key Returned	OVERTIME LABOR			
DATE COMPLETED 5/30/2025	TRAVEL TIME			
TERMS:	MELEAGE			
PRINT CUSTOMER NAME	TOTAL MATERIAL			
CUSTOMER AUTHORIZED SIGNATURE	MISC MATERIAL			
	LAP TOP FEE			
	SUB TOTAL			
	SALES TAX			
	TOTAL AMOUNT DUE			

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:	Clatskanie Mobil	Date of Testing:	5/19/23
Facility Address:	25 W Columbia River HWY - Clatskanie, OR 97016		
Facility Contact:	Staff	Phone:	(209) 481-4754
Date Local Agency Was Notified of Testing :	N/A		
Name of Local Agency Inspector (if present during testing):	N/A		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Mascott Equipment Company
Technician Conducting Test:	D. Reeves
Credentials ¹	<input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify)
License Number(s):	ICC U1-U3 874926

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input type="checkbox"/> Hydrostatic		<input checked="" type="checkbox"/> Vacuum		<input type="checkbox"/> Other	
Test Equipment Used:	Wheeler Vacuum tester		Equipment Resolution: Monometer			
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1	2	3	4	5	6
	Unleaded	Super	Diesel			
Bucket Installation Type:	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	11"	11"	11"			
Bucket Depth:	14.75"	14.25"	13.25"			
Wait time between applying vacuum/water and start of test:	N/A	N/A	N/A			
Test Start Time (T _I):	0705	0732	0749			
Initial Reading (R _I):	-32.0	-32.0	-32.0			
Test End Time (T _F):	0706	0733	0750			
Final Reading (R _F):	-30.4	-29.1	-29.9			
Test Duration (T _F - T _I):	1 minute	1 minute	1 minute			
Change in Reading (R _F - R _I):	1.6	2.9	2.1			
Pass/Fail Threshold or Criteria:	<-4.0	<-4.0	<-4.0			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

Tested Per PEI/RP1200

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: 

Date: 5/19/23

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

From: [GAFFNEY Ingrid * DEQ](#)
To: [Jennifer Wells](#)
Cc: [LITKE Emily * DEQ](#); alumari222@hotmail.com
Subject: RE: Clatskanie results
Date: Monday, June 16, 2025 9:55:50 AM
Attachments: [image001.png](#)

Great!

Regards,

Ingrid Gaffney
UST Compliance Inspector
DEQ UST Program
700 NE Multnomah St, Ste 600
Portland, OR 97232
<https://www.oregon.gov/deq/Pages/index.aspx>
she/ her

From: Jennifer Wells <JWells@mascottec.com>
Sent: Monday, June 16, 2025 9:50 AM
To: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>
Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>; alumari222@hotmail.com
Subject: RE: Clatskanie results

Good Morning Ingrid,

I have attached the sump test results for Clatskanie. Please let me know if you need anything else.

Thank you,
Jennifer Wells
Compliance Testing Coordinator
Direct Line 503-331-3884
Email: JWells@mascottec.com



Join the Mascott Team!
<https://mascottec.com/about-us/employment-opportunities/>

From: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>

Sent: Monday, June 16, 2025 8:40 AM

To: Jennifer Wells <JWells@mascottec.com>

Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>; alumari222@hotmail.com

Subject: FW: Clatskanie results

Importance: High

Hi Mascott and Alumari:

My apologies for confusion:

The site still needs to perform the following if it was not done recently:

- Hydrostatic testing of the UDCs and Sumps. The site is overdue that is why they received a citation from DEQ.

IF that was performed recently, please send those test results over. Otherwise, these tests need to be performed.

Regards,

Ingrid Gaffney
UST Compliance Inspector
DEQ UST Program
700 NE Multnomah St, Ste 600
Portland, OR 97232
<https://www.oregon.gov/deq/Pages/index.aspx>
she/ her

From: GAFFNEY Ingrid * DEQ <ingrid.gaffney@deq.oregon.gov>

Sent: Monday, June 16, 2025 7:19 AM

To: ali alumari <alumari222@hotmail.com>

Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>; Stephanie Rivelli <srivelli@mascottec.com>

Subject: RE: Clatskanie results

Importance: High

Hi Mascott

I see that the site in Clatskanie needed to have the sumps (per their enforcement) also hydrostatically tested, is this something that was missed in the paperwork? I see the UDCS and spill buckets were tested. Which is great but the sumps are missing from the work you all did out there. I hope they were done.

Regards,

Ingrid Gaffney
UST Compliance Inspector
DEQ UST Program
700 NE Multnomah St, Ste 600
Portland, OR 97232
<https://www.oregon.gov/deq/Pages/index.aspx>
she/ her

From: ali alumari <alumari222@hotmail.com>
Sent: Thursday, June 12, 2025 6:06 PM
To: GAFFNEY Ingrid * DEQ <ingrid.gaffney@deq.oregon.gov>
Subject: Fw: Clatskanie results

The inspection from Mascott has been completed and finalized and we have scheduled the inspection for next year. Thank you and have a great day.

From: Stephanie Rivelli <srivelli@mascottec.com>
Sent: Wednesday, May 7, 2025 3:36 PM
To: alumari222@hotmail.com <alumari222@hotmail.com>; GAFFNEY Ingrid * DEQ <ingrid.gaffney@deq.oregon.gov>
Subject: Clatskanie results

Good afternoon;

Please find the compliance testing results for Clatskanie attached (25 W Columbia River Road).
Mascott is scheduled to perform UDC and STP sump hydrostatic testing on Friday May 30th.

I have included all other available testing results. If you need anything further, please do not hesitate to reach out and let me know. We are always happy to assist. Have a wonderful day!

Thank you,

Stephanie Rivelli

Assistant

Direct Line 503-331-3882

Email: srivelli@mascottec.com



Join the Mascott Team!

<https://mascottec.com/about-us/employment-opportunities/>

WARNING: *** This email is from outside Mascott. Use caution when opening attachments or clicking links and buttons. If you are at all suspicious, contact IT Support BEFORE clicking. *******

From: [GAFFNEY Ingrid * DEQ](#)
To: [UST Duty Officer * DEQ](#); [LITKE Emily * DEQ](#)
Cc: alumari222@hotmail.com
Subject: FW: Clatskanie results
Date: Friday, June 13, 2025 6:47:03 AM
Attachments: [image001.png](#)
[Petro-Tite X3.pdf](#)
[Static Pressure Decay.pdf](#)
[Annual Monitor Inspection.pdf](#)
[DEQ Monitor.pdf](#)
[Line Leak Detector.pdf](#)
[TP 201.3 Static Pressure Decay.pdf](#)
[Annual Monitor Inspection.pdf](#)
[C-7 Overfill inspection.pdf](#)
[Line Leak Detector.pdf](#)
[PV Cap Form.pdf](#)
[Spill bucket test - Vacuum.pdf](#)
[Containment test form.pdf](#)
[Line Leak Detector.pdf](#)
[Petro-Tite X3.pdf](#)
[Annual Monitor Inspection.pdf](#)

Thanks – please send us next year’s scheduled date for the inspection too.

Regards,

Ingrid Gaffney
UST Compliance Inspector
DEQ UST Program
700 NE Multnomah St, Ste 600
Portland, OR 97232
<https://www.oregon.gov/deq/Pages/index.aspx>
she/ her

From: ali alumari <alumari222@hotmail.com>
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Subject: Fw: Clatskanie results

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From: Stephanie Rivelli <srivelli@mascottec.com>
Sent: Wednesday, May 7, 2025 3:36 PM
To: alumari222@hotmail.com <alumari222@hotmail.com>; GAFFNEY Ingrid * DEQ <ingrid.gaffney@deq.oregon.gov>
Subject: Clatskanie results

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Mascott is scheduled to perform UDC and STP sump hydrostatic testing on Friday May 30th.

I have included all other available testing results. If you need anything further, please do not hesitate to reach out and let me know. We are always happy to assist. Have a wonderful day!

Thank you,

Stephanie Rivelli

Assistant

Direct Line 503-331-3882

Email: srivelli@mascottec.com



Join the Mascott Team!

<https://mascottec.com/about-us/employment-opportunities/>

From: [LITKE Emily * DEQ](#)
To: [ali alumari](#); [UST Duty Officer * DEQ](#)
Subject: RE: DEQ UST Inspection Determination: Clatskanie Mobil #2925
Date: Tuesday, June 10, 2025 9:26:10 AM
Attachments: [image001.png](#)

I see that payment of the penalty was processed on 6/9/25 – thank you. I will mark violation #1 complete. Please email the testing report for the sensors and sump when complete. Also email the UDC hydrostatic testing once complete.



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: ali alumari <alumari222@hotmail.com>
Sent: Friday, May 30, 2025 3:41 PM
To: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Subject: Re: DEQ UST Inspection Determination: Clatskanie Mobil #2925

Hello Everyone,

Just reporting one the corrections made so far on the violations, 2026 Testing has been scheduled for Febuary 15th 2026.

Today we had our sump sensor testing, I have attached the service order sheet and will be following up with the actual report once they are finished typing it up. I will be visiting the site to make payment on our fines.

Thanks,
Zeina Alumari
209-481-4754

From: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Sent: Friday, May 30, 2025 3:24 PM
To: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; alumari222@hotmail.com
<alumari222@hotmail.com>

Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>

Subject: RE: DEQ UST Inspection Determination: Clatskanie Mobil #2925

Zeina

The email from yesterday is below.

Regards,

Ingrid Gaffney
UST Compliance Inspector
DEQ UST Program
700 NE Multnomah St, Ste 600
Portland, OR 97232
<https://www.oregon.gov/deq/Pages/index.aspx>
she/ her

From: UST Duty Officer * DEQ

Sent: Thursday, May 29, 2025 9:38 AM

To: alumari222@hotmail.com

Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>

Subject: DEQ UST Inspection Determination: Clatskanie Mobil #2925

Importance: High

Hello Zeina and Ali Alumari,

Thank you to you both for meeting with DEQ on May 27, 2025, to perform the UST inspection at 25 W Columbia River Hwy, Clatskanie, OR 97016. It was a pleasure to meet you both.

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

You will receive the enforcement documentation with fines via a separate email from the UST Duty officer email. The payment can be made via [Your DEQ Online Website](#).

***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**

Violations:

1. **G5** - Failure to calibrate release detection equipment (veeder root, sensors and line leak detection) per manufacturer's instructions, including testing for operability or running condition annually (2024 annual testing not performed, 2025

annual was performed and passed).

340-150-0400(2) Class I

2. **C1e** – Failure to test sumps and under dispenser containment equipment at least once every 3 years.

340-150-0310(8)(b) Class I

Corrective Actions:

3. Schedule 2026 annual testing of the release detection equipment (veeder root, sensors and line leak detection) per the manufacturer's specifications. Submit 2026 annual testing date to DEQ Duty **officer by June 29th, 2025**. Send final testing results to DEQ via UST Duty officer in 2026. (2025 testing was performed, sensors not done, February 21, 2025) Keep site on an annual schedule.
4. **Perform sump, sensors and UDC** hydrostatic testing by **June 29th, 2025**. Submit results and documents to DEQ via the UST Duty officer email. Keep site on a tri annual testing schedule for sumps, spill buckets and UDCs.

Observation of Note:

- **Get the site on an annual and tri annual testing schedule by adding to your calendar as a reminder.**
- **Zeina, DEQ recommends you get A/B trained too for liability reasons.**

Thank you and have a great Summer! Call DEQ anytime with questions or concerns.

Regards,

Ingrid Gaffney
UST Compliance Inspector
DEQ UST Program
700 NE Multnomah St, Ste 600
Portland, OR 97232
<https://www.oregon.gov/deq/Pages/index.aspx>
she/ her

From: [UST Duty Officer * DEQ](#)
To: [UST Duty Officer * DEQ](#); alumari222@hotmail.com
Cc: [LITKE Emily * DEQ](#)
Subject: RE: DEQ UST Inspection Determination: Clatskanie Mobil #2925
Date: Friday, May 30, 2025 10:15:30 AM
Attachments: [2025-FC-9912 issued to 2925.pdf](#)
[image001.png](#)

Good morning,

Please review the attached field citation. **The deadline for payment of the \$600 penalty and completion of the corrective actions is 6/29/25.**

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

[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: Thursday, May 29, 2025 9:38 AM
To: alumari222@hotmail.com
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Subject: DEQ UST Inspection Determination: Clatskanie Mobil #2925
Importance: High

Hello Zeina and Ali Alumari,

Thank you to you both for meeting with DEQ on May 27, 2025, to perform the UST inspection at 25 W Columbia River Hwy, Clatskanie, OR 97016. It was a pleasure to meet you both.

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

You will receive the enforcement documentation with fines via a separate email from the UST Duty officer email. The payment can be made via [Your DEQ Online Website](#).

***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**

Violations:

1. **G5** - Failure to calibrate release detection equipment (veeder root, sensors and line leak detection) per manufacturer's instructions, including testing for operability or running condition annually (2024 annual testing not performed, 2025 annual was performed and passed).
340-150-0400(2) Class I
2. **C1e** – Failure to test sumps and under dispenser containment equipment at least once every 3 years.
340-150-0310(8)(b) Class I

Corrective Actions:

3. Schedule 2026 annual testing of the release detection equipment (veeder root, sensors and line leak detection) per the manufacturer's specifications. Submit 2026 annual testing date to DEQ Duty officer by **June 29th, 2025**. Send final testing results to DEQ via UST Duty officer in 2026. (2025 testing was performed, sensors not done, February 21, 2025) Keep site on an annual schedule.
4. **Perform sump, sensors and UDC** hydrostatic testing by **June 29th, 2025**. Submit results and documents to DEQ via the UST Duty officer email. Keep site on a tri annual testing schedule for sumps, spill buckets and UDCs.

Observation of Note:

- **Get the site on an annual and tri annual testing schedule by adding to your calendar as a reminder.**
- **Zeina, DEQ recommends you get A/B trained too for liability**

reasons.

Thank you and have a great Summer! Call DEQ anytime with questions or concerns.

Regards,

Ingrid Gaffney
UST Compliance Inspector
DEQ UST Program
700 NE Multnomah St, Ste 600
Portland, OR 97232
<https://www.oregon.gov/deq/Pages/index.aspx>
she/ her

Fee

\$ 600.00

—

Paid

\$ 600.00

=

Due

\$ 0.00

Penalty

▶ 2025-FC-9912

ⓘ UST - Field Citation

\$ 600.00

1 Results

➕ Add Penalty ➡ Send to FIMS

Payment

▼ Check by Mail 5274

📅 6/9/2025

ⓘ 49545

\$ 600.00

Type	Amount
Check by Mail	600

E-Payment Confirmation#	E-Payment Settle Date
	mm/dd/yyyy

Ref#	Payment Date
49545	06/09/2025


Comments

2025-FC-9912

(Remaining Length: 3988)

Site Info

CLATSKANIE MOBIL



Google

25 W COLUMBIA RIVER HWY, CLATSKANIE, OR 97016

54214 ✓

263920

CEM_FacilityIdentifier=19965 UST (2925)

Stationary

Contact Info

Inspection Info