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 29, 2025

Chevron USA Inc
Attn: Erick Aranda
PO Box 6004
San Ramon, CA 94583

RE: UST Compliance Inspection
DEQ UST# *SEE LIST OF SITES BELOW*

Dear Chevron USA 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.

Please confirm the inspections for these facilities to Ingrid Gaffney, DEQ inspector, at ingrid.gaffney@deq.oregon.gov. or 503-875-1246
Scheduled for May 15th, 20th, 21st and 22nd, 2025, starting at approximately 9 am at the DEQ UST #s listed below.

May 15th at 9 am:
- DEQ UST #11262 – 2281 NW 185th Ave, Hillsboro, OR

May20th at 9 am
- DEQ UST #501 – 11520 SW Canyon Rd, Beaverton, OR
- DEQ UST #11015 – 11015 SW Canyon Rd, Beaverton OR

May 21st at 9 am:
- DEQ UST #1138 – 13675 NW Cornell Rd, Portland, OR
- DEQ UST #11996 – 14850 SW Scholls Ferry Rd, Beaverton, OR

May 22nd at 9 am:
- DEQ UST #1113 – 9025 SW Barbur Blvd, Portland, OR
- DEQ UST #1332 -12105 N Jantzen Dr, Portland, 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 Gaffney Date: 5/21/2025 Time: 10:15 AM Facility: 1138

I. Site Information

Facility Name:	Chevron USA #94033	Permittee: Chevron USA Inc	Contact: Deborah Rowe
Site Address:	13675 NW Cornell Rd	Organization: SAME	Phone
City:	Portland, OR 97229	Phone:	760-707-3396

II. Tank Information

DEQ Permit #	BFBHH	BFBHJ			
Estimated Gallons	~~15~~,000	20,000			
Substance	GASOLINE	GASOLINE			
Tank Material	Xerxes DW Fiber	Xerxes DW Fiber			
Tank Install Date	8/21/2000	8/21/2000			
Pipe Material	Flexplastic	→			
Pipe Type	pressure	pressure			
Pipe Install Date	2000	→			
Overfill Device	Autoshutoff	→			

☑ Check file before conducting inspection

Notes and Comments from the UST database:

If tanks are manifolded, which tanks: NO

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: Kevin Bernett Date: 3/15/17

Class C Operator ☑ Yes ☐ No ☐ Cardlock Name: Curtis Rutschman Date: 3/15/17

V. Financial Responsibility — Compliance ☑ Yes ☐ No

Type of coverage: self insured Begin Date: 4/22/25 End Date: 4/22/26

Coverage amount correct: $1,000,000 Number of tanks covered: 2

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

VI. Walkthrough Requirements — Compliance ☑ Yes ☐ No

Spill prevention and release detection equipment checked monthly? ☑ Yes ☐ No

Tank top sumps checked annually? ☑ Yes ☐ No

VII. Release Detection

Compliance ☐ Yes ☐ No

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

Date of last testing: 9/4/24 8/31/23 9/8/22 Last three tests available? ☐ Yes ☐ No

b) Piping Release Detection *(Check all that apply)*

☑ *Pressurized Piping*

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

Date of last testing: 9/4/24 8/31/23 9/8/22 Last three tests available? ☑ Yes ☐ No

Number of lines tested: 2 Number of LD tested: 2

Leak detector manufacturer make and model: VeederRoot PLLD

Tank gauge manufacturer make and model: TLS350 VeederRoot

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: 6/12/24 8/31/23 9/8/22 Last two tests available? ☑ Yes ☐ No

Date of last sensor testing: _____ 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

UDC next 9/10 regular pipe failing. product present.

Tank release detection records available during inspection

2025 2024

T1:	☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sep	☐ Oct	☐ Nov	☐ Dec
T2:	☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sep	☐ Oct	☐ Nov	☐ Dec
T3:	☑ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sep	☐ Oct	☐ Nov	☐ Dec
T4:	☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sep	☐ Oct	☐ Nov	☐ Dec
T5:	☐ Jan	☑ Feb	☑ Mar	☑ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sep	☐ Oct	☐ Nov	☐ Dec

Inspector: _____ Date: 5/21/25 Time: _____ Facility: 1138

VIII. Spill Prevention

Compliance ☑ Yes ☐ No

Date(s) of testing: 8/5/23 8/31/23 10/29/2020 9/8/22

Number of spill buckets tested? 2

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: 10/29/2020 5/3/23 retested 6/20/23

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

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 lest test? _____		
Pressure test conducted after tank lining inspection?	☐ Yes	☐ No

XI. General notes from inspection

Representative onsite: *Assistant Manager* Curtis Rutshman email: uscsi1189@cheronstores.com*
(Sarah Jones - manager)
wayne Perry spill ✓

Violation:
* - Regular line # 9/10 weeping pipe instructed to bag to fix. (SME noted) and stop pumping.

Photo # 1 = UDC # 1/2
Photo # 2 = UDC # 3/4
Photo # 3 = UDC # 5/6
Photo # 4 = UDC # 7/8
Photo # 5 = UDC # 9/10
Photo # 6 = UDC # 11/12

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

Inspector Signature: Ingrid Yaffury Date: 5/21/25

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG

1: 13675 NW Cornell Rd, Portland, OR 97229

2: Tank nest looking north

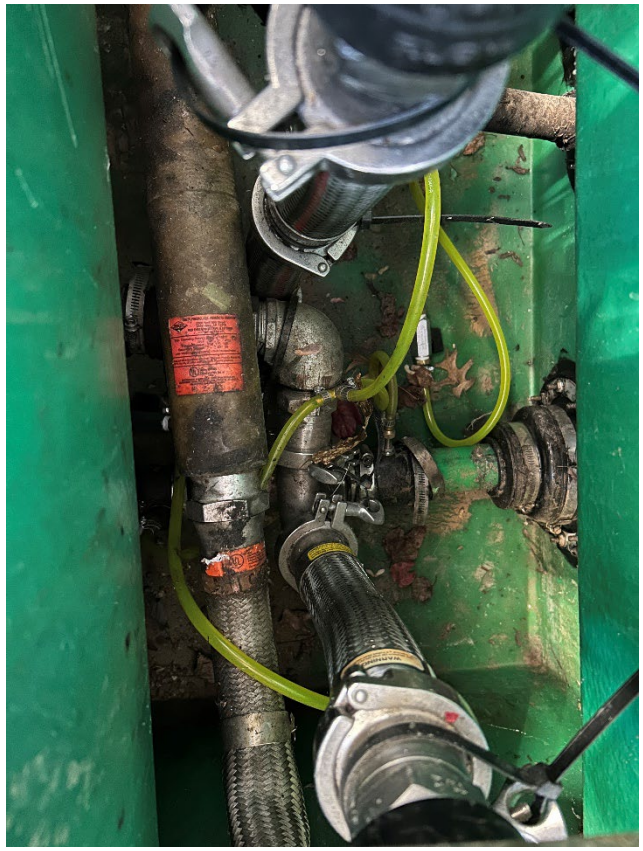
3: Premium sump

4: Premium fill

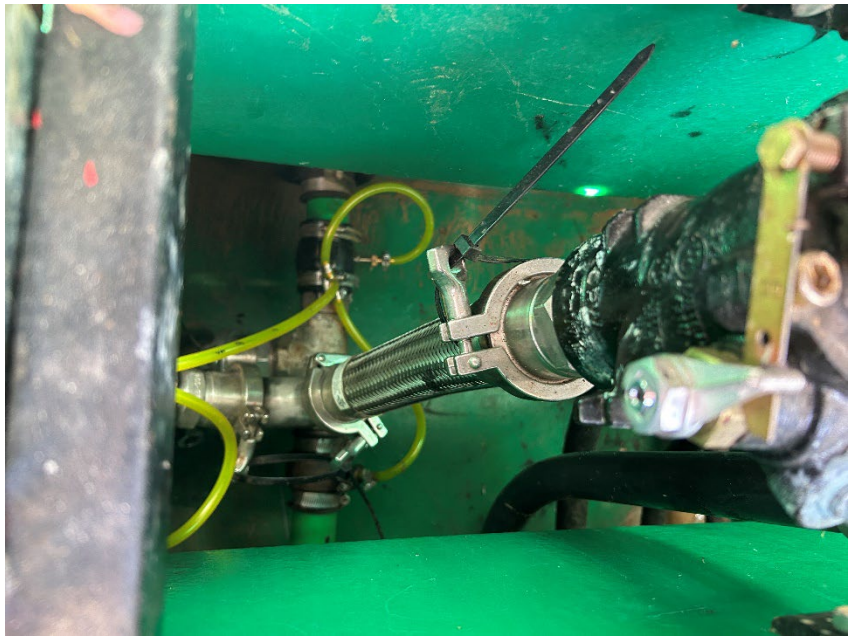
5: Regular sump

6: Regular fill

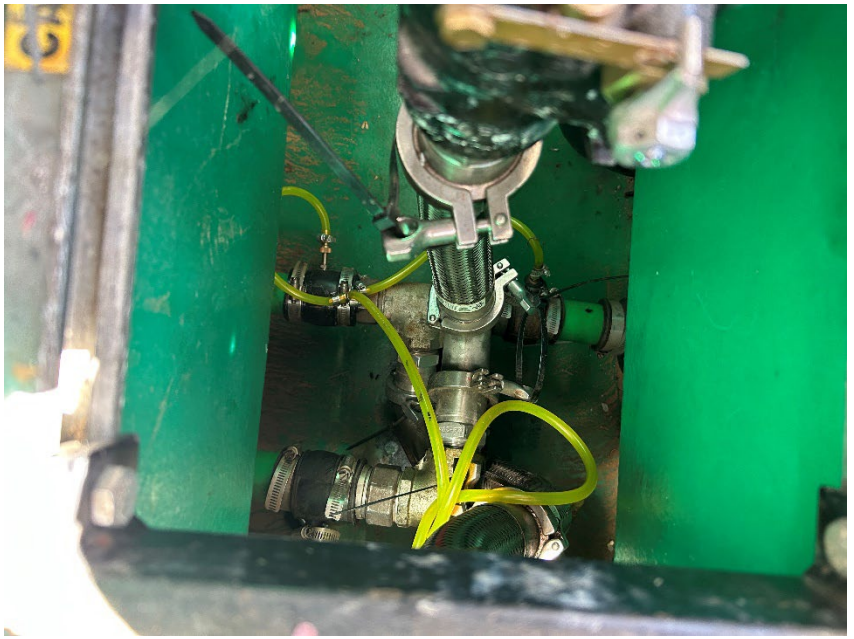
7: Regular vapor return



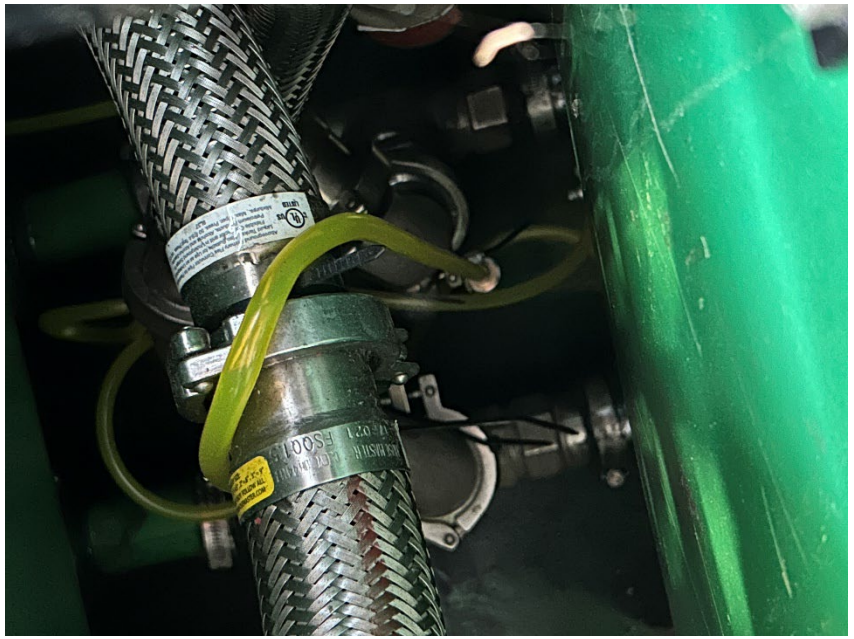
8: UDC #1/2



9: UDC #3/4



10: UDC #5/6



11: UDC #7/8

12: UDC

13: UDC #9/10

14: Regular line weeping in UDC #9/10

15: Sensor in UDC #9/10

16: Weeping product from regular line in UDC #9/10

17: UDC #11/12

18: Dispenser #9/10 taken out of service

Program Enforcement No. 2025-FC-9909

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:	**05/21/2025**	**Facility ID#:**	**1138**
Inspector:	**Ingrid GAFFNEY**	**Facility Name:**	**Chevron SS 94033**
DEQ Office:	**700 NE Multnomah St Ste 600**	**Facility Address:**	**13675 NW CORNELL RD, PORTLAND, Oregon 97229**
Phone #:	**503-229-5048**	**County:**	**Multnomah**

Oregon DEQ inspected the facility listed above and identified the UST violations listed on page 3 of this Field Citation.

Field Citation Issued:	☐ **In Person**	☑ **By Email**	☐ **Both**	**Date Issued: 05/22/2025**
Facility Representative Present During Inspection:	Deborah Rowe	☐ Permittee	☐ Owner	☐ Other
Name of Permittee or Owner:	Chevron USA, Inc.			
Mailing Address:	PO Box 6004 , San Ramon California 94583			
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:

06/22/2025

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.

Violation #1: *TCR:	**Failure to investigate or confirm a suspected release.**			
Corrective Action:	Initiate investigation to confirm source of the leak on the regular product line in UDC #9/10 within 5 days (May 28, 2025). The regular line was slowly weeping down the pipe. Submit testing results of the line and repair documentation to DEQ by June 21st, 2025 via the UST Duty officer email.			
Rule Citation: **OAR 340-150-0163(1)(f)**	Penalty Amount: $ 300	Correct Violation by: 06/21/2025	Date Violation Corrected:	
Violation #2: *TCR:				
Corrective Action:				
Rule Citation: **OAR**	Penalty Amount: $	Correct Violation by:	Date Violation Corrected:	
Violation #3: *TCR:				
Corrective Action:				
Rule Citation: **OAR**	Penalty Amount: $	Correct Violation by:	Date Violation Corrected:	
Violation #4: *TCR:				
Corrective Action:				
Rule Citation: **OAR**	Penalty Amount: $	Correct Violation by:	Date Violation Corrected:	
Violation #5: *TCR:				
Corrective Action:				
Rule Citation: **OAR**	Penalty Amount: $	Correct Violation by:	Date Violation Corrected:	
Violation #6: *TCR:				
Corrective Action:				
Rule Citation: **OAR**	Penalty Amount: $	Correct Violation by:	Date Violation Corrected:	
	Total Penalty Amount (This Page): $ 300			

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:_____ 06/22/2025_____

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*

Work Order

Job: 633143

SME SOLUTIONS, LLC

10107 South Tacoma Way Ste A-2
Lakewood, WA 98499
(253)572-3822
SMEDispatch@sme-solutions.com
Contractor License: 174332/SMESOL*935CH/974078

PO # : 5988023

Ref #: 5988023

Site:

Chevron 94033
13675 NW Cornell Rd
Portland, OR 97225

Work Performed

Category:	**Dispensers**	Unit#:	**ALL**
Component:	**All Dispensers**	Item :	
Failure:	**Check for Leaks**	Serial#:	
Repair:	**Tested/Retested**	Task#:	**1**

Enter Date/Time of Service (Military Time):	**06-12-2025 09:00**	The following data was recorded by (Tech First/Last Name):	**Daniel Gould**
Confirmed programming correct.	**PASS**	Confirmed all Dispenser communications operational:	**PASS**
Confirmed sensor(s) at lowest point and attached supporting Sensor Placement or Chain/Float picture(s) to job:	**CONFIRMED**	Dispensed the following fuel grade(s) for testing purposes and returned back to appropriate tank:	**NO FUEL DISPENSED**
Volume of product dispensed/returned (GAL):	**0.00**	Dollar amount of product dispensed/returned ($):	**0.00**
Waste Disposal left on site:	**NO WASTE GENERATED**	While addressing this task I created and cleared the following new Monitoring System alarm(s):	**na**
Update Site Maintenance Log AND ISD binder. TAKE PICTURE and attach picture to job:	**COMPLETE**	Name of person site keys returned to OR Did Not Use:	**Na**
The status of this task is:	**CLOSED – COMPLETE**	The following data was recorded by (Tech First/Last Name):	**Daniel Gould**

Brief Summary of Repairs or Additional Details:

Inspected and found seepage around the union on regular product piping in fp5/6, all other disp had residue left from previous leaks but not active. Closed down all fueling and LOTO the turbines. Cleaned and tightened the threading connections and union. Removed LOTO and authorized the disp to pressurize the piping, confirmed no further seepage.

Work Performed

Category:	**Dispensers**	Unit#:	**06**
Component:	**Dispenser**	Item :	**D/W V590/D4**
Failure:	**Check for Leaks**	Serial#:	**10436A**
Repair:	**Completed**	Task#:	**4**

Enter Date/Time of Service (Military Time):	**06-24-2025 12:00**	The following data was recorded by (Tech First/Last Name):	**Sean Casey**
Confirmed programming correct.	**PASS**	Confirmed all Dispenser communications operational:	**PASS**

SME SOLUTIONS, LLC

Work Order

Job: 633143

Contractor License: 174332/SMESOL*935CH/974078

PO # : 5988023

Ref #: 5988023

Confirmed sensor(s) at lowest point and attached supporting Sensor Placement or Chain/Float picture(s) to job:	**CONFIRMED**	Dispensed the following fuel grade(s) for testing purposes and returned back to appropriate tank:	**MULTIPLE GRADES**
Volume of product dispensed/returned (GAL):	**0.00**	Dollar amount of product dispensed/returned ($):	**0.00**
Waste Disposal left on site:	**MISC HARDWARE**	While addressing this task I created and cleared the following new Monitoring System alarm(s):	**No new alarms**
Update Site Maintenance Log AND ISD binder. TAKE PICTURE and attach picture to job:	**COMPLETE**	Name of person site keys returned to OR Did Not Use:	**Sarah**
The status of this task is:	**CLOSED – COMPLETE**	The following data was recorded by (Tech First/Last Name):	**Sean Casey**

Brief Summary of Repairs or Additional Details:

Upon arrival barricaded and LOTO STP Breakers. Removed and re-plumbed all product piping from top of shear valve to dispenser inlet on 5/6 and 9/10. Re-pressurized system and checked for leaks . No leaks found. Cleaned UDC's and captured after photos. Placed all used absorbs and old piping in site supplied drum.Re-opened all dispensers now operational at site. Forwarded info to compliance department for follow up.Job complete

Labor and Travel

Start Date	Tech Name		Travel	Labor	Total Hours
6/11/2025 9:00 AM	BRANDOND		0.00	1.50	1.50
6/12/2025 9:00 AM	DANIELG		0.00	1.50	1.50
6/13/2025 1:30 PM	ALEXANDERL		1.00	1.75	2.75
6/13/2025 1:30 PM	SEANC		0.75	1.50	2.25
6/24/2025 9:45 AM	ALEXANDERL		1.25	5.00	6.25
6/24/2025 9:45 AM	SEANC		0.75	4.00	4.75
		Totals:	**3.75**	**15.25**	**19.00**

Parts and Materials

Entry Date	Description	Qty
6/10/2025	Misc Safety Equipment	1.00

Equipment and Fees

Entry Date	Item	Description	Qty
6/16/2025	SPECIAL ORDER PARTFPA	Fittings	1.00

We do not guarantee solutions to all problems with one service call. Due to part and equipment issues, intermittent problems, and other reasons, multiple trips may be required. Travel charges will be added for each service call required. Your signature below acknowledges that the times recorded and work described is accurate. If applicable, parts and labor warranty is limited to that offered by the manufacturer only. Customer is responsible to verify that all programming (i.e. pricing, PLU, etc.) is accurate. SME Solutions, LLC is not responsible for any damages, loss, or expenses incurred due to electronic system failure, data breach, or corruption including, but not limited to, connectivity for hardware, software operation , virus or malware, or program setting /reports that may be related to our work. We are not responsible for down time or loss of business or revenues due to the work being performed. Current labor and travel rates, in effect at the time of this work, will be charged. This is not a final invoice. All terms and conditions in your current customer agreement or quote for this specific job are in effect.

SME SOLUTIONS, LLC

Work Order

Job: 633143

Contractor License: 174332/SMESOL*935CH/974078

PO # : 5988023

Ref #: 5988023

Signature:  Signed By Sarah Date Signed 6/24/2025 3:27:00 PM

Work Order

Job: 629930

SME SOLUTIONS, LLC

10107 South Tacoma Way Ste A-2
Lakewood, WA 98499
(253)572-3822
SMEDispatch@sme-solutions.com
Contractor License: 174332/SMESOL*935CH/974078

PO # : 5971262

Ref #: 5971262

Site:

Chevron 94033
13675 NW Cornell Rd
Portland, OR 97225

Work Performed

Category:	**Dispensers**	Unit#:	**09**
Component:	**Dispenser Pan**	Item :	**D/W V590/D4**
Failure:	**Leaking**	Serial#:	**10434A**
Repair:	**Cleaned**	Task#:	**1**

Enter Date/Time of Service (Military Time):	**05-30-2025**	The following data was recorded by (Tech First/Last Name):	**TODD**
Confirmed programming correct.	**PASS**	Confirmed all Dispenser communications operational:	**PASS**
Confirmed sensor(s) at lowest point and attached supporting Sensor Placement or Chain/Float picture(s) to job:	**CONFIRMED**	Dispensed the following fuel grade(s) for testing purposes and returned back to appropriate tank:	**PLUS**
Volume of product dispensed/returned (GAL):	**3.00**	Dollar amount of product dispensed/returned ($):	**0.00**
Waste Disposal left on site:	**NO WASTE GENERATED**	While addressing this task I created and cleared the following new Monitoring System alarm(s):	**NA**
Update Site Maintenance Log AND ISD binder. TAKE PICTURE and attach picture to job:	**COMPLETE**	Name of person site keys returned to OR Did Not Use:	**DNU**
The status of this task is:	**CLOSED – COMPLETE**	The following data was recorded by (Tech First/Last Name):	**TODD**

Brief Summary of Repairs or Additional Details:

Arrived on site and open dispenser 9/10 and found that the piping had a slight weeping to it as previously mentioned. Disassembled piping coming from above union to dispenser piping. Slide pipe, dope and pipe, tape and reassembled piping and tested operation of dispenser and lines. Piping is no longer weeping.

Labor and Travel

Start Date	Tech Name		Travel	Labor	Total Hours
5/30/2025 7:15 AM	STEPHENO		1.50	2.75	4.25
5/30/2025 7:30 AM	TODDS		1.50	2.50	4.00
5/30/2025 9:15 AM	BRANDOND		0.50	1.75	2.25
		Totals:	**3.50**	**7.00**	**10.50**

Parts and Materials

SME SOLUTIONS, LLC

Work Order

Job: 629930

Contractor License: 174332/SMESOL*935CH/974078

PO # : 5971262

Ref #: 5971262

Entry Date	Description	Qty
5/21/2025	Misc Safety Equipment	1.00

We do not guarantee solutions to all problems with one service call. Due to part and equipment issues, intermittent problems, and other reasons, multiple trips may be required. Travel charges will be added for each service call required. Your signature below acknowledges that the times recorded and work described is accurate. If applicable, parts and labor warranty is limited to that offered by the manufacturer only. Customer is responsible to verify that all programming (i.e. pricing, PLU, etc.) is accurate. SME Solutions, LLC is not responsible for any damages, loss, or expenses incurred due to electronic system failure, data breach, or corruption including, but not limited to, connectivity for hardware, software operation , virus or malware, or program setting /reports that may be related to our work. We are not responsible for down time or loss of business or revenues due to the work being performed. Current labor and travel rates, in effect at the time of this work, will be charged. This is not a final invoice. All terms and conditions in your current customer agreement or quote for this specific job are in effect.

Signature:  Signed By Taylor Date Signed 5/30/2025 11:34:00 AM

July 3, 2024

SB989 POST REPAIRS TEST RESULTS

SUBJECT: SB 989 POST REPAIRS TESTING AT CHEVRON FUELING STATION – 13675 NW CORNELL RD, PORTLAND, OR 97229 – FACILITY NO. 94033

Below please find the SB989 Post Repairs secondary containment testing results for the above-referenced site. These results are being sent to you per the requirement of SB 989. The initial testing performed by Wayne Perry, Inc. on 06/12/2024 resulted in all components passing. Please see attached report for further details.

CONTRACTOR:	Wayne Perry, Inc.
License No:	300345
Technician:	Nick Harvey – ICC # 5115738

If you have any questions regarding the attached results, please contact the undersigned at (714) 826-0352.

Sincerely,
Wayne Perry, Inc.
Erika Carrillo
Erika Carrillo
Program Coordinator

Attachments –Testing Results
Cc: Debbie Rowe – Chevron
Chevron Site # 94033

Appendix VII
Underground Storage Tank
Secondary Containment Testing Report Form

TYPE OF ACTION ☐ Installation ☒ Repair ☐ 6 Month ☐ 36 Month

1. FACILITY INFORMATION		
CERS ID		Test Date **06/12/2024**
Facility Name **Chevron 94033**		
Facility Address **13675 NW Cornell Rd**	City **Portland, OR**	ZIP Code **97229**

2. SERVICE TECHNICIAN INFORMATION	
Company Performing the Test **Wayne Perry, Inc.**	Phone **714-826-0352**
Mailing Address **8281 Commonwealth Avenue, Buena Park, CA 90621**	
Service Technician Performing Test **Nick Harvey**	
Contractor/Tank Tester License Number **300345 A B C61/D40 HAZ**	
ICC Number **5115738**	ICC Expiration Date **11/21/2024**

3. TRAINING AND CERTIFICATIONS	
Manufacturer and Test Equipment Training Certifications	*Expiration Date*
Incon Level 4	**7/13/2025**
Bravo SWAT #2019-2929491	**9/22/2026**
Xerxes #11911	**12/27/2024**
NOV	**4/16/2027**

4. TEST PROCEDURE INFORMATION	
Test Procedures Used	*Components Tested*
PEI RP1200	**Annulars**
PEI RP1200	**Secondary Lines**
PEI RP1200	**UDC's**
PEI RP1200	**Sumps**

5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST

I hereby certify that the secondary containment was tested in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637; that required supporting documentation is attached; and all information contained herein is accurate. I understand that test procedures shall be made available upon request by the governing authority.

Service Technician Signature	Date	Total # of Pages
Nick Harvey	**06/12/2024**	

CERS = California Environmental Reporting System, ICC = International Code Council,
ID = Identification, NA = Not Applicable, UDC = Under-Dispenser Containment,

Underground Storage Tank
Secondary Containment Testing Report Form

6. TANK SECONDARY CONTAINMENT TEST				
Test Method Developed by	☐ Manufacturer	☒ Industry Standard	☐ Professional Engineer	
Test Type	☐ Pressure	☒ Vacuum	☐ Hydrostatic	
Test Equipment Used:				

Tank ID				
Tank Manufacturer				
Tank Capacity				
Test Start Time				
Initial Reading				
Test End Time				
Final Reading				
Change in Reading				
Pass/Fail Criteria				
Tightness Test Results	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

7. PIPE SECONDARY CONTAINMENT TEST				
Test Method Developed by	☐ Manufacturer	☒ Industry Standard	☐ Professional Engineer	
Test Type	☒ Pressure	☐ Vacuum	☐ Hydrostatic	
Test Equipment Used:				

Pipe Run ID	**87-A Prod**	**87-B Prod**	**87-C Prod**	**92-A Prod**
Pipe Manufacturer				
Test Start Time	**11:30**	**11:30**	**11:30**	**11:30**
Initial Reading	**5 psi**	**5 psi**	**5 psi**	**5 psi**
Test End Time	**12:30**	**12:30**	**12:30**	**12:30**
Final Reading	**5 psi**	**5 psi**	**5 psi**	**5 psi**
Change in Reading	**0**	**0**	**0**	**0**
Pass/Fail Criteria	**0**	**0**	**0**	**0**
Tightness Test Results	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail

Pipe Run ID	**92-B Prod**	**92-C Prod**		
Pipe Manufacturer				
Test Start Time	**11:30**	**11:30**		
Initial Reading	**5 psi**	**5 psi**		
Test End Time	**12:30**	**12:30**		
Final Reading	**5 psi**	**5 psi**		
Change in Reading	**0**	**0**		
Pass/Fail Criteria	**0**	**0**		
Tightness Test Results	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

Additional copies of this page may be attached.

All tests marked "Fail" and any repairs made before or during the tightness test must be described in the COMMENTS section.

Underground Storage Tank
Secondary Containment Testing Report Form

8. SUMP/UDC TEST				
Test Method Developed by	☐ Manufacturer	☒ Industry Standard	☐ Professional Engineer	
Test Type	☐ Pressure	☐ Vacuum	☒ Hydrostatic	
Test Equipment Used:				

Sump/UDC ID	92 STP		UDC 1/2	UDC 3/4
Sump Manufacturer				
Sump Depth (inches)				
Sump Bottom to Top of Highest Pipe Penetration (inches)				
Test Start Time	8:28		10:11	10:32
Initial Reading	4.8302		4.5057	2.7235
Test End Time	8:43		10:27	10:47
Final Reading	4.8293		4.5051	2.7233
Change in Reading	0.0009		0.0006	0.0002
Pass/Fail Criteria	0.002		0.002	0.002
Tightness Test Results	☒ Pass ☐ Fail	☐ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail

Sump/UDC ID	UDC 5/6	UDC 7/8	UDC 9/10	UDC 11/12
Sump Manufacturer				
Sump Depth (inches)				
Sump Bottom to Top of Highest Pipe Penetration (inches)				
Test Start Time	10:11	11:45	11:45	11:45
Initial Reading	4.8407	3.6052	5.0763	4.8113
Test End Time	10:27	12:00	12:00	12:00
Final Reading	4.8398	3.6049	5.0761	4.8111
Change in Reading	0.0009	0.0003	0.0002	0.0002
Pass/Fail Criteria	0.002	0.002	0.002	0.002
Tightness Test Results	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail

Additional copies of this page may be attached.

All tests marked "Fail" and any repairs made before or during the tightness test must be described in the COMMENTS section.

Underground Storage Tank
Secondary Containment Testing Report Form

8. SUMP/UDC TEST (continued)				
Test Method Developed by ☐ Manufacturer ☒ Industry Standard ☐ Professional Engineer				
Test Type ☐ Pressure ☐ Vacuum ☒ Hydrostatic				
Test Equipment Used:				

Sump/UDC ID				
Sump Manufacturer				
Sump Depth (inches)				
Sump Bottom to Top of Highest Pipe Penetration (inches)				
Test Start Time				
Initial Reading				
Test End Time				
Final Reading				
Change in Reading				
Pass/Fail Criteria				
Tightness Test Results	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

Sump/UDC ID				
Sump Manufacturer				
Sump Depth (inches)				
Sump Bottom to Top of Highest Pipe Penetration (inches)				
Test Start Time				
Initial Reading				
Test End Time				
Final Reading				
Change in Reading				
Pass/Fail Criteria				
Tightness Test Results	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

Additional copies of this page may be attached.

All tests marked "Fail" and any repairs made before or during the tightness test must be described in the COMMENTS section.

Underground Storage Tank
Secondary Containment Testing Report Form

9. COMMENTS

SB989 Post Repairs Testing performed on 6/12/24, all components passed.

All tests marked "Fail" and any repairs made before or during the tightness test must be described in the COMMENTS section.

CHEVRON 94033
13675 NW CORNELL RD
PORTLAND OR 97229

06/12/2024 8:43 AM

SUMP LEAK TEST REPORT

92 STP

TEST STARTED	8:28 AM
TEST STARTED	06/12/2024
BEGIN LEVEL	4,8302 IN
END TIME	8:43 AM
END DATE	06/12/2024
END LEVEL	4,8293 IN
LEAK THRESHOLD	0,002 IN
TEST RESULT	PASSED

CHEVRON 94033
13675 NW CORNELL RD
PORTLAND OR 97229

06/12/2024 10:27 AM

SUMP LEAK TEST REPORT

1-2

TEST STARTED	10:11 AM
TEST STARTED	06/12/2024
BEGIN LEVEL	4,5057 IN
END TIME	10:27 AM
END DATE	06/12/2024
END LEVEL	4,5051 IN
LEAK THRESHOLD	0,002 IN
TEST RESULT	PASSED

5-6

TEST STARTED	10:11 AM
TEST STARTED	06/12/2024
BEGIN LEVEL	4,8407 IN
END TIME	10:27 AM
END DATE	06/12/2024
END LEVEL	4,8398 IN
LEAK THRESHOLD	0,002 IN
TEST RESULT	PASSED

CHEVRON 94033
13675 NW CORNELL RD
PORTLAND OR 97229

06/12/2024 10:47 AM

SUMP LEAK TEST REPORT

3-4

TEST STARTED	10:32 AM
TEST STARTED	06/12/2024
BEGIN LEVEL	2,7235 IN
END TIME	10:47 AM
END DATE	06/12/2024
END LEVEL	2,7233 IN
LEAK THRESHOLD	0,002 IN
TEST RESULT	PASSED

CHEVRON 94033
13675 NW CORNELL RD
PORTLAND OR 97229

06/12/2024 12:01 PM

SUMP LEAK TEST REPORT

7-8

TEST STARTED	11:45 AM
TEST STARTED	06/12/2024
BEGIN LEVEL	3,6052 IN
END TIME	12:00 PM
END DATE	06/12/2024
END LEVEL	3,6049 IN
LEAK THRESHOLD	0,002 IN
TEST RESULT	PASSED

9-10

TEST STARTED	11:45 AM
TEST STARTED	06/12/2024
BEGIN LEVEL	5,0763 IN
END TIME	12:00 PM
END DATE	06/12/2024
END LEVEL	5,0761 IN
LEAK THRESHOLD	0,002 IN
TEST RESULT	PASSED

11-12

TEST STARTED	11:45 AM
TEST STARTED	06/12/2024
BEGIN LEVEL	4,8113 IN
END TIME	12:00 PM
END DATE	06/12/2024
END LEVEL	4,8111 IN
LEAK THRESHOLD	0,002 IN
TEST RESULT	PASSED

CHEVRON 094033
13675 NW CORNELL RD
PORTLAND. OR 97229
503-643-2174

06-12-24 11:53 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:SUPREME UNLEADED
VOLUME = 9934 GALS
ULLAGE = 5041 GALS
90% ULLAGE= 3543 GALS
HEIGHT = 73.18 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 60.1 DEG F

T 2:REGULAR UNLEADED
VOLUME = 14238 GALS
ULLAGE = 5465 GALS
90% ULLAGE= 3494 GALS
HEIGHT = 78.98 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 61.2 DEG F

* * * * * END * * * * *

From: UST Duty Officer * DEQ
To: Rowe, Deborah [Chevron Stations Inc.]; LITKE Emily * DEQ; UST Duty Officer * DEQ
Subject: RE: 94033-Return to Compliance
Date: Monday, June 30, 2025 11:56:21 AM
Attachments: image001.png

Good morning,

Thank you for sending the SME reports – they look great.

The UST inspection for **facility 1138 Chevron SS 94033 located at 13675 NW CORNELL RD, PORTLAND, Oregon 97229** is officially **CLOSED and COMPLETE.**

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

Emily Litke (she/her)
Duty Officer, Underground Storage Tanks
DEQ Headquarters, Land Quality Division
700 NE Multnomah Street, Suite 600
Portland OR 97232-4100
503-806-9516
Emily.LITKE@deq.oregon.gov

From: Rowe, Deborah [Chevron Stations Inc.] <DRowe@chevron.com>
Sent: Monday, June 30, 2025 9:52 AM
To: LITKE Emily * DEQ <emily.litke@deq.oregon.gov>; UST Duty Officer * DEQ <ust.dutyofficer@deq.oregon.gov>
Subject: 94033-Return to Compliance

Good Morning Inspector Litke:

This email is in response to the inspection report issued on 5/21/2025, to Chevron Station number 94033 located at 13675 NW Cornwell Road, Portland, OR.

Below is our response to the 1 item noted in the enclosed inspection reports, no further action is required:

- Dispenser 9/10 had weeping on lines.
  - See maintenance work orders dated 5/30/25 and 6/24/25

Please feel free to contact me should you have any questions

Sincerely,

Debbie Rowe
UST Compliance Coordinator
Chevron Stations, Inc.
760-707-3396
drowe@chevron.com

From: UST Duty Officer * DEQ
To: UST Duty Officer * DEQ; drowe@chevron.com; uscsi1189@chevronstores.com
Subject: RE: Oregon DEQ UST Inspection Determination: Chevron USA Inc. #94033/#1138
Date: Thursday, May 22, 2025 11:13:32 AM
Attachments: 2025-fc-9909 issued to 1138.pdf
image001.png

Good morning,

UST facility 1138 Chevron Chevron SS 94033 located at 13675 NW CORNELL RD, PORTLAND, Oregon 97229

Please review the attached field citation. **The deadline for payment of the $300 penalty is 6/22/25. Corrective action deadline 5/28/25 and 6/21/25.**

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: Wednesday, May 21, 2025 2:16 PM
To: drowe@chevron.com; uscsi1189@chevronstores.com
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Subject: Oregon DEQ UST Inspection Determination: Chevron USA Inc. #94033/#1138
Importance: High

Hello Chevron USA Inc. (Debroah and Curtis):

Thank you for having Curtis and Stephen with SME meet with DEQ on May 21, 2025, to perform the UST inspection at 13675 NW Cornell Rd, Portland, OR 97229. Thank you, again, for having all documentation prepared and ready for review.

Since DEQ observed a violation, 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 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 or ust.dutyofficer@deq.oregon.gov**

Violations:

1. L2 -Failing to investigate or confirm a suspected release in UDC #9/10 the regular product line is leaking. 340-150-0465(7) and 340-150-0510 (1) Class I. $300.00 fine.

Corrective Actions:

1. Initiate investigation to confirm source of the leak on the regular product line in UDC #9/10 **within 5 days (May 28, 2025)** either schedule or have a licensed technician assess the necessary repairs. The regular line was slowly weeping down the pipe. Submit testing results of the line and repair documentation to DEQ by **June 21st, 2025 via the UST Duty officer email.**

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

Violation #1: *TCR:	**Failure to investigate or confirm a suspected release.**			
Corrective Action:	Initiate investigation to confirm source of the leak on the regular product line in UDC #9/10 within 5 days (May 28, 2025). The regular line was slowly weeping down the pipe. Submit testing results of the line and repair documentation to DEQ by June 21st, 2025 via the UST Duty officer email.			
Rule Citation: **OAR 340-150-0163(1)(f)**	Penalty Amount: $ 300	Correct Violation by: 06/21/2025	Date Violation Corrected:	
Violation #2: *TCR:				
Corrective Action:				
Rule Citation: **OAR**	Penalty Amount: $	Correct Violation by:	Date Violation Corrected:	
Violation #3: *TCR:				
Corrective Action:				
Rule Citation: **OAR**	Penalty Amount: $	Correct Violation by:	Date Violation Corrected:	
Violation #4: *TCR:				
Corrective Action:				
Rule Citation: **OAR**	Penalty Amount: $	Correct Violation by:	Date Violation Corrected:	
Violation #5: *TCR:				
Corrective Action:				
Rule Citation: **OAR**	Penalty Amount: $	Correct Violation by:	Date Violation Corrected:	
Violation #6: *TCR:				
Corrective Action:				
Rule Citation: **OAR**	Penalty Amount: $	Correct Violation by:	Date Violation Corrected:	
	Total Penalty Amount (This Page): $ 300			

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:_____ 06/22/2025_____

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:_____Deborah Rowe_____/_____

Permittee/Owner Signature *Date*

3089 2025-FC-9909

Enforcement | Relevant Violations 1 | Documents | Documents from Template 1 | Activity Log 1 | Reporting Obligation | Comment | Penalty | eNotify

Fee		Paid		Due
$ 300.00	–	$ 300.00	=	$ 0.00

Penalty

2025-FC-9909
UST - Field Citation
$ 300.00

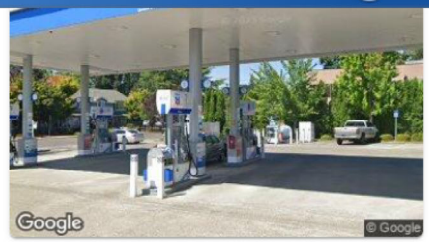
1 Results

Add Penalty | Send to FIMS

Payment

Check by Mail 0010036732
6/11/2025
49695
$ 300.00

Type: Check by Mail
Amount: 300
E-Payment Confirmation#:
E-Payment Settle Date: mm/dd/yyyy
Ref#: 49695
Payment Date: 06/11/2025
Comments: (Remaining Length: 4000)



13675 NW CORNELL RD, PORTLAND, OR 97229
6183
200652
ORD987188455 UST (1138)
Stationary

Contact Info

Inspection Info

8071 Completed
UST
Full Compliance Inspection (FCI) TCR only