



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

January 31, 2025

Imperial Trucking
Attn: Jeff Van Hyning
PO Box 83868
Portland, OR 97283-0868

RE: UST Compliance Inspection
DEQ UST# 12363 – 10533 N LOMBARD ST

Dear Imperial Trucking:

The Oregon Department of Environmental Quality (DEQ) is conducting underground storage tank (UST) inspections throughout Oregon. The purpose of this letter is to inform you that your facilities, among others, has been selected for inspection. A thorough inspection of your facilities will be conducted to determine compliance with state and federal UST requirements. **The date you receive this letter is the date that the inspection starts.** If you have work done after that date, you will need to have the previous set of records available for evaluation in addition to the most recent records.

If I do not hear from you, the inspection for these facilities is scheduled for April 3, 2025, starting at approximately 11 am at the DEQ UST #s listed below.

April 3rd at 9 am:

- DEQ UST# 12363 – 10533 N Lombard St, 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 prepare 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.

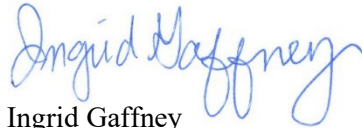
DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overfill protection device, these will need to be 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: 3/10/2025

Time: 9 AM

Facility: 11817

I. Site Information

Facility Name: <u>Winco Foods</u>	Permittee: <u>Winco Foods Inc.</u>	Contact: <u>(Manager) Miguel Fernandez</u>
Site Address: <u>400 S. Woodland Ave</u>	Organization: <u>Winco Foods Inc.</u>	Phone: <u>David Sloan</u>
City: <u>Woodburn, OR 97071</u>	Phone: <u>208-866-4086</u>	<u>503-980-6912</u>
<u>MARION CO.</u>		

II. Tank Information

DEQ Permit #	BECFH	BECFJ	BGDKK	BGDRAK
Estimated Gallons	29000	29000	29000	29000
Substance	Diesel	Diesel	Diesel	Diesel
Tank Material	DW Fiber Xerves	Xerves	Xerves	Xerves
Tank Install Date	5/17/1998	5/17/1998	7/27/2007	7/27/2007
Pipe Material	DW Fiber Ameron			
Pipe Type	Pressure	Pressure	Pressure	Pressure
Pipe Install Date	5/17/1998	5/17/1998	7/27/2007	7/27/2007
Overfill Device	Alarm	Alarm	Alarm	Alarm

Notes and Comments from the UST database:

☒ Check file before conducting inspection

All four tanks connected together. There are two turbines and two electronic ~~ELOS~~ ELDS
 East tanks 1 & 2 West tanks 3 & 4 (slaves)
 * Two turbines one line
 * annular sensors in brine

If tanks are manifolded, which tanks: yes

III. Operating Certificate

Compliance ☒ Yes ☐ No

☒ Current ☒ Accurate ☐ Posted for delivery drive to observe

IV. Operator Training

Compliance ☒ Yes ☐ No

Class A/B Operator ☒ Yes ☐ No Name: David Sloan Date: 10/7/2009
Grey Kosel
 Class C Operator ☐ Yes ☐ No ☒ Cardlock Date: 9/22/2016

V. Financial Responsibility

Compliance ☒ Yes ☐ No

Type of coverage: Insurance Begin Date: 3/15/2023 End Date: 3/15/2026
 Coverage amount correct: \$1,000,000 Number of tanks covered: 4
 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

11817

VII. Release Detection Compliance ☐ Yes ☒ No

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

Date of last testing: 3/20/24 3/12/25 3/23 3/31/22 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: 3/20/24 4/3/23 3/11/22 Last three tests available? ☒ Yes ☐ No
Number of lines tested: 1 Number of LD tested: 1

Leak detector manufacturer make and model: _____

Tank gauge manufacturer make and model: INCON TS-550 EVO

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: _____ Last two tests available? ☐ Yes ☐ No

Date of last sensor testing: 3/20/24 4/3/23 3/11/22 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 checked="" type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input checked="" type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
T2: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
T3: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
T4: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input checked="" 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: 11817

VIII. Spill Prevention

Compliance ☒ Yes ☐ No

Date(s) of testing: 4/3/23 3/19/20 Number of spill buckets tested? 4

Did spill bucket pass most recent testing? ☒ Yes ☐ No If no, was spill bucket replaced/repaired? ☐ Yes ☐ No

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

☒ Hydrostatic testing (test takes one hour to complete) 2020

☒ Vacuum test (test takes 1 minute, ending vacuum must be 26 inches water column or greater) 23

IX. Overfill Prevention

Compliance ☐ Yes ☐ No

Date(s) of testing: 3/12/25 3/11/22 5/7/20
due 2025

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 last test? _____

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

XI. General notes from inspection

~~W. E. S. Berg~~
Curt w/mascott

→ 503-812-1541

Representative onsite: Miguel Fernandez

email: miguel.fernandez@winco
foods.com

David Shan *

- * foot and broken blue connections
- * missing LO reports? One week to provide
- * line replaced 2007 ✓
- * 2005 added two tanks ✓ 2008/7 ✓

Violation:

Dispenser / WOC #1 failed gaskets. leaked into
WOC. product present.

Compliance Determination:

☐ No Violations Observed

☒ Observed violations resulting in enforcement

Inspector Signature

Ingrid Gaffney

Date:

3/18/2025



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

**FACILITY NAME: S&H Fueling #12363
INSPECTION DATE: April 3, 2025**

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1: 10533 N Lombard St, Portland, OR 97203



2: Tank nest looking east



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY INSPECTION PHOTOLOG

FACILITY NAME: S&H Fueling #12363
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UST MONITORING ALARM LOG

Oregon Department of Environmental Quality
Underground Storage Tank Program
700 NE Multnomah St., Suite 600, Portland, OR 97232
To report a spill or leak, call 1-800-482-4011
<http://www.oregon.gov/deq/tanks/Pages/UST.aspx>

UST Facility Information: Sign up for DEQ UST Tankline Bulletin: <https://www.oregon.gov/deq/tanks/Pages/USTTanklineBulletin.aspx>

UST Facility Number: 12363
UST Facility Name: S&H FUELS
Physical Address: 10533 N LOMBARD

UST Facility Contact: Jeff Van Hyning
Contact Phone: 503-969-0456

Note: Unless caused by defective equipment, report all leak and sensor alarms to DEQ within 24 hours.

Complete the following for tank monitor alarms indicating a suspected release. This includes monitoring results or alarms from any release detection method that indicates a release may have occurred, unless the monitoring device is found to be defective and is immediately repaired, recalibrated or replaced and subsequent monitoring events as required by the specific release detection method do not confirm the initial result.

Alarm Date	Initial	Leak Test Failure Y/N	Sensor Alarm Y/N	Reported to DEQ Y/N	Comments - Alarm Resolution.
3-25	JVA		N	N	RETEST
1		N	N		
2		N	N		
3		N	N		
4		N	N		
5		N	N		
6		N	N		
7		N	N		
8		N	N		
9		N	N		
10		N	N		
11		N	N		
12		N	N		
13		N	N		
14		N	N		
15		N	N		
16		N	N		
17		N	N		
18		N	N		
19		N	N		
20		N	N		
21		N	N		
22		N	N		
23		N	N		
24		N	N		
25		N	N		
26		N	N		
27		N	N		
28		N	N		
29		N	N		
30		N	N		
31		N	N		

If you have questions on how to fill out this form, please contact the UST Helpline (800) 742-7878.

3: Interstitial monitoring log

10533 N LOMBARD

Following for tank monitor alarms indicating a suspected release, unless the monitoring device is found to be defective and is immediately repaired, recalibrated or replaced and subsequent monitoring events as required by the specific release detection method do not confirm the initial result.

Sensor Alarm Y/N	Reported to DEQ Y/N	Comments - Alarm Resolution
	N	RETEST

S AND H FUELING
10533 N LOMBARD ST
PORTLAND, OR 97203
503-283-9549

MAR 25, 2025 8:09 AM

LEAK TEST REPORT

T 1:DIESEL NORTH B-5 TK1
PROBE SERIAL NUM 456978

TEST STARTING TIME:
MAR 2, 2025 1:00 AM

TEST LENGTH = 2.0 HRS
STRT VOLUME = 8340.4 GAL

START TEMP = 56.3 F
END TEMP = 56.2 F

TEST PERIODS 2-4
-0.00 -5.67-99.99

LEAK TEST RESULTS
RATE = -80.90 GAL/HR
0.10 GAL/HR TEST INVL

0.10 GAL/HR FLAGS:
LEAK TEST TOO SHORT

***** END *****

START IN-TANK LEAK TEST
TEST BY PROGRAMMED TIME
MAR 2, 2025 1:00 AM

TEST LENGTH 2 HOURS

T 1:DIESEL NORTH B-5 TK1
VOLUME = 8326 GALS
ULLAGE = 13938 GALS
90% ULLAGE = 11711 GALS
HEIGHT = 47.68 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 56.3 DEG F

0.10 GAL/HR FLAGS:
LEAK TEST TOO SHORT

***** END *****

If you have questions on how to fill out this form, please contact the UST Helpline (800) 742-7878.

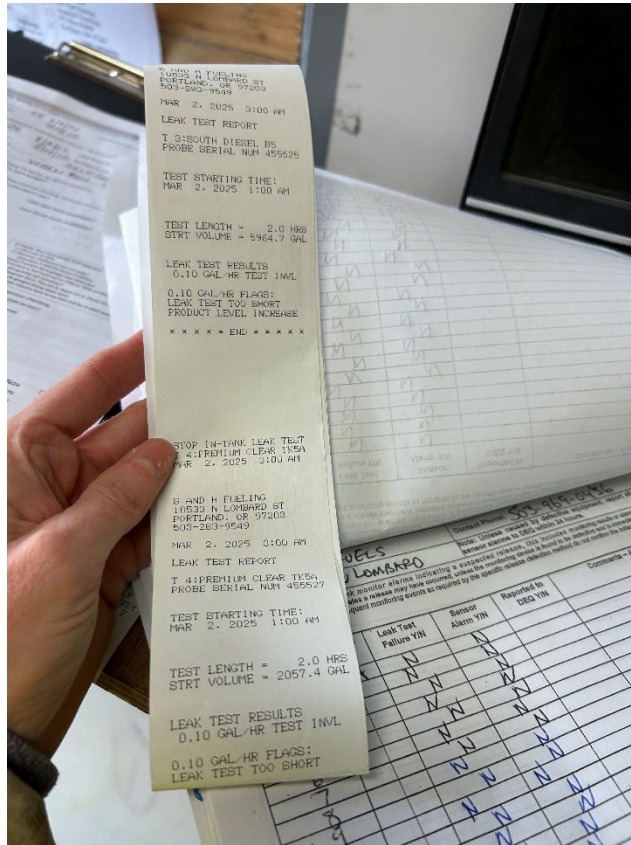
4: Example of leak test too short



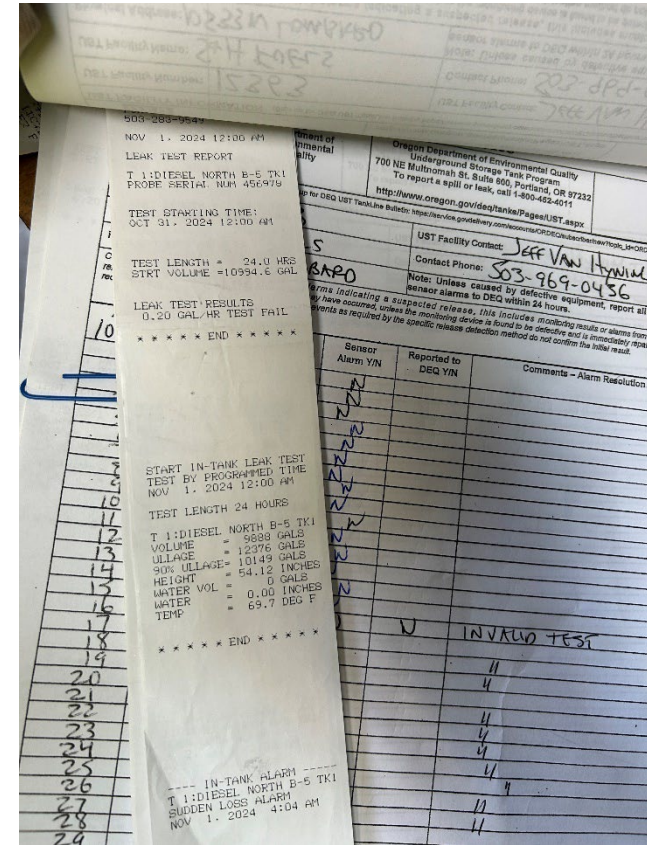
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5: Low product level for test



6: Failed test November 1, 2024



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	Sensor Alarm Y/N	Reported to DEQ Y/N
10		
11		
12		
13		
14		
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31		

RECENT DELIVERY
TEMP CHANGE TOO LARGE
PRODUCT LEVEL INCREASE
***** END *****

START IN-TANK LEAK TEST
TEST BY PROGRAMMED TIME
NOV 19, 2024 12:00 AM

TEST LENGTH 24 HOURS

T 1:DIESEL NORTH B-5 TK1
VOLUME = 17830 GALS
ULLAGE = 4434 GALS
90% ULLAGE= 2207 GALS
HEIGHT = 87.77 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 61.9 DEG F

0.20 GAL/HR FLAGS:
RECENT DELIVERY
***** END *****

IN-TANK ALARM
T 1:DIESEL NORTH B-5 TK1
SUDDEN LOSS ALARM
NOV 19, 2024 4:33 AM

IN-TANK ALARM
T 1:DIESEL NORTH B-5 TK1

orm, please contact the UST Helpline

7: T1 alarm product loss alarm



8: Premium sump



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9: Premium fill



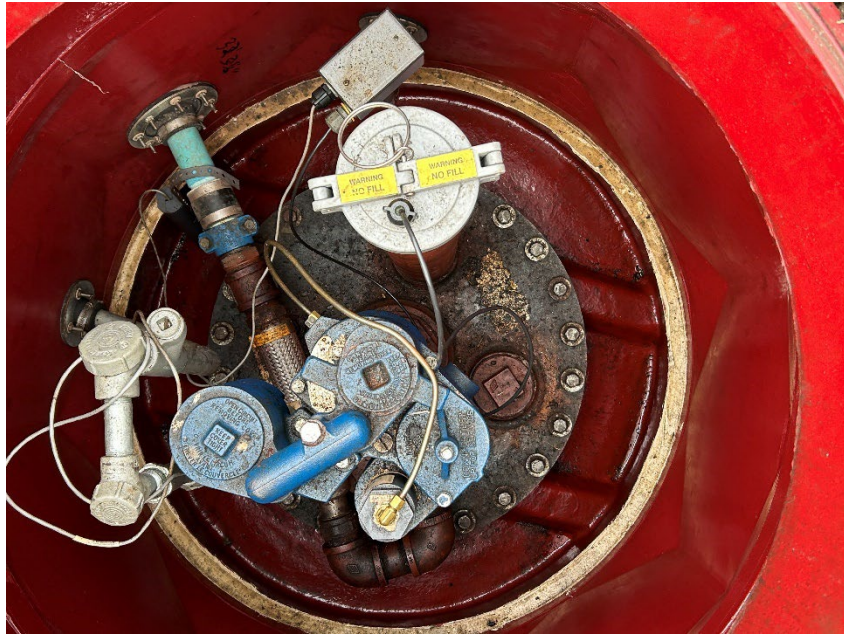
10: Vapor return for premium



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11: Bio Diesel sump



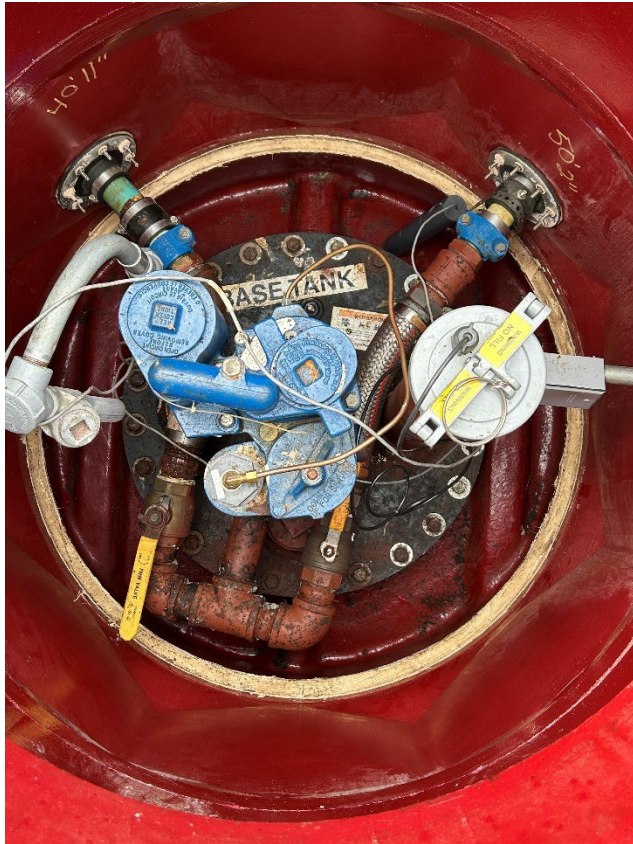
12: Bio diesel fill



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13: Diesel E10 sump



14: E10 Diesel fill



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15: Transition sump



16:



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17: Manifolded sump



18: B20 diesel fill



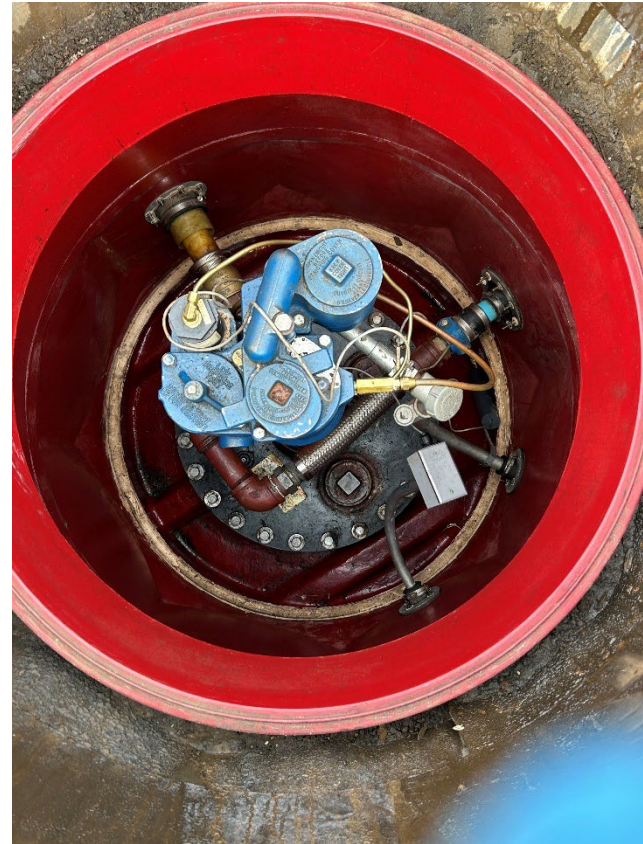
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19: B20 diesel fill



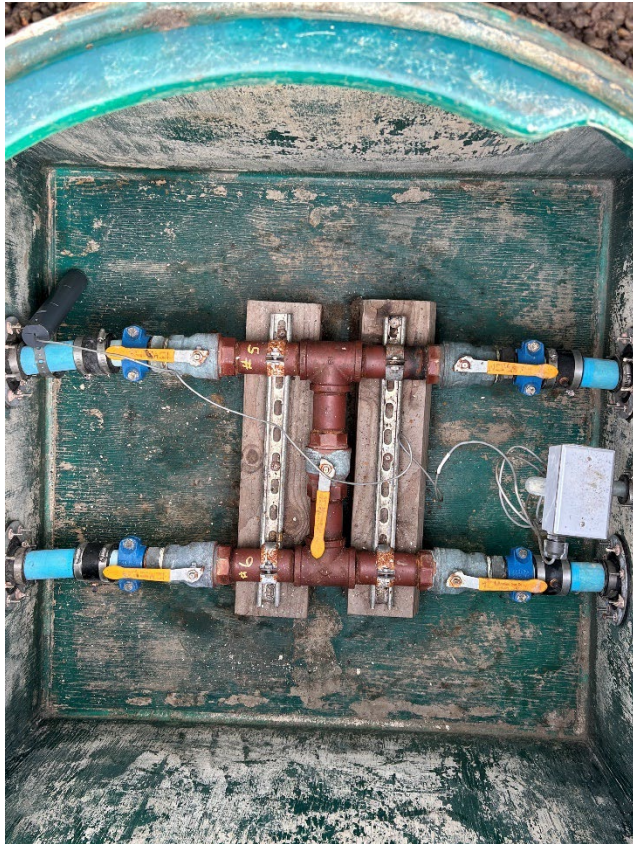
20: B20 Diesel sump



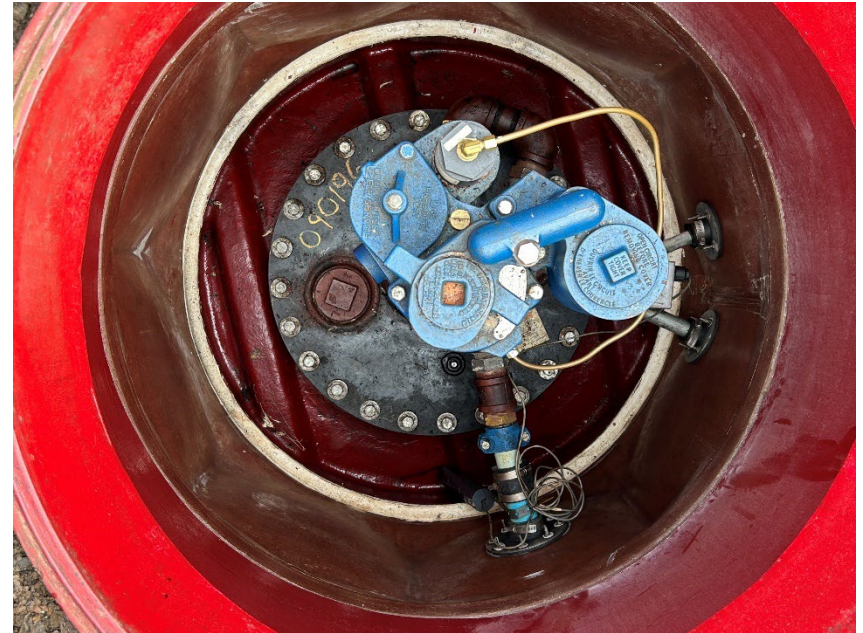
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21: Transition sump



22: Diesel Sump



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23: Diesel fill



24: UDC #3/4



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25: Dispenser #1/2



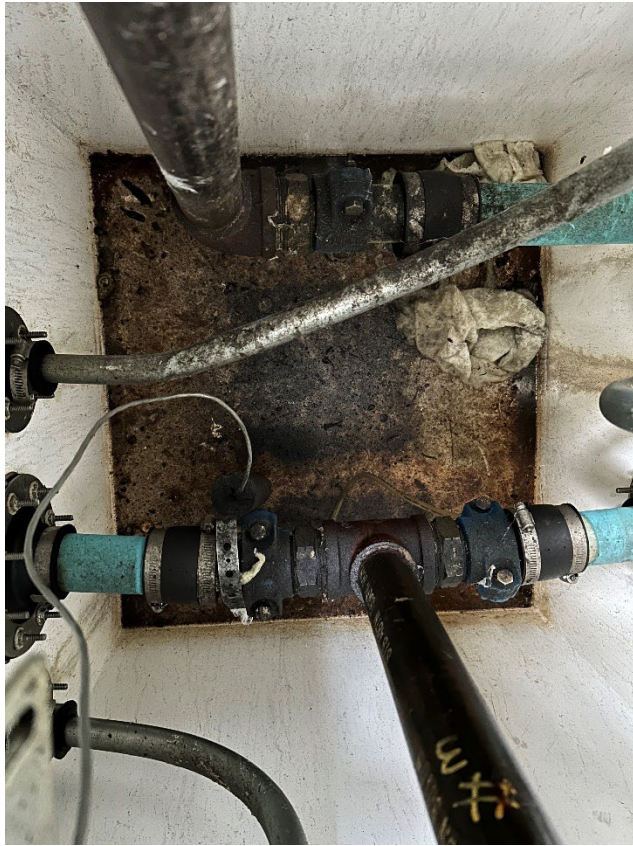
26: UDC #1/2



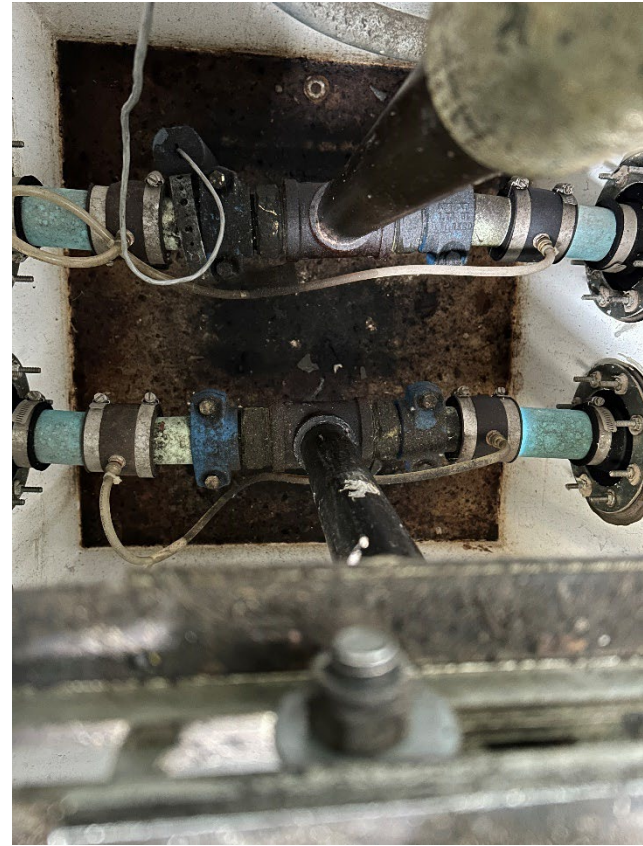
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27: UDC # 5/6



28: UDC #7/8



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29: UDC #9



30: UDC Satellite #6



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31: UDC #10



32: UDC Satellite #10



33: UDC #13/14



34: UDC #10 Satellite #2



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35: UDC #11/12



36: UDC #15/16



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37: UDC #17/18



State of Oregon
Department of
Environmental
Quality

Program Enforcement No. 2025-FC-9891

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:	04/03/2025	Facility ID#:	12363
Inspector:	Ingrid GAFFNEY	Facility Name:	S&H FUELING COMPANY (CFN CARDLOCK)
DEQ Office:	700 NE Multnomah St Ste 600	Facility Address:	10533 N LOMBARD ST, PORTLAND, Oregon 97203
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:	<input type="checkbox"/> In Person <input checked="" type="checkbox"/> By Email <input type="checkbox"/> Both	Date Issued: 04/07/2025
Facility Representative Present During Inspection:	Jeff Van Hyling <input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other	
Name of Permittee or Owner:	Imperial Trucking	
Mailing Address:	PO Box 83868 , Portland Oregon 97283	

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 by the following date: 05/07/2025

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: 04/07/2025

PROGRAM ENFORCEMENT No.: 2025-FC-9891

FACILITY ID: 12363

Page 3 of 3

Violation #1: *TCR:	Failure to complete initial overfill, spill prevention or sump testing requirements by October 1, 2020		
Corrective Action:	Perform tri-annual hydrostatic testing for all sumps and UDCs. Maintain records and Submit results of all listed devices		
Rule Citation: OAR 340-150-0310(10)	Penalty Amount: \$	Correct Violation by: 05/07/2025	Date Violation Corrected:
Violation #2: *TCR:	Failure to maintain operational overfill prevention equipment. Failure to repair or replace overfill equipment that is defective, improperly installed, damaged or may have been tampered with in a manner that prevents proper operation.		
Corrective Action:	Perform overfill alarm repairs within 7 days. Maintain records and submit results to DEQ by April 15th, 2025		
Rule Citation: OAR 340-150-0310(2)	Penalty Amount: \$ 150	Correct Violation by: 04/15/2025	Date Violation Corrected:
Violation #3: *TCR:	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 tamp		
Corrective Action:	Perform annual testing/calibration of sensors and have the Veeder Root replaced, repaired or serviced by a licensed Veeder Root tech that can address the testing errors per manufacturer's specifications within 30 days. Maintain records and submit performed results and records to DEQ		
Rule Citation: OAR 340-150-0400(1)(c)	Penalty Amount: \$ 150	Correct Violation by: 05/07/2025	Date Violation Corrected:
Violation #4: *TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #5: *TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #6: *TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
	Total Penalty Amount	300	
	(This Page): \$		

YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, SIGN THE STATEMENT BELOW AND

RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE: 05/07/2025

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



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY ANNUAL RELEASE DETECTION OPERABILITY TESTING FORM

> In-tank setup and alarm history reports must be attached to testing form.

> Maintain three years of testing records.

> [Instructions on how to use this form.](#)

I. FACILITY INFORMATION – Type or print (in ink) all items.										TEST DATE	
Facility ID #: 12363				Facility Name: S&H Fueling Company (CFN Cardlock)						4-22-25 / 4-23-25	
II. AUTOMATIC TANK GAUGE										FAIL	
ATG Manufacturer: Veeder-Root					ATG Model: TLS-350						
Release Detection Method: Tank Gauge 0.2 gph leak tests: <input type="checkbox"/> Continuous <input type="checkbox"/> Static <input type="checkbox"/> SIR <input checked="" type="checkbox"/> Interstitial Monitoring											
Battery Backup Functional?					ATG software properly programmed?						
ATG alarms functional and audible?					ATG In-Tank Setup Reports attached to form?						
III. TEST PROCEDURE											
<input checked="" type="checkbox"/> – PEI/RP 1200 <input type="checkbox"/> Oregon Testing Procedures (Page 2) <input type="checkbox"/> Manufacturer Testing Procedures <input type="checkbox"/> Other Method (Describe)											
IV. PROBE AND TESTING INFORMATION											
Tank Number											
Product Stored											
Model											
Is the ATG console clear of alarms?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Disconnect cable from tank probe. Is appropriate alarm triggered?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Tank gauge probes removed and inspected for damage?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Residual buildup on floats has been removed?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Float(s) move freely?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Measured product and water levels match ATG values?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Alarm history report attached?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
V. TEST RESULT		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail

Any “No” answer indicates the test failed. Failed tests must be remedied and retested immediately.

Facility ID #

Facility Name:

Test Date: 4-22-25 / 4-23-25

VI. SENSORS AND TESTING INFORMATION (liquid sensors, tank interstitial sensors, etc.)								
Sensor as identified on tank gauge	L-15	L-17	Dispenser Sensors	Rest of Turbine Sensors	L-23 End Annular Sensor	Rest of Annular Sensors		
Is sensor in alarm? (If yes, indicate why in the comments section)	No	No	No	No	No	No	Yes No	Yes No
Sensor installed in the proper location and position?	Yes	Yes	Yes	Yes	Yes	Yes	Yes No	Yes No
Sensor triggers alarm, at tank gauge, when placed in test liquid	No	No	Yes	Yes	Yes	Yes	Yes No	Yes No
When alarm is triggered, the sensor is properly identified on the ATG	No	No	Yes	Yes	Yes	Yes	Yes No	Yes No
Alarm history report attached?	No	No	Yes	Yes	Yes	Yes	Yes No	Yes No
VII. TEST RESULTS	Fail	Fail	Pass	Pass	Fail	Pass	Pass Fail	Pass Fail

Any "No" answer indicates the test failed. Failed tests must be remedied and retested immediately.

VIII. COMMENTS
<p>Could not get L-15 and L-17 liquid sensors to trigger on tank monitor. Replace and retest L-15 and L-17 liquid sensors.</p> <p>L-23 annular sensor was corroded in place and the wire is damaged. Talks to computer but needs to be replaced. Replace annular sensor (wrap around style).</p> <p>Audible overfill alarm works now.</p> <p>Did not test probes for high product. Only did sensors and sump testing per corrective actions needed from DEQ.</p>
XI. Tester
<p>Person Conducting Testing: Kenneth Pike – Petroleum Compliance Services, LLC</p> <p style="text-align: right;"><i>Kenneth Pike</i></p>

Oregon DEQ Tank Gauge and Probe Functionality Testing Procedures

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

Oregon DEQ Sensor Functionality Testing Procedures

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

--:--- SENSOR ALARM-----
L27:B-05 TANK INNERS
ANNULAR SPACE
FUEL ALARM
APR 22, .2025 12:57 PM

----- SENSOR ALARM -----
L21:PREMIUM CLEAR SUMf-
STP SUMP
FUEL ALARM
APR 22. 2025 10:56 AM

SAND H FUELING
10533 N LOMBARD ST
PORTLAND, OR 97233
503-283-9549

APR 22. 2025 12:58 PM

--:--- SENSOR ALARM --- -
L21:PREMIUM CLEAR SUMP
STP SUMP
SENSOR OUT ALARM
APR 22. 2025 t0:56 AM

S\STEM SLATUS REPORT
T 5:DELI\lERY NEEDED

----- SENSOR ALARM -----
L 5:DISP HOSE 7.8 SUMP
DISPENSER PAN
FUEL ALARM
APR 22- 2025 10:35 AM

----- SENSOR 1-\LART 1 ---
L21:PREMIUM CLEAR SUMP
STP SUMP
SENSOR OUT ALARM
APR 22. 2025 10:56 AM

----- SENSOR ALARM-----
L24:S B-5 DJESEL 11"-JNERST
AL'1NULf-1R SPACE
FUEL ALARM
APR 22. 2025 1:06 PM

----- SENS(1R ALARM -----
L :3:[] [Sf'HOSE 5.6 SUMP
DISPENSER PAN
FUEL ALARM
APR 22. 2025 10:36 AM

----- SENSOR ALARM --- -
L22:E-10 TURBINE SUMP
STP SUMP
FUEL ALARM
APR 22. 2025 11:00 AM

SAND H FUELING
10533 N LOMBARD ST
PORTLAND. OR 97203
503-283-9549

APR 22. 2025 t:07 PM

----- SENSOR ALARM --- -
L 2:DJSP HOSE 3,4 SUMP
DISPENSER PAN
FUEL ALARM
APR 22. 2025 10:37 AM

----- IN-TANK ALARM -----
T 5:UNL E-10 TK5
OVERFILL ALARM
APR 22. 2025 11:03 AM

----- SENSOR ALARM-----
L 2:DISP SAT FOR w,c E f
DISPENSER PAN
FUEL ALI-\RM
APR 22, 2025 10:23 AM

SYSTEM STATUS REPORT
T 5:DELIVERY NEEDED
L24:FUEL ALARM

----- SENSOR ALAF:M -----
L 1:Disf' HOSE 1.2 SUMP
DISPENSER PAN
FUEL ALARM
APR 22. 2025 10:40 AM

----- IN-TANK ALARM -----
L 2:DISP SAT FOR w,c E f
DISPENSER PAN
FUEL ALI-\RM
APR 22, 2025 10:23 AM

----- SENSOR ALARM-----
L 6:DJSP HOSE 9 SUMP
DISPENSER PAN
FUEL ALARM
APR 22. 2025 10:26 AM

----- SENSOR ALARM-----
L23:N B-5 DIESEL INNERST
r-1NNULAR SPACE
SENSOR OUT ALARM
APR 22, 2025 1:09 R1

S AND H FUELING
10533 N LOMBARD ST
PORTLAND. OR 97203
503-283-9549
APR 22. 2025 11:43 AM

----- SENSOR ALARM --- -
L19:B-20 TURBINE SUMP
STP SUMP
FUEL ALARM
APR 22. 2025 11:06 AM

S AND H FUELING
10533 N LOMBARD ST
PORTLAND. OR 97203
503-283-9549
APR 22. 2025 10:28 AM

S AND H FUELING
10533 N LOMBARD ST
PORTLAND. OR 97203
503-283-9549
APR 22, 2025 1:10 PM

----- !:;ENSOR ALARM-----
L12:DIBP HOSE 15,16 SUMP
DISf'El%:;ER PAN
FUEL ALARM
APR 22. 2025 9:53 AM

----- SENSOR ALARM -----
L12:S:PCLR. E-10 INNERST
ANNULAR SPACE
FUEL ALARM
APR 22. 2025 11:57 AM

----- SENSOR ALARM-----
LJ3:DISP HOSE 17.18 SUMP
DISPENSER PAN
FUEL ALARM
APR 22. 2025 9:54 AM

----- SENSOR ALARM-----
L26 :OR, 8-20 TANK IMNERf;
ANNULAR SPACE
FUEL ALARM
APR 22, 2025 11:59 AM

----- SENSOR ALARM -----
L11:DISP HOSE 13.14 SUMP,
DISPElt3ER PAN
FUEL ALARM
APR 22, 2025 9:55 AM

SAND H FUELING
10533 N LOMBARD ST
PORTLAND. OR 97203
503-283-9549

APR 22, 2025 12:00 PM

sv:TEM STATUS REPORT

T 5:DELI\ /ERY NEEDED

----- SENSOR ALARM-----
L11:DISP HOSE 11.12 BUMP
DISPENSER PAN
FUEL ALARM
APR 22. 2025 9:56 AM

----- SENSOR ALARM ---
Lt4:TURBINE SUMP THNK 3
STP SUMP
FUEL ALARM
APR 22. 2025 12:08 PM

----- SENSOR ALARM-----
L 9:DISP SAT FOR HOSE 10
DISPENSER PAN
FUEL ALARM
APR 22, 2025 9:57 AM

----- SENSOR ALARM-----
L16:N DIESEL 8-5 SUMP
STP BUMP
FUEL ALARM
APR 22, 2025 12:20 PM

----- SENSOR ALARM-----
LJ2:DISP HOSE 15,16 SUMP
DISPENSER PAN
SENSOR OUT ALARM
APR 22, 2025 10:03 AM

S AND H FUELING
10533 N LOMBARD ST
PORTLAND, OR 97203
503-283-9549

APR 22. 2025 12:22 PM

----- SENSOR ALARM
L 8:DISP HOSE 10
DISPENSER PAN
FUEL ALARM
APR 22. 2025 10:15 AM

SYSTEM STATUS REPORT

T 5:DELIVERY NEEDED

RELA' / OUTPUT TEST
APR 22, 2025 10:48 AM

R 1:0\ /ERFILL ALARM
TYPE:
STANDARD
NC-RMALLY OPEN

----- SENSOR ALARM -----
L 7:DISP :;;AT FOR HOSE 9
DISPENSER PAN
FUEL ALARM
APR 22, 2025 10:17 AM

----- SENSOR ALARM ---
L IE::S DIESEL B-5 TRANS
PIPING SUMP
FIIFI AT.ARM

It,l-TANK ALARMS
ALL:OVERFILL ALARM

S Atid H FUELi NI;;
10533 N LOMBHRD f;;T
PORTLAND. OR 97203
503-283-9549

APR 22. 2025 10:48 AM

Petroleum Compliance Services LLC

UST Containment Sump Integrity Testing Form

Underground Storage Tanks (UST) Program

Doc Type: Compliance Certification

Purpose: This procedure is to test the leak integrity of containment sumps. Consult PEI/RP1200, Section 6.5 for the test method.

Facility Information

Facility name: S&H Fueling Co. (CFN Cardlock) - dispenser page 1

Facility address: 10533 N Lombard St Facility ID#: 1_236_3

Mailing address: _____

City: Portland state: OR Zip code: 97203

Owner name: Impena Truck & Equipment

Mailing address: -P-o-eox=838=es"

City: Portland state: OR Zip code: gns_3

Phone: _____ Fax: _____ E-mail: _____

Testine Information

1. Containment sumotank ID	Dispenser 15-16	Dispenser 17-18	Dispenser 13-14	Dispenser t1-12	Dispenser 10 Sa:elli.ie	Dispenser to (Main)
2. Containment sumomaterial	Plastic	Plastic	Plastic	Plastic	Plastic	Plastic
3. Liquid and debris removed from sump	1111 Yes <input type="checkbox"/> No	1111 Yes <input type="checkbox"/> No	1111 Yes <input type="checkbox"/> No	1111 Yes <input type="checkbox"/> No	1111 Yes <input type="checkbox"/> No	1111 Yes <input type="checkbox"/> No
4. Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe)	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail
5. Containment sumodeath	34"	34"	34"	34"	34"	34"
6. Height from bottom to top of hump	23"	21"	21"	23"	23"	23"
7. Startinnwater level	27"	25"	25"	27"	27"	27"
8. Test start time	9:00am	9:00am	9:00am	9:00am	9:00am	10:45am
9. Endinnwater level	27"	25"	25"	27"	27"	27"
10. Testendtime	10:00am	10:00am	10:00am	10:00am	10:00am	11:45am
11. Test period (minimum test time: 1 hour)	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour
12. Water level change	0"	0"	0"	0"	0"	0"
Test results:	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail

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

Comments:

- All liquids and debris must be disposed of properly.

Testing company name: Petroleum Compliance Services LLC

Tester's name: Kenneth Pih

Date (mm/dd/yyyy): 4.22.2025

Tester's signature: [Signature]

Petroleum Compliance Services LLC

UST Containment Sump
Integrity Testing Form

Underground Storage Tanks (UST) Program

Doc Type: Compliance Certification

Purpose: This procedure is to test the integrity of containment sumps. Consult PEI/RP1200, Section 6.5 for the test method.

Facility Information

Facility name: S&H Fueling Co., Inc. (CFN Caddo) - dispenser su... p>ge 2

Facility address: 10533 N. 1st St., _____ Facility ID#: 1_236_3 _____

Mailing address: _____

City: P.O. Box 1000 State: OR Zip code: 97131

Owner name: 10533 N. 1st St. _____

Mailing address: P.O. Box 838 _____

City: P.O. Box 1000 state: OR Zip code: 97131

Phone: _____ Fax: _____ E-mail: _____

Testing Information

1. Containment sump tank ID	Dispenser 6 / 9 Satellites	Dispenser 9 Main	Dispenser 5-6	Dispenser 7-8	Dispenser 4-3	Dispenser 1-2
2. Containment sump material	Plastic	Plastic	Plastic	Plastic	Plastic	Plastic
3. Liquid and debris removed from sump?	111 Yes <input type="checkbox"/> No	111 Yes <input type="checkbox"/> No	111 Yes <input type="checkbox"/> No	111 Yes <input type="checkbox"/> No	111 Yes <input type="checkbox"/> No	111 Yes <input type="checkbox"/> No
4. Visual inspection (No cracks, loose parts or separation of the bucket from the fill neck?)	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail	111 Pass <input type="checkbox"/> Fail
5. Containment sump depth	34" / 34"	34"	34"	34"	34"	34"
6. Height from bottom to top of fill neck	23" / 24"	19"	20"	20"	21"	20"
7. Start time	10:45am / 10:45am	10:45am	12:15pm	12:15pm	12:15pm	12:15pm
8. End time	11:45am / 11:45am	11:45am	1:15pm	1:15pm	1:15pm	1:15pm
9. Test start time	10:45am / 10:45am	10:45am	12:15pm	12:15pm	12:15pm	12:15pm
10. Test end time	11:45am / 11:45am	11:45am	1:15pm	1:15pm	1:15pm	1:15pm
11. Test period (minimum test time: 1 hour)	1 hour / 1 hour	1 hour	1 hour	1 hour	1 hour	1 hour
12. Water level change	0" / 0"	0"	0"	0"	0"	0"
Test results:	111 Pass 0 Fail	111 Pass 0 Fail	111 Pass 0 Fail	111 Pass 0 Fail	111 Pass 0 Fail	111 Pass 0 Fail

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

Comments:

- All liquids and debris must be disposed of properly.

Testing company name: Petroleum Compliance Services LLC Tester's name: _____

Date (mm/dd/yyyy) 05/22/2025 Tester's signature: _____

Petroleum Compliance Services LLC

UST Containment Sump Integrity Testing Form

Underground Storage Tanks (UST) Program

Doc Type: Compliance Certification

Purpose: This procedure is to test the leak integrity of containment sumps. Consult PEI/RP1200, Section 6.5 for the test method.

Facility Information

Facility name: S&H Fueling Co., Inc. (CFN Cardiac) - tulbme sump page 1

Facility address: 10033 N Lombards Facility ID#: 236_3

Mailing address: _____

City: Ponland state: OR Zip code: 97203

Owner name: 10033 N Lombards

Mailing address: PO Box 838 68

City: Ponland state: OR Zip code: 97203

Phone: _____ Fax: _____ E-mail: _____

Testing Information

1. Containment sum tank 10	Premium Turbine	Dyed Diesel Turbine	Regula-l. Weaded Turbine	B20 OieseJ Turbine I	820 Diesel Siphon Sump	820 OieseJ Turbine, Middle
2. Containment sum material	Fiberglass	Fiberglass	Fiberglass	Fiberglass	Fiberglass	Fiberglass
3. Liquid and debris removed from sump?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe?)	<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 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
5. Containment sum depth	50"	52"	54"	56"	56"	56"
6. Height from bottom to top of hump	20"	20"	27"	30"	24"	24"
7. Start in water level	24"	24"	31"	34"	28"	28"
8. Test start time	8:00am	8:00am	9:30am	9:30am	11:00am	11:00am
9. End water level	24"	24"	31"	34"	28"	28"
10. Test end time	9:00am	9:00am	10:30am	10:30am	12:00pm	12:00pm
11. Test period (minimum test time: 1 hour)	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour
12. Water level change	0"	0"	0"	0"	0"	0"
Test results:	<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 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

Pass/fail criteria: Must pass visual inspection. Water level drop of less than 118 inch.

comments:

- All liquids and debris must be disposed of properly.

Testing company name: Petroleum Compliance Services LLC

Testers name: Kenneth Pikko

Date (mm/dd/yyyy): 05/23/2002

Tester's signature: [Signature]

Petroleum Compliance Services LLC

UST Containment Sump Integrity Testing Form

Underground Storage Tanks (UST) Program

Doc Type: Compliance Certification

Purpose: This procedure is to test the leak integrity of containment sumps. Consult PEI/RP1200, Section 6.5 for the test method.

Facility Information

Facility name: S&H Fuel Storage, Inc. (O'N Cardlock) - turt:nesumpsage2

Facility address: 10533 Lombard St Facility ID#: 1_236_3

Mailing address: _____

City: Pontiac state: OR Zip code: 97203

Owner name: Imperial Trust Co

Mailing address: PO Box 838 = 68'

City: Pontiac state: OR Zip code: 97283

Phone: _____ Fax: _____ E-mail: _____

Test Information

1. Containment sump tank ID	End Diesel turbine sump	Trifluoromethane Sump (furthest)	Transibon Sump (closest)			
2. Containment sump material	Fiberglass	Fiberglass	Fiberglass			
3. Liquid and debris removed from sump?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)	<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
5. Containment sump depth	62"	53"	53"			
6. Height from bottom to top of highest section	23"	14"	14"			
7. Starting water level	27"	18"	18"			
8. Test start time	12:30pm	12:30pm	12:30pm			
9. Ending water level	27"	18"	18"			
10. Test end time	1:30pm	1:30pm	1:30pm			
11. Test period (minimum test time: 1 hour)	1 hour	1 hour	1 hour			
12. Water level change	0"	0"	0"			
Test results:	<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

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

Comments:

- All liquids and debris must be disposed of properly.

Testing company name: Petroleum Compliance Services LLC

Tester's name: Kenneth Pike

Date (mm/dd/yyyy): 4-23-2025

Tester's signature: [Signature]

SYSTEM SETUP

MAY 5. 2025 11:53 AM

SYSTEM UNITS

U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS XM

S AND H FUELING
10533 N LOMBARD ST
PORTLAND, OR 97203
503-283-9549

SHIFT TIME 1 : 12:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : 12:00 AM
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
DISABLED

TEMP COMPENSATION
VALUE (DEG F) : 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
DISABLED
RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

SYSTEM SECURITY
CODE : 000000

TANK CHART SECURITY
DISABLED

CUSTOM ALARMS
DISABLED

SERVICE NOTICE
DISABLED

ISO 3166 COUNTRY
CODE:

MASS DENSITY
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (FX40D)
BAUD RATE : 1200
PARITY : NONE
STOP BIT : 1 STOP
DATA LENGTH: 8 DATA

RS-232 SECURITY
CODE : 1AA
DIAL TYPE : TONE
ANSWER ON : 1 RING
MODEM SETUP STRING :

DIAL TONE INTERVAL: 32

COMM BOARD : 2 (RS-232)
BAUD RATE : 1200
PARITY : NONE
STOP BIT : 1 STOP
DATA LENGTH: 8 DATA
RS-232 SECURITY
CODE : 1AA

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RECEIVER SETUP:

NONE

AUTO DIAL TIME SETUP:

NONE

RS-232 END OF MESSAGE
DISABLED

AUTO DIAL ALARM SETUP

IN-TANK SETUP

T 1:DIESEL NORTH B-5 TK1
PRODUCT CODE : L
THERMAL COEFF : .000470
TANK DIAMETER : 118.00
TANK PROFILE : 4 PTS
FULL VOL : 22264
88.5 INCH VOL : 17984
59.0 INCH VOL : 11084
29.5 INCH VOL : 4206

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 2.5

MAX OR LABEL VOL: 22264
OVERFILL LIMIT : 90%

HIGH PRODUCT : 95%
DELIVERY LIMIT : 21151
15%
3339

LOW PRODUCT : 3000
LEAK ALARM LIMIT: 20
SUDDEN LOSS LIMIT: 50
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
0

LEAK MIN ANNUAL : 0%
0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM ENABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN
PUMP THRESHOLD : 10.00%

T 2:CTR B5
PRODUCT CODE : 2
THERMAL COEFF : .000470
TANK DIAMETER : 118.00
TANK PROFILE : 4 PTS
FULL VOL : 22264
88.5 INCH VOL : 17984
59.0 INCH VOL : 11084
29.5 INCH VOL : 4206

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 2.5

MAX OR LABEL VOL: 22264
OVERFILL LIMIT : 90%

HIGH PRODUCT : 95%
DELIVERY LIMIT : 21151
15%
3339

LOW PRODUCT : 3000
LEAK ALARM LIMIT: 20
SUDDEN LOSS LIMIT: 50
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
0

LEAK MIN ANNUAL : 0%
0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN
PUMP THRESHOLD : 10.00%

DELIVERY DELAY : 3 MIN
PUMP THRESHOLD : 10.00%

DELIVERY DELAY : 3 MIN
PUMP THRESHOLD : 10.00%

DELIVERY DELAY : 3 MIN
PUMP THRESHOLD : 10.00%

DELIVERY DELAY : 3 MIN
PUMP THRESHOLD : 10.00%

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 2.5

MAX OR LABEL VOL: 7898
OVERFILL LIMIT : 90%
: 7108
HIGH PRODUCT : 95%
: 7503
DELIVERY LIMIT : 15%
: 1184

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 20
SUDDEN LOSS LIMIT: 50
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0
LEAK MIN ANNUAL : 0%
: 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN
PUMP THRESHOLD : 10.00%

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP

L 1:DISP HOSE 1.2 SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L 2:DISP HOSE 3.4 SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L 3:DISP HOSE 5.6 SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L 4:DISP SAT FOR HOSE 6
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L 5:DISP HOSE 7.8 SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L 6:DISP HOSE 9 SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L 7:DISP SAT FOR HOSE 9
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L 8:DISP HOSE 10
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L 9:DISP SAT FOR HOSE 10
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L12:DISP HOSE 15.16 SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L13:DISP HOSE 17.18 SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : DISPENSER PAN

L14:TURBINE SUMP TANK 3
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L15:S DIESEL B-5 SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L16:N DIESEL B-5 SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L17:N DIESEL B-5 TRANS
TRI-STATE (SINGLE FLOAT)
CATEGORY : PIPING SUMP

L18:S DIESEL B-5 TRANS
TRI-STATE (SINGLE FLOAT)
CATEGORY : PIPING SUMP

L19:B-20 TURBINE SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L20:ORD TURBINE SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L21:PREMIUM CLEAR SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L22:E-10 TURBINE SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L23:N B-5 DIESEL INNERST
TRI-STATE (SINGLE FLOAT)
CATEGORY : ANNULAR SPACE

L24:S B-5 DIESEL INNERST
TRI-STATE (SINGLE FLOAT)
CATEGORY : ANNULAR SPACE

L27:B-05 TANK INNERS
TRI-STATE (SINGLE FLOAT)
CATEGORY : ANNULAR SPACE

OUTPUT RELAY SETUP

R 1:OVERFILL ALARM
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
ALL:OVERFILL ALARM

R 2:OFF RD
TYPE:
STANDARD
NORMALLY OPEN

LIQUID SENSOR ALMS
L 5:FUEL ALARM
L11:FUEL ALARM
L20:FUEL ALARM
L26:FUEL ALARM

R 3:E-10
TYPE:
STANDARD
NORMALLY OPEN

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L10:FUEL ALARM
L12:FUEL ALARM
L22:FUEL ALARM
L25:FUEL ALARM

R 4:PREMIUM CLEAR
TYPE:
STANDARD
NORMALLY OPEN

LIQUID SENSOR ALMS
L12:FUEL ALARM
L13:FUEL ALARM
L21:FUEL ALARM
L25:FUEL ALARM

R 5:B-5
TYPE:
STANDARD
NORMALLY OPEN

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 3:FUEL ALARM
L 4:FUEL ALARM
L 6:FUEL ALARM
L 7:FUEL ALARM
L 8:FUEL ALARM
L 9:FUEL ALARM
L10:FUEL ALARM
L14:FUEL ALARM
L15:FUEL ALARM
L16:FUEL ALARM
L17:FUEL ALARM
L18:FUEL ALARM
L23:FUEL ALARM
L24:FUEL ALARM
L27:FUEL ALARM

From: [Jeff Van Hying](#)
To: [LITKE Emily * DEQ](#)
Subject: RE: Oregon DEQ UST Inspection Determination: S&H Fueling #12363
Date: Monday, May 5, 2025 11:03:26 AM
Attachments: [image001.png](#)

You don't often get email from jeffv@imperialtrucking.com. [Learn why this is important](#)

Thank you

From: LITKE Emily * DEQ <emily.litke@deq.oregon.gov>
Sent: Monday, May 5, 2025 11:00 AM
To: Jeff Van Hying <jeffv@imperialtrucking.com>
Subject: RE: Oregon DEQ UST Inspection Determination: S&H Fueling #12363

Hey Jeff,

I will mark violations #1 and 2 as complete.

For violation #3 – please email the work order/invoice from Advantage Petroleum when available that describes that the Veeder-root was serviced and now operational. I will grant a 2 week extension for this work to be completed – **new deadline 5/19/25.**



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: Jeff Van Hying <jeffv@imperialtrucking.com>
Sent: Monday, May 5, 2025 9:59 AM
To: LITKE Emily * DEQ <emily.litke@deq.oregon.gov>
Cc: Jeff Van Hying <jeffv@imperialtrucking.com>
Subject: FW: Oregon DEQ UST Inspection Determination: S&H Fueling #12363

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Emily

I don't have anything yet to send you on the Veeder-Root. Advantage Petroleum has been out & deleted & reprogrammed.

Do I need an extension?

503-969-0436

Jeff

From: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Sent: Monday, April 7, 2025 12:45 PM
To: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; Jeff Van Hying <jeffv@imperialtrucking.com>
Subject: RE: Oregon DEQ UST Inspection Determination: S&H Fueling #12363

Please review the attached field citation. **The deadline for payment of the penalty is 5/7/25. Overfill alarm corrective action deadline is 4/15/25 and other corrective actions deadline is 5/7/25.**

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: Monday, April 7, 2025 10:13 AM
To: Jeff Van Hying <jeffv@imperialtrucking.com>
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Subject: Oregon DEQ UST Inspection Determination: S&H Fueling #12363

Importance: High

Hello Jeff,

Thank you for meeting with DEQ on April 3, 2025, to perform the UST inspection at 10533 N Lombard St, Portland, OR 97202. It was a pleasure to meet you.

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

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

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

Violations:

1. C1f – Failure to complete initial udc and sump interstitial containment testing by October 1, 2023. No testing was performed on the UDCs and Sumps. Class I
2. C2b-Failure to repair overfill alarm equipment that is defective or may have been tampered with in manner that prevents proper operation. Class II
3. J8.4 –Failure to calibrate sensors and repair Veeder Root (release detection equipment) per manufacturer's instructions, including service checks for operability or running condition. Class II

Corrective Actions:

1. Perform tri-annual hydrostatic testing for all sumps and UDCs. Maintain records and Submit results of all listed devices by **May 5th, 2025**
2. Perform overfill alarm repairs within 7 days. Maintain records and submit results to DEQ by **April 15th, 2025**
3. Perform annual testing/calibration of sensors and have the Veeder Root replaced, repaired or serviced by a licensed Veeder Root tech that can address the testing errors per manufacturer's specifications within 30 days. Maintain records and submit performed results and records to DEQ by **May 5th, 2025**

Observations of note:

- The site should maintain performing DAILY logged leak detection from the tanks and sensors. Printed every day and kept.

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: [Jeff Van Hying](#)
To: [LITKE Emily * DEQ](#)
Cc: [Jeff Van Hying](#)
Subject: FW: Overfill alarm S&H Fuels 12363
Date: Monday, May 5, 2025 9:46:36 AM
Attachments: [IMG_3753.3gp](#)

You don't often get email from jeffv@imperialtrucking.com. [Learn why this is important](#)

Good Morning Emily

From: Jeff Van Hying
Sent: Monday, April 7, 2025 6:22 AM
To: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>
Cc: Jeff Van Hying <jeffv@imperialtrucking.com>
Subject: Overfill alarm

Good Morning

I hope you have a great day

From: 5039578713@vzwpix.com <5039578713@vzwpix.com>
Sent: Sunday, April 6, 2025 12:30 PM
To: Jeff Van Hying <jeffv@imperialtrucking.com>
Subject:

Fee

\$ 300.00

—

Paid

\$ 300.00

=

Due

\$ 0.00

Penalty

▶ 2025-FC-9891

UST - Field Citation

\$ 300.00

1 Results

Add Penalty

Send to FIMS

Payment

Credit Card

4/17/2025

4/17/2025

DEQEDM000051812

\$ 300.00

Type	Amount
Credit Card	300

E-Payment Confirmation#	E-Payment Settle Date
DEQEDM000051812	04/17/2025
Ref#	Payment Date
	04/17/2025

Comments

(Remaining Length: 4000)

1 Results

Site Info

S&H FUELING COMPANY (CFN CARDLOCK)



10533 N LOMBARD ST, PORTLAND, OR 97203

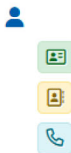
85403 ✓

294653

CEM_FacilityIdentifier=111747 UST (12363)

Stationary

Contact Info



Inspection Info

7998 Completed

UST

Full Compliance Inspection (FCI) TCR only