



Oregon

Tina Kotek, Governor

Department of Environmental Quality

Northwest Region

700 NE Multnomah Street, Suite 600

Portland, OR 97232

(503) 229-5696

FAX (503) 229-6124

TTY 711

April 30, 2025

G Hardeep G, Inc
Attn: Hardeep Singh
135 N 50th Ave
Longview, WA 98632

RE: UST Compliance Inspection
DEQ UST# 2830 – 260 Columbia River Hwy

Dear G Hardeep G, 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 inspection for this facility to Ingrid Gaffney, DEQ inspector, at ingrid.gaffney@deq.oregon.gov or 503-875-1246

Scheduled for May 27, 2025, starting at approximately 10 am at the DEQ UST #s listed below.

May 27th at 10 am:

- DEQ UST # 2832 – Clatskanie Shell 260 Columbia River Hwy, Clatskanie, OR

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

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

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

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

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

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

DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overflow 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



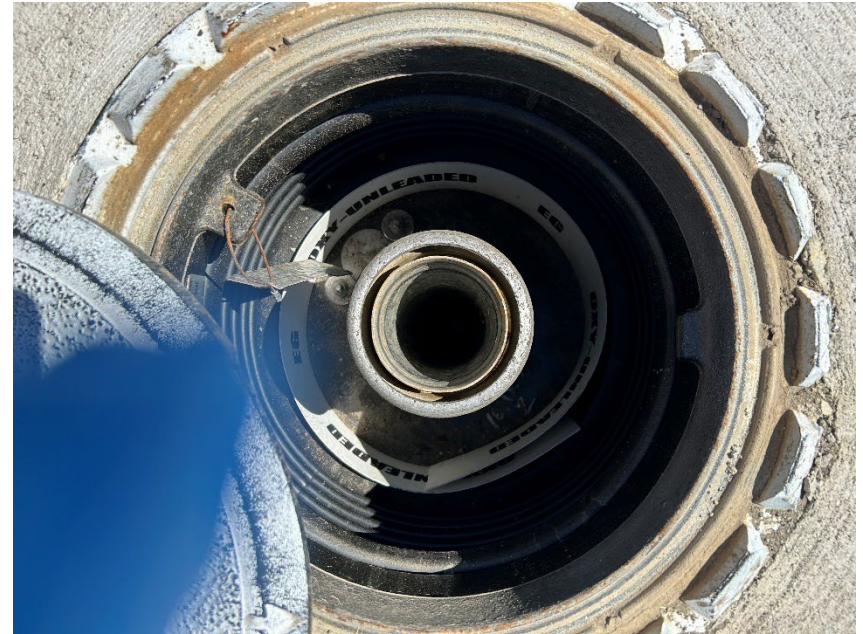
1: 260 Columbia River Hwy, Clatskanie, OR 97016



2: Overfill Alarm



3: Regular sump



4: Regular fill



5: Oxy regular fill



6: Premium fill



7: Regular sump



8: Premium fill



9: UDC #1/2



10: UDC # 3/4

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

Inspector: Ingrid Gaffney Date: 5/27/25 Time: 10 AM Facility: 2832

I. Site Information		
Facility Name: <u>Clatskanie Shell</u>	Permittee: <u>G. Hardeep Inc</u>	Contact: <u>Hardeep Singh</u>
Site Address: <u>260 Columbia River Hwy</u>	Organization: <u>SAME</u>	Phone:
City: <u>Clatskanie, OR 97016</u>	Phone:	<u>503-728-2035</u>

II. Tank Information					
DEQ Permit #	<u>BBAEK^{1A}</u>	<u>BBAEA^{2A}</u>	<u>BBAEB</u>		
Estimated Gallons	<u>10,000</u>	<u>10,000</u>	<u>6,000</u>		
Substance	<u>GASOLINE</u>	<u>GASOLINE</u>	<u>GASOLINE</u>		
Tank Material	<u>single wall steel w/ fiber</u>	—————→	—————→		
Tank Install Date	<u>1/12/1991</u>	—————→	—————→		
Pipe Material	<u>single wall fiber plastic</u>	—————→	—————→		
Pipe Type	<u>pressure</u>	—————→	—————→		
Pipe Install Date	<u>1991</u>	—————→	—————→		
Overfill Device	<u>Alarm</u>	<u>Alarm</u>	<u>Alarm</u>		

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

3 tanks under T2, T3, T4

If tanks are manifolded, which tanks: yes T2 & T3

III. Operating Certificate			Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Current	<input checked="" type="checkbox"/> Accurate	<input checked="" type="checkbox"/> Posted for delivery drive to observe			

IV. Operator Training			Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Class A/B Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>Hardeep Singh</u>	Date: <u>5/10/08</u>		
Class C Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cardlock				

V. Financial Responsibility			Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Type of coverage: <u>insurance</u>	Begin Date: <u>12/5/24</u>	End Date: <u>12/5/25</u>			
Coverage amount correct: <u>\$1,000,000</u>	Number of tanks covered: <u>3</u>				
Financial responsibility could also be in the form of self insurance, bonds, local government, trust fund, and or guarantee					

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

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

Date of last testing: 8/22/24 8/30/22 Last three tests available? Yes No

b) Piping Release Detection (Check all that apply)

Pressurized Piping Mechanical Leak Detector (MLLD) Electronic Leak Detector (ELD) - check for swiftcheck requirement

Date of last testing: 8/22/24 8/30/22 Last three tests available? Yes No

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

Leak detector manufacturer make and model: 99LD 2000

Tank gauge manufacturer make and model: veeder root

MLLD on turbine manifold? Yes No
 MLLD product appropriate? (Example, diesel Red Jacket FX series on diesel system?) Yes No
 If ELLD and no line testing: Annual 0.1 gph results from tank gauge? Yes No

Interstitial Monitoring

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

Date of last sump testing: N/A Last two tests available? Yes No

Date of last sensor testing: N/A 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 type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
T2: <input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
T3: <input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
T4: <input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input 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: 10 AM Facility: 2832

VIII. Spill Prevention Compliance Yes No

Date(s) of testing: 3/8/21 2/20/25 8/22/24 *all new* Number of spill buckets tested? 3

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 *Replaced SBs in 2/20/25*

Hydrostatic testing (test takes one hour to complete) *They had issues scheduling w/ mascoff*

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: 3/8/21 8/22/24

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 *issues scheduling w/ mascoff in 2024*

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

Mr. Paul Sandhu

Representative onsite:

Hardeep Singh

email:

gurastandhu12@gmail.com

* send AQ manager and AQ help/desk *

violation

* Missing 2023 testing annual, 2024 performed.

Compliance Determination:

~~✓~~

No Violations Observed

✓

Observed violations resulting in enforcement

Inspector Signature:

Imagid Gaffney

Date:

5/28/25



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:	05/27/2025	Facility ID#:	2832
Inspector:	Ingrid GAFFNEY	Facility Name:	CLATSKANIE SHELL
DEQ Office:	700 NE Multnomah St Ste 600	Facility Address:	260 COLUMBIA RIVER HWY, CLATSKANIE, Oregon 97016
Phone #:	503-229-5048	County:	Columbia

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

Field Citation Issued:	<input type="checkbox"/> In Person	<input checked="" type="checkbox"/> By Email	<input type="checkbox"/> Both	Date Issued: 05/29/2025
Facility Representative Present During Inspection:	Paul Sandhu			<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	G Hardeep G Inc.			
Mailing Address:	PO Box 748 , Clatskanie Oregon 97016			

Field Citation Penalty – See Page 3 for detailed listing of each violation. \$ 100

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:

06/28/2025

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.

UST FIELD CITATION

DATE ISSUED: 05/29/2025

PROGRAM ENFORCEMENT No.: 2025-FC-9911

FACILITY ID: 2832

Page 3 of 3

Violation #1: Failure to install, operate, maintain or calibrate RD equipment per manufacturer's instructions, including service checks for operability or running condition (i.e. device has been incorrectly installed, is defective, damaged, or may have been tamper)
***TCR:**

Corrective Action: Schedule 2025 annual testing of the release detection equipment (veeder root and line leak detection) per the manufacturer's specifications. Submit 2025 testing date and service provider to DEQ Duty officer by June 28th, 2025. Send final testing results to DEQ in August of 2025.

Rule Citation: OAR 340-150-0400(1)(c)	Penalty Amount: \$ 100	Correct Violation by: 06/28/2025	Date Violation Corrected:
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Violation #2:
***TCR:**

Corrective Action:

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

Corrective Action:

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

Corrective Action:

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

Corrective Action:

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

Corrective Action:

Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
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	Total Penalty Amount 100		
	(This Page): \$		

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

RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE: _____ 06/28/2025 _____

Retain a copy of this form and all documentation of corrective actions for your records.

I hereby certify that the UST violations noted above have been corrected: _____ / _____

Permittee/Owner Signature

Date



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

Company Name: _____	Monitor Make: _____
Site Address: _____	Monitor Model: _____
City, State, Zip: _____	Serial Number: _____
Date: _____	Software Version: _____

Console	Tank # / Size	Pass	Fail	Actions Performed / Console	Pass	Fail	N/A	Comments
Print or view status of all tanks. Leave copy on site if any programming changes are made.				Verify date and time				
				Verify setup values				
				Check battery				
				Test external alarm if applicable				
				Run system diagnostics				
				Verify tests for compliance				

Sensors	Sensor # / Location	Pass	Fail	Actions Performed / Probes	Pass	Fail	N/A	Comments
Print out sensor status and leave on site. Put all sensors into alarm and verify proper operation.				Run probe diagnostics				
				Inspect cables and connections				
				Pulled and visually inspected probe				
				Verified overfill function at 90%				

Sensors	Sensor # / Location	Pass	Fail	Actions Performed / Sensors	Pass	Fail	N/A	Comments
Print out sensor status and leave on site. Put all sensors into alarm and verify proper operation.				Run sensor diagnostics				
				Inspect cables and connections				
				Test sensor for operation				
				Inspect and clean sensors				

Sensors	Sensor # / Location	Pass	Fail	Additional Service Checks	Yes	No	N/A	Comments
Print out sensor status and leave on site. Put all sensors into alarm and verify proper operation.				Lights, LED's, annunciator functioning?				
				Is customer saving required reports?				
				Is Cathodic Protection Required?				
				Note CP issues and test date				
				Type of Overfill Protection				
				Type of Leak Detection				
				Primary Tank Leak Detection Method				

Technician Name: _____ Technician Signature: Lloyd fivecoats



Portland 435 NE Hancock Portland, OR 97212
 Tri-Cities 200 S. 20th Ave. Pasco, WA 99301
 Seattle 6530 5th Place South Seattle, WA 98108
 Alaska 5610 Silverado Way Anchorage, AK 98518

Site Name: _____ Test Date: _____
 Address: _____
 City, State, Zip: _____

Test Data:

	1	2	3	4	5
Product					
Manufacturer					
Model					
Full Operating Pressure (psi)					
Trip Time (sec)					
Test Leak Rate (ml / min)(gph)					
Pass / Fail					

Notes: _____

This document certifies that the leak detectors tests were performed at the facility referenced above in accordance to the equipment manufacturers specifications. The results as listed are to my knowledge true and accurate. This document's test pass/fail is determined using a low flow threshold trip rate of 3 gph at 10 PSI.

Inspected By: _____

Technician Name: _____

Technician Signature: Lloyd Fivecoats

Fee	-	Paid	=	Due
\$ 100.00		\$ 100.00		\$ 0.00

Penalty

▶ 2025-FC-9911 \$ 100.00

ⓘ UST - Field Citation

1 Results

+ Add Penalty ↔ Send to FIMS

Payment

▼ Check by Mail 0108 \$ 100.00

📅 6/9/2025

ⓘ 49544

Type	Amount
Check by Mail ▼	100

E-Payment Confirmation#	E-Payment Settle Date
<input type="text"/>	mm/dd/yyyy 📅

Ref#	Payment Date
49544	06/09/2025 📅

Comments

2025-FC-9911

(Remaining Length: 3988)

1 Results

Site Info

CLATSKANIE SHELL



📍 260 COLUMBIA RIVER HWY, CLATSKANIE, OR 97016

📍 23092 ✓

📍 232798

📍 CEM_FacilityIdentifier=19907 UST (2832)

📁 Stationary

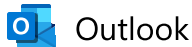
Contact Info

-
-
-

Inspection Info

8075 Completed

☰ UST



Outlook

Re: Oregon DEQ UST Inspection Determination: Clastkanie Shell (Chevron) #2832

From LITKE Emily * DEQ <Emily.LITKE@deq.oregon.gov>

Date Tue 8/5/2025 9:28 AM

To Gurpal Sandhu <gurpalsandhu12@gmail.com>

Good morning,

Thank you for sending these testing reports - they all look great.

The UST inspection for DEQ facility #2832 Clastkanie Shell (Chevron) located at 260 Columbia River Hwy Clatskanie, OR 97016 is officially **CLOSED and COMPLETE**.

Thank you for 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: Gurpal Sandhu <gurpalsandhu12@gmail.com>

Sent: Wednesday, July 30, 2025 11:18 AM

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

Subject: Re: Oregon DEQ UST Inspection Determination: Clastkanie Shell (Chevron) #2832

i finally got my test from mascott here you go i got thm done june 25

On Wed, Jul 9, 2025 at 1:17 PM LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov> wrote:

Good afternoon,

UST facility 2832 Clatskanie Shell (Chevron) located at 260 Columbia River Hwy Clatskanie, OR 97016

Please provide an update on the 2025 annual testing date and/or the results.

Corrective Actions:

1. Schedule 2025 annual testing of the release detection equipment (veeder root and line leak detection) per the manufacturer's specifications. Submit 2025 testing date and service provider to DEQ Duty officer by June 28th, 2025. Send final testing results to DEQ via UST Duty officer in August of 2025.



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

From: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>
Sent: Thursday, June 5, 2025 2:06 PM
To: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; gurpalsandhu12@gmail.com
Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Subject: RE: Oregon DEQ UST Inspection Determination: Clastkanie Shell (Chevron) #2832

Hi Paul

I received your voice message. Please email your future testing dates to the UST Duty officer email. If you have any further questions, you can send them via 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

From: UST Duty Officer * DEQ
Sent: Thursday, May 29, 2025 8:28 AM
To: gurpalsandhu12@gmail.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: Clastkanie Shell (Chevron) #2832
Importance: High

Hello Paul:

Thank you for meeting with DEQ on May 27, 2025, to perform the UST inspection at 260 Columbia River Hwy Clatskanie, OR 97016.

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

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

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

Violations:

1. G5 - Failure to calibrate release detection equipment (veeder root and line leak detection) per manufacturer's instructions, including testing for operability or running condition annually (2023 annual testing not performed, 2024 was performed and passed).
340-150-0400(2) Class I

Corrective Actions:

1. Schedule 2025 annual testing of the release detection equipment (veeder root and line leak detection) per the manufacturer's specifications. Submit 2025 testing date and service provider to DEQ Duty officer by June 28th, 2025. Send final testing results to DEQ via UST Duty officer in August of 2025.

Regards,

Ingrid Gaffney
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