

Department of Environmental Quality Northwest Region

700 NE Multnomah Street, Suite 600 Portland, OR 97232 (503) 229-5263 FAX (503) 229-6945 TTY 711

June 16, 2025

COBURG GAS Attn: Clayton Barns 24601 Center Ridge Rd Westlake, OH 44145

RE: UST Compliance Inspection

DEQ UST #12442 COBURG GAS

91039 S Coburg Industrial Way, Coburg, OR

97408

Hello Clayton Barns,

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 facility, among others, has been selected for inspection. A thorough inspection of your facility 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 this facility is scheduled for July 22, 2025, starting at approximately 9:00 am at UST Facility 12442, COBURG GAS. 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.

To complete this inspection, you will need to have compliance testing records available on-site on the day of the inspection or sent to me prior to the inspection at alex.spencer@deq.oregon.gov If the records are not available during the day of the inspection, you will have five (5) business days to provide the records to me electronically. After which time this facility will be subject to enforcement actions.

At a minimum the following records are required to complete this inspection:

- Line and leak detector testing results for the past three years,
- Monthly tank leak detection records (12 months),
- Class A, B, and C training documentation.
- Financial responsibility mechanism.
- Annual tank gauge / release detection equipment certification
- Spill prevention testing records
- Overfill Prevention Equipment testing
- Cathodic protection testing (if applicable)
- Tank lining records (if applicable)
- Monthly walkthroughs

As stated previously, DEQ will not touch any equipment and if you are unable to assist with equipment access, please have your UST Service Provider there to remove manway or sump lids. 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 503-866-2480 or alex.spencer@deq.oregon.gov to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,

Alex Spencer

UST Compliance Specialist

Northwest Region

Submitted By: dylan.eckert_deq

Submitted Time: July 22, 2025 11:06 AM

Creation Time: August 14, 2025 7:17 AM

Date

July 22, 2025

Time

09:01

UST Facility ID

12,442

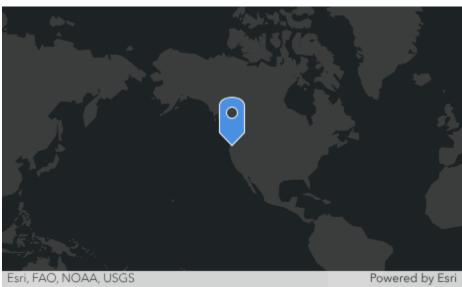
Inspector

Eckert

Type of Inspection

Full Compliance

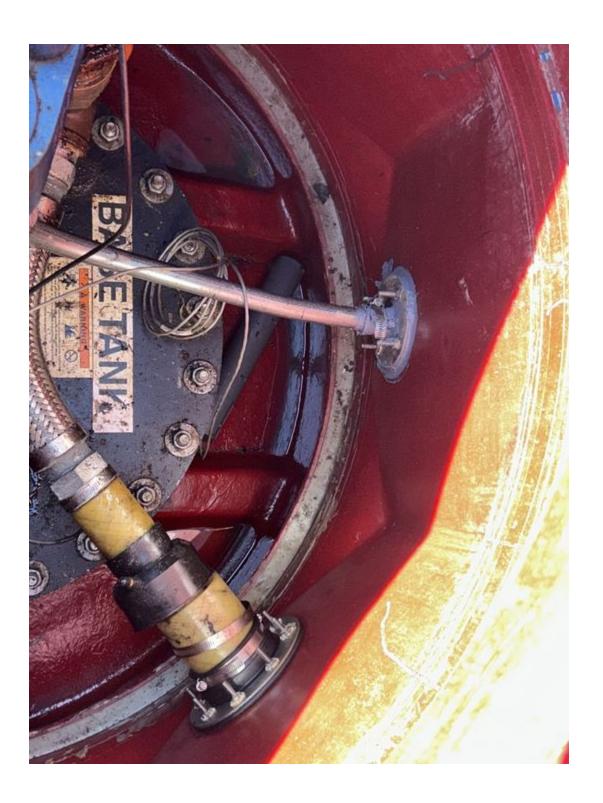
Location



Photograph







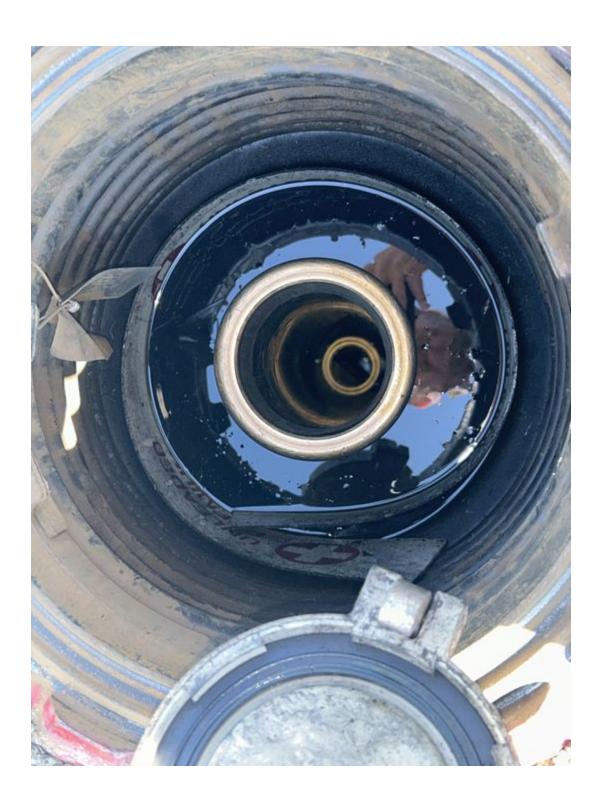




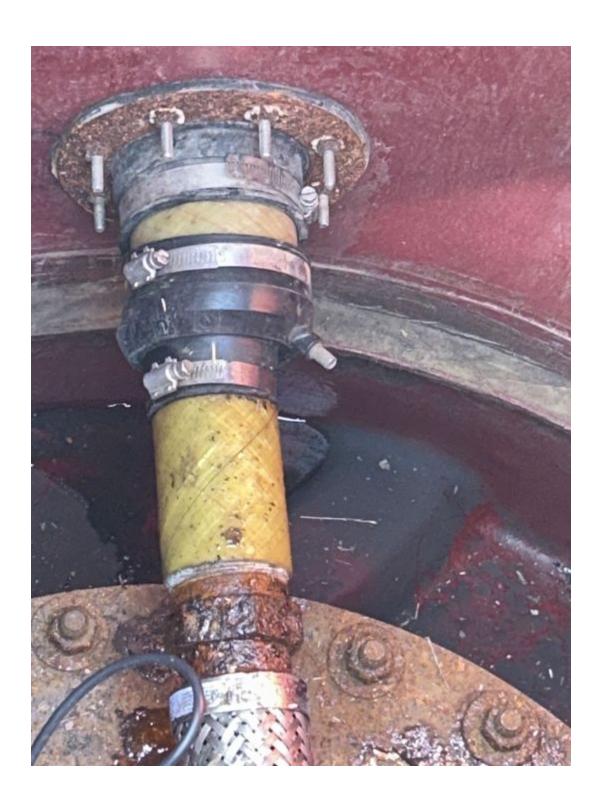
Level 3 - Restricted





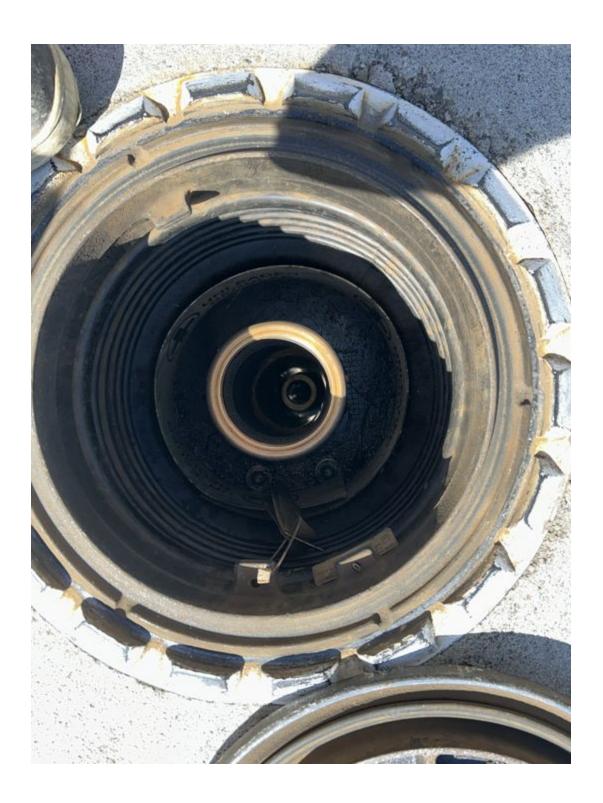


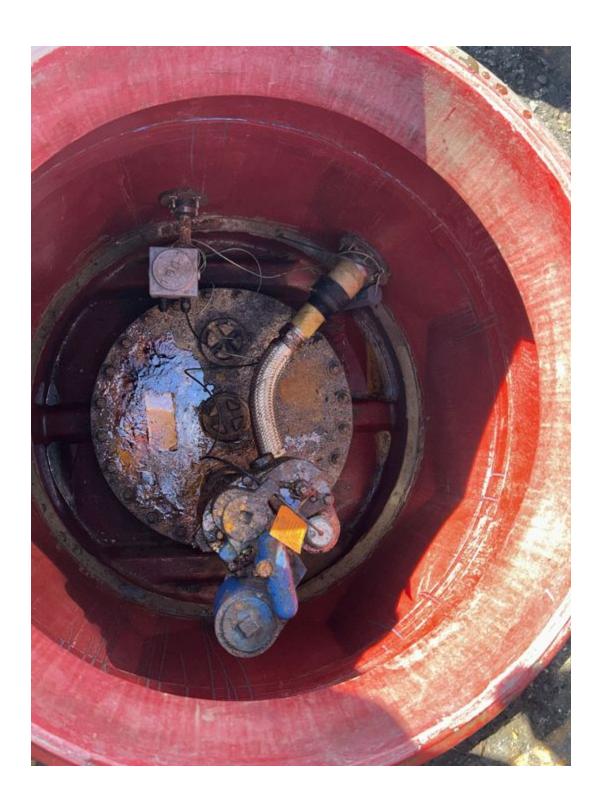


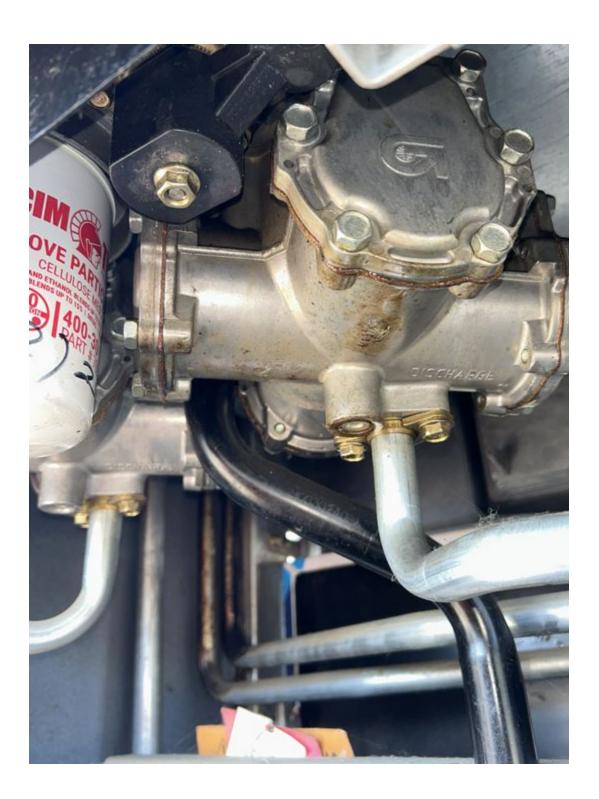












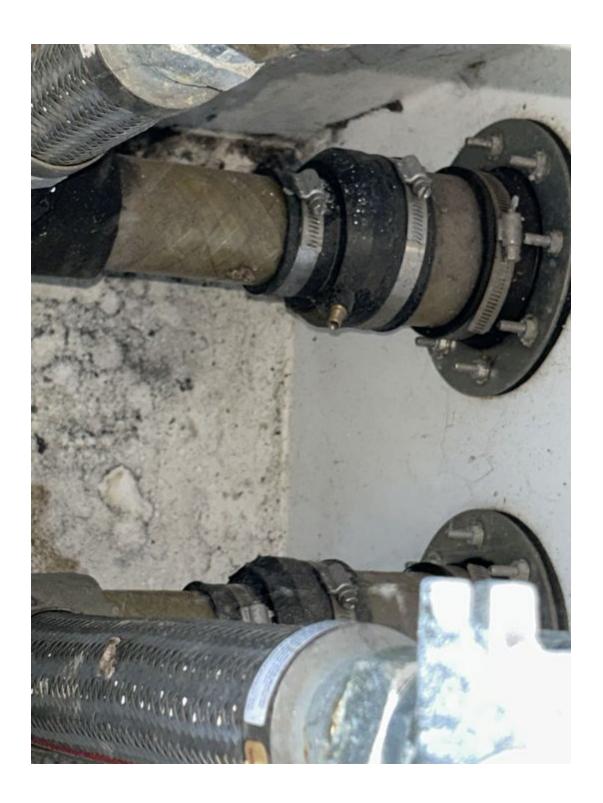




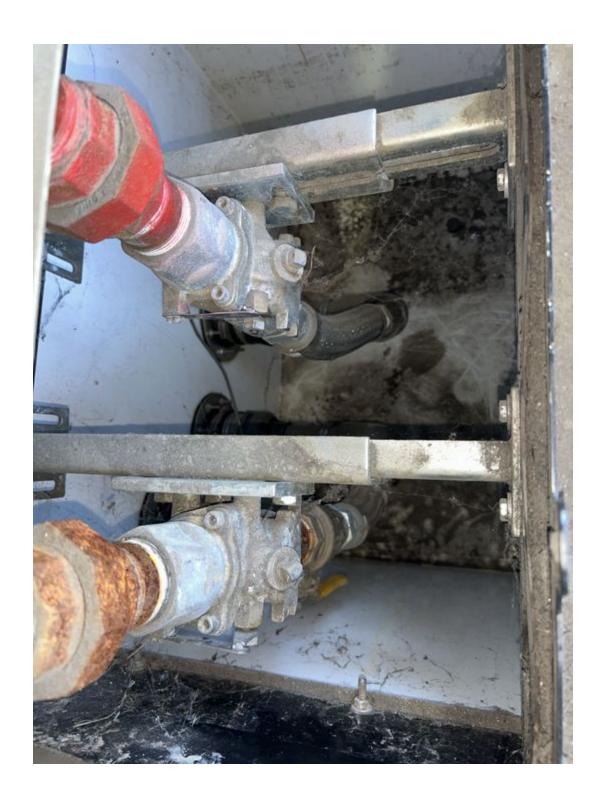
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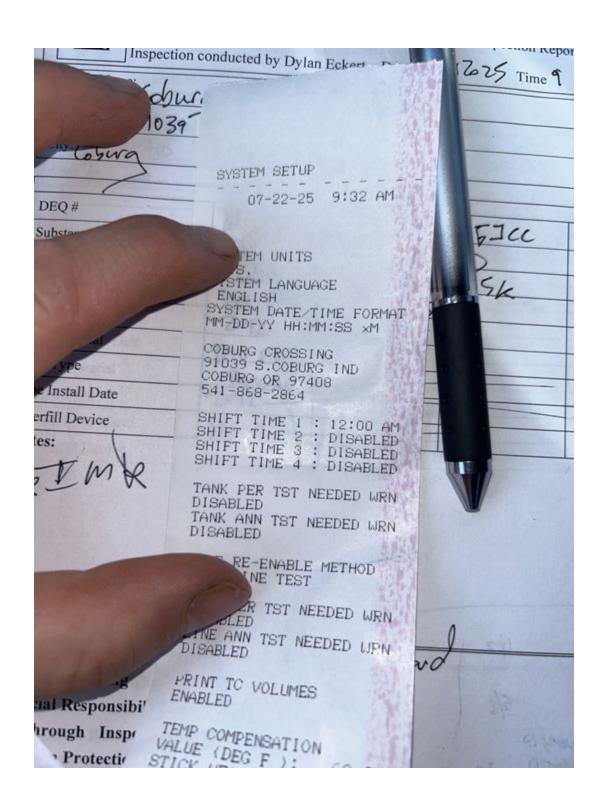


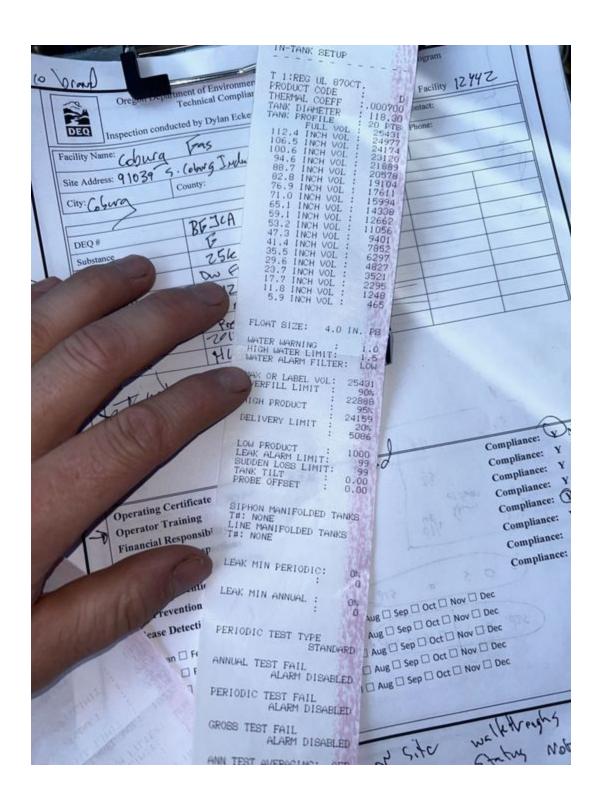


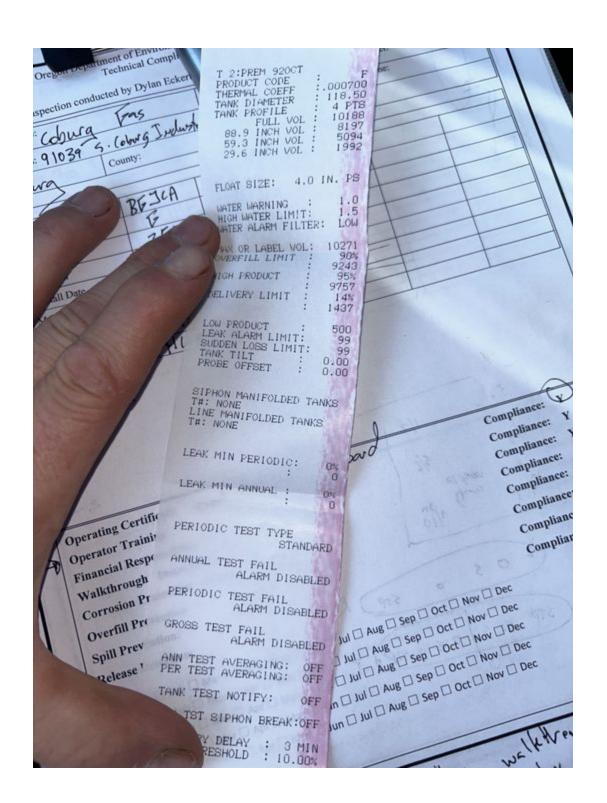


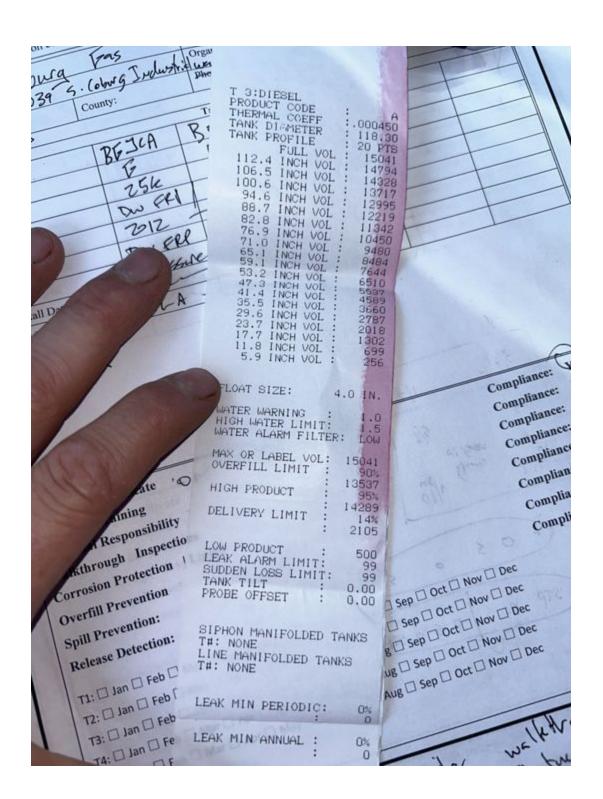




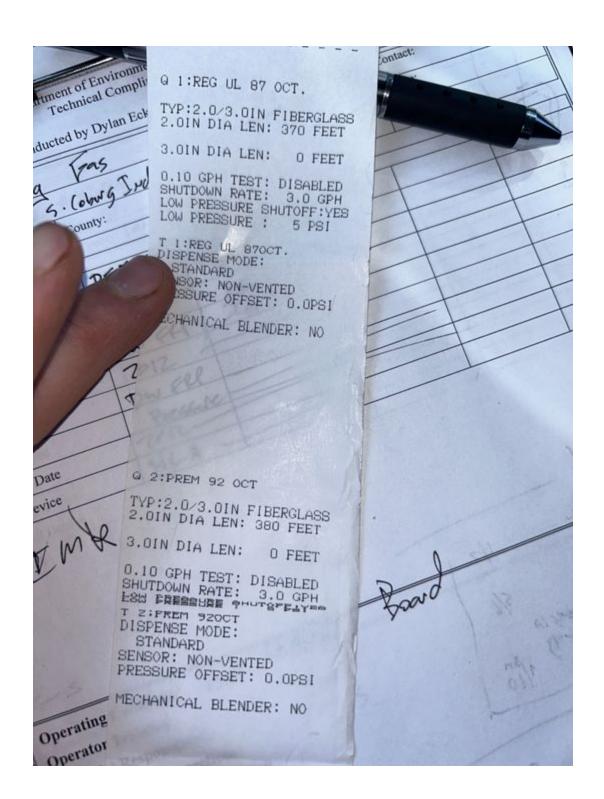




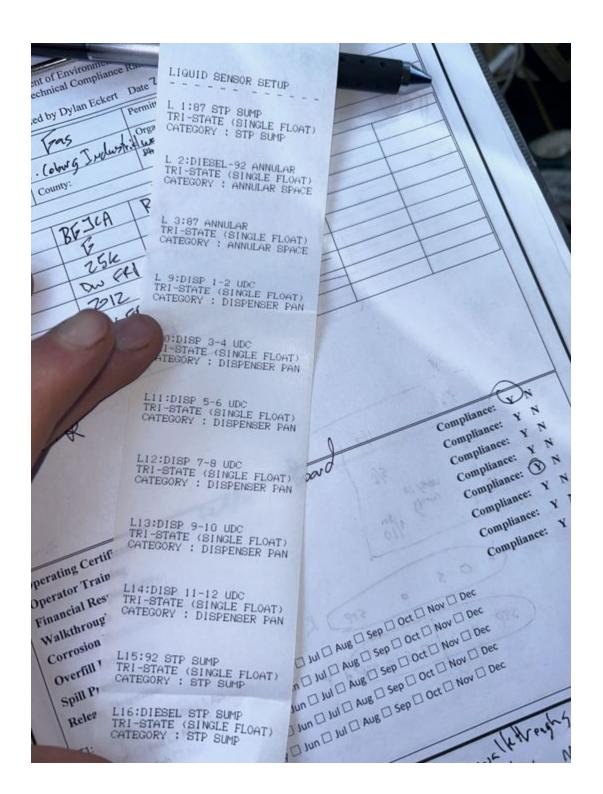




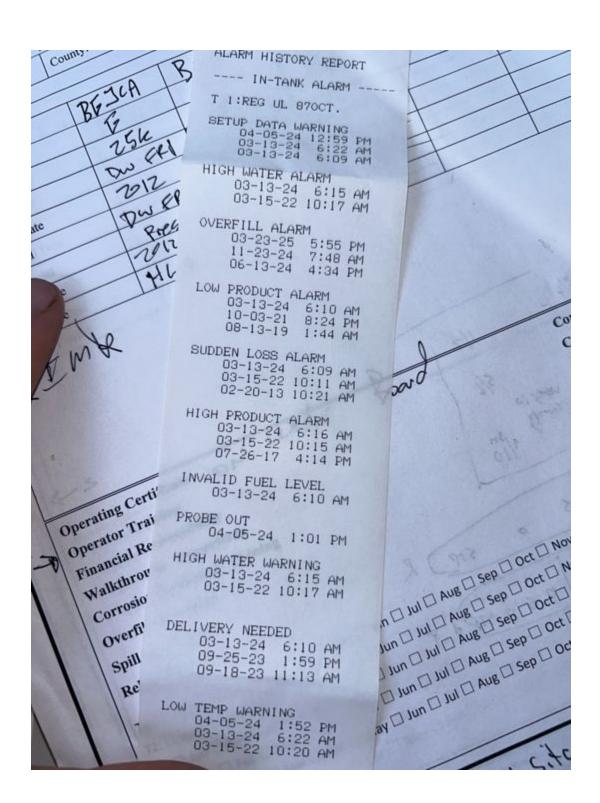


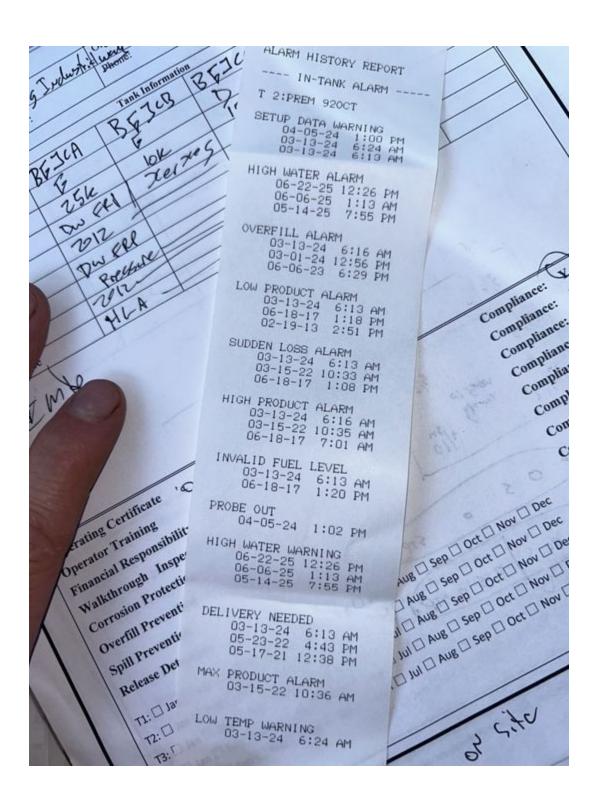






















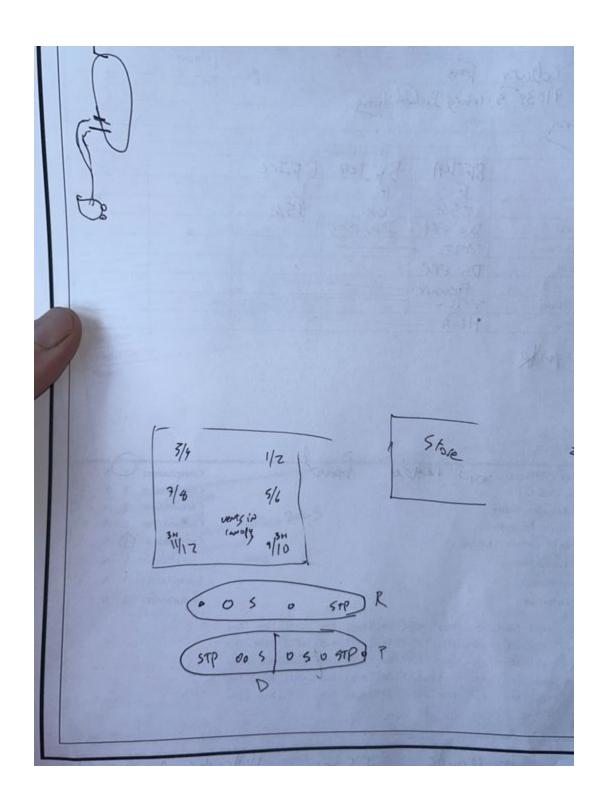








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|--|---|---|--|---------------|---------------|---|------------------|
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| DEQ# BFJCA BFJCB BFJCC Substance F F F F F F F F F F F F F F F F F F F | City | "Cobura | County: | Phone | | | |
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| Substance Est. Gallons 75k | DE | 0# | DC T/A | Tank Informat | ion | | 7.11 |
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| Walkthrough Inspections Compliance: Y N Compliance: W N Compliance: Y N | 4 | TMK | 262 | | | | |
| Corrosion Protection Compliance: Y N Overfill Prevention Compliance: Y N Spill Prevention: Compliance: Y N Release Detection: Compliance: Y N T1: | Оро | erating Certificate | 262 | ter Boar | | Compliance: Y Compliance: Y | N |
| Spill Prevention: Release Detection: T1: | Ope Opp Fin Wa | erating Certificate erator Training ancial Responsibility | on lead | ter Boar | 1 | Compliance: Y Compliance: Y Compliance: Y | N N |
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Notes

Program Enforcement No. 2025-FC-9946



This section for DEQ use only

Department of Environmental Quality Underground Storage Tank Program

Field Citation

| Environmental Quality | | For UST Viola | tions | Page 1 of 3 | | | | |
|---|---|--------------------------|--------------------------|--|--|--|--|--|
| | DEQ Information | UST Facility Information | | | | | | |
| Inspection Date: | 07/22/2025 | | Facility ID#: | 12442 | | | | |
| Inspector: | Dylan ECKERT | | Facility Name: | COBURG GAS | | | | |
| DEQ Office: | 165 E 7th Ave 100 | | Facility Address: | 91039 SOUTH COBURG INDUSTRIAL WAY, COBURG, Oregon 97408 | | | | |
| Phone #: | 541-686-7517 | | County: | Lane | | | | |
| Oregon DEQ inspected | 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: 07/24/2025 | | | | |
| Facility Representative Pr | esent During Inspection: | | | ☐ Permittee ☐ Owner ☐ Other | | | | |
| Name of Permittee or Ow | ner: | TA Operating LLC | | | | | | |
| Mailing Address: | | 24601 Center Ridg | ge Rd , Westlake Ohio 44 | 145 | | | | |
| Field Citation Penalty | - See Page 3 for detailed lis | ting of each violation | n. | \$ 1000 | | | | |
| 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: 08/24/2025 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.

Page 2 of 3

Department of Environmental Quality (DEQ) Underground Storage Tank Program Facility Representative initials: **UST FIELD CITATION DATE ISSUED: 07/24/2025** PROGRAM ENFORCEMENT No.: 2025-FC-9946 **FACILITY ID: 12442** Page 3 of 3 Violation #1: Failure to conduct monthly periodic operation and maintenance walkthrough inspection by 10/01/20 and each month thereafter. *TCR: Corrective monthly walkthrough received 7/24/25. No additional response required. Action: Rule Citation: OAR 340-150-Penalty 150 Correct Violation by: n/a Date Violation Corrected: Amount: \$ 0315(1)(a)(A) Violation #2: Failure to conduct annual periodic operation and maintenance walkthrough inspection. *TCR: Corrective Perform annual walkthrough inspection. Send record of this inspection to DEQ prior to 15Aug2025 Action: Rule Citation: OAR 340-150-Penalty Date Violation Corrected: 150 Correct Violation by: 08/15/2025 0315(a)(B) Amount: \$ Violation #3: Failure to operate or maintain a method or combination of methods for release detection such that the method can detect a release from any portion of *TCR: the UST system. 1) Perform testing of all liquid sensors and tank monitor. 2) Remove any liquid from sumps and investigate source of petroleum in diesel STP. 3) Open all Corrective communication of piping secondaries into monitored sumps and solidly secure all sensors at the lowest point in the sump as the manufacturer requires. 4) Submit records of Action: testing and the investigation of liquid in diesel sump to DEO prior to 15Aug2025. Rule Citation: OAR 340-150-Penalty 300 08/15/2025 Date Violation Corrected: Correct Violation by: 0400(1)(a) Amount: \$ Violation #4: Failure to install, operate, maintain or calibrate RD equipment per manufacturer's instructions, including service checks for operability or running *TCR: condition (i.e. device has been incorrectly installed, is defective, damaged, or may have been tamper Corrective Same as violation #3. Action: Rule Citation: OAR 340-150-Penalty 100 Correct Violation by: 08/15/2025 Date Violation Corrected: 0400(1)(c) Amount: \$ Violation #5: Failure to perform annual line tightness test on pressurized piping or test cannot detect a 0.1 gph leak rate at 1.5 times operating pressure *TCR: Corrective Perform functionality testing of automatic line leak detection equipment and submit records of testing to DEO prior to 15Aug2025. Action: Rule Citation: OAR 340-150-Penalty 300 Correct Violation by: 08/15/2025 Date Violation Corrected: 0410(3) Amount: \$ Violation #6: *TCR: Corrective Action: Penalty Rule Citation: OAR Correct Violation by: Date Violation Corrected: Amount: \$ **Total Penalty Amount** 1000 (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: 08/24/2025 Retain a copy of this form and all documentation of corrective actions for your records.

Permittee/Owner Signature

Date

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





State of Oregon Department of Environmental Quality

UST Monthly Walkthrough Inspection Checklist

| Date of walktill ough inspection: | Initials of person conducting walkthrough inspection: | water, debris and hazardous substances? | Are the under-dispenser containments (UDC) free of damage, | Is the fill cap secure on the fill pipe for each tank? | Are fill pipes free of obstructions for each tank? | Are spill buckets free of damage for each tank? (No cracks, bulges or holes, no water or debris, etc.) | Keep at least one per month. | Is the tank monitor / ATG providing a passing printout for 0.2 gph or | Provide comments on the back page if there have been any alarms. | etc.) powered on and in proper operating mode? | Year: | Cobury Goasis | Facility Name |
|-----------------------------------|---|---|--|--|--|--|------------------------------|---|--|--|-------------------------|-------------------------------|-----------------------|
| | nspection: | | DC) free of damage, | h tank? | tank? | tank? (No cracks, bulges | Julio : | sing printout for 0.2 gph or | ા alarm appropriately? ere have been any | G) (Veeder Root, Incon, mode? | Jan | 32915- 91039 Cobuy Industrial | Facility Address |
| 7/24 | 63 | 53/ | < | Ya | X | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | OF S | | Yes | Yes | Feb Mar Apr May Jun Jul | Industrial may so burg or | |
| | | | | | | | | | | | Aug Sep Oct | 5840 | Facility ID Number |
| | | | | | | | | | | | t Nov Dec | 2025 | Year |

- Any fuel observed in containment sumps must be reported to DEQ within 24 hours.
- All liquid in spill buckets or containment sumps must be disposed of properly.
- All alarms must be recorded on page 2, including responsive action.

| | Triennial Testing of Cathodic Protection by Service Provider (if applicable) |
|----------------|--|
| | Triennial Testing of Containment Sumps by Service Provider (If applicable) |
| | Triennial Testing of Overfill by Service Provider |
| | Triennial Testing of Spill Buckets by Service Provider |
| | Proof of Financial Responsibility submitted to DEQ |
| | Annual Testing Release Detection Equipment |
| | Annual Testing of Lines and Leak Detector |
| | Annual Testing of Tank Monitor by Service Provider |
| | Annual Walkthrough of containment sumps: no damage, liquid or debris |
| Date Performed | Compliance Requirements |

| - <u>-</u> | | |
|------------|---|------|
| | | |
| | | |
| | | |
| Initials | Alarms - Issues Observed - Action Taken | Date |
| | | |

| | Lio:DISP 3-4 UDC |
|--|--|
| LISUID DIAGNOSTIC LI:87 STP SUMP | SAMPLES= 5 LOW REF1= 158 HIGH REF1= 940 VALUE1= 101683 |
| LIGUID DIAGNOSTIC L 1:87 STP SUMP SAMPLES= 5 LOW REF1= 158 HIGH REF1= 942 VALUE1= 97269 L 2:DIESEL-92 ANNULAR SAMPLES= 5 LOW REF1= 150 | L11:DISP 5-6 UDC SAMPLES= 5 LOW REF1= 158 HIGH REF1= 940 VALUE1= 101528 \ |
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| HIGH REF1 = 942 VALUE1=99999680 | L14:DISP 11-12 UD0 SAMFLES= 5 LOW REF1= 158 HIGH REF1= 940 VALUE1= 101614 |
| LOW REF1= 158 HIGH REF1= 943 VALUE1=99999680 | L15:92 STP SUMP SAMPLES= 5 LOW REF1= 158 HIGH REF1= 940 VALUE1= 98674 |
| L 6: SAMPLES= 5 I.OW REF1= 158 HIGH REF1= 943 VALUE:=999999680 | Li6:DIESEL STP SUMP SAMPLES= 5 LOW REF1= 158 HIGH REF1= 940 VALUE1= 102426 |
| L 7: | VALUE1 = 102426 |
| L 8: SAMPLES= 5 LOW REF1= 158 HIGH REF1= 943 VALUE1=999999680 | |
| L 9:DISF 1-2 UDC SAMPLES= 5 LOW REF1= 158 HIGH REF1= 940 VALUE1= 101294 | |



Job Order Trip Field

2598124-1-1 PendingReview

2598124-1

| Account | Bill To | | |
|-------------------------------|---------------------------|-----------|--------------|
| Coburg Gas | Travel Centers of America | Trip Date | 7/29/25 |
| 91039 S Coburg Industrial Way | 24601 Center Ridge Road | PO# | Needed |
| Coburg, OR 97408 | West Lake, OH 44145 | Tech Name | Gary M Andre |



Job Details

Description:

Annual Testing

Annual Line Test

Annual Monitor Certification

Annual Leak Detector Test

Annual Shear Valve Test

Annual ESO Check

Annual ATG Check

Completion Notes:

Victor And Gary Arrived On Site Talked With Jamie The General Manager And Eric About Scope Of Work.

Conned Off Area And Began Work.

Monitor Certification - Passed

Sensors - Passed

Pld's - Passed

Line Test's - Passed

Shear Valves - Passed

ESO's - Passed

Removed Liquid From Disp Pan 11-12

Removed Liquid From T1 STP, T2 STP & T3 STP

Removed Liquid From All 3 Spill Buckets

Sensors Are In Lowest Position, Sumps Are Clean And Dry

Removed Shrader Valves And Caps For Secondary Containment

Signature

Jul 29, 2025, 4:02 PM



Job Order Trip Field

2598124-1-2 PendingReview



2598124-1

| Account | Bill To | | |
|-------------------------------|---------------------------|-----------|--------------|
| Coburg Gas | Travel Centers of America | Trip Date | 7/31/25 |
| 91039 S Coburg Industrial Way | 24601 Center Ridge Road | PO# | Needed |
| Coburg. OR 97408 | West Lake, OH 44145 | Tech Name | Gary M Andre |

Job Details

| n | | 4. | |
|----------|------|-----|------|
| LIDE | cri | nti | nn: |
| Des | GI I | иu | uii. |
| | | | |

Annual Testing

Annual Line Test Annual Monitor Certification Annual Leak Detector Test Annual Shear Valve Test Annual ESO Check

Annual ESO Check Annual ATG Check

Completion Notes:

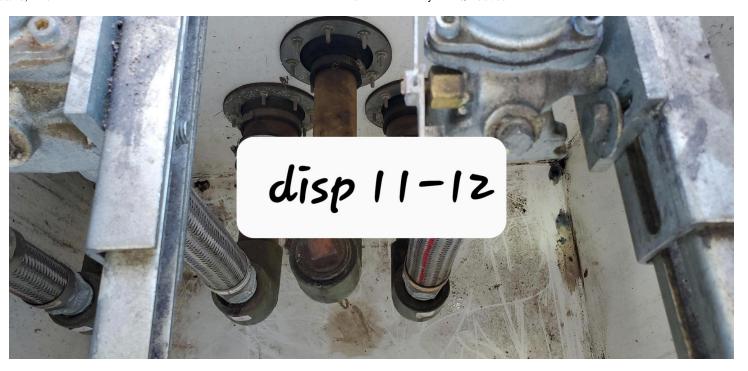
Installed Brackets To Hold Sensors In the 87, 92 & Dsl STP Sumps

Photo's Attached

| Product | Description | Order Quantity Order Uom |
|---------|-------------|--------------------------|
|---------|-------------|--------------------------|

Signature

Jul 31, 2025, 10:20 AM



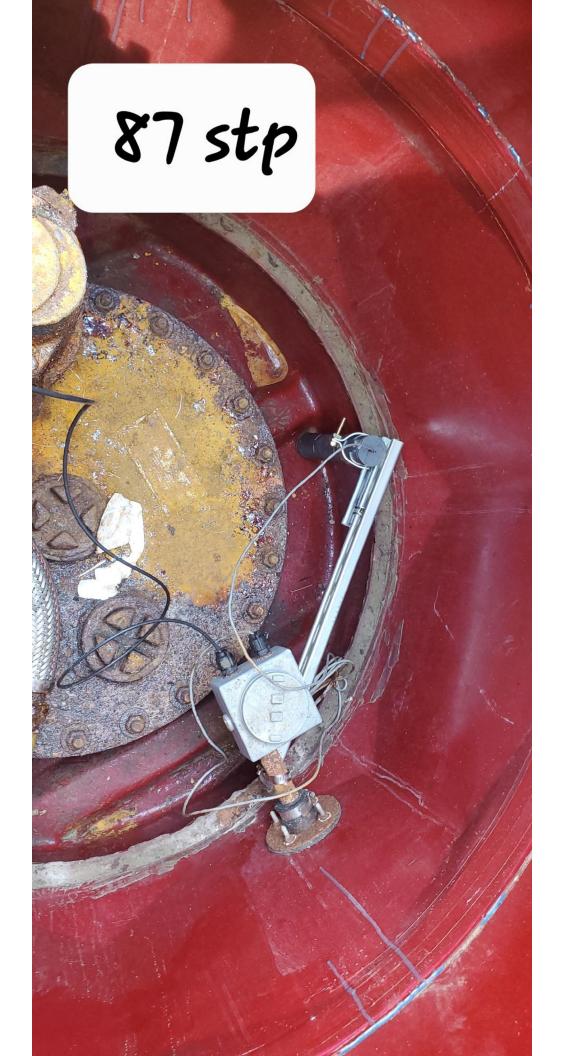
APPENDIX C-3

SPILL BUCKET INTEGRITY TESTING - HYDROSTATIC TEST METHOD SINGLE-- AND DOUBLE--WALLED WACHING

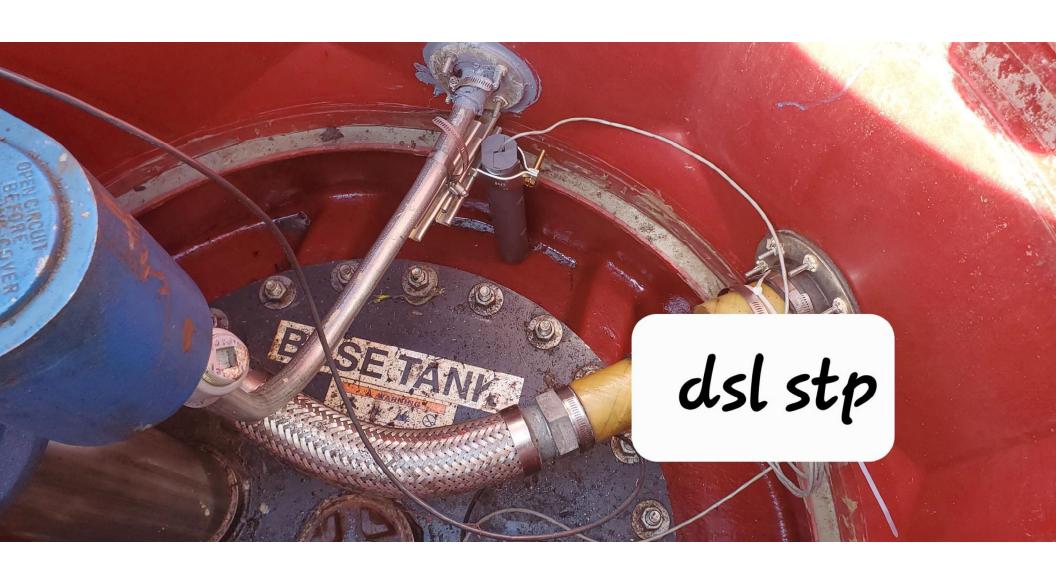
| Facility name: | Shell Cobe | DOUBLEWA | LLED VACUUM | ATIC TEST ME | THOD | |
|-------------------------|--|--|---------------------------------|---------------------|-----------------|----------------|
| Address A | code: Coburg | 60 | Owner: | 1531 METHOD | | |
| City, State, Zip | code: rate | intestración | Address: | | 11-247 - 70 | |
| - CITICO II JA | | | City, State, 7 | D Code: | O DE LE COMP | |
| Leading Compa | nv. a | | Irnone # | | | |
| This procedure is to | ny: Central Sectest the leak integrity of | single and doubt | Phone #: | | Dato | |
| Tank Number | test the leak integrity of nod. Section 6.3 for single | e-walled vacuum te | walled spill buckets. | See PEI/RP1200 Sec | tion 6.2 for | |
| Product Stored | - | 2 | 3 and 6.4 for double | e-walled vacuum tes | t. | |
| Spill Bucket | Regular | Super | Diesel | | | |
| Capacity | 5G | 50 | | | | |
| Manufacturer | 201.1 | 20 | 39 | | | 100 |
| Construction | COW Single welled | OYW | OPW) | | | |
| | Double-walled | Single-walled | ☐ Single-walled ☐ Double-walled | ☐ Single-walled | ☐ Single-walled | ☐ Single-walle |
| Test Type | Hydrostatic | The ment | Dodbie-wailed | Double-walled | ☐ Double-walled | ☐ Double-walle |
| | Vacuum | | | | ☐ Hydrostatic | Hydrostat |
| | Single-walled | - vacaum | | | | ☐ Vacuu |
| | | _ | | | | Single-walle |
| Spill Bucket | Double-walled | | | | ☐ Double-walled | ☐ Double-walle |
| Туре | Product | | | | Product | Produ |
| | Vapor | | | | Vapor Vapor | ☐ Vapo |
| Liquid / Debris | Yes | | | Yes | Yes | Ye Ye |
| removed from | No No | L No | No No | L No | □ No | L No |
| spill bucket?* | | Company of the Compan | | | | |
| Visual inspection | | | | | | Dog |
| (No cracks, loose | Pass | Pass | | Pass | Pass | Pass |
| parts or separation | Fail | Fail | Fail | Fail | Fail | Fai |
| of the bucket | | | | | | |
| from the fill pipe.) | | | | | ☐ Yes ☐ No [| Yes □ No |
| Tank R\riser cap | Yes No | Yes No | Yes No | | NA I | NA NA |
| included in test? | □ NA | NA NA | □ NA | NA I | ☐ Yes ☐ No [| ☐ Yes ☐ No |
| Drain valve | Yes No | ☐ Yes ☐ No | Yes No | Yes No | NA [| NA NA |
| included in test? | ■ NA | NA NA | NA L | NA L | | |
| Starting Level | 74" | 7 41" | 7/4 | | | |
| Test Start Time | 9:25 | 9:25 | 9165 | | | |
| Ending Level | 7 1/4" | 7 1/4" | 10130 | | | |
| Test End Time | 10:30 | 10:30 | 10:30 | | | |
| Test Period | 1 hr 5min | Ihr | 1h2 | | | |
| Level Change | t pass visual inspection. I | 0 | vel drop of less than | 1/8"; Vacuum single | e-walled only; | |
| Pass/Fail criteria: Mus | t pass visual inspection. I | lydrostatic: Water it | d: maintain at leas | t 12 inches water | column. | 7 Pass □ Fail |
| Maintain at least 26 | in water column; Vac | uum double-walle | Pass Fail | Pass Fail | Pass Fail | Pass Trail |
| Test Results | Pass Fail | Pass Fall L | | | | |
| Comments: | | | | | | |
| | | | | | | |

APPENDIX C-4

| Service Control | | | INTEGRITY TES | | J-88 11 19 11 | THE WAY | |
|-----------------------------|-----------------------------|-------------------|--------------------|-----------------------|----------------|--------------------|--|
| All the same of | HYD | ROSTATIC TES | TING METHOD |) | | | |
| Facility Name: 5he | 11 Colore | 1 | Owner; | | | | |
| Address: 91039 S Cob | ng Industri | LWAY | Address: | | | | |
| City, State, Zip Code: | 0 10 | 221100 | City, State, Zip C | ode: | | | |
| Facility ID: | oburg, or | 9 1498 | Phone# | | | | |
| racinty io. | 0 | | Phone# | | | | |
| Testing Company | Hood Sory | eie luc. | Phone #(541) | 550-723 | Date: 5/22 | 212024 | |
| This procedure is to test t | the leak integrity of conta | inment sumps. See | PEI/RP1200 Section | n 6.5 for the test me | ethod. | | |
| Containment Sump ID | Diesel SE | | | | | | |
| Comtainment | 6 | | | | | S. Sales | |
| Sump Material | Tiber glass | | | | | | |
| Liquid / Debris | Yes Yes | Yes | Yes | Yes | ☐ Yes | ☐ Yes | |
| removed from sump | ☐ No | □ No | □ No | □ No | □ No | □ No | |
| Visual Inspection (No | | | | | | | |
| cracks, loose parts | Pass | Pass | Pass | Pass | L Pass | L Pass | |
| or separation of the | Fail | Fail | Fail | Fail | Fail | Fail | |
| containment sump.) | The second All | | | | | | |
| Containment sump Depth | 43" | | | | | | |
| Height from Bottom | | | | | | | |
| To top of highest | 17" | | | | | | |
| penetration | | | | | | | |
| Starting Water Level | 23 1/8" | | | | E COMPANY | | |
| Test Start Time | 9:55 | | Hand Hands | | The Carlotte | | |
| Ending Water Level | 23 48" | | | | | | |
| End Test Time | 10:55 | ASSESSED OF | | | | | |
| Test Period | 142 | | | | | | |
| Water Level Change | 0 | | | | | SHARREST | |
| Pass/Fail criteria: Must | pass visual inspection | n. Water level dr | op of less than 1, | /8 inch. | шПо. Пе | | |
| Test Results | Pass Fail | □ Pass □ Fa | III LIPass LI Fa | III L Pass L Fa | all LIPass LIF | all LI Pass LI Fal | |
| Comments: | | | | | | | |
| | A CONTRACTOR | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | The second second | |







Testing Summary

| | | | | INFOR | MATION | | | | | |
|---|--------------|--------|---------------|-----------------|-------------|-----------|-----------|----------------|---------------|----------------|
| Facility Name: Coburg Gas Coburg Crossing Date of Testing: 07-29-25 | | | | | | | | | | |
| Facility Address:91039 S. Col | | Cobu | ırg, OR | . 97408 | | | | | | |
| Facility Contact: Eric - Manage | er | | | | Phone: | | | | | |
| Date Local Agency Was Notified | d of Testin | g : | | | | | | | | |
| Name of Local Agency Inspector | r (if presen | t duri | ing testir | ng): | | | | | | |
| | TESTIN | G C(| ONTRA | ACTOR | INFORMATI | ON | | | | |
| 1 , | Covey Gro | up, In | ıc. | | | | | | | |
| Technician Conducting Test: Ga | ary Andre | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | Mar | | r Training | | _ | _ | | |
| Manufacturer | | | | Compon | ent(s) | | | | ining Ex | pires |
| ICC-9692221 | | | | | | | | -22-2 | | |
| VMI-5518 | | | | | | | | -29-2 -3-26 | | |
| C36380 | | | | | | | | | | |
| TMI-300 | | | | | | | - | 7-1-2 | / | |
| | 3. SUN | MMA | ARY O | F TEST | Γ RESULTS | | | | | |
| Component | Pass | Fail | Not Tested | Repairs Made | Con | nponent | Pass | Fail | Not Tested | Repair Made |
| Monitor Certification | × | | | | | | | | | |
| Sensors | × | | | | | | | | | |
| Plld's | × | | | | | | | | | |
| Line Test's | × | | | | | | | | | |
| Shear Valves | X | | | | | | | | | |
| Eso's | X | | | | | | | | | |
| Annual Walk Through | X | | | | | | | | | |
| Atg's | X | П | П | П | | | П | П | П | П |
| | | | | П | | | | | | |
| | | П | П | П | | | | П | П | П |
| | | | | П | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Please list additional notes below: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| CERTIFICATION | OF TECH | INIC | IAN RE | ESPONSI | BLE FOR CON | DUCTING T | THIS TEST | ING | | |
| To the best of my knowledge, the | | | | | | | | | uiremei | nts |
| | | | | | | | | _ | | |
| Technician's Signature: Gary | And | re | Date: | | | | | | | |
| | | - 7 | | | | | | | | |

MONITORING SYSTEM CERTIFICATION

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

| A. | General Information Facility Name: Coburg Gas Cobrug Crossing | F | Bldg. No |).: | _ |
|----------|--|--|-----------------------|---|--------------|
| | Site Address: 91039 S. Coburg IND. | City: Coburg | | | _ |
| | Facility Contact Person: Eric - Manager | Contact Phone No.: (|) | | |
| | Make/Model of Monitoring System: TLS-350 | Date of Testing/Se | ervicing: | 07/29/202 | 5_ |
| B. | Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment | inspected/serviced: | | | |
| Tai | nk ID: T1 87 | Tank ID: T2 92/T3 DSL Spli | t Tank | | |
| III | In-Tank Gauging Probe. Model: VR-846390-109 | ✓ In-Tank Gauging Probe. | | Model: VR-846390-109/VR8 | 46309-109 |
| V | Annular Space or Vault Sensor. Model: 794380-409 | ✓ Annular Space or Vault Senso | or. | Model: 794380-40 | 9 |
| V | Piping Sump / Trench Sensor(s). Model: 794380-208 | | r(s). | Model: 794380-208/7943 | 80-208 |
| | Fill Sump Sensor(s). Model: | Fill Sump Sensor(s). | | Model: | |
| | Mechanical Line Leak Detector. Model: | Mechanical Line Leak Detector | | Model: | |
| " | Electronic Line Leak Detector. Model: PLLD | _ | | Model: PLLD/PLL | <u>D</u> |
| | Tank Overfill / High-Level Sensor. Model: | Tank Overfill / High-Level Ser | | Model: | |
| | Other (specify equipment type and model in Section E on Page 2). | Other (specify equipment type | e and mo | odel in Section E on Pag | ge 2). |
| Ta | nk ID: | Tank ID: | | | = |
| | In-Tank Gauging Probe. Model: | In-Tank Gauging Probe. | | Model: | |
| | Annular Space or Vault Sensor. Model: | Annular Space or Vault Sens | | Model: | |
| | Piping Sump / Trench Sensor(s). Model: | Piping Sump / Trench Sensor | r(s). | Model: | |
| | Fill Sump Sensor(s). Model: | | | Model: | |
| | Mechanical Line Leak Detector. Model: | | | Model: | |
| | Electronic Line Leak Detector. Model: Tank Overfill / High-Level Sensor. Model: | Electronic Line Leak Detector Tank Overfill / High-Level Ser | | Model: Model: | |
| | Other (specify equipment type and model in Section E on Page 2). | Other (specify equipment type | | | |
| | | | c and m | oderiii occiion E on i aç | gC 2). |
| Dis | spenser ID: 1-2 92 | Dispenser ID: 3-4 | | | _ |
| | Dispenser Containment Sensor(s). Model: 794380-208 | V Dispenser Containment Sens | sor(s). | Model: <u>794380-20</u> | 8 |
| " | Shear Valve(s). | ✓ Shear Valve(s). | | OL : () | |
| | Dispenser Containment Float(s) and Chain(s). | Dispenser Containment Float | t(s) and | Chain(s). | |
| | spenser ID: 5-6 | Dispenser ID: 7-8 | | | = |
| | Dispenser Containment Sensor(s). Model: 794380-208 | | sor(s). | Model: 794380-20 | 8 |
| " | Shear Valve(s). | ✓ Shear Valve(s). | | <u>.</u> | |
| <u></u> | Dispenser Containment Float(s) and Chain(s). | Dispenser Containment Float | t(s) and | Chain(s). | |
| Dis | spenser ID: 9-10 | Dispenser ID: 11-12 | | | _ |
| | Dispenser Containment Sensor(s). Model: 794380-208 | | sor(s). | Model: 794380-20 | 8 |
| | Shear Valve(s). | ✓ Shear Valve(s). | | <u>.</u> | |
| | Dispenser Containment Float(s) and Chain(s | Dispenser Containment Float | | | |
| *If | the facility contains more tanks or dispensers, copy this form. Include in | nformation for every tank and dispense | r at the f | facility. | |
| C. | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | nanufacturers' checklists) necessary or any equipment capable of genera ✓ Alarm history report | / to veri ating su | fy that this information in the contraction of the | n is correct |
| Tech | nician Name (print): Gary Andre Signate fication No.: IIC# 9692221 | cense. No.: 804431 | de. | hia | |
| | fication No.: IIC# 9692221 Lic | cense. No.: 804431 | | | |
| | ing Company Name: Joiles Covey Group, inc | Phone No.:(888) 9/2- | -/581 | | |
| Test | ing Company Address: 9595 Lucas Ranch Rd Rancho Cucar | monga, CA 91730 Date of Tes | sting/Ser | rvicing: 0 7 / 29 / 2 | 0 2 5 |
| | | | | | |
| Mon | itoring System Certification Pag | ge 1 of 4 | | | 12/07 |
| | | • | | | |

| D. | Results | of | Testing/Servicing |
|----|---------|----|--------------------------|
|----|---------|----|--------------------------|

| Software Version Installed: 1 | 133.01 |
|--------------------------------------|--------|
|--------------------------------------|--------|

Complete the following checklist:

E.

| ~ | Yes | | No* | Is the audible alarm operational? |
|----------|------|---|------------|--|
| | Yes | ~ | No* | Is the visual alarm operational? |
| V | Yes | | No* | Were all sensors visually inspected, functionally tested, and confirmed operational? |
| ~ | Yes | | No* | Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation? |
| | Yes | ~ | No* N/A | If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational? |
| | Yes | ~ | No* N/A | For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) Sump/Trench Sensors; Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? Yes; No. |
| | Yes | v | No* N/A | For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90.00% |
| | Yes* | ~ | No | Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below. |
| | Yes* | ~ | No | Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) Product; Water. If yes, describe causes in Section E, below. |
| V | Yes | | No* | Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable |
| ~ | Yes | | No* | Is all monitoring equipment operational per manufacturer's specifications? |

^{*} In Section E below, describe how and when these deficiencies were or will be corrected.

| Pass ✓ | Fail |
|---------------------------------------|-------------------------|
| Comments: | |
| Audio Out | tside Works - No Visual |
| Veeder-Ro | oot Audio/Visual Works |
| | |
| | |
| | |
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Monitoring System Certification

Page 2 of 4

12/07

F. In-Tank Gauging / SIR Equipment:

Check this box if tank gauging is used only for inventory control. Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

| Yes | No* | Has all input wiring been inspected for proper entry and termination, including testing for ground faults? |
|-----|-----|--|
| Yes | No* | Were all tank gauging probes visually inspected for damage and residue buildup? |
| Yes | No* | Was accuracy of system product level readings tested? |
| Yes | No* | Was accuracy of system water level readings tested? |
| Yes | No* | Were all probes reinstalled properly? |
| Yes | No* | Were all items on the equipment manufacturer's maintenance checklist completed? |

^{*} In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

Check this box if LLDs are not installed.

Complete the following checklist:

H.

| | | Tollowing of | |
|---|-----|--------------|---|
| ~ | Yes | No* N/A | For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: v 3 g.p.h.; 0.1 g.p.h; 0.2 g.p.h. |
| ~ | Yes | No* | Were all LLDs confirmed operational and accurate within regulatory requirements? |
| ~ | Yes | No* | Was the testing apparatus properly calibrated? |
| ~ | Yes | No* N/A | For mechanical LLDs, does the LLD restrict product flow if it detects a leak? |
| ~ | Yes | No* N/A | For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak? |
| | Yes | No* ✓ N/A | For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected? |
| | Yes | No* ✓ N/A | For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test? |
| ~ | Yes | No* N/A | For electronic LLDs, have all accessible wiring connections been visually inspected? |
| ~ | Yes | No* | Were all items on the equipment manufacturer's maintenance checklist completed? |

^{*} In the Section H, below, describe how and when these deficiencies were or will be corrected.

| Comments: | | |
|-----------|------|------|
| | | |
| | | |
| | | |
| | | |
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| | | |

Monitoring System Certification

Page 3 of 4

12/07

3 2/21/07

To des 380×9 (US) 38099 750126128 820 0100 £50

ANNULARS YENSORS 208

SYSTEM SETUP

07-29-25 3:26 PM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MM-DD-YY HH:MM:SS xM

COBURG CROSSING 91039 S.COBURG IND COBURG OR 97408 541-868-2864

SHIFT TIME 1 : 12:00 AM SHIFT TIME 2 : DISABLED SHIFT TIME 3 : DISABLED 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 TO VOLUMES ENABLED

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

H-PROTOCOL DATA FORMAT PRECISION TEST DURATION HOURS: 12 0.10 GPH LINE TEST AUTO-CONFIRM: ENABLED PRINT PRECISION LINE TEST RESULTS: DISABLED DAYLIGHT SAVING TIME ENABLED START DATE MAR WEEK 2 SUN START TIME 2:00 AM END DATE NOV WED WEEK 1 SUN 2:00 AM

RE-DIRECT LOCAL PRINTOUT DISABLED

EURO PROTOCOL PREFIX

SYSTEM SECURITY CODE : 000000

TANK CHART SECURITY DISABLED

CUSTOM ALARMS DISABLED

SERVICE NOTICE DISABLED

ISO 3166 COUNTRY CODE:

MASS/DENSITY DISABLED

FISCAL HEIGHT SECURITY DISABLED

AUTO DIAL TIME SETUP:

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (S-SAT)
BAUD RATE : 9600
PARITY : NONE
STOP BIT : 1 STOP
DATA LENGTH: 8 DATA
RS-232 SECURITY
CODE : DISABLED
DTR NORMAL STATE: HIGH

RECEIVER SETUP:

NONE

RS-232 END OF MESSAGE DISABLED

AUTO DIAL ALARM SETUP

IN-TANK SETUP

| T 1:REC PRODUCT THERMAI TANK DI TANK PR 112.4 100.6 94.6 94.6 88.7 82.8 76.9 71.0 65.1 59.1 53.2 47.3 41.4 35.9 17.7 11.8 5.9 | GUL 80 CODE CODE CODE CODE CODE CODE CODE CODE | 70CT. F : VOL : | D .000700 118.30 20 PTS 25431 24977 24174 23120 21889 20578 19104 17611 15994 14338 12662 11056 9401 7852 6297 4827 3521 2295 1248 465 |
|--|--|---|---|
| FLOAT S | BIZE: | 4.0 | IN. PS |
| WATER W HIGH WA WATER A | JARNING ATER LI ALARM I | G : IMIT: FILTER | 1.0 1.5 R: LOW |
| MAX OR OVERFII | LABEL L LIM | VOL: | 90% |
| HIGH PR | ODUCT | : | 22888 95% 24159 |
| DELIVER | Y LIMI | IT : | 24159 20% 5086 |
| | DUCT ARM LI LOSS I LT PFFSET | : IMIT: LIMIT: : | 1000 99 99 0.00 0.00 |

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

| LEAK MIN PERIODIC: 0% |
|---|
| LEAK MIN ANNUAL : 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% |
| |

| T 2:PREM 920CT PRODUCT CODE : F THERMAL COEFF :.000700 TANK DIAMETER : 118.50 TANK PROFILE : 4 PTS FULL VOL : 10188 88.9 INCH VOL : 8197 59.3 INCH VOL : 5094 29.6 INCH VOL : 1992 | |
|--|--|
| FLOAT SIZE: 4.0 IN. PS | |
| WATER WARNING : 1.0 HIGH WATER LIMIT: 1.5 WATER ALARM FILTER: LOW | |
| MAX OR LABEL VOL: 10271 OVERFILL LIMIT : 90% : 9243 HIGH PRODUCT : 95% DELIVERY LIMIT : 14% : 1437 | |
| LOW PRODUCT: 500 LEAK ALARM LIMIT: 99 SUDDEN LOSS LIMIT: 99 TANK TILT: 0.00 PROBE OFFSET: 0.00 | |
| SIPHON MANIFOLDED TANKS T#: NONE LINE MANIFOLDED TANKS T#: NONE | |
| LEAK MIN PERIODIC: 0% | |
| LEAK MIN ANNUAL : 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% | |

| T 3:DIESEL PRODUCT CODE : A THERMAL COEFF : .000450 TANK DIAMETER : 118.30 TANK PROFILE : 20 PTS |
|---|
| |
| FLOAT SIZE: 4.0 IN. WATER WARNING: 1.0 HIGH WATER LIMIT: 1.5 WATER ALARM FILTER: LOW |
| |
| MAX OR LABEL VOL: 15041 OVERFILL LIMIT: 90% : 13537 HIGH PRODUCT: 95% : 14289 |
| HIGH PRODUCT : 95% : 14289 |
| : 2105 |
| LOW PRODUCT : 500 LEAK ALARM LIMIT: 99 SUDDEN LOSS LIMIT: 99 TANK TILT : 0.00 PROBE OFFSET : 0.00 |
| SIPHON MANIFOLDED TANKS T#: NONE LINE MANIFOLDED TANKS T#: NONE |
| LEAK MIN PERIODIC: 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 METHOD TEST ON DATE : ALL TANK JAN 13, 2012
START TIME : DISABLED
TEST RATE :0.20 GAL/HR
DURATION : 2 HOURS TST EARLY STOP: DISABLED LEAK TEST REPORT FORMAT NORMAL PRESSURE LINE LEAK SETUP Q 1:REG UL 87 OCT. TYP:2.0/3.0IN FIBERGLASS 2.0IN DIA LEN: 370 FEET 3.0IN DIA LEN: O FEET 0.10 GPH TEST: DISABLED SHUTDOWN RATE: 3.0 GPH LOW PRESSURE SHUTOFF: YES LOW PRESSURE : 5 PSI T 1:REG UL 870CT. DISPENSE MODE: STANDARD SENSOR: NON-VENTED PRESSURE OFFSET: 0.0PSI MECHANICAL BLENDER: NO

Q 2:PREM 92 OCT

TYP:2.0/3.0IN FIBERGLASS 2.0IN DIA LEN: 380 FEET

3.0IN DIA LEN: O FEET

0.10 GPH TEST: DISABLED SHUTDOWN RATE: 3.0 GPH LOW PRESSURE SHUTOFF:YES LOW PRESSURE: 5 PSI

T 2:PREM 920CT DISPENSE MODE: STANDARD SENSOR: NON-VENTED PRESSURE OFFSET: 0.0PSI

MECHANICAL BLENDER: NO

Q 3:DIESEL

TYP:2.0/3.0IN FIBERCLASS 2.0IN DIA LEN: 150 FEET

3.01N DIA LEN: O FEET

0.10 GPH TEST: DISABLED SHUTDOWN RATE: 3.0 GPH LOW PRESSURE SHUTOFF:YES LOW PRESSURE: 5 PSI

T 3:DIESEL
DISPENSE MODE:
STANDARD
SENSOR: NON-VENTED
PRESSURE OFFSET: 0.0PSI

MECHANICAL BLENDER: NO

LINE LEAK LOCKOUT SETUP

LOCKOUT SCHEDULE DAILY

START TIME: DISABLED STOP TIME: DISABLED

LIQUID SENSOR SETUP

L 1:87 STP SUMP TRI-STATE (SINGLE FLOAT) CATEGORY : STP SUMP

L 2:DIESEL-92 ANNULAR TRI-STATE (SINGLE FLOAT) CATEGORY : ANNULAR SPACE

L 3:87 ANNULAR TRI-STATE (SINGLE FLOAT) CATEGORY : ANNULAR SPACE

L 9:DISP 1-2 UDC TRI-STATE (SINGLE FLOAT) CATEGORY : DISPENSER PAN

L10:DISP 3-4 UDC TRI-STATE (SINGLE FLOAT) CATEGORY : DISPENSER PAN

L11:DISP 5-6 UDC TRI-STATE (SINGLE FLOAT) CATEGORY : DISPENSER PAN

L12:DISP 7-8 UDC TRI-STATE (SINGLE FLOAT) CATEGORY : DISPENSER PAN

L13:DISP 9-10 UDC TRI-STATE (SINGLE FLOAT) CATEGORY : DISPENSER PAN

L14:DISP 11-12 UDC TRI-STATE (SINGLE FLOAT) CATEGORY : DISPENSER PAN

L15:92 STP SUMP TRI-STATE (SINGLE FLOAT) CATEGORY : STP SUMP

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

OUTPUT RELAY SETUP

R 1:OVER FILL ALARM TYPE: -STANDARD NORMALLY OPEN

IN-TANK ALARMS
ALL:OVERFILL ALARM
ALL:HIGH PRODUCT ALARM
ALL:MAX PRODUCT ALARM

PLLD LINE DISABLE SETUP

- - - - - -

Q 1:REG UL 87 OCT. - NO ALARM ASSIGNMENTS -

0 2:PREM 92 OCT - NO ALARM ASSIGNMENTS -

G 3:DIESEL - NO ALARM ASSIGNMENTS -

ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 1:REG UL 870CT.

SETUP DATA WARNING 07-29-25 11:09 AM 07-29-25 11:02 AM 04-05-24 12:59 PM

HIGH WATER ALARM 07-29-25 11:08 AM 03-13-24 6:15 AM 03-15-22 10:17 AM

OVERFILL ALARM 07-29-25 11:04 AM 03-23-25 5:55 PM 11-23-24 7:48 AM

LOW PRODUCT ALARM 07-29-25 11:03 AM 03-13-24 6:10 AM 10-03-21 8:24 PM

SUDDEN LOSS ALARM 07-29-25 11:02 AM 03-13-24 6:09 AM 03-15-22 10:11 AM

HIGH PRODUCT ALARM 07-29-25 11:04 AM 03-13-24 6:16 AM 03-15-22 10:15 AM

INVALID FUEL LEVEL 07-29-25 11:03 AM 03-13-24 6:10 AM

PROBE OUT 04-05-24 1:01 PM

HIGH WATER WARNING 07-29-25 11:08 AM 03-13-24 6:15 AM 03-15-22 10:17 AM

DELIVERY NEEDED 07-29-25 11:03 AM 03-13-24 6:10 AM 09-25-23 1:59 PM

LOW TEMP WARNING 07-29-25 11:11 AM 04-05-24 1:52 PM 03-13-24 6:22 AM

ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 2:PREM 920CT

SETUP DATA WARNING 07-29-25 11:47 AM 07-29-25 11:41 AM 07-29-25 11:19 AM

HIGH WATER ALARM 07-29-25 11:17 AM 06-22-25 12:26 PM 06-06-25 1:13 AM

OVERFILL ALARM 07-29-25 11:13 AM 03-13-24 6:16 AM 03-01-24 12:56 PM

LOW PRODUCT ALARM 07-29-25 11:11 AM 03-13-24 6:13 AM 06-18-17 1:18 PM

SUDDEN LOSS ALARM 07-29-25 11:22 AM 07-29-25 11:11 AM 03-13-24 6:13 AM

HIGH PRODUCT ALARM 07-29-25 11:13 AM 03-13-24 6:16 AM 03-15-22 10:35 AM

INVALID FUEL LEVEL 03-13-24 6:13 AM 06-18-17 1:20 PM

PROBE OUT 07-29-25 11:43 AM 04-05-24 1:02 PM

HIGH WATER WARNING 07-29-25 11:17 AM 06-22-25 12:26 PM 06-06-25 1:13 AM

DELIVERY NEEDED 07-29-25 11:47 AM 07-29-25 11:11 AM 03-13-24 6:13 AM

MAX PRODUCT ALARM 03-15-22 10:36 AM

LOW TEMP WARNING 07-29-25 11:48 AM 07-29-25 11:43 AM 07-29-25 11:20 AM ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 3:DIESEL

HIGH WATER ALARM 07-29-25 11:00 AM 03-13-24 6:15 AM 03-15-22 10:31 AM

OVERFILL ALARM 07-29-25 10:56 AM 03-13-24 6:16 AM 09-06-23 3:40 PM

LOW PRODUCT ALARM 03-13-24 6:12 AM 07-02-18 8:23 AM 05-29-18 11:33 AM

SUDDEN LOSS ALARM 07-29-25 10:53 AM 03-13-24 6:11 AM 03-15-22 10:25 AM

HIGH PRODUCT ALARM 07-29-25 10:56 AM 03-13-24 6:16 AM 03-15-22 10:29 AM

PROBE OUT 09-06-18 8:20 AM

HIGH WATER WARNING 07-29-25 11:00 AM 03-13-24 6:15 AM 03-15-22 10:31 AM

DELIVERY NEEDED 07-10-24 11:00 AM 06-22-24 5:35 PM 03-21-24 4:02 PM

MAX PRODUCT ALARM 03-15-22 10:29 AM

LOW TEMP WARNING 07-29-25 11:02 AM 07-29-25 10:54 AM 03-13-24 6:23 AM ALARM HISTORY REPORT

---- SENSOR ALARM ----L 1:87 STP SUMP STP SUMP FUEL ALARM 07-29-25 10:49 AM

FUEL ALARM 03-13-24 5:40 AM

FUEL ALARM 03-15-22 10:58 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

---- SENSOR ALARM -----L 2:DIESEL-92 ANNULAR ANNULAR SPACE FUEL ALARM 07-29-25 11:31 AM

FUEL ALARM 06-12-24 5:23 PM

FUEL ALARM 06-12-24 4:32 PM

ALARM HISTORY REPORT

---- SENSOR ALARM ----L 3:87 ANNULAR ANNULAR SPACE FUEL ALARM 07-29-25 11:36 AM

FUEL ALARM 03-13-24 5:57 AM

FUEL ALARM 03-15-22 10:59 AM

ALARM HISTORY REPORT

---- SENSOR ALARM -----L 9:DISP 1-2 UDC DISPENSER PAN FUEL ALARM 07-29-25 10:34 AM

FUEL ALARM 03-13-24 5:38 AM

FUEL ALARM 03-15-22 11:00 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

---- SENSOR ALARM -----LIO:DISP 3-4 UDC DISPENSER PAN FUEL ALARM 07-29-25 10:36 AM

FUEL ALARM 03-13-24 5:38 AM

FUEL ALARM 04-27-23 4:31 PM \times \times \times \times END \times \times \times \times

ALARM HISTORY REPORT

---- SENSOR ALARM ----L11:DISP 5-6 UDC DISPENSER PAN FUEL ALARM 07-29-25 10:38 AM

FUEL ALARM 03-13-24 5:37 AM

FUEL ALARM 04-27-23 3:12 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

---- SENSOR ALARM ----L12:DISP 7-8 UDC DISPENSER PAN FUEL ALARM 07-29-25 10:42 AM

FÜEL ALARM 03-13-24 5:37 AM

FUEL ALARM 04-27-23 3:40 PM ALARM HISTORY REPORT

---- SENSOR ALARM -----L13:DISP 9-10 UDC DISPENSER PAN FUEL ALARM 07-29-25 10:44 AM

FUEL ALARM 03-13-24 5:36 AM

FUEL ALARM 11-28-23 12:31 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

---- SENSOR ALARM ----L14:DISP 11-12 UDC DISPENSER PAN FUEL ALARM 07-29-25 10:46 AM

FUEL ALARM 07-22-25 10:02 AM

FUEL ALARM 03-13-24 5:36 AM

ALARM HISTORY REPORT

---- SENSOR ALARM -----L15:92 STP SUMP STP SUMP FUEL ALARM 07-29-25 10:51 AM

FUEL ALARM 04-06-25 2:44 PM

FUEL ALARM 02-08-25 5:14 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

---- SENSOR ALARM ----L16:DIESEL STP SUMP STP SUMP FUEL ALARM 07-29-25 10:52 AM

FUEL ALARM 03-13-24 5:42 AM

FUEL ALARM 03-15-22 10:58 AM

ALARM HISTORY REPORT

Q 1:REG UL 87 OCT.
PLLD SHUTDOWN ALARM
07-29-25 1:01 PM

GROSS LINE FAIL 07-29-25 1:01 PM

LN EQUIP FAULT ALM 07-12-25 12:52 PM

LN EQUIP FAULT ALM 07-09-25 7:03 PM

LN EQUIP FAULT ALM 07-14-24 4:44 AM

LN EQUIP FAULT ALM 07-13-24 3:07 AM

PLLD SHUTDOWN ALARM 03-13-24 6:38 AM

GROSS LINE FAIL 03-13-24 6:38 AM

CONT HANDLE ALM 02-14-24 3:52 AM

PLLD SHUTDOWN ALARM 01-15-24 12:39 PM

ALARM HISTORY REPORT

---- SENSOR ALARM ----Q 2:PREM 92 OCT PLLD SHUTDOWN ALARM 07-29-25 3:03 PM

GROSS LINE FAIL 07-29-25 3:03 PM

PLLD SHUTDOWN ALARM 07-29-25 1:22 PM

GROSS LINE FAIL 07-29-25 1:22 PM

PLLD SHUTDOWN ALARM 04-04-25 2:32 PM

GROSS LINE FAIL 04-04-25 2:32 PM

PLLD SHUTDOWN ALARM 04-02-25 6:01 PM

GROSS LINE FAIL 04-02-25 6:01 PM

PLLD SHUTDOWN ALARM 04-02-25 1:58 PM

GROSS LINE FAIL 04-02-25 1:58 PM ALARM HISTORY REPORT

---- SENSOR ALARM ----Q 3:DIESEL PLLD SHUTDOWN ALARM 07-29-25 1:36 PM

GROSS LINE FAIL 07-29-25 1:36 PM

PLLD SHUTDOWN ALARM 03-13-24 6:40 AM

GROSS LINE FAIL 03-13-24 6:40 AM

PLLD SHUTDOWN ALARM 03-15-22 9:55 AM

GROSS LINE FAIL 03-15-22 9:55 AM

PLLD SHUTDOWN ALARM 02-09-21 9:27 AM

GROSS LINE FAIL 02-09-21 9:27 AM

PLLD SHUTDOWN ALARM 01-28-20 11:40 AM

GROSS LINE FAIL 01-28-20 11:40 AM

APPENDIX C-7

| AUTOMATIC TANK GAUGE OPERATION INSPECTION | | | | | | |
|---|---------------|--------------------------------|--------------------------------|------------|-----------------|--|
| Facility Name: Coburg Gas Coburg Crossing | | Owner: Travel Ce | nters Of A | merica | | |
| Address: 91039 S. Coburg IND. | | Address: 24601 C | Address: 24601 Center Ridge Rd | | | |
| City, State, Zip Code: Coburg, OR. 97408 | | City, State, Zip Coo | de: West La | ıke OH. 44 | | |
| Facility I.D. #: | | Phone #: | | | | |
| Testing Company: Jones Covey Group Inc. | | Phone #: Date: 07/29/25 | | 29/25 | | |
| This procedure is to determine whether the ATG is on This procedure is applicable to tank level monitor st | | | | | tion procedure. | |
| Tank Number | T1 | T2 | Т3 | | | |
| Product Stored | 87 | 92 | Diesel | | | |
| ATG Brand and Model | VR-846390-109 | VR-846390-109 | VR-84639 | 0-109 | | |
| 1. Tank Volume, gallons | 25,431gl | 10,188gl | 15,041gl | | | |
| 2. Tank Diameter, inches | 118.3" | 118.5" | 118.3" | | | |
| 3. After removing the ATG from the tank, has it been inspected and any damaged or missing parts replaced? | ☑Yes ☐No | ✓ Yes □No | ☑Yes | □No | ∐Yes ∐No | |
| 4. Float moves freely on the stem without binding? | ✓ Yes □No | ☑Yes ☐No | ☑ Yes | □No | □Yes □No | |
| 5. Does the fuel float level agree with the value programmed into the console? | ☑Yes ☐No | ☑Yes □No | ✓Yes | □No | □Yes □No | |
| 6. Does the water float level agree with the value programmed into the console? | ☑Yes □No | ✓Yes □No | ✓Yes | □No | □Yes □No | |
| 7. Inch level from bottom of stem when 90% alarm is triggered. | 106.47" | 106.65" | 106.47" | | | |
| 8. Does inch level at which the overfill alarm activates correspond with value programmed in the gauge? | ☑Yes □No | ☑Yes □No | ✓Yes | □No | □Yes □No | |
| 9. Inch level from the bottom when the water float first triggers an alarm. | 1.5" | 1.5" | 1.5" | | | |
| 10. Does inch level at which the water float alarm activates correspond with value programmed in the gauge? | ✓ Yes □ No | ✓Yes □No | ✓Yes | □No | □Yes □No | |
| If any answers in Lines 3, 4, 5, or 6 are "No," the system has failed the test. | | | | | | |
| Test Results | ✓ Pass ☐ Fail | ☑ Pass ☐ Fail | ✓ Pass | □ Fail | ☐ Pass ☐ Fail | |
| Comments: | | | | | | |

__ Tester's Signature <u>Gary Andre</u>

Certification of Operational Testing of Emergency Electrical Shutoff Switches

JONES COVEY GROUP

| | JO | NES COVET | GROUP | |
|--|--|---|---|--|
| | | | | Facility #: |
| (1) OWNER OF TANKS | | | | me and address where tanks are located: |
| Name: Travel Cente | rs Of America | | Name: Coburg C | Gas Coburg Crossing |
| Street Address: 246 | 01 Center Ridge Rd | | Street Address: | 91039 S. Coburg IND. |
| City: West Lake | State: OH | Zip: <u>44145</u> | City: Coburg | County: Lane County |
| Contact Name: | | | Contact Name: | Eric - Manager |
| Phone #: | Fax #: _ | | Phone #: | Fax #: |
| switch within 20 to 10 hut off power to all distrol station. Unattended self-servi here these facilities hat a location as approal. It is the duty of each I any motor fuel dispeninspection staff of will JCG realizes that test Therefore, in order to emergency electrical disconnected all at or | O feet away. These emergensers and pumps. At the ce and fleet dispensing for ave only one island, only eved by State and Federal ocation to make sure that sing permit. If these emphave the switches tested in the control of the emergency elements avoid interruption, JCG shutoff switches have been entime. | ergency switches in tended self-service facilities must have y one switch is requal agencies. The eart these electrical state are these electrical states and during the insperience of the entire and the entested and all | must be interconnerie stations must have an additional emergency electrical switches have been have not been test action. | cated so that every dispenser has a shutoff cted so that activation of any one switch will size an additional emergency shutoff at the convergency shutoff at the dispensing island, but we allocated 20 to 100 feet from all dispensers or all shutoff switches must be tested annually. In tested and are working prior to approving ed prior to the Fire Marshal's inspection, the may interrupt business activities. In gnated agent to certify on this form that the all pumps, dispenser and dispenser lighting is |
| certifies that the sta | tements set forth in thi | is instrument are | true and correct, | e of Civil Procedure, the undersigned except as to matters stated to be on oresaid that he/she verily believes the |
| referenced facility. electrical power to a | l turned the emergency | / electrical switcl and dispenser lig | hes off, individual hting disconnecte | ectrical shutoff switches at the above ly testing each such switch, and all ed all at one time. (This does not include housings.) |
| 3 | PASS 🗹 | FAIL□ | 7-29-25 | |
| (Number of Switches Te | | <u> </u> | | (Date of Test) |
| Gary Andre | | | Game | Andre |
| | (Name of Tester) | | - Jun J | (Signature of Tester) |

Comments:

VOLUMETRIC LINE TIGHTNESS TEST

| esel ex meron e-Petro all Valve near Valves ipsi -0ml 13pm 20pm imin nl |
|--|
| esel ex meron e-Petro all Valve mear Valves spsi coml coml coml coml coml coml coml coml |
| esel ex meron e-Petro all Valve mear Valves spsi coml coml coml coml coml coml coml coml |
| esel ex meron e-Petro all Valve near Valves ipsi 0ml 13pm 20pm imin |
| esel ex meron e-Petro all Valve near Valves ipsi 0ml 13pm 20pm imin |
| ex meron e-Petro all Valve near Valves ipsi 0ml 13pm 20pm imin |
| meron p-Petro all Valve near Valves poil 0ml 13pm 20pm smin |
| e-Petro all Valve near Valves psi coml coml 13pm 20pm smin |
| all Valve near Valves ipsi Oml Oml 13pm 20pm imin |
| near Valves ipsi ioml ioml 13pm 20pm imin |
| ipsi Oml Oml 13pm 20pm imin |
| Oml Oml 13pm 20pm Smin |
| 13pm 20pm Smin |
| 13pm 20pm Smin |
| 20pm Smin |
| imin nl |
| nl |
| |
| 0 |
| |
| ass |
| olumetric |
| |

MECHANICAL / ELECTRONIC LEAK DETECTOR CERTIFICATION

| SITE: Coburg Gas Coburg Crossing | | DATE: 07 29 2 0 2 5 | | | |
|----------------------------------|-----------------|---------------------|----------------------------|-----------|--|
| | | CONTACT: | | | |
| 91039 S. Coburg IND. Co | burg, OR. 97408 | PHONE: | | | |
| | | - JOB #: | 2598124-1-1 | | |
| | | | | | |
| | | | | | |
| Tank # | T1 | T2 | Т3 | | |
| | | | | | |
| Duaduat | 87 | 92 | Diesel | | |
| Product | | | | | |
| | Voeder Boot | Veeder Beet | Vooder Beet | | |
| LD Manufacturer | Veeder-Root | Veeder-Root | Veeder-Root | | |
| | | | | | |
| LD Model PLLD PLLD | | PLLD | | | |
| | | | | | |
| Sump Condition | Good | Good | Good | | |
| - Comp Common | | | | | |
| Operation Pressure | 29psi | 30psi | 30psi | | |
| (PSI) | 20p3i | ООРЗІ | Copsi | | |
| ζ- σ-γ | | | | | |
| Opening Time (Sec) | N/A | N/A | N/A | | |
| | | | | | |
| Metering Pressure | N/A | N/A | N/A | | |
| (PSI) | 1074 | IV/A | IWA | | |
| Functional Element | | | | | |
| Holding Pressure | 25.1psi | 23.87psi | 18.38psi | | |
| _ | | | | | |
| Leak Rate LD Detected | 3gph | 3gph | 3gph | | |
| (GPH) | 09 p | ogp.: | ogp | | |
| Does LD Detect 3 GPH | | | | | |
| Leak Rate? | | Yes | Yes | | |
| Leak Nate: | | | | | |
| LD Serial | 336269 | 336504 | 336506 | | |
| LD Serial | 330209 | 330504 | 330300 | | |
| Comments: | | Testin | g Method Used: | | |
| | | Trianç | gle Estabrook | Vaporless | |
| | | | | | |
| | | | | | |
| | | | | | |
| Technician Gary Andre | | Licer | nse Number <u>VMI-5581</u> | | |

Signature

9595 LUCAS RANCH ROAD, RANCHO CUCAMONGA, CA 91730 - LICENSED IN 41 STATES
California State License #804431 A, B, HAZ

MECHANICAL / ELECTRONIC LEAK DETECTOR CERTIFICATION

| SITE: Coburg Gas | Coburg Crossing | DATE: | 0 7 2 9 2 0 2 5 | | |
|-----------------------|-------------------|----------|------------------------|---------------|--|
| | | CONTACT: | Eric - Manager | | |
| 91039 S. Coburg IND. | Coburg, OR. 97408 | PHONE: | | | |
| | | JOB #: | 2598124-1-1 | | |
| | | | | | |
| | | | | | |
| Tank # | | | | | |
| | | | | | |
| Product | | | | | |
| | | | | | |
| LD Manufacturer | | | | | |
| | | | | | |
| LD Model | | | | | |
| | | | | | |
| Sump Condition | | | | | |
| • | | | | | |
| Operation Pressure | | | | | |
| (PSI) | | | | | |
| Opening Time (Sec) | | | | | |
| Opening rime (Sec) | | | | | |
| Metering Pressure | | | | | |
| (PSI) | | | | | |
| Functional Element | | | | | |
| Holding Pressure | | | | | |
| | | | | | |
| Leak Rate LD Detected | | | | | |
| (GPH) | | | | | |
| Does LD Detect 3 GPH | | | | | |
| Leak Rate? | | | | | |
| | | | | | |
| LD Serial | | | | | |
| | <u> </u> | | | | |
| Comments: | | Trianç | ig Method Used: gle | ☐ Vaporless ☐ | |
| | | many | gic | | |
| | | | | | |
| | | | | | |
| Technician Gary Andr | 'e | Licer | nse Number VMI-5581 | | |
| | | | | | |

9595 LUCAS RANCH ROAD, RANCHO CUCAMONGA, CA 91730 - LICENSED IN 41 STATES California State License #804431 A, B, HAZ

Signature

JONES COVEY GROUP, INC.

COMPLETE FUEL SYSTEM CONSTRUCTION & MAINTENANCE SERVICES

Shear Valve Operational Test

| Name: Coburg | Gas Coburg Cros | sing | Date: | 7-29-25 | |
|---|-----------------------|---------------------------------------|--------------------------|---|------------|
| Address: 91039 S. Coburg IND. Coburg, OR. 97408 | | Job Number: | 2598124-1-1 | | |
| City/State/Zip: Coburg | j, OR. 97408 | | Total Valves: | | |
| | | | | | |
| | ✓ Yes ☐ No | All Shear valves are Prope | erly Anchored. If No: L | ist exceptions in comment | S. |
| Dispenser/Product | 1-2 87 | Dispenser/Product | 1-2 92 | Dispenser/Product | 3-4 87 |
| SV Arm Free Moving? | ✓ Yes No | SV Arm Free Moving? | ✓ Yes No | SV Arm Free Moving? | ✓ Yes ☐ No |
| SV Shuts off Flow? | ✓ Yes ☐ No | SV Shuts off Flow? | ✓ Yes ☐ No | SV Shuts off Flow? | ✓ Yes ☐ No |
| Dispenser/Product | 3-4 92 | Dispenser/Product | 5-6 87 | Dispenser/Product | 5-6 92 |
| SV Arm Free Moving? | ✓ Yes ☐ No | SV Arm Free Moving? | ✓ Yes ☐ No | SV Arm Free Moving? | ✓ Yes ☐ No |
| SV Shuts off Flow? | ✓ Yes ☐ No | SV Shuts off Flow? | ✓ Yes ☐ No | SV Shuts off Flow? | ✓ Yes ☐ No |
| Dispenser/Product | 7-8 87 | Dispenser/Product | 7-8 92 | Dispenser/Product | 9-10 87 |
| SV Arm Free Moving? | ✓ Yes ☐ No | SV Arm Free Moving? | ✓ Yes ☐ No | SV Arm Free Moving? | ✓ Yes ☐ No |
| SV Shuts off Flow? | ☑ Yes ☐ No | SV Shuts off Flow? | ☑ Yes ☐ No | SV Shuts off Flow? | ☑ Yes ☐ No |
| D: | 9-10 92 | 5: | 9-10 DSL | 5: | 11-12 87 |
| Dispenser/Product | | Dispenser/Product SV Arm Free Moving? | | Dispenser/Product | |
| SV Arm Free Moving? SV Shuts off Flow? | ✓ Yes ☐ No ✓ Yes ☐ No | SV Shuts off Flow? | ✓ Yes ☐ No ✓ Yes ☐ No | SV Arm Free Moving? SV Shuts off Flow? | ✓ Yes ☐ No |
| Dispenser/Product | 11-12 92 | Dispenser/Product | 11-12 DSL | Dispenser/Product | |
| SV Arm Free Moving? | Yes No | SV Arm Free Moving? | Yes No | SV Arm Free Moving? | ☐ Yes ☐ No |
| SV Shuts off Flow? | ✓ Yes ☐ No | SV Shuts off Flow? | ✓ Yes ☐ No | SV Shuts off Flow? | ☐ Yes ☐ No |
| Dispenser/Product | | Dispenser/Product | | Dispenser/Product | |
| SV Arm Free Moving? | Yes No | SV Arm Free Moving? | ☐ Yes ☐ No | SV Arm Free Moving? | Yes No |
| SV Shuts off Flow? | □ Yes □ No | SV Shuts off Flow? | ☐ Yes ☐ No | SV Shuts off Flow? | ☐ Yes ☐ No |
| Dispenser/Product | | Dispenser/Product | | Dispenser/Product | |
| SV Arm Free Moving? | Yes No | SV Arm Free Moving? | Yes No | SV Arm Free Moving? | ☐ Yes ☐ No |
| SV Shuts off Flow? | Yes No | SV Shuts off Flow? | Yes No | SV Shuts off Flow? | ☐ Yes ☐ No |
| Dispenser/Product | | Dispenser/Product | | Dispenser/Product | |
| SV Arm Free Moving? | ☐ Yes ☐ No | SV Arm Free Moving? | ☐ Yes ☐ No | SV Arm Free Moving? | ☐ Yes ☐ No |
| SV Shuts off Flow? | ☐ Yes ☐ No | SV Shuts off Flow? | ☐ Yes ☐ No | SV Shuts off Flow? | ☐ Yes ☐ No |
| Dispenser/Product | | Dispenser/Product | | Dispenser/Product | |
| SV Arm Free Moving? | ☐ Yes ☐ No | SV Arm Free Moving? | ☐ Yes ☐ No | SV Arm Free Moving? | Yes No |
| SV Shuts off Flow? | Yes No | SV Shuts off Flow? | Yes No | SV Shuts off Flow? | Yes No |
| Dispenser/Product | | Dispenser/Product | | Dispenser/Product | |
| SV Arm Free Moving? | Yes No | SV Arm Free Moving? | Yes No | SV Arm Free Moving? | Yes No |
| SV Shuts off Flow? | ☐ Yes ☐ No | SV Shuts off Flow? | ☐ Yes ☐ No | SV Shuts off Flow? | ☐ Yes ☐ No |
| T I Gam And | ro | | Signature: Gar | v Andre | |
| Technician: Gary And | | | Signature: (1941) | - serves 4 | |
| Comments: | | | | | |
| | | | | | |
| | | | | | |



Re: 12442 - Facility Compliance Inspection - Follow-Up

From UST Duty Officer * DEQ < UST.DutyOfficer@DEQ.oregon.gov>

Date Mon 9/8/2025 10:38 AM

To spaulson@ta-petro.com <spaulson@ta-petro.com>
Cc ECKERT Dylan * DEQ <Dylan.ECKERT@deq.oregon.gov>

Good morning,

Payment of the \$1000 penalty was processed on 8/29/25.

The UST inspection for 12442 **Coburg Gas** located at 91039 South Coburg Industrial Way Coburg, OR is **officially now 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: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>

Sent: Friday, August 8, 2025 1:46 PM

To: Clayton Barns <CBarns@ta-petro.com>; UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>

Subject: Re: 12442 - Facility Compliance Inspection - Follow-Up

Perfect - these all look great. Thank you for sending over the photos and additional work order reports. I will mark all the corrective actions as complete.

As soon as payment of the \$1000 penalty is received by the DEQ, then this UST inspection can be closed.

Payment of Field Citation Penalty Instructions

Payment can be made either through **check** or **online** through Your DEQ Online – follow the link below to create an account. <u>Department of Environmental Quality: Welcome to Your DEQ Online: Online Services: State of Oregon</u>

PaymentsforEEOs.pdf - step by step instructions for 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: Clayton Barns < CBarns@ta-petro.com> Sent: Friday, August 8, 2025 12:17 PM

To: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov> **Subject:** RE: 12442 - Facility Compliance Inspection - Follow-Up

Good afternoon,

Notes from JCG below and supporting documents/photos attached.

Thank you,

Clayton Barns

Environmental Coordinator, HSSEC | TravelCenters of America

<u>cbarns@ta-petro.com</u> Office: 440-808-4431 Mobile: 216-409-3318





Our Mission: Return every traveler to the road better than they came

From: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>

Sent: Friday, August 8, 2025 2:44 PM

To: Clayton Barns <CBarns@ta-petro.com>; UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>

Subject: [EXTERNAL] Re: 12442 - Facility Compliance Inspection - Follow-Up

Good morning,

I have reviewed the testing documents you sent regarding UST facility 12442 Coburg Gas located at 91039 South Coburg Industrial Way Coburg, OR

The remaining corrective actions are parts 2-4 in violation #3. Please provide documentation for each of those items. All the other corrective actions are complete, as noted below.

Corrective Actions:

Violation #1. Perform walkthrough inspection. Send one month of records of this inspection to DEQ prior to 15Aug2025. COMPLETE

Violation #2. Perform annual walkthrough inspection. Send record of this inspection to DEQ prior to 15Aug2025.

COMPLETE

Violation #3.

- Part 1. Perform testing of all liquid sensors and tank monitor. COMPLETE
- Part 2. Remove any liquid from sumps and investigate source of petroleum in diesel STP.
- **Part 3**. Open all communication of piping secondaries into monitored sumps and solidly secure all sensors at the lowest point in the sump as the manufacturer requires.
 - Part 4. Submit records of testing and the investigation of liquid in diesel sump to DEQ prior to 15Aug2025.

Violation #4. Same as 4 COMPLETE

Violation #5. Perform functionality testing of automatic line leak detection equipment and submit records of testing to DEQ prior to 15Aug2025. COMPLETE



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

From: Clayton Barns < <u>CBarns@ta-petro.com</u>> Sent: Thursday, August 7, 2025 8:16 AM

To: UST Duty Officer * DEQ < <u>UST.DutyOfficer@DEQ.oregon.gov</u>>
Cc: FOSS Diana * DEQ < <u>Diana.FOSS@deq.oregon.gov</u>>
Subject: RE: 12442 - Facility Compliance Inspection - Follow-Up

Good morning,

Please see requested testing documentation attached.

Thank you,

Clayton Barns

Environmental Coordinator, HSSEC | TravelCenters of America

<u>cbarns@ta-petro.com</u> Office: 440-808-4431 Mobile: 216-409-3318







From: UST Duty Officer * DEQ < UST.DutyOfficer@DEQ.oregon.gov >

Sent: Thursday, July 24, 2025 5:30 PM

To: Clayton Barns < CBarns@ta-petro.com>; UST Duty Officer * DEQ < UST.DutyOfficer@DEQ.oregon.gov>

Cc: FOSS Diana * DEQ < Diana. FOSS@deq.oregon.gov >

Subject: [EXTERNAL] RE: 12442 - Facility Compliance Inspection - Follow-Up

Good afternoon,

UST facility 12442 Coburg Gas located at 91039 SOUTH COBURG INDUSTRIAL WAY, COBURG, Oregon 97408

Please review the attached field citation. The deadline for payment of the \$1000 penalty is 8/24/25. The deadline for documentation of the corrective actions is 8/15/25.

Corrective Action:

- 1. Perform walkthrough inspection. Send one month of records of this inspection to DEQ prior to 15Aug2025. COMPLETE
- 2. Perform annual walkthrough inspection. Send record of this inspection to DEQ prior to 15Aug2025.

- 3. Perform testing of all liquid sensors and tank monitor. Remove any liquid from sumps and investigate source of petroleum in diesel STP. Open all communication of piping secondaries into monitored sumps and solidly secure all sensors at the lowest point in the sump as the manufacturer requires. Submit records of testing and the investigation of liquid in diesel sump to DEQ prior to 15Aug2025.
- 4. Same as 4
- 5. Perform functionality testing of automatic line leak detection equipment and submit records of testing to DEQ prior to 15Aug2025.

Payment Information

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

<u>PaymentsforEEOs.pdf</u> – 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 call 503-229-5202

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

From: Clayton Barns < <u>CBarns@ta-petro.com</u>> Sent: Thursday, July 24, 2025 12:00 PM

To: UST Duty Officer * DEQ < <u>UST.DutyOfficer@DEQ.oregon.gov</u>>

Emily.LITKE@deq.oregon.gov

Cc: FOSS Diana * DEQ < Diana. FOSS@deq.oregon.gov >

Subject: RE: 12442 - Facility Compliance Inspection - Follow-Up

Good afternoon,

Please see monthly walkthrough performed by the Site. The annual walkthrough will be performed following testing by Jones Covey Group on July 29th (confirmed by Greg Smith of JCG).

Thank you,

Clayton Barns

Environmental Coordinator, HSSEC | TravelCenters of America

<u>cbarns@ta-petro.com</u> Office: 440-808-4431 Mobile: 216-409-3318







From: UST Duty Officer * DEQ < <u>UST.DutyOfficer@DEQ.oregon.gov</u>>

Sent: Wednesday, July 23, 2025 10:22 PM

To: Clayton Barns < CBarns@ta-petro.com>

Cc: UST Duty Officer * DEQ < UST.DutyOfficer@DEQ.oregon.gov >; FOSS Diana * DEQ < Diana.FOSS@deq.oregon.gov >

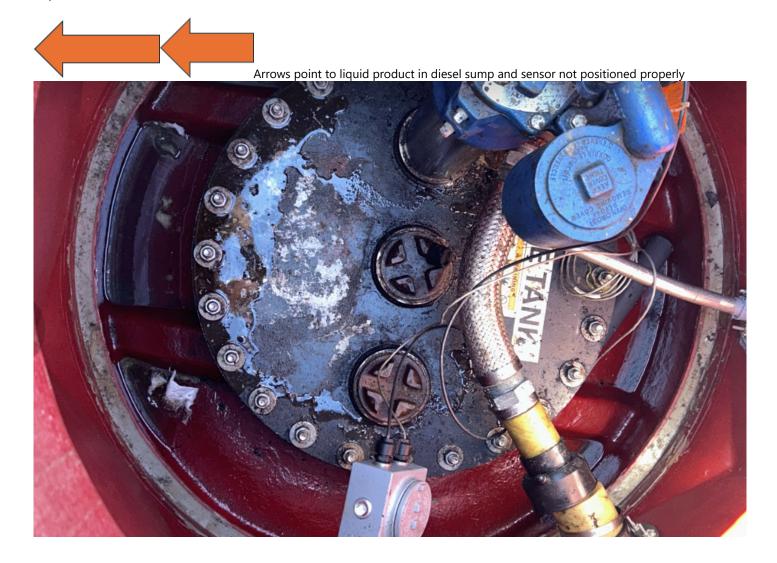
Subject: [EXTERNAL] 12442 - Facility Compliance Inspection - Follow-Up

Hello Mr. Barnes -

Thank you for allowing me to inspect your facility located at 91039 S. Coburg Industrial Way in Coburg, Oregon on 22Jul2025. Eric is the site manager and was on-site during the inspection as well as Greg the lead pumper. They oversaw my time at the facility. The facility had a few compliance issues which need to be addressed and will be discussed below.

Equipment

E1 – The interstitial monitoring equipment was not functioning as required. Some sensors were not functioning (disp 11/12 and Diesel STP sump), and some communication ports were closed. In addition, sensors were not solidly secured as manufacturer requires.





Tight boots and Shrader valve still installed.

E2- Dispensers 11/12 had a leak in the diesel meter. The shear valve was tripped during the inspection to stop the active leak and nozzles bagged off. In addition, the liquid sensor was not activated with 1"+ of product and is presumably not functioning properly due to it not going into alarm when it should have.



Records / Testing

R1 – Walkthrough inspection had not been conducted or were not documented at least every 30 days for at least 6 months since the site was acquired by T/A nor was an annual test documented.

R2 – The annual testing appears to have been missed and should have been performed prior to 13Mar2025.

Note - It appears that 3 spill buckets were replaced and tested by Central services after Tanknology tested spill containment on 10Apr2024 and failed the spill buckets and diesel turbine sump (due to a failed electrical penetration boot). There was no date

provided by CSI on the forms of the repairs and retesting. I am documenting this because a 3 year since that test is to be assumed and 10Apr2027 will be the expected date this next round of testing will occur.

This email has two intended recipients: you (permittee) and our enforcement/follow-up team. Because of this split audience, there might be some jargon used which is for DEQ internal purposes. I'll be asking for paperwork/documentation by a specific time and will state the violation/corrective action.

Alleged Violations:

- 1. Failing to perform or document monthly walkthrough inspections. (A15)
- 2. Failing to perform or document annual walkthrough inspections. (A16)
- 3. Failure to operate interstitial monitoring in a manner capable of detecting a release to secondary containment. (J8.2)
- 4. Failing to perform leak detection equipment functionality testing at least once within the past year of previous test(liquid sensors and tank monitor). (G5)
- 5. Failing to perform testing of automatic line leak detectors on pressurized piping at least once within the past year of previous test (h2.7)

Corrective Action:

- 1. Perform walkthrough inspection. Send one month of records of this inspection to DEQ prior to 15Aug2025.
- 2. Perform annual walkthrough inspection. Send record of this inspection to DEQ prior to 15Aug2025.
- 3. Perform testing of all liquid sensors and tank monitor. Remove any liquid from sumps and investigate source of petroleum in diesel STP. Open all communication of piping secondaries into monitored sumps and solidly secure all sensors at the lowest point in the sump as the manufacturer requires. Submit records of testing and the investigation of liquid in diesel sump to DEQ prior to 15Aug2025.
- 4. Same as 4
- 5. Perform functionality testing of automatic line leak detection equipment and submit records of testing to DEQ prior to 15Aug2025.

Next Steps:

Please direct your responses to <u>ust.dutyofficer@deq.oregon.gov</u> This team will work with me on documents you submit or corrective actions completed to ensure the work is sufficient to close the inspection.

These violations will fit into the field citation guidance and that team will issue enforcement based off a preset calculation matrix. Dylan Eckert

Inspector, Underground Storage Tanks DEQ - Eugene, Land Quality Division 165 E. 7th Ave Suite 100 Eugene, OR 97401-3049 C 541-215-2368

Messages to and from this e-mail address may be available to the public under Oregon Public Records Law.

Sign-up for UST Program Updates:

https://service.govdelivery.com/accounts/ORDEQ/subscriber/new?topic_id=ORDEQ_546

The UST Program. 60-Minute story: https://www.youtube.com/watch?v=leYoLtsQ2WQ

