



# Oregon

Tina Kotek, Governor

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 18, 2025

SOS Family LLC  
RE: 58 MARKET  
1301 Esplanade Ave  
Klamath Falls, OR 97601

RE: UST Compliance Inspection  
DEQ UST #3593  
58 MARKET  
47686 HWY 58, OAKRIDGE, OR 97463

Attention Todd Roark:

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 23, 2025, starting at approximately 12:00 PM at UST Facility #3593 (47686 HWY 58, OAKRIDGE, OR 97463).** 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](mailto: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](mailto:alex.spencer@deq.oregon.gov) to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alex Spencer', with a long horizontal flourish extending to the right.

Alex Spencer  
UST Compliance Specialist  
Northwest Region

Submitted By: dylan.eckert\_deq

Submitted Time: July 24, 2025 11:32 AM

Creation Time: August 14, 2025 7:12 AM

Date

July 23, 2025

Time

11:58

UST Facility ID

3,593

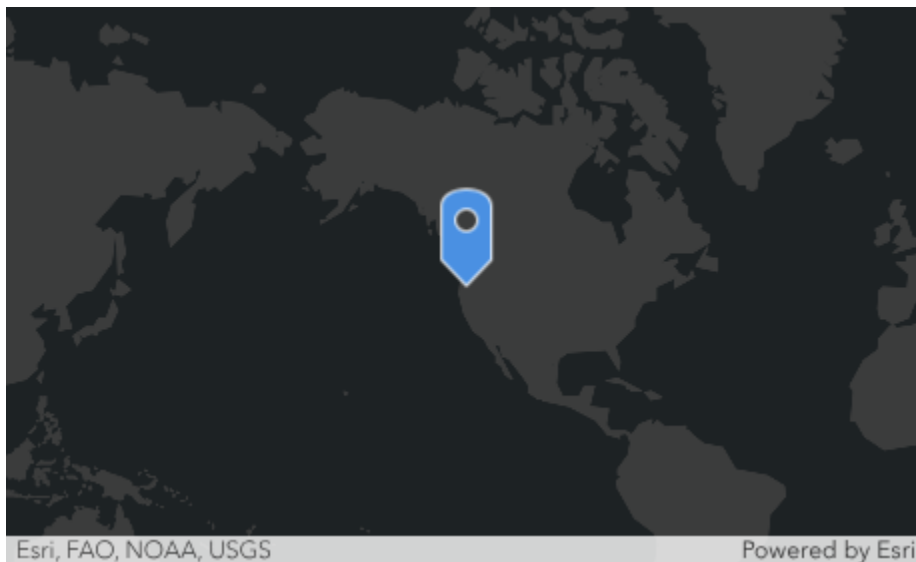
Inspector

Eckert

Type of Inspection

Full Compliance

Location



Photograph

Okride 761 UNDERGROUND STORAGE TANK MONITORING RECORD 8025

8025

| A       | B       | C               | D                                          |
|---------|---------|-----------------|--------------------------------------------|
| DATE    | INITIAL | ANY LEAKS       | DESCRIBE ALARM INVESTIGATION & MAINTENANCE |
| 4/18/25 | WJR     | T-1 Unleaded    | Overfill Alarm - no spill                  |
| 4/23/25 | WJR     | T-1 unleaded    | Overfill Alarm - no spill                  |
| 5/20/25 | WJR     | T-1 UNL         | Overfill Alarm - no spill                  |
| 5/27/25 | WJR     | T-1 UNL         | Overfill Alarm - no spill                  |
| 5/28/25 | WJR     | T-4 UNL - 2     | Overfill Alarm - no spill                  |
| 5/29/25 | WJR     | L-1 Diesel Sump | Fuel Alarm - no fuel found                 |
| 5/29/25 | WJR     | L-2 Sump Sump   | Fuel Alarm - no fuel found                 |
| 5/29/25 | WJR     | L-3 UNL Sump 2  | Fuel Alarm - no fuel found                 |
| 5/29/25 | WJR     | L-5 UNL ANN     | Fuel Alarm - no fuel found                 |
| 5/29/25 | WJR     | L-6 Sump ANN    | Fuel Alarm - no fuel found                 |
| 5/29/25 | WJR     | L-7 Diesel ANN  | Fuel Alarm - no fuel found                 |
| 5/29/25 | WJR     | L-8 UNL Sump    | Fuel Alarm - no fuel found                 |

**Ed's**  
Ed Staub & Sons www.edstaub.com

**SERVICE DEPT.**

|                                                                                                                                    |                     |               |                |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|----------------|
| NAME <u>Adam G.</u>                                                                                                                | DATE <u>10.3.22</u> | QTY.          | DESCRIP        |
| ADDRESS                                                                                                                            | ACCT #              |               |                |
|                                                                                                                                    | PHONE               |               |                |
| CITY ST ZIP                                                                                                                        | EMAIL               |               |                |
| JOB LOCATION <u>Oakridge 96</u>                                                                                                    |                     |               |                |
| SERVICE REQUESTED <u>HT</u>                                                                                                        |                     |               |                |
| DISPATCHED BY                                                                                                                      |                     |               |                |
| SERVICE PERFORMED: <u>EBW</u> <input type="checkbox"/> Installation <input type="checkbox"/> Repair <input type="checkbox"/> Other |                     |               |                |
| <u>UNC1</u>                                                                                                                        | <u>Premium</u>      | <u>Diesel</u> | <u>UNC2</u>    |
| <u>11 3/16"</u>                                                                                                                    | <u>10 3/16"</u>     | <u>10"</u>    | <u>10 1/2"</u> |
| <u>11:22am</u>                                                                                                                     | <u>11:24am</u>      | <u>1:23pm</u> | <u>12:32pm</u> |
| <u>11 3/16"</u>                                                                                                                    | <u>10 3/16"</u>     | <u>10"</u>    | <u>10 1/2"</u> |
| <u>12:22pm</u>                                                                                                                     | <u>12:24pm</u>      | <u>2:23pm</u> | <u>1:26pm</u>  |
| <u>0</u>                                                                                                                           | <u>0</u>            | <u>0</u>      | <u>0</u>       |
| <u>Pass</u>                                                                                                                        | <u>Pass</u>         | <u>Pass</u>   | <u>Pass</u>    |







































77686 Market  
Oakridge Hwy 58  
County: Lane  
Permittee: Dylan Eckert  
Date: 23 Jul  
Organization: ST  
Phone: 541-782-3909

TANK ANN TEST NEEDED WRN  
DISABLED

PE Type  
Pipe Install Date  
Overfill Device  
es: Sypho

EA  
BCHERS  
6k

JUL 23. 2025 11:32 AM

SYSTEM STATUS REPORT  
ALL FUNCTIONS NORMAL  
INVENTORY REPORT

Im  
icate  
ility 3x 12k 01 Feb 2026  
tions  
Lining  
t2  
Compliance

1 tank  
like syphon

# SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

## INVENTORY REPORT

T 1:UNL  
VOLUME = 6238 GALS  
ULLAGE = 5891 GALS  
90% ULLAGE = 4624 GALS  
TC VOLUME = 6187 GALS  
HEIGHT = 48.60 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 71.5 DEG F

T 2:V POWER  
VOLUME = 3044 GALS  
ULLAGE = 2899 GALS  
90% ULLAGE = 2304 GALS  
TC VOLUME = 3017 GALS  
HEIGHT = 48.25 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 72.2 DEG F

T 3:DIESEL  
VOLUME = 3619 GALS  
ULLAGE = 8367 GALS  
90% ULLAGE = 7168 GALS  
TC VOLUME = 3603 GALS  
HEIGHT = 32.36 INCHES  
WATER VOL = 16 GALS  
WATER = 0.82 INCHES  
TEMP = 69.5 DEG F

T 4:UNL-2  
VOLUME = 3140 GALS  
ULLAGE = 2864 GALS  
90% ULLAGE = 2263 GALS  
TC VOLUME = 3115 GALS  
HEIGHT = 49.05 INCHES  
WATER VOL = 11 GALS  
WATER = 1.02 INCHES  
TEMP = 71.1 DEG F

\*\*\*\*\* END \*\*\*\*\*

| IN-TANK SETUP        |                |
|----------------------|----------------|
| T 1: UNL             | 1              |
| PRODUCT CODE         | : 000700       |
| THERMAL COEFF        | : 94.69        |
| TANK DIAMETER        | : 1 PT         |
| TANK PROFILE         | : 12069        |
| FULL VOL             | : 12069        |
| Float Size:          | 4.0 IN.        |
| Water Warning        | : 2.0          |
| High Water Limit     | : 2.0          |
| MAX OR LABEL VOL     | : 12069        |
| OVERFILL LIMIT       | : 90%          |
| HIGH PRODUCT         | : 10862        |
| DELIVERY LIMIT       | : 95%          |
| LOW PRODUCT          | : 11465        |
| LEAK ALARM LIMIT     | : 5%           |
| SUDDEN LOSS LIMIT    | : 603          |
| TANK TILT            | : 100          |
| MANIFOLDED TANKS     | : 6            |
| T#: NONE             | : 9            |
| LEAK MIN PERIODIC    | : 0.00         |
| 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       | : 10 MIN       |



Sub. Est. Ga. Tank Mate. Tank Install Date Pipe Material Pipe Type Pipe Install Date Overfill Device

Notes: Syphon

T 3:DIESEL  
 PRODUCT CODE : 3  
 THERMAL COEFF : .000450  
 TANK DIAMETER : 94.69  
 TANK PROFILE : 1 PT  
 FULL VOL : 11986

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5  
 HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 11986  
 OVERFILL LIMIT : 90%  
 : 10787  
 HIGH PRODUCT : 95%  
 : 11386  
 DELIVERY LIMIT : 5%  
 : 599

LOW PRODUCT : 100  
 LEAK ALARM LIMIT: 6  
 SUDDEN LOSS LIMIT: 9  
 TANK TILT : 0.00

MANIFOLDED TANKS  
 T#: NONE

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

PERIODIC TEST TYPE  
 STANDARD

ANNUAL TEST FAIL  
 ALARM DISABLED

PERIODIC TEST FAIL  
 ALARM DISABLED

CROSS TEST FAIL  
 ALARM DISABLED

ANN TEST AVERAGING: OFF  
 PER TEST AVERAGING: OFF  
 TEST NOTIFY: OFF

Compliance Rating -  
 by Dylan Eckert Date 2/3/12  
 Permittee: Stan  
 Organization:  
 Phone:

Tank Information  
 CHEA B LHEB  
 F  
 bk  
 B LHEB  
 F  
 bk

Aug ☐ Sep ☐ Oct ☐ Nov ☐  
 g ☐ Sep ☐ Oct ☐ Nov ☐  
 Sep ☐ Oct ☐ Nov ☐

4:UNL-2

PRODUCT CODE : 4

THERMAL COEFF : .000700

TANK DIAMETER : 94.69

TANK PROFILE : 1 PT

FULL VOL : 6004

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5

HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 6004

OVERFILL LIMIT : 90%

5403

HIGH PRODUCT : 95%

5703

DELIVERY LIMIT : 5%

300

LOW PRODUCT : 100

LEAK ALARM LIMIT: 6

SUDDEN LOSS LIMIT: 9

TANK TILT : 0.00

MANIFOLDED TANKS

T#: NONE

LEAK MIN PERIODIC: 0%

0

LEAK MIN ANNUAL : 0%

0

PERIODIC TEST TYPE

STANDARD

ANNUAL TEST FAIL

ALARM DISABLED

PERIODIC TEST FAIL

ALARM DISABLED

GROSS TEST FAIL

ALARM DISABLED

ANN TEST AVERAGING: OFF

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAKOFF

DELIVERY DELAY : 10 MIN

Substance

Est. Gallons

Tank Material

Pipe Install Date

Pipe Material

Pipe

HLA

01 Feb 2026

doesn't note

Technical Compliance Rating - UST Inspe

lan Eckert

Date 23 Jul 2025

Permittee:

Organization:

BCHEB

BCHEC

6k

HAVERING: OFF  
TEST NOTIFY: OFF  
TEST SIPHON BREAK: OFF  
DELIVERY DELAY : 10 MIN

Date 23/4/20  
Permittee: *St...*  
Organization: *St...*

HLA  
Press  
a: *10/1*  
*4*  
*me*  
*on*

LEAK TEST METHOD  
-----  
TEST DAILY : ALL TANK

START TIME : 12:01 AM  
TEST RATE : 0.20 GAL/HR  
DURATION : 2 HOURS  
TST EARLY STOP: DISABLED

LEAK TEST REPORT FORMAT  
NORMAL

LIQUID SENSOR SETUP

on  
BLCHER  
BC  
F  
6k

L 8:UNL SUMP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

F 1:OVERFILL ALARM  
TYPE:  
STANDARD  
NORMALLY OPEN

IN-TANK ALARMS  
ALL: OVERFILL  
ALL: HIGH

|                 |                           |                   |
|-----------------|---------------------------|-------------------|
| Alarm           | ALARM HISTORY REPORT      | Compliance R      |
| Material        | ----- IN-TANK ALARM ----- | Dylan Eckert Date |
| Install Date    | T 1: UNL                  | Permittee:        |
| Material        | HIGH WATER ALARM          | Organization      |
| Type            | JUL 21, 2025 4:36 PM      | Phone:            |
| Install Date    | OVERFILL ALARM            | Tank Information  |
| Overfill Device | JUL 21, 2025 4:46 PM      | BC HEA            |
| Notes:          | MAY 27, 2025 8:51 AM      | BC                |
|                 | MAY 20, 2025 9:03 AM      | 6k                |
|                 | HIGH PRODUCT ALARM        |                   |
|                 | MAY 27, 2025 8:51 AM      |                   |
|                 | PROBE OUT                 |                   |
|                 | JUL 21, 2025 4:47 PM      |                   |
|                 | JUL 21, 2025 4:28 PM      |                   |
|                 | MAY 27, 2025 8:53 AM      |                   |
|                 | HIGH WATER WARNING        |                   |
|                 | JUL 21, 2025 4:36 PM      |                   |
|                 | MAX PRODUCT ALARM         |                   |
|                 | MAY 27, 2025 8:51 AM      |                   |
|                 | LOW TEMP WARNING          |                   |
|                 | JUL 21, 2025 4:49 PM      |                   |

*Handwritten notes on the left:*  
Spho.  
Im  
Certificate  
ning  
nsibility 3x 12k  
pections

*Handwritten notes on the right:*  
1 tank  
syhon  
tank  
he

ALARM HISTORY REPORT  
----- IN-TANK ALARM -----  
T 2:V POWER  
OVERFILL ALARM  
JUL 21, 2025 4:57 PM  
HIGH PRODUCT ALARM  
JAN 21, 2025 12:58 PM  
PROBE OUT  
JUL 21, 2025 4:59 PM  
JUL 21, 2025 4:50 PM  
\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT  
----- IN-TANK ALARM -----  
T 3:DIESEL  
OVERFILL ALARM  
JUL 21, 2025 5:08 PM  
PROBE OUT  
JUL 21, 2025 5:09 PM  
JUL 21, 2025 5:01 PM

ing - UST Inspection Report  
23/4/2025 Time 12  
Stamps  
Contact:  
Phone:  
BCHEC  
F  
6k  
5-12

12  
DW  
93  
ENN  
Pressure  
HLA  
wa: 60  
↓  
manish  
over

note

Oct  
Nov

\* END \* \* \* \* \*

ALARM HISTORY REPORT

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

T 4:UNL-2

OVERFILL ALARM

JUL 21, 2025 5:19 PM  
MAY 20, 2025 8:20 AM

PROBE OUT

JUL 21, 2025 5:20 PM  
JUL 21, 2025 5:12 PM

LOW TEMP WARNING

JUL 21, 2025 5:21 PM

\* \* \* \* \* END \* \* \* \* \*

Compliance Rating - UST Inspection  
ert Date 23 Jul 2025 Time 12  
Permittee:  
nization: *Stamps*

*CHERB*

*BLHEC  
F  
6k*





## Technical Compliance Rating - UST Inspection Report

Inspection conducted by Dylan Eckert Date 23 Jul 2025 Time 12 Facility 3593

|                                   |                          |          |
|-----------------------------------|--------------------------|----------|
| Facility Name: <u>S8 Market</u>   | Permittee: <u>Starks</u> | Contact: |
| Site Address: <u>47686 Hwy 58</u> | Organization:            | Phone:   |
| City: <u>Dakridge</u>             | County: <u>Lane</u>      | Phone:   |

3-25

| Tank Information  |          |       |       |       |
|-------------------|----------|-------|-------|-------|
| DEQ #             | BCHEK    | BCHEA | BCHEB | BCHEC |
| Substance         | F        | D     | F     | F     |
| Est. Gallons      | 12k      | 12k   | 6k    | 6k    |
| Tank Material     | DW comp  |       |       |       |
| Tank Install Date | 93       |       |       |       |
| Pipe Material     | ENVI'RON |       |       |       |
| Pipe Type         | Pressure |       |       |       |
| Pipe Install Date |          |       |       |       |
| Overfill Device   | HGA      |       |       |       |

## Notes:

Syphon was held on reg. 1 turbine  
manifold tank syphon bar -  
environ line

Tank - IM

## Operating Certificate

## Operator Training

Financial Responsibility 3x 12k - 01 Feb 2026 ~~does~~ doesn't note comp.

## Walkthrough Inspections

## Corrosion Protection | Lining

## Overfill Prevention

Spill Prevention: 03 Oct 2022

Release Detection: 16-350

Compliance: Y N

Compliance: Y N

Compliance: Y N

Compliance: Y N

Compliance: Y N

Compliance: Y N

Compliance: Y N

Compliance: Y N

T1: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ DecT2: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ DecT3: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ DecT4: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ DecT5: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Im

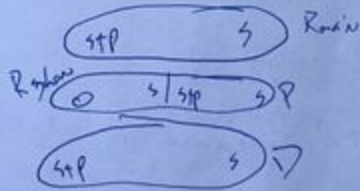
27 May 2025 - 3/3, LH, LD, 4rs  
06 Jun 2024 - 1/2, 1, 4rs

15 Jun 2023

3 Oct 2022 4/4 cpl/s @ 10 1/2"  $\frac{1}{16}$  A15

$\frac{7}{8}$  daylong  $\frac{5}{6}$

34

 $2/1$ 

## Fatigue on Rivet & Die to Pipe

Why do we bring in vapor space?



State of Oregon  
Department of  
Environmental  
Quality

Program Enforcement No. 2025-FC-9957

This section for  
DEQ use only

Department of Environmental Quality  
Underground Storage Tank Program

Field Citation  
For UST Violations

Page 1 of 3

| DEQ Information  |                   | UST Facility Information |                                      |
|------------------|-------------------|--------------------------|--------------------------------------|
| Inspection Date: | 07/23/2025        | Facility ID#:            | 3593                                 |
| Inspector:       | Dylan ECKERT      | Facility Name:           | 58 MARKET                            |
| DEQ Office:      | 165 E 7th Ave 100 | Facility Address:        | 47686 HWY 58, OAKRIDGE, Oregon 97463 |
| Phone #:         | 541-686-7517      | County:                  | Lane                                 |

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: 08/13/2025 |
| Facility Representative Present During Inspection:                          | <input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other |                                              |                               |                         |
| Name of Permittee or Owner:                                                 | SOS Family LLC                                                                                   |                                              |                               |                         |
| Mailing Address:                                                            | 1301 Esplanade Ave , Klamath Falls Oregon 97601                                                  |                                              |                               |                         |
| Field Citation Penalty – See Page 3 for detailed listing of each violation. |                                                                                                  |                                              |                               | \$ 500                  |

**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:**

**09/13/2025**

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.**

**DATE ISSUED: 08/13/2025**

**PROGRAM ENFORCEMENT No.: 2025-FC-9957**

**FACILITY ID: 3593**

**Page 3 of 3**

|                                           |                                                                                                                                                       |                           |                                      |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|
| <b>Violation #1:</b>                      | <b>Failure to inspect overfill equipment at least once every 3 years.</b>                                                                             |                           |                                      |
| <b>*TCR:</b>                              |                                                                                                                                                       |                           |                                      |
| Corrective Action:                        | Corrective action completed on 21 Jun 2025. No additional actions requested.                                                                          |                           |                                      |
| Rule Citation: <b>OAR 340-150-0310(9)</b> | Penalty Amount: \$ 500                                                                                                                                | Correct Violation by: n/a | Date Violation Corrected: 06/21/2025 |
| <b>Violation #2:</b>                      |                                                                                                                                                       |                           |                                      |
| <b>*TCR:</b>                              |                                                                                                                                                       |                           |                                      |
| Corrective Action:                        |                                                                                                                                                       |                           |                                      |
| Rule Citation: <b>OAR</b>                 | Penalty Amount: \$                                                                                                                                    | Correct Violation by:     | Date Violation Corrected:            |
| <b>Violation #3:</b>                      |                                                                                                                                                       |                           |                                      |
| <b>*TCR:</b>                              |                                                                                                                                                       |                           |                                      |
| Corrective Action:                        |                                                                                                                                                       |                           |                                      |
| Rule Citation: <b>OAR</b>                 | Penalty Amount: \$                                                                                                                                    | Correct Violation by:     | Date Violation Corrected:            |
| <b>Violation #4:</b>                      |                                                                                                                                                       |                           |                                      |
| <b>*TCR:</b>                              |                                                                                                                                                       |                           |                                      |
| Corrective Action:                        |                                                                                                                                                       |                           |                                      |
| Rule Citation: <b>OAR</b>                 | Penalty Amount: \$                                                                                                                                    | Correct Violation by:     | Date Violation Corrected:            |
| <b>Violation #5:</b>                      |                                                                                                                                                       |                           |                                      |
| <b>*TCR:</b>                              |                                                                                                                                                       |                           |                                      |
| Corrective Action:                        |                                                                                                                                                       |                           |                                      |
| Rule Citation: <b>OAR</b>                 | Penalty Amount: \$                                                                                                                                    | Correct Violation by:     | Date Violation Corrected:            |
| <b>Violation #6:</b>                      |                                                                                                                                                       |                           |                                      |
| <b>*TCR:</b>                              |                                                                                                                                                       |                           |                                      |
| Corrective Action:                        |                                                                                                                                                       |                           |                                      |
| Rule Citation: <b>OAR</b>                 | Penalty Amount: \$                                                                                                                                    | Correct Violation by:     | Date Violation Corrected:            |
|                                           | <div style="background-color: yellow; padding: 5px;"> <b>Total Penalty Amount</b> 500<br/>                     (This Page): \$                 </div> |                           |                                      |

**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: \_\_\_\_\_ 09/13/2025 \_\_\_\_\_**

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

*I hereby certify that the UST violations noted above have been corrected:* \_\_\_\_\_ / \_\_\_\_\_

*Permittee/Owner Signature*

*Date*



## Oregon Department of Environmental Quality

## Overfill Alarm Operability Testing Form

| UST FACILITY                                                                                                                                                                                                                            |                                                                     |                                                                     |                                                                     |                                                                     |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|
| Owner / Operator Name<br><b>Ed Staub</b>                                                                                                                                                                                                |                                                                     | Facility Name<br><b>SB Market</b>                                   |                                                                     | Facility ID#                                                        |                                                             |
| Street Address                                                                                                                                                                                                                          |                                                                     | City<br><b>Oakridge</b>                                             |                                                                     | County                                                              |                                                             |
| CONTRACTOR/PERSON CONDUCTING INSPECTIONS                                                                                                                                                                                                |                                                                     |                                                                     |                                                                     |                                                                     |                                                             |
| UST Service Provider Name<br><b>Todd Bauer</b>                                                                                                                                                                                          |                                                                     | DEQ License #<br><b>27461</b>                                       |                                                                     |                                                                     |                                                             |
| UST Supervisor Name<br><b>Todd Bauer</b>                                                                                                                                                                                                |                                                                     | DEQ License #<br><b>27461</b>                                       |                                                                     |                                                                     |                                                             |
| I certify, under penalty of law, that the testing data provided on this form accurately documents the UST system equipment was checked in accordance with the manufacturer's guidelines and the applicable national industry standards. |                                                                     |                                                                     |                                                                     |                                                                     |                                                             |
| Print Name of person conducting inspection<br><b>Todd Bauer</b>                                                                                                                                                                         |                                                                     | Signature of person conducting inspection<br>                       |                                                                     |                                                                     | Inspection Date<br><b>7-21-25</b>                           |
| Overfill Equipment Check                                                                                                                                                                                                                | Tank # 1                                                            | Tank # 2                                                            | Tank # 3                                                            | Tank # 4                                                            | Tank #                                                      |
| Product:                                                                                                                                                                                                                                | <b>unloaded #1</b>                                                  | <b>Super</b>                                                        | <b>Diesel</b>                                                       | <b>unloaded #2</b>                                                  |                                                             |
| Tank chart volume (gallons):                                                                                                                                                                                                            | <b>12069</b>                                                        | <b>5943</b>                                                         | <b>11986</b>                                                        | <b>6004</b>                                                         |                                                             |
| Tank diameter (inches):                                                                                                                                                                                                                 | <b>94.69"</b>                                                       | <b>94.69"</b>                                                       | <b>94.69</b>                                                        | <b>94.69"</b>                                                       |                                                             |
| Tank Type:                                                                                                                                                                                                                              | <input type="checkbox"/> FRP <input type="checkbox"/> Steel         | <input type="checkbox"/> FRP <input type="checkbox"/> Steel         | <input type="checkbox"/> FRP <input type="checkbox"/> Steel         | <input type="checkbox"/> FRP <input type="checkbox"/> Steel         | <input type="checkbox"/> FRP <input type="checkbox"/> Steel |
| Overfill device manufacturer/model                                                                                                                                                                                                      | <b>Veeder-Ross<br/>TIS 350</b>                                      |                                                                     |                                                                     | <b>7</b>                                                            |                                                             |
| Overfill Alarm                                                                                                                                                                                                                          | Tank # 1                                                            | Tank # 2                                                            | Tank # 3                                                            | Tank # 4                                                            | Tank #                                                      |
| Overfill alarm is <u>visible/audible</u> at ATG?                                                                                                                                                                                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| When activated, overfill alarm can be <u>heard</u> and seen while delivering to the tank?                                                                                                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| After removing the probe from the tank, it has been inspected and any damaged or missing parts replaced?                                                                                                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Float moves freely on the stem without binding?                                                                                                                                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Moving product level float up the stem triggers alarm?                                                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| B 90% of tank chart volume (inches)                                                                                                                                                                                                     | <b>85.15"</b>                                                       | <b>85.15"</b>                                                       | <b>85.15"</b>                                                       | <b>85.15"</b>                                                       |                                                             |
| Measurement from bottom of stem when overfill alarm is triggered (inches)                                                                                                                                                               | <b>80"</b>                                                          | <b>80"</b>                                                          | <b>80"</b>                                                          | <b>80"</b>                                                          |                                                             |
| Percent tank volume when alarm occurs (from tank chart)                                                                                                                                                                                 | <b>10589g</b>                                                       | <b>5625g</b>                                                        | <b>10589g</b>                                                       | <b>5625g</b>                                                        |                                                             |
| Fuel float level on the console agrees with the gauge stick reading?                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Overfill alarm activates at any product level above 90% tank capacity?                                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Overfill alarm and tank setup reports attached?                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
|                                                                                                                                                                                                                                         | Pass Fail                                                           | Pass Fail                                                           | Pass Fail                                                           | Pass Fail                                                           | Pass Fail                                                   |
| Inspection result                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> <input type="checkbox"/>        | <input checked="" type="checkbox"/> <input type="checkbox"/>        | <input checked="" type="checkbox"/> <input type="checkbox"/>        | <input checked="" type="checkbox"/> <input type="checkbox"/>        | <input type="checkbox"/> <input type="checkbox"/>           |
| Overfill alarm activates at 90% or lower<br>All questions answered "Yes"                                                                                                                                                                |                                                                     |                                                                     |                                                                     |                                                                     |                                                             |
| Comments and explanation of failing results and other problems noted during inspection.                                                                                                                                                 |                                                                     |                                                                     |                                                                     |                                                                     |                                                             |

OAKRIDGE 76  
47686 HWY 58  
541-782-3909

JUL 21, 2025 5:26 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNL

|            |   |       |        |
|------------|---|-------|--------|
| VOLUME     | = | 7058  | GALS   |
| ULLAGE     | = | 5011  | GALS   |
| 90% ULLAGE | = | 3804  | GALS   |
| TC VOLUME  | = | 7004  | GALS   |
| HEIGHT     | = | 53.67 | INCHES |
| WATER VOL  | = | 0     | GALS   |
| WATER      | = | 0.00  | INCHES |
| TEMP       | = | 70.7  | DEG F  |

T 2:V POWER

|            |   |       |        |
|------------|---|-------|--------|
| VOLUME     | = | 3199  | GALS   |
| ULLAGE     | = | 2744  | GALS   |
| 90% ULLAGE | = | 2149  | GALS   |
| TC VOLUME  | = | 3172  | GALS   |
| HEIGHT     | = | 50.19 | INCHES |
| WATER VOL  | = | 0     | GALS   |
| WATER      | = | 0.00  | INCHES |
| TEMP       | = | 71.8  | DEG F  |

T 3:DIESEL

|            |   |       |        |
|------------|---|-------|--------|
| VOLUME     | = | 3821  | GALS   |
| ULLAGE     | = | 8165  | GALS   |
| 90% ULLAGE | = | 6966  | GALS   |
| TC VOLUME  | = | 3805  | GALS   |
| HEIGHT     | = | 33.68 | INCHES |
| WATER VOL  | = | 16    | GALS   |
| WATER      | = | 0.83  | INCHES |
| TEMP       | = | 69.2  | DEG F  |

T 4:UNL-2

|            |   |       |        |
|------------|---|-------|--------|
| VOLUME     | = | 3538  | GALS   |
| ULLAGE     | = | 2466  | GALS   |
| 90% ULLAGE | = | 1865  | GALS   |
| TC VOLUME  | = | 3507  | GALS   |
| HEIGHT     | = | 54.01 | INCHES |
| WATER VOL  | = | 11    | GALS   |
| WATER      | = | 1.02  | INCHES |
| TEMP       | = | 72.1  | DEG F  |

\* \* \* \* \* END \* \* \* \* \*

# IN-TANK SETUP

T 1:UNL  
 PRODUCT CODE : 1  
 THERMAL COEFF : .000700  
 TANK DIAMETER : 94.69  
 TANK PROFILE : 1 PT  
 FULL VOL : 12069

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0  
 HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12069  
 OVERFILL LIMIT : 90%  
 : 10862  
 HIGH PRODUCT : 95%  
 : 11465  
 DELIVERY LIMIT : 5%  
 : 603

LOW PRODUCT : 100  
 LEAK ALARM LIMIT: 6  
 SUDDEN LOSS LIMIT: 9  
 TANK TILT : 0.00

MANIFOLDED TANKS  
 T#: NONE

LEAK MIN PERIODIC: 0%  
 : 0

LEAK MIN ANNUAL : 0%  
 : 0

PERIODIC TEST TYPE  
 STANDARD

ANNUAL TEST FAIL  
 ALARM DISABLED

PERIODIC TEST FAIL  
 ALARM DISABLED

GROSS TEST FAIL  
 ALARM DISABLED

ANN TEST AVERAGING: OFF  
 PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 10 MIN

|                       |   |                |
|-----------------------|---|----------------|
| T. 2:V POWER          | : | 2              |
| PRODUCT CODE          | : | 000700         |
| THERMAL COEFF         | : | 94.69          |
| TANK DIAMETER         | : | 1 PT           |
| TANK PROFILE          | : | 5943           |
| FULL VOL              | : |                |
| FLOAT SIZE:           |   | 4.0 IN.        |
| WATER WARNING         | : | 1.5            |
| HIGH WATER LIMIT:     |   | 2.0            |
| MAX OR LABEL VOL:     |   | 5943           |
| OVERFILL LIMIT        | : | 90%            |
|                       | : | 5348           |
| HIGH PRODUCT          | : | 95%            |
|                       | : | 5645           |
| DELIVERY LIMIT        | : | 5%             |
|                       | : | 297            |
| LOW PRODUCT           | : | 100            |
| LEAK ALARM LIMIT:     |   | 6              |
| SUDDEN LOSS LIMIT:    |   | 9              |
| TANK TILT             | : | 0.00           |
| MANIFOLDED TANKS      |   |                |
| T# : NONE             |   |                |
| LEAK MIN PERIODIC:    | : | 0%             |
|                       | : | 0              |
| LEAK MIN ANNUAL       | : | 0%             |
|                       | : | 0              |
| PERIODIC TEST TYPE    |   | STANDARD       |
| ANNUAL TEST FAIL      |   | ALARM DISABLED |
| PERIODIC TEST FAIL    |   | ALARM DISABLED |
| GROSS TEST FAIL       |   | ALARM DISABLED |
| ANN TEST AVERAGING:   |   | OFF            |
| PER TEST AVERAGING:   |   | OFF            |
| TANK TEST NOTIFY:     |   | OFF            |
| TNK TST SIPHON BREAK: |   | OFF            |
| DELIVERY DELAY        | : | 10 MIN         |

T 3:DIESEL  
PRODUCT CODE : 3  
THERMAL COEFF : .000450  
TANK DIAMETER : 94.69  
TANK PROFILE : 1 PT  
FULL VOL : 11986

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 11986  
OVERFILL LIMIT : 90%  
: 10787  
HIGH PRODUCT : 95%  
: 11386  
DELIVERY LIMIT : 5%  
: 599

LOW PRODUCT : 100  
LEAK ALARM LIMIT: 6  
SUDDEN LOSS LIMIT: 9  
TANK TILT : 0.00

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 0%  
: 0

LEAK MIN ANNUAL : 0%  
: 0

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 10 MIN

T 4:UNL-2  
PRODUCT CODE : 4  
THERMAL COEFF : .000700  
TANK DIAMETER : 94.69  
TANK PROFILE : 1 PT  
FULL VOL : 6004

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 6004  
OVERFILL LIMIT : 90%  
: 5403  
HIGH PRODUCT : 95%  
: 5703  
DELIVERY LIMIT : 5%  
: 300

LOW PRODUCT : 100  
LEAK ALARM LIMIT: 6  
SUDDEN LOSS LIMIT: 9  
TANK TILT : 0.00

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 0%  
: 0

LEAK MIN ANNUAL : 0%  
: 0

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 10 MIN

# OUTPUT RELAY SETUP

R 1:OVERFILL ALARM

TYPE:

STANDARD

NORMALLY OPEN

IN-TANK ALARMS

ALL:OVERFILL ALARM

ALL:HIGH PRODUCT ALARM

## LEAK TEST METHOD

TEST DAILY : ALL TANK

START TIME : 12:01 AM

TEST RATE :0.20 GAL/HR

DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT

NORMAL

## ALARM HISTORY REPORT

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

T 1:UNL

HIGH WATER ALARM

JUL 21, 2025 4:36 PM

OVERFILL ALARM

JUL 21, 2025 4:46 PM

MAY 27, 2025 8:51 AM

MAY 20, 2025 9:03 AM

HIGH PRODUCT ALARM

MAY 27, 2025 8:51 AM

FROBE OUT

JUL 21, 2025 4:47 PM

JUL 21, 2025 4:28 PM

MAY 27, 2025 8:53 AM

HIGH WATER WARNING

JUL 21, 2025 4:36 PM

MAX PRODUCT ALARM

MAY 27, 2025 8:51 AM

LOW TEMP WARNING

JUL 21, 2025 4:49 PM

\* \* \* \* \* END \* \* \* \* \*

LOW TEMP WARNING  
JUL 21, 2025 5:21 PM

FROBE OUT  
JUL 21, 2025 5:20 PM  
JUL 21, 2025 5:12 PM

OVERFILL ALARM  
JUL 21, 2025 5:19 PM  
MAY 20, 2025 8:20 AM

T 4:UHL-2

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

ALARM HISTORY REPORT

\* \* \* \* \* END \* \* \* \* \*

\*\*\*\*\*END\*\*\*\*\*

ALARM HISTORY REPORT

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

T 2:V POWER

COVERFILL ALARM  
CUL 21, 2025 4:57 PM

HIGH PRODUCT ALARM  
CAN 21, 2025 12:58 PM

FROBE OUT  
CUL 21, 2025 4:59 PM  
CUL 21, 2025 4:50 PM

\*\*\*\*\*END\*\*\*\*\*

ALARM HISTORY REPORT

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

T 3:DIESEL

COVERFILL ALARM  
CUL 21, 2025 5:08 PM

FROBE OUT  
CUL 21, 2025 5:09 PM  
CUL 21, 2025 5:01 PM

---

**Re: 3593 - 58 Market - Inspection Follow-up**

---

**From** LITKE Emily \* DEQ <Emily.LITKE@deq.oregon.gov>  
**Date** Wed 8/13/2025 4:05 PM  
**To** Todd Roark <todd.roark@edstaub.com>  
**Cc** UST Duty Officer \* DEQ <UST.DutyOfficer@DEQ.oregon.gov>

Hello Todd -

The penalty is due to late/missing overfill testing.

Dylan mentioned that there was an oversight between you and the testing contractor... each party thinking the other was performing an overfill functionality test.

The records dating back to 2022 did not indicate an overfill alarm was tested and documented. The overfill alarm needs to be tested every 3 years, so if you are able to provide the 2022 records, then the violation and penalty will be rescinded.

Basically the DEQ just needs to see that the overfill is tested every 3 years and those records were not provided at the time of the inspection.



**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](mailto:Emily.LITKE@deq.oregon.gov)

---

**From:** Todd Roark <todd.roark@edstaub.com>  
**Sent:** Wednesday, August 13, 2025 3:15 PM  
**To:** UST Duty Officer \* DEQ <UST.DutyOfficer@deq.oregon.gov>  
**Subject:** Re: 3593 - 58 Market - Inspection Follow-up

Question for you, Why do I get a fine for not completing overfill equipment at least once every 3 years if it was completed before the inspection?

On Wed, Aug 13, 2025 at 2:41 PM UST Duty Officer \* DEQ <[UST.DutyOfficer@deq.oregon.gov](mailto:UST.DutyOfficer@deq.oregon.gov)> wrote:

Good afternoon,  
UST facility 3593 - 58 Market located at 47686 Hwy 58 Oakridge

Please review the attached field citation. The deadline for payment of the \$500 penalty is 9/13/15. There are no corrective actions.

## **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.

[Department of Environmental Quality : Welcome to Your DEQ Online : Online Services : State of Oregon](#)

[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](mailto: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](mailto:Emily.LITKE@deq.oregon.gov)

---

**From:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>

**Sent:** Thursday, August 7, 2025 1:22 PM

**To:** Todd Roark <[todd.roark@edstaub.com](mailto:todd.roark@edstaub.com)>

**Cc:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>; FOSS Diana \* DEQ <[Diana.FOSS@deq.oregon.gov](mailto:Diana.FOSS@deq.oregon.gov)>

**Subject:** 3593 - 58 Market - Inspection Follow-up

Hello Mr. Staub and Mr. Roark –

Thank you for allowing me to inspect your facility located at 57686 Hwy 58 in Oakridge, OR on 23Jul2025. Todd and the local maintenance / walkthrough employee were on-site with me providing access and records. Records were extremely well organized and walkthrough inspections were thoroughly being conducted.

The facility had a few compliance issues which need to be addressed and will be discussed below.

### **Equipment**

E1 – There is fatigue on the RUL and DIE piping. No violations, just a note of piping condition as it deforms over time.



Diesel



RUL

## Records / Testing

R1 – The inspection / testing of the overfill prevention equipment (alarm) had been missed. It appears that 27 May 2025 and 21 Jul 2025, this testing was conducted and documented. No further corrective actions will be requested.

---

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. Failure to test overfill prevention equipment at least every 3 years since the previous functionality test. (C2c)

**Corrective Action:**

1. Corrective action completed on 21 Jun 2025. No additional actions requested.

**Next Steps :**

Please direct your responses to [ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov) 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](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>

--

**Todd Roark**

Service and Compliance Manager

[todd.roark@edstaub.com](mailto:todd.roark@edstaub.com)

[www.edstaub.com](http://www.edstaub.com) | [www.myfastbreak.com](http://www.myfastbreak.com)



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Fee

\$ 500.00

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Paid

\$ 500.00

=

Due

\$ 0.00

Penalty

▶ 2025-fc-9957

UST - Field Citation

\$ 500.00

1 Results

Add Penalty

Send to FIMS

Payment

▼ Check by Mail 17118

9/5/2025

54521

\$ 500.00

Type

Check by Mail

Amount

500

E-Payment Confirmation#

E-Payment Settle Date

mm/dd/yyyy

Ref#

Payment Date

09/05/2025

Comments

2025-FC-9957

(Remaining Length: 3988)

1 Results

Site Info

58 MARKET



Google 47686 HWY 58, OAKRIDGE, OR 97463

23238 ✓

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CEM\_FacilityIdentifier=20414 UST (3593)

Stationary

Contact Info



Inspection Info

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