



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

FACILITY NAME:
INSPECTION DATE: , 2025

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1: 2835 N Kerby Ave, Portland, OR 97227



2: UDC #1/2



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
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FACILITY NAME:
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3: UDC #3/4



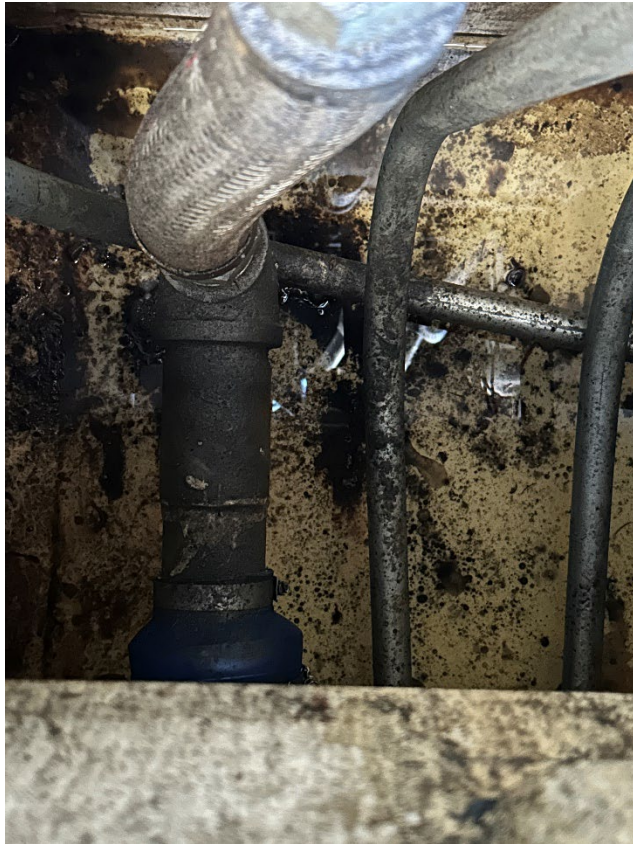
4: UDC #5/6



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
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5: UDC # 7/8



6: UDC for Def



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7: Fill for bio diesel 8,000 gallon



8: Fill for bio diesel 7000



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9: Bio diesel sump



10: Fill for regular 10% ethanol



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11: Vapor return for regular



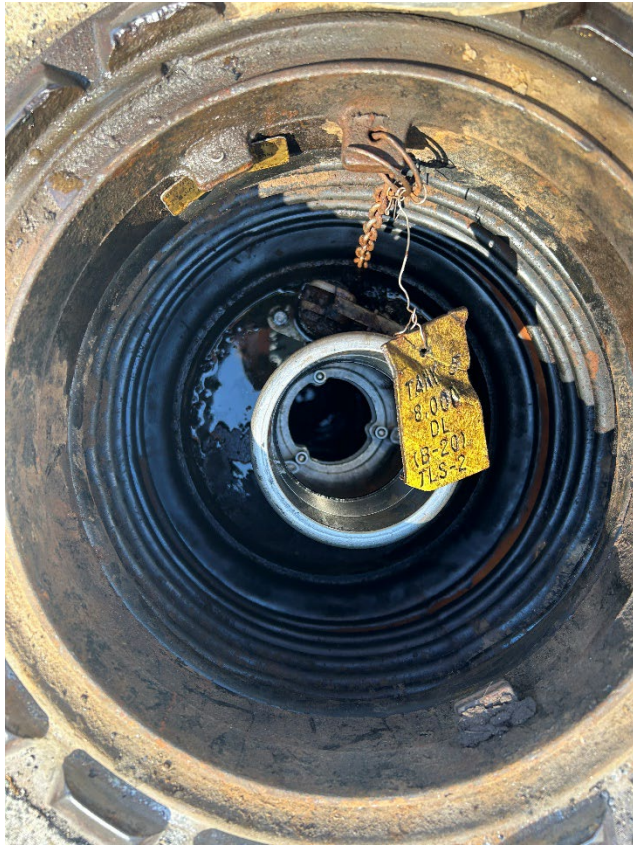
12: Regular sump



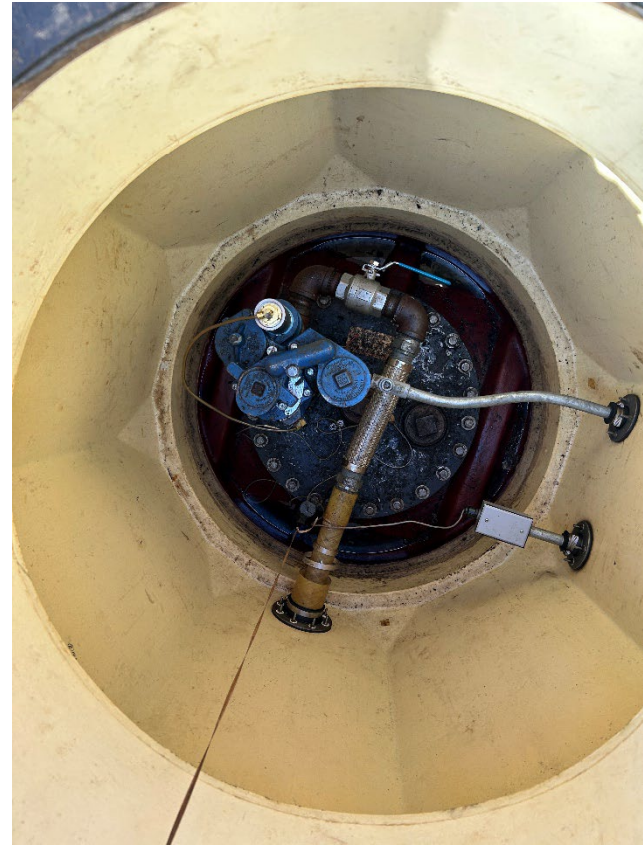
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13: Fill for bio diesel 8000



14: Bio diesel sump



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
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15: Fill for 15,000 bio diesel



16: Tank nest looking south



State of Oregon
Department of
Environmental
Quality

Program Enforcement No. 2025-FC-9976

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:	08/13/2025	Facility ID#:	6482
Inspector:	Ingrid GAFFNEY	Facility Name:	CITY OF PORTLAND, STANTON YARD
DEQ Office:	700 NE Multnomah St Ste 600	Facility Address:	2835 N Kerby Ave, Portland, Oregon 97227-1610
Phone #:	503-229-5048	County:	Multnomah

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

Field Citation Issued:	<input type="checkbox"/> In Person	<input checked="" type="checkbox"/> By Email	<input type="checkbox"/> Both	Date Issued: 08/22/2025
Facility Representative Present During Inspection:	Lei Peralta			<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	City of Portland			
Mailing Address:	6844 North Cutter Circle , Portland Oregon 97217-3943			
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:

09/22/2025

DEQ Revenue Section
700 NE Multnomah St. #600
Portland, Oregon 97232

Check one option

- ☐ **Option 1** - I acknowledge that the listed violation(s) have occurred and I am remitting the listed field citation penalty.
- ☐ **Option 2** - I do not want to participate in the expedited enforcement process and understand that my file will be referred to the Department's Office of Compliance and Enforcement for formal enforcement action.

Name:	Owner / Permittee
Signature:	Date:

Important

Read pages 2 and 3 for more information about your options and a detailed listing of violations and compliance requirements.

Field Citation Requirements

The permittee or owner should select Option 1 or Option 2 and return a signed copy of Page 1 of the Field Citation form within thirty (30) days of issuance of the Field Citation. If the permittee or owner fails to sign and send Page 1 of the Field Citation form back or pay the penalty within thirty days, Option 1 expires, the Field Citation will serve as a Pre-Enforcement Notice (PEN) and the permittee and owner will be subject to formal enforcement including the imposition of civil penalties in accordance with OAR Chapter 340, Division 12.

The permittee or owner must complete the actions required to correct the violations listed on the Field Citation by the date specified to prevent further enforcement action by DEQ.

Option 1:

By checking Option 1 the permittee or owner acknowledges that the violations listed on Page 3 of this Field Citation have occurred and agrees to pay the established penalty.

By submitting payment of the penalty amount, the responding permittee or owner agrees to accept the field citation as a final order of the Environmental Quality Commission (commission) and waives any and all rights and objections to the form, content, manner of service and timeliness of the Field Citation; to a contested case hearing and judicial review of the Field Citation [OAR 340-150-0250(6)]; and to service of a copy of this Final Order (*i.e.*, no other copy will be provided).

Upon the Department's receipt of payment of the penalty amount set forth in the Field Citation, the Field Citation becomes a Final Order of the Commission that:

1. Imposes upon the permittee or owner a civil penalty in the amount listed on Page 1 of this Field Citation; and
2. Requires the permittee or owner to satisfactorily complete the requirements and actions necessary to correct the violations documented by the dates set forth on Page 3 of this Field Citation.

Failure by the permittee or owner to complete the actions set forth on Page 3 of the Field Citation by the specified date violates the Commission Order and subjects the permittee and owner to a formal enforcement action including the imposition of additional civil penalties.

Option 2:

The permittee or owner may deny that the violations as listed on Page 3 of this Field Citation have occurred or contest the Field Citation process by checking Option 2 and submitting to the Department a signed copy of Page 1 of the Field Citation. In that event, the Field Citation will serve as a Pre-Enforcement Notice (PEN) and the permittee and owner will be subject to formal enforcement for those violations set forth in the Field Citation, including the imposition of civil penalties in accordance with OAR Chapter 340, Division 12. Civil penalties that will be imposed by the formal enforcement process will exceed the Field Citation penalties for the same violation(s).

The Department appreciates your cooperation and efforts to comply with the regulations for underground storage tank systems.

DATE ISSUED: 08/22/2025

PROGRAM ENFORCEMENT No.: 2025-FC-9976

FACILITY ID: 6482

Page 3 of 3

Violation #1:	Failure to test spill prevention equipment at least once every 3 years		
*TCR:			
Corrective Action:	Complete sump and UDC testing of the spill prevention system within 30 days. Maintain records and submit compliance testing results to DEQ by September 22, 2025		
Rule Citation: OAR 340-150-0310(8)(b)	Penalty Amount: \$ 500	Correct Violation by: 09/22/2025	Date Violation Corrected:
Violation #2:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #3:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #4:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #5:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #6:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
	<div style="background-color: yellow; padding: 5px;"> Total Penalty Amount 500 (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: 09/22/2025

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

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

Permittee/Owner Signature

Date



PO BOX 883
Sherwood, OR 97140
888-TLC-TANK
www.NWTLI.com
Since 1959

September 8, 2025

City of Portland
Attn: Lei Peralta

Subject Site: City of Portland
2835 N Kerby Ave, Portland, OR, 97204

This cover letter summarizes the attached results of the test(s) performed at the subject site.

Test Summary					
Tests Performed On: September 8, 2025					
Test Performed	Result	Test Performed	Result	Test Performed	Result
<u>Spill Bucket Test</u>		<u>Containment Test</u>		<u>Containment Test</u>	
T1	Pass	T1 Tanktop	Pass	T1 Dispenser	Pass
T2	Pass	T2 Tanktop	Pass	T2 Dispenser	Pass
T3	Pass	T3 Tanktop	Pass	T3 Dispenser	Pass
T4	Pass	T4 Tanktop	Pass	T4 Dispenser	Pass
T5	Pass	T5 Tanktop	Pass	T5 Dispenser	Pass
		<u>Containment Test</u>			
		Transition Sump	Pass		

Limitations:

The results for the test(s) are valid only for the specific operating conditions of the test method, and apply only to the condition of the subject tank/line at the time of the test. NWTLI does not express or imply any past or future responsibility as the condition of the tank system. Furthermore, NWTLI is not responsible for any on-going leakage below the limits of the accuracy of the test methods.

Record Keeping:

Local, State and Federal regulations may have specific record keeping and reporting requirements for compliance testing reports.


Thank you for the opportunity to provide you service. Any questions or comments regarding this report, please contact us at testing@NWTLI.com

Sincerely,
Michael Driggs
NWTLI - Director of Testing & Compliance



Spill Bucket Integrity Test Form

<ul style="list-style-type: none">➤ Testing of all spill buckets is required at installation and at least once every three years thereafter.➤ Failed test results must be reported to DEQ.➤ Tanks without functional spill prevention may not receive fuel deliveries.➤ Notify DEQ of any repairs or replacements. Repairs must meet UL2447 & NLPA/ KWA 823 requirements.➤ If using a non-hydrostatic, third-party-approved method. specify the name of the equipment and method.➤ All test water must be disposed of in accordance with local, state and federal requirements.	Date of Test 9/8/25
--	-----------------------------------

UST Facility			Person Conducting Test	
Facility Name City of Portland - Stanton	DEQ Facility ID # 21760	UST Supervisor's Name Michael Driggs	DEQ License # 27762	
Physical Address 2835 N Kerby Ave		UST Service Provider NWTLI	DEQ License # 26252	
City Portland	County Multnomah	State OR	UST Supervisor's Signature 	
UST Permittee				

Spill Bucket Testing	
Reason for Test	<input type="checkbox"/> New Installation <input checked="" type="checkbox"/> Existing Installation (triannual test) <input type="checkbox"/> Release Investigation
Construction	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled <input type="checkbox"/> Spill Bucket Liner
Type of Test	<input type="checkbox"/> Hydrostatic (Complete "Test Data" table below)
	<input checked="" type="checkbox"/> Vacuum (Attach test equipment manufacturer's data sheet/test protocol to this form)
	<input type="checkbox"/> Other (Specify equipment & method)

DEQ Hydrostatic Test Procedure

- Clean out and properly dispose of all debris, soil and/or fluids from the spill bucket.
- Visually examine to ensure there are no cracks, holes, or broken seals and the fill cap seals properly. **Separation of the bucket from the plow ring is an automatically failed test.**
Note: Visual damage is an automatically failed test. Document the failed test, repair or replace the failed component(s), document the repair or replacement, and retest.
- Fill with water to within 1 ½ inches of top and let stand 5 minutes to allow water to reach ambient temperature.
- After 5 minutes has elapsed, document the initial water level measurement as measured from the bottom of the spill bucket to the nearest 1/16 inch.
- Leave the spill bucket undisturbed for at least one hour then compare the starting fluid level to the ending level.
Note: For accuracy, the location where both the initial and final fluid levels are measured should be the same.
- If the fluid level is the same or it has changed by 1/8 inch or less the spill bucket passes the test.
- If the fluid level is different by more than 1/8 inch, the spill bucket fails the test.
- Properly dispose of all test fluids at the conclusion of testing.

Test Data					
Tank ID (product stored)	1	2	3	4	5
Type of Spill Bucket Tested	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled
Test Start Time	12:11	12:14	12:19	12:26	12:31
Test End Time	12:12	12:15	12:20	12:27	12:32
Test Beginning Level	-30.1	-30.0	-30.1	-30.1	-30.1
Test Ending Level	-29.8	-29.4	-29.7	-29.6	-28.2
Test Result (Pass/Fail)	PASS	PASS	PASS	PASS	PASS
Vacuum Test – Gauge Range	Gauge Units		<input type="checkbox"/> in WC <input checked="" type="checkbox"/> Other: inHg		

Comments:



Containment Sump Testing Form

- Testing of all containment sumps used for interstitial monitoring is required at installation and at least once every three years thereafter.
- Failed test results must be reported to DEQ within 72 hours, and may require an investigation of a suspected release.
- You must notify DEQ of any repairs or replacements. Repairs must meet UL2447 & NLPA/ KWA Standard 823 requirements.
- All test water shall be disposed of in accordance with local, state and federal requirements.
- If using a third-party-approved method, instead of the hydrostatic method described below, specify the name of the equipment and method.

UST FACILITY

Permittee Name	Facility Name City of Portland - Stanton	Facility ID#: 21760
Street Address 2835 N Kerby Ave	City Portland	

CONTRACTOR/PERSON CONDUCTING INSPECTIONS

UST Service Provider Name NWTLI	DEQ License # 26252
UST Supervisor Name Michael Driggs	DEQ License # 27762

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.

Michael Driggs		9/8/2025
Print Name of person conducting inspection	Signature of person conducting inspection	Inspection Date

DEQ Hydrostatic Test Procedure

1. Clean out and properly dispose of all debris, soil and/or fluids from the containment sump.
2. Visually examine to ensure there are no cracks, holes, or broken seals.
Note: Visual damage is an automatically failed test. Document the failed test, repair or replace the failed component(s), document the repair or replacement, and retest.
3. Fill with water to 4" above the highest seam or penetration and let stand 15 minutes to allow water to settle.
4. After 15 minutes has elapsed, document the initial water level measurement as measured from the bottom of the containment sump to the nearest 1/16 inch.
5. Leave the containment sump undisturbed for at least one hour then compare the starting fluid level to the ending level.
Note: For accuracy, the location from the bottom of the sump where both the initial and final fluid levels are measured must be the same.
6. If the fluid level is the same or it has changed by 1/8 inch or less, containment sump passes the test.
7. If the fluid level is different by more than 1/8 inch, the containment sump fails the test.
8. Remove test liquid from containment sump, replace sensors at lowest point in sump, affixed to stable structure, open communication of piping secondary with containment sump.

TEST RESULTS

Third party-approved method (if applicable)							
Sump Location (Ex: RUL STP, Disp 1/2)	T1 Disp	T2 Disp	T3 Disp	T4 Disp	T5 Disp		
1. Indicate whether sump uses low-level sump procedures to comply with interstitial monitoring requirements.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Liquid and debris removed; sump wiped clean prior to test?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Visual inspection includes inspection of all seals, gaskets, side walls, test boots and penetrations.
If cracks, loose parts or separation of the containment sump is found, the sump fails the visual inspection.
Do not introduce water if the sump fails the visual inspection.

3. Water Level is a minimum of 4" above the highest penetration fitting or seam?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Sensor is positioned in the lowest portion of the sump?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Sump Location (Ex: RUL STP, Disp 1/2)	T1 Disp	T2 Disp	T3 Disp	T4 Disp	T5 Disp		
5. Sensor generates an audible/visual alarm?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Sensor triggers appropriate positive shutdown as required by Division?	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 <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Starting Water Level (inches)	17 1/8	17 1/2	17 1/2	17 5/8	17 1/4		
8. Test Start Time (AM/PM)	11:09	11:11	11:14	12:28	12:31		
9. Ending Water Level (inches)	17 1/8	17 1/2	17 1/2	17 5/8	17 1/4		
10. Test End Time (AM/PM)	12:09	12:11	12:14	13:28	13:31		
11. Test Period (Minimum Test Time 1 hour)	1hr	1hr	1hr	1hr	1hr		
12. Test Results? (PASS/FAIL)	PASS	PASS	PASS	PASS	PASS		
For a passing test result, each sump must pass a visual inspection and have a water level change of less than 1/8 inch in 1 hour.							
AFTER TEST STEPS							
13. Measuring device removed from sump?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
14. Removed all test water from the sump?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. Sensor is positioned in lowest point of the sump?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. Secondary piping test boots or valve cores returned to open position?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. Secure all sump lids, manhole covers or dispenser doors?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. Does the test liquid contain any visible product or sheen?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. Has the test liquid been properly characterized?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. Method of Test Water Management / Disposal?	<input type="checkbox"/> Private <input type="checkbox"/> Recycler or Treatment Facility		<input type="checkbox"/> Public Owned <input type="checkbox"/> Treatment Works		<input checked="" type="checkbox"/> Waste Hauler		<input type="checkbox"/> Other _____ Describe



Containment Sump Testing Form

- Testing of all containment sumps used for interstitial monitoring is required at installation and at least once every three years thereafter.
- Failed test results must be reported to DEQ within 72 hours, and may require an investigation of a suspected release.
- You must notify DEQ of any repairs or replacements. Repairs must meet UL2447 & NLPA/ KWA Standard 823 requirements.
- All test water shall be disposed of in accordance with local, state and federal requirements.
- If using a third-party-approved method, instead of the hydrostatic method described below, specify the name of the equipment and method.

UST FACILITY

Permittee Name	Facility Name City of Portland - Stanton	Facility ID#: 21760
Street Address 2835 N Kerby Ave	City Portland	

CONTRACTOR/PERSON CONDUCTING INSPECTIONS

UST Service Provider Name NWTLI	DEQ License # 26252
UST Supervisor Name Michael Driggs	DEQ License # 27762

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.

Michael Driggs		9/8/2025
Print Name of person conducting inspection	Signature of person conducting inspection	Inspection Date

DEQ Hydrostatic Test Procedure

1. Clean out and properly dispose of all debris, soil and/or fluids from the containment sump.
2. Visually examine to ensure there are no cracks, holes, or broken seals.
Note: Visual damage is an automatically failed test. Document the failed test, repair or replace the failed component(s), document the repair or replacement, and retest.
3. Fill with water to 4" above the highest seam or penetration and let stand 15 minutes to allow water to settle.
4. After 15 minutes has elapsed, document the initial water level measurement as measured from the bottom of the containment sump to the nearest 1/16 inch.
5. Leave the containment sump undisturbed for at least one hour then compare the starting fluid level to the ending level.
Note: For accuracy, the location from the bottom of the sump where both the initial and final fluid levels are measured must be the same.
6. If the fluid level is the same or it has changed by 1/8 inch or less, containment sump passes the test.
7. If the fluid level is different by more than 1/8 inch, the containment sump fails the test.
8. Remove test liquid from containment sump, replace sensors at lowest point in sump, affixed to stable structure, open communication of piping secondary with containment sump.

TEST RESULTS

Third party-approved method (if applicable)							
Sump Location (Ex: RUL STP, Disp 1/2)	T1 Tanktop	T2 Tanktop	T3 Tanktop	T4 Tanktop	T5 Tanktop	Transition	
1. Indicate whether sump uses low-level sump procedures to comply with interstitial monitoring requirements.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Liquid and debris removed; sump wiped clean prior to test?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Visual inspection includes inspection of all seals, gaskets, side walls, test boots and penetrations.
If cracks, loose parts or separation of the containment sump is found, the sump fails the visual inspection.
Do not introduce water if the sump fails the visual inspection.

3. Water Level is a minimum of 4" above the highest penetration fitting or seam?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Sensor is positioned in the lowest portion of the sump?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Sump Location (Ex: RUL STP, Disp 1/2)	T1 Tanktop	T2 Tanktop	T3 Tanktop	T4 Tanktop	T5 Tanktop	Transition	
5. Sensor generates an audible/visual alarm?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Sensor triggers appropriate positive shutdown as required by Division?	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 <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Starting Water Level (inches)	32 1/2	32 5/8	32	32 1/8	32 1/2	10 1/4	
8. Test Start Time (AM/PM)	7:05	8:35	10:01	8:38	10:10	7:08	
9. Ending Water Level (inches)	32 1/2	32 5/8	32	32 1/8	32 1/2	10 1/4	
10. Test End Time (AM/PM)	8:05	9:35	11:01	9:38	11:10	8:08	
11. Test Period (Minimum Test Time 1 hour)	1hr	1hr	1hr	1hr	1hr	1hr	
12. Test Results? (PASS/FAIL)	PASS	PASS	PASS	PASS	PASS	PASS	
For a passing test result, each sump must pass a visual inspection and have a water level change of less than 1/8 inch in 1 hour.							
AFTER TEST STEPS							
13. Measuring device removed from sump?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
14. Removed all test water from the sump?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. Sensor is positioned in lowest point of the sump?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. Secondary piping test boots or valve cores returned to open position?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. Secure all sump lids, manhole covers or dispenser doors?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. Does the test liquid contain any visible product or sheen?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. Has the test liquid been properly characterized?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. Method of Test Water Management / Disposal?	<input type="checkbox"/> Private <input type="checkbox"/> Recycler or Treatment Facility		<input type="checkbox"/> Public Owned <input type="checkbox"/> Treatment Works		<input checked="" type="checkbox"/> Waste Hauler		<input type="checkbox"/> Other _____ Describe

FW: City of Portland 2025 Containment / CP Tests

From Peralta, Lei <Makiilei.Peralta@portlandoregon.gov>

Date Tue 10/7/2025 1:00 PM

To LITKE Emily * DEQ <emily.litke@deq.oregon.gov>

 4 attachments (8 MB)

20250908 1221 SW 1st Ave Portland OR CP Report.pdf; 20250908 2835 N Kerby Ave Portland OR Containment Report.pdf;
20250908 6437 SE Division St Portland OR CP Report.pdf; 20250909 1850 N Interstate Ave Portland OR Containment Report.pdf;

You don't often get email from makiilei.peralta@portlandoregon.gov. [Learn why this is important](#)

Hi Emily,

This was the response from our service provider, he did the CP testing, but is holding off on the bucket and sumps to do with our annual inspection.

Best Regards,

Lei Peralta



Lei Peralta (she/her)

Fuel & Energy Program Coordinator
Bureau of Fleet & Facilities, **CityFleet**

makiilei.peralta@portlandoregon.gov

d: 503-823-1816 | c: 971-421-1939

www.portland.gov

[The City of Portland is committed to providing meaningful access. To request translation, interpretation, modifications, accommodations, or other auxiliary aids or services, contact 311 \(503-823-4000\), for Relay Service & TTY: 711.](#)

From: Mike Driggs <miked@nwtli.com>

Sent: Tuesday, October 7, 2025 12:20 PM

To: Peralta, Lei <Makiilei.Peralta@portlandoregon.gov>

Cc: Roy, Mike <Michael.Roy@portlandoregon.gov>; Brad Boston <bradb@nwtli.com>; John Woods <johnw@nwtli.com>

Subject: City of Portland 2025 Containment / CP Tests

The following sites will have buckets and sumps done during the December normal compliance routine.

- 1st and jeff (buckets)
- Kelly (buckets and sumps)
- Tabor (buckets)

NW TANK LINING & INSPECTION, INC.

Mike Driggs | Director of Testing & Compliance
415-997-8034

UST/AST Testing & Compliance Solutions



Re: Oregon DEQ UST Inspection Determination: City of Portland Stanton Yard #6482

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

Date Wed 10/8/2025 10:16 AM

To UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; Makiilei.Peralta@portlandoregon.gov
<makiilei.peralta@portlandoregon.gov>

Good morning,

Thanks for emailing the testing reports, I will mark the corrective actions as complete.

The UST inspection for **DEQ facility 6482 City of Portland Stanton Yard located at 2835 N Kerby Ave Portland, OR** is officially CLOSED and COMPLETE.

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



Emily Litke (she/her)

Duty Officer, Underground Storage Tanks

DEQ Headquarters, Land Quality Division

700 NE Multnomah Street, Suite 600

Portland OR 97232-4100

503-806-9516

Emily.LITKE@deq.oregon.gov

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

Sent: Wednesday, October 1, 2025 3:13 PM

To: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; Makiilei.Peralta@portlandoregon.gov
<makiilei.peralta@portlandoregon.gov>

Subject: Re: Oregon DEQ UST Inspection Determination: City of Portland Stanton Yard #6482

Good afternoon,
UST facility 6482 City of Portland, Stanton Yard located at 2835 N Kerby Ave Portland, OR

Please provide an update regarding the corrective actions.

Corrective Actions:

1. **Complete sump and UDC testing of the spill prevention system** within 30 days. Maintain records and submit compliance testing results to DEQ by September 22, 2025 (Service provider will submit online too, via YDO)



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 22, 2025 4:48 PM
To: Makiilei.Peralta@portlandoregon.gov <makiilei.peralta@portlandoregon.gov>
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Subject: Re: Oregon DEQ UST Inspection Determination: City of Portland Stanton Yard #6482

Good afternoon,
UST facility 6482 City of Portland, Stanton Yard located at 2835 N Kerby Ave Portland, OR

Please review the attached field citation. The deadline for payment of the \$500 penalty and completion of the corrective action is 9/22/25.

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 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: GAFFNEY Ingrid * DEQ <Ingrid.GAFFNEY@deq.oregon.gov>
Sent: Friday, August 22, 2025 9:21 AM
To: Makiilei.Peralta@portlandoregon.gov <makiilei.peralta@portlandoregon.gov>
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>
Subject: Oregon DEQ UST Inspection Determination: City of Portland Stanton Yard #6482

Hello Lei (City of Portland):

Thank you for meeting with DEQ to perform the inspection at 2835 N Kerby Ave, OR 97227 on August 13, 2025. Thank you for having Mike Driggs from NWTs present to perform a safe and efficient inspection.

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

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

***Please email the UST duty officer from this point forward with all communications about the violation or when sending over the final testing records and any repair documentation. DO NOT SEND THEM TO ME. Contact the UST Duty Officer at**

503-229-5034 or ust.dutyofficer@deq.oregon.gov

Violations:

1. C1e – Failure to conduct the most recent 3-year spill prevention equipment test of sumps and UDCs. Last test was performed February 2nd, 2022. Due February 2025.
OAR 340-150-0310(8)9b) Class I

Corrective Actions:

1. Complete sump and UDC testing of the spill prevention system within 30 days. Maintain records and submit compliance testing results to DEQ by **September 22, 2025 via the UST Duty officer email: ust.dutyofficer@deq.oregon.gov (Service provider will submit online too, via YDO)**

Regards,

Ingrid Gaffney
UST Compliance Inspector
DEQ UST Program
700 NE Multnomah St, Ste 600
Portland, OR 97232
503-875-1246
<https://www.oregon.gov/deq/Pages/index.aspx>
she/ her

Fee

\$ 500.00

-

Paid

\$ 500.00

=

Due

\$ 0.00

Penalty

▶ 2025-fc-9976

UST - Field Citation

\$ 500.00

1 Results

Add Penalty

Send to FIMS

Payment

Credit Card

8/27/2025

8/27/2025

DEQEDM000059234

\$ 500.00

Type	Amount
Credit Card	500

E-Payment Confirmation#	E-Payment Settle Date
DEQEDM000059234	08/27/2025
Ref#	Payment Date
	08/27/2025


Comments

(Remaining Length: 4000)

Enforcement saved successfully.

Site Info

CITY OF PORTLAND, STANTON YARD



2835 N Kerby Ave, Portland, OR 97227-1610

40392 ✓

250098

dbo.Incident.LustId=2861 UST (6482)

Stationary

Inspection Info

10581 Completed

UST

Full Compliance Inspection (FCI) TCR only

Start Date 8/13/2025

End Date 8/13/2025

Created & Updated Info