



Oregon

Tina Kotek, Governor

Department of Environmental Quality

Northwest Region

700 NE Multnomah Street, Suite 600

Portland, OR 97232

(503) 229-5696

FAX (503) 229-6124

TTY 711

July 8, 2025

City of Portland
Attn: Michael Roy
2835 N Kerby Ave
Portland, OR 97227

RE: UST Compliance Inspection
DEQ UST#1542 -1850 N Interstate Ave
DEQ UST#6482 - 2835 N Kerby Ave
DEQ UST#4646 – 6437 SE Division St
DEQ UST#3003 – 4735 E Burnside St
DEQ UST# 2233 – 1221 SW 1st Ave

Dear City of Portland:

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.

The inspection for this facility is scheduled for August 13 and 14, 2025, starting at approximately 9 am at the DEQ UST # listed below. Please confirm receipt of this notification.

August 13th

DEQ UST #1542 - 1850 N INTERSTATE AVE, PORTLAND, OR 97227 at 9 am

DEQ UST #6482 - 2835 N Kerby Ave, Portland, OR 97227-1610

August 14th

DEQ UST #4646 - 6437 SE DIVISION ST, PORTLAND, OR 97206 at 9 am

DEQ UST #3003 - 4735 E BURNSIDE, PORTLAND, OR 97215

DEQ UST #2233 - 1221 SW 1ST AVE, PORTLAND, OR 97204

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

DEQ staff will not assist with operating tank gauges or the opening of sumps and dispensers.

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

- Line and leak detector testing results for the past three years,
- Monthly tank leak detection records, one year's worth

- Class A, B, and C training documentation,
- Financial responsibility mechanism,
- Annual tank gauge certification, last three years
- Last two tests of Spill prevention testing records, was due to start testing in 2020
- Monthly walkthroughs,
- Last two tests of Overfill Prevention Equipment testing, was due to start testing in 2020
- Cathodic protection testing (if applicable).

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

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

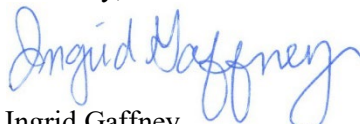
DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overfill protection device, these will need to be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

If violations are found at the time of the inspection without prior notification, DEQ is required to initiate enforcement action. For UST violations, enforcement usually begins with a field citation option, which is much like paying a traffic ticket and making corrections.

Some enforcement situations including repeat violations will go through a longer and more formal process including civil penalties.

Thank you for your cooperation. I can be reached at 503-229-5048 ingrid.gaffney@deq.oregon.gov to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,



Ingrid Gaffney
UST Compliance Specialist
Northwest Region

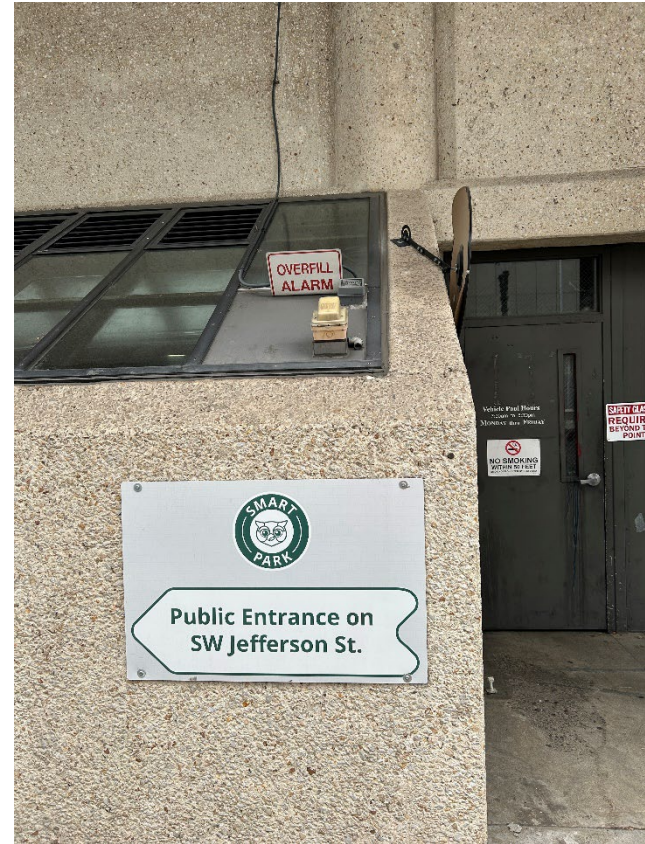


**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
INSPECTION PHOTOLOG**

**FACILITY NAME: City of Portland Vehicle Services 1st Ave Page 1
INSPECTION DATE: August 14, 2025**



1: 1221 SW 1st Ave, Portland, OR 97204 tank nest looking south



2: Overfill alarm



3: Regular fill #1



4: Regular fill #2



5: Anode access



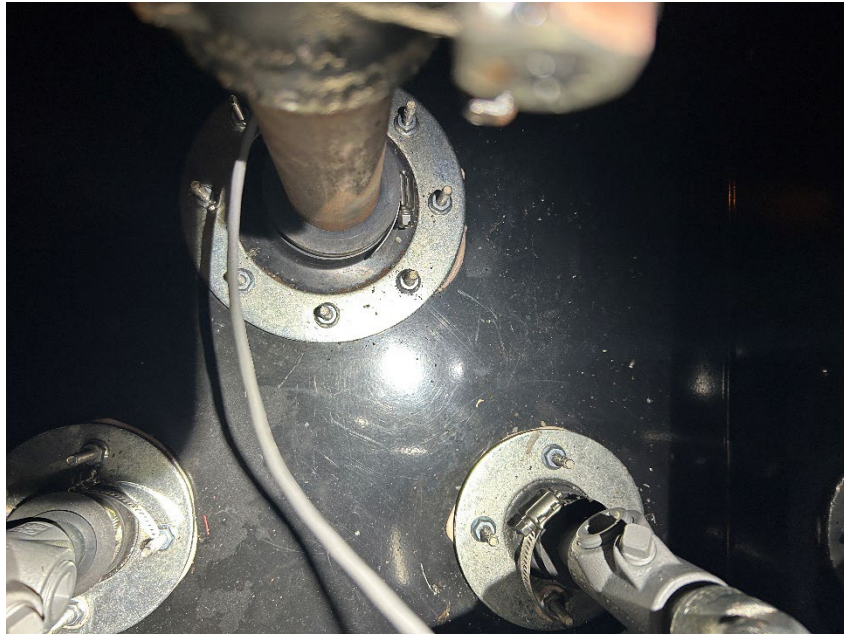
6: Annular sensor



7: Emergency shut-off



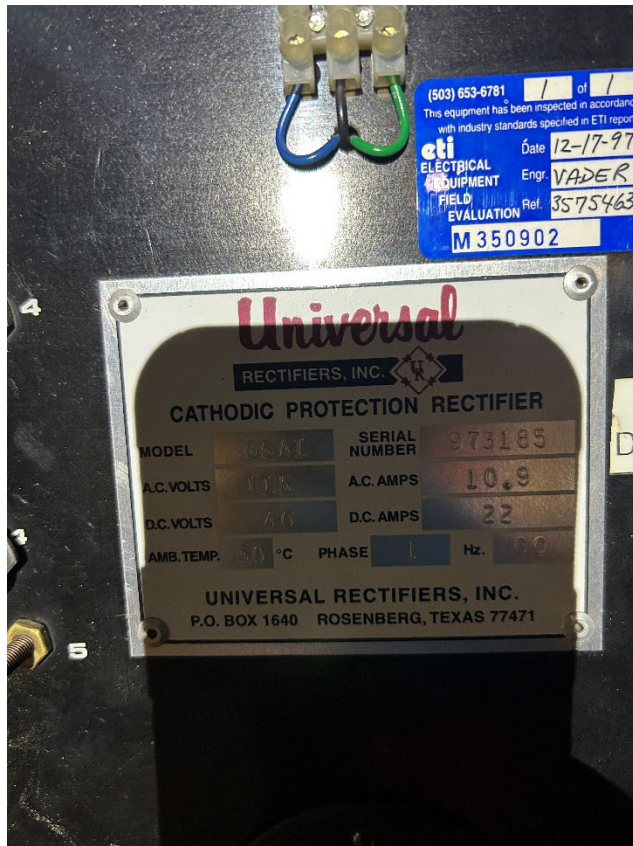
8: UDC #1/2



9: UDC #3/4



10: Dispenser area looking south west



11: Impressed current rectifier

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

DE
 yda
 BRMS

Inspector: Ingrid Gaffney

Date: 8/14 2025

Time: 11 AM

Facility: 2233

| | | |
|---|------------------------------------|-----------------------------|
| I. Site Information | | |
| Facility Name: <u>City of Portland Vehicle Services</u> | Permittee: <u>City of Portland</u> | Contact: <u>Lei Peralta</u> |
| Site Address: <u>1221 SW 1st Ave</u> | Organization: <u>SAME</u> | Phone: <u>971-421-1939</u> |
| City: <u>Portland, OR 97204</u> | Phone: <u>971-421-1939</u> | |

| | | | | | |
|-----------------------------|---------------------|---------------------|----------------|--|--|
| II. Tank Information | | | | | |
| DEQ Permit # | <u>AH GJE</u> | <u>AH GJF</u> | --- | | |
| Substance | <u>GASOLINE</u> | <u>GASOLINE</u> | --- | | |
| Estimated Gallons | <u>10,000</u> | <u>10,000</u> | --- | | |
| Tank Material | <u>sw steel</u> | <u>sw steel</u> | | | |
| Tank Install Date | <u>5/9/1974</u> | <u>5/9/1974</u> | | | |
| Pipe Material | <u>sw steel</u> | <u>sw steel</u> | | | |
| Pipe Type | <u>Safe Suction</u> | <u>Safe Suction</u> | | | |
| Pipe Install Date | <u>5/9/1974</u> | <u>5/9/1974</u> | | | |
| Overfill Device | <u>Alarm</u> | <u>Alarm</u> | | | |

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

American safe Suction, check valve at ~~tank~~ pump.

If tanks are manifolded, which tanks: Yes No

III. Operating Certificate Compliance Yes No

Current Accurate Posted for delivery drive to observe

IV. Operator Training Compliance Yes No

Class A/B Operator Yes No Name: Maiilei Peralta Date: 3/11/25

Class C Operator Yes No Cardlock

V. Financial Responsibility Compliance Yes No

Type of coverage: City Government Begin Date: 8/22/23 End Date: 6/15/33

Coverage amount correct: CFO letter - yes Number of tanks covered: 2

Financial responsibility could also be in the form of self insurance, bonds, local government, trust fund, and or guarantee

VI. Walkthrough Requirements Compliance Yes No

Spill prevention and release detection equipment checked monthly? Yes No

Tank top sumps checked annually? Yes No

VII. Release Detection

Compliance

Yes No

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

Date of last testing: 12/18/24 12/19/23 Last three tests available? Yes No

b) Piping Release Detection (Check all that apply)

12/20/22

~~Pressurized Piping~~

Mechanical Leak Detector (MLLD) Electronic Leak Detector (ELLD) - check for swiftcheck requirement

Date of last testing: N/A ~~3/23~~ Last three tests available? Yes No

Number of lines tested: N/A Number of LD tested: _____

Leak detector manufacturer make and model: N/A

Tank gauge manufacturer make and model: Veeder Root TLS 450

MLLD on turbine manifold? Yes No

MLLD product appropriate? (Example, diesel Red Jacket FX series on diesel system?) Yes No

If ELLD and no line testing: Annual 0.1 gph results from tank gauge? Yes No

~~Interstitial Monitoring~~

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

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

Date of last sensor testing: N/A Last three tests available? Yes No

Float sensors installed correctly? Yes No

Interstitial space opened to sump? Yes No

Presence of water in sumps? Yes No

Safe Suction

Check valve directly below suction pump? Yes No

c) Monthly Tank Release Detection (Check all that apply)

Tank Gauge CSLD SCALD Static

Are correct tank sizes programmed at tank gauge? Yes No

Tank diameter/length seem appropriate? Yes No

Are tanks manifolded? Yes No

If so, tank gauge testing setup for manifolded tanks? Yes No

If Veeder Root tank gauge leak detection

CSLD set at 99%

Thermal coefficient set correctly?

(Gasoline 0.00070; Diesel 0.00045)

If Incon/Franklin tank gauge leak detection

If SCALD is Vol Qual set to 14% (or 99% confidence)

Is API gravity set correctly?

(Regular 63.5; Plus 62.8; Super 51.3; Diesel 32.8)

For all tank gauges doing static tests

(Static tests require tank to be 50% full for a valid test)

~~Interstitial Monitoring~~

[Monthly records must include, date system was checked, observations made, initials of person checking.

Electronic records must include power status (on or off), alarm indication status (yes or no) and sensor malfunction notes (yes or no).]

~~SIR~~

Ensure pass or fail results within 30-day period. Inconclusive result means release detection requirement not met

Tank release detection records available during inspection

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| T1: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| T2: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| T3: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| T4: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| T5: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

VIII. Spill Prevention Compliance Yes No

Date(s) of testing: 12/19/23 ~~1/13/20?~~
due 2026 Number of spill buckets tested? 2

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

During inspection, visual damage to spill bucket? Yes No

Hydrostatic testing (test takes one hour to complete)

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

IX. Overfill Prevention Compliance Yes No

Date(s) of testing: 12/19/23 ~~1/13/20?~~
due 2026 Number of spill buckets tested? 2

Overfill device pass most recent testing? Yes No If no, overfill device replaced? Yes No

Overfill method that was tested: Alarm Flapper Ball Float

Overfill Alarm

Alarm sounds when tank is 90% full Yes No

Driver can see or hear alarm at point of transfer? Yes No

Sound alarm from tank gauge during inspection? Yes No

Flapper Valve

Testing verified the valve automatically restricts flow at 95% Yes No

Visual observation of flapper on day of inspection? Yes No

Ball Float

Testing verified the ball float automatically restricts flow at 90% Yes No

Visual observation of ball float during inspection? Yes No

X. Corrosion Protection Compliance Yes No

Cathodic Galvanic Impressed Current

Steel tank with cathodic? Yes No

Steel pipes with cathodic? Yes No

Steel flex-lines with cathodic? Yes No

Date of cathodic test: _____

Last two tests available? Yes No

Did last test pass? Yes No

If not:

Was failed test reported to DEQ? Yes No

Was system repaired? Yes No

Date of repair? _____

Cathodic retested within 6 mos. of repair? Yes No

Date of retesting? _____

If impressed current system:

Rectifier Operational? Yes No

Rectifier log maintained? Yes No

Rectifier been operating continuously Yes No

Tank Lining

Date of last test? _____

Pressure test conducted after tank lining inspection? Yes No

tests
2/25/19
2/2/22
1/25

XI. General notes from inspection

Representative onsite: Lei Peralta email: makilei.peralta@portlandoregon.gov

violation

* missed 2/2/25 CP testing. last performed 2/2/2022.

Compliance Determination: No Violations Observed Observed violations resulting in enforcement

Inspector Signature: Ingrid Haffner Date: 8/14/25



This section for DEQ use only

State of Oregon
Department of
Environmental
Quality

Department of Environmental Quality
Underground Storage Tank Program

Field Citation
For UST Violations

| DEQ Information | | UST Facility Information | |
|------------------|-----------------------------|--------------------------|---|
| Inspection Date: | 08/14/2025 | Facility ID#: | 2233 |
| Inspector: | Ingrid GAFFNEY | Facility Name: | Portland City of Vehicle Svcs 1st Ave |
| DEQ Office: | 700 NE Multnomah St Ste 600 | Facility Address: | 1221 SW 1ST AVE, PORTLAND, Oregon 97204 |
| 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: 10/09/2025 |
| 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 N Cutter Cir , Portland Oregon 97227 | | | |

Field Citation Penalty – See Page 3 for a detailed listing of each violation. \$ 150

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 form to DEQ by the following date: 11/09/2025

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

Check one option

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

| | |
|------------|-------------------|
| Name: | Owner / Permittee |
| Signature: | Date: |

Important

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

Field Citation Requirements

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

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

Option 1:

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

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

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

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

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

Option 2:

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

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

UST FIELD CITATION

DATE ISSUED: 10/09/2025

PROGRAM ENFORCEMENT No.: 2025-FC-10009

FACILITY ID: 2233

Page 3 of 3

| | | | |
|--|---|---------------------------|--------------------------------------|
| Violation #1: *TCR: | (D5a) Failure to conduct the most recent 3-year corrosion protection test. | | |
| Corrective Action: | Cathodic protection testing completed 9/8/25. No additional response required. | | |
| Rule Citation: OAR 340-150-0325(2)(b) | Penalty Amount: \$ 150 | Correct Violation by: n/a | Date Violation Corrected: 09/08/2025 |
| 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: |

Total Penalty Amount: \$ 150

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

RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE: 11/09/2025

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

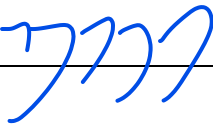
I hereby certify that the UST violations noted above have been corrected: _____ / _____

Permittee/Owner Signature

Date

Oregon Department of Environmental Quality

Cathodic Protection Test Information Page

| UST Owner | | UST Facility | |
|---|-----------------|---|---------------|
| Name: | | Name City of Portland | Facility ID#: |
| Address: | | Address: 1221 SW 1st Ave | |
| City: | State | City: Portland | |
| Cathodic Protection Tester | | | |
| UST Supervisor Name Michael Driggs | | Oregon UST Supervisor license# 27762 | |
| UST Service Provider NWTLI | | Exp. Date: 1/21/2027 | |
| Address: PO Box 883 | | Phone: 4159978034 | |
| City: Sherwood | State OR | NACE Cert. #: ICC 8041100 | |
| Cathodic protection system is: (check \checkmark one) [] Galvanic [<input checked="" type="checkbox"/>] Impressed current Date Last Tested: 2/2/2022 | | | |
| Weather Conditions at Time of Testing/Inspection: clear, sunny | | | |
| Temperature: 80f Soil/Backfill Conditions (check \checkmark): <input type="checkbox"/> moist <input checked="" type="checkbox"/> dry <input type="checkbox"/> sand <input type="checkbox"/> gravel <input type="checkbox"/> soil Describe soil: | | | |
| Cathodic Protection System Certification | | | |
| <input type="checkbox"/> Test required within 6 months of installation of CP system (installation date was _____) | | | |
| <input checked="" type="checkbox"/> Test required at least every 3 years after installation/test noted above | | | |
| <input type="checkbox"/> Test required within 6 months of any repair activity | | | |
| The cathodic protection system is effective, testing was performed according to NACE Standard RP-0285, and is providing cathodic protection to all tanks and product lines: [<input checked="" type="checkbox"/>] Yes [] No | | | |
| Signature of Tester  | | Date 9/8/2025 | |

UST SYSTEM INFORMATION

| TANK # | YR TANK INSTALLED | CAPACITY | TANK MATERIAL | LINED? Y/N Date | YR CP INSTALLED | PIPING MATERIAL | YR CP INSTALLED |
|--------|-------------------|----------|---------------|-----------------|-----------------|-----------------|-----------------|
| 1 | | 10,310 | Steel | No | 1997 | Steel | 1997 |
| 2 | | 10,310 | Steel | No | 1997 | Steel | 1997 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

UST SITE PLAN – Draw a diagram showing the important parts of the facility (tanks, lines, manway locations, turbines, vents, rectifier, pump islands, buildings). Indicate reference cell locations where structure-to-soil potential or continuity measurements have been made and label (R-1, R-2, R-3); location of all anodes and wires; location of CP test stations.

Facility Name City of Portland - 1st Test Date 9/8/2025 Facility # _____

IMPRESSED CURRENT CP TEST RESULTS REPORT PAGE

RECTIFIER DATA

RECTIFIER MANUFACTURER: Universal RATED DC OUTPUT: 40 VOLTS 22 AMPS

RECTIFIER MODEL: GSAI RECTIFIER SERIAL NUMBER: 973185

RECTIFIER OUTPUT AS INITIALLY DESIGNED OR LAST RECOMMENDED (if available): VOLTS
AMPS

| | DATE | TAP SETTINGS | | DC OUTPUT | | HOUR METER | COMMENTS |
|------------|---------------|--------------|----------|-------------|------------|-----------------|----------|
| | | Coarse | Fine | Volts | AMPS | | |
| "As Found" | <u>9/8/25</u> | <u>3</u> | <u>4</u> | <u>38.5</u> | <u>1.5</u> | <u>64582.92</u> | |
| "As Left" | <u>9/8/25</u> | <u>3</u> | <u>4</u> | <u>38.5</u> | <u>1.5</u> | <u>64583.38</u> | |

STRUCTURE TO SOIL POTENTIAL MEASUREMENTS

| ID | STRUCTURE | CONTACT POINT | REFERENCE CELL LOCATION | ON | INSTANT OFF | 100MV | |
|----|--------------|--------------------|-------------------------|---------------|--------------|--------------|-------------|
| | | | | | | NATIVE | CHANGE |
| | <u>T1/T2</u> | <u>Probe Riser</u> | <u>T1 Probe Manway</u> | <u>-1.146</u> | <u>-.901</u> | <u>-.478</u> | <u>.423</u> |
| | <u>T1/T2</u> | <u>Probe Riser</u> | <u>T1 Siphon Manway</u> | <u>-1.089</u> | <u>-.884</u> | <u>-.480</u> | <u>.404</u> |
| | <u>T1/T2</u> | <u>Probe Riser</u> | <u>T2 Probe Manway</u> | <u>-1.125</u> | <u>-.905</u> | <u>-.474</u> | <u>.431</u> |
| | <u>T1/T2</u> | <u>Probe Riser</u> | <u>T2 Siphon Manway</u> | <u>-1.016</u> | <u>-.910</u> | <u>-.474</u> | <u>.436</u> |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

CP TEST STATION REQUIREMENTS

Have previous test records been reviewed? Yes No

Is this CP test consistent with previous tests? Yes No

If test procedures have changed since last test, please explain:

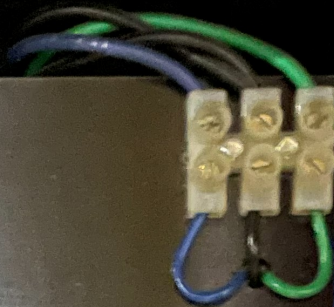
Have potential measurements been made at all tanks and piping including any buried flex-connectors? Yes No

COMPLETE IF ANY REPAIRS OR MODIFICATIONS TO THE CP SYSTEM ARE MADE OR ARE NECESSARY

COARSE



FINE



(503) 853-6781 / / of / /
 This equipment has been inspected in accordance with industry standards specified in ETI report.
eti Date 12-17-97
 ELECTRICAL Eng: VADER
 EQUIPMENT FIELD Ref: 3575463
 EVALUATION M 350902

Universal
 RECTIFIERS, INC.

CATHODIC PROTECTION RECTIFIER

| | | | |
|------------|-------|---------------|----------|
| MODEL | GS41 | SERIAL NUMBER | 973185 |
| A.C. VOLTS | 115 | A.C. AMPS | 20.9 |
| D.C. VOLTS | 10 | D.C. AMPS | 32 |
| AMB. TEMP. | 20 °C | PHASE | I Hz. 60 |

UNIVERSAL RECTIFIERS, INC.
 P.O. BOX 1640 ROSENBERG, TEXAS 77471

MAIN DISCONNECT



RE: Oregon DEQ UST Inspection Determination: City of Portland Vehicle Services 1st Ave #2233

From Peralta, Lei <Makiilei.Peralta@portlandoregon.gov>
Date Mon 10/13/2025 9:19 AM
To LITKE Emily * DEQ <Emily.LITKE@deq.oregon.gov>

It worked. I paid it.

Best Regards,

Lei Peralta



[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: LITKE Emily * DEQ <Emily.LITKE@deq.oregon.gov>
Sent: Monday, October 13, 2025 8:57 AM
To: Peralta, Lei <Makiilei.Peralta@portlandoregon.gov>
Subject: Re: Oregon DEQ UST Inspection Determination: City of Portland Vehicle Services 1st Ave #2233

I updated something on my side- please try one more time. If it still doesn't work then I will alert the helpdesk team for assistance.



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: Peralta, Lei <Makiilei.Peralta@portlandoregon.gov>
Sent: Monday, October 13, 2025 6:40 AM
To: LITKE Emily * DEQ <Emily.LITKE@deq.oregon.gov>
Subject: RE: Oregon DEQ UST Inspection Determination: City of Portland Vehicle Services 1st Ave #2233

Good morning Emily,

I tried to pay for this last week and again this morning and it still shows that it is not found.

← Online Penalty Payment – FIMS

* (N/A)

1 Basic Info 2 Payment 3 Review 4 Submission

Search Criteria

Enforcement Number

2025-FC-10009

No penalty found.

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: LITKE Emily * DEQ <Emily.LITKE@deq.oregon.gov>
Sent: Thursday, October 9, 2025 9:30 AM
To: Peralta, Lei <Makiilei.Peralta@portlandoregon.gov>
Subject: Re: Oregon DEQ UST Inspection Determination: City of Portland Vehicle Services 1st Ave #2233

Good morning,

UST facility 2233 Portland City of Vehicle Services 1st Ave located at 1221 SW 1st Ave Portland, OR

It appears that I accidentally missed issuing enforcement for this inspection, my apologies. I received the cathodic protection test report- so I will mark the corrective actions complete. As soon as payment of the penalty is received, then this UST inspection can be closed.

The deadline for payment of the \$150 penalty is 11/9/25.

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
Sent: Friday, August 22, 2025 10:12 AM
To: Makiilei.Peralta@portlandoregon.gov
Cc: GILBERT Blakely * DEQ <Blakely.GILBERT@deq.oregon.gov>
Subject: Oregon DEQ UST Inspection Determination: City of Portland Vehicle Services 1st Ave #2233
Importance: High

Hello Lei (City of Portland):

Thank you for meeting with DEQ to perform the inspection at 1221 SW 1st Ave, Portland, OR 97204 on August 14, 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. D5a – Failure to conduct the most recent 3-year corrosion protection test. Last test was performed February 2nd, 2022. Due February 2025. **OAR 340-150-0325(2)(b) Class I**

Corrective Actions:

1. Complete cathodic protection testing of the impressed current system within 60 days. Maintain records and submit compliance testing results to DEQ by **October 22nd, 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>

| | | | | |
|-----------|---|-----------|---|---------|
| Fee | - | Paid | = | Due |
| \$ 150.00 | | \$ 150.00 | | \$ 0.00 |

Penalty

▶ 2025-fc-10009 \$ 150.00

ⓘ UST - Field Citation

1 Results

⊕ Add Penalty
➡ Send to FIMS

Payment

▼ **ePayment (ACH)** \$ 150.00


📅 10/13/2025

ⓘ 56703

| | |
|--------------------------|-----------------------|
| Type | Amount |
| ePayment (ACH) ▼ | 150 |
| E-Payment Confirmation# | E-Payment Settle Date |
| | mm/dd/yyyy 📅 |
| Ref# | Payment Date |
| 56703 | 10/13/2025 📅 |
| Comments | |
| | |
| (Remaining Length: 4000) | |

Site Info

Portland City of Vehicle Svcs 1st Ave 🔗



📍 1221 SW 1ST AVE, PORTLAND, OR 97204

ⓘ 8344 ✓

ⓘ 203053

ⓘ ORQ000001123 UST (2233)

📁 Stationary

Inspection Info

10579 Completed 🔗

☰ UST

📁 Full Compliance Inspection (FCI) TCR only

📅 Start Date 8/14/2025

📅 End Date 8/14/2025

Created & Updated Info ▼