



# 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

Port of Portland Maintenance Yard  
Attn: Erin Anderson  
7200 NE Airport Way  
Portland, OR 97218

RE: UST Compliance Inspection  
DEQ UST #504 - 7111 NE Alderwood Rd

Dear Port 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 7, 2025, starting at approximately 9 am at the DEQ UST # listed below. Please confirm receipt of this notification.**

**DEQ UST#504 – 7111 NE Alderwood Rd, Portland, OR 97218**

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](mailto:ingrid.gaffney@deq.oregon.gov) for review. If these records cannot be submitted prior to the inspection, please have them available for review at the facility.

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

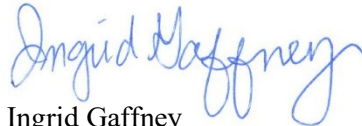
DEQ will not touch any equipment, if you are unable to assist with equipment access, please have your UST Service Provider there. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overflow protection device, these will need to be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

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

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

Thank you for your cooperation. I can be reached at 503-229-5048 [ingrid.gaffney@deq.oregon.gov](mailto: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 - Underground Storage Tank Program**  
**Technical Compliance Inspection - UST Inspection Report**

Inspector: Ingrid Gaffney

Date: 8/7 2025

Time: 9 AM

Facility: 504

<b>I. Site Information</b>	
Facility Name: <u>Port of Portland Maintenance</u>	Permittee: <u>City of Portland</u>
Site Address: <u>7111 NE Alderwood</u>	Organization: <u>SAME</u>
City: <u>Portland, OR 97217</u>	Phone: <u>503-341-7836</u>

*Blake Humalainen*

<b>II. Tank Information</b>				
DEQ Permit #	<u>AHBJF</u>	<u>AHBJG</u>	<u>BGFFE</u>	
Estimated Gallons	<u>6000</u>	<u>6000</u>	<u>10,000</u>	
Substance	<u>DIESEL</u>	<u>GASOLINE</u>	<u>BIO DIESEL</u>	
Tank Material	<u>XERXES</u>	<u>XERXES</u>	<u>XERXES</u>	
Tank Install Date	<u>5/6/1984</u>	<u>5/6/1984</u>	<u>5/6/1984</u>	
Pipe Material	<u>total contain!</u>			
Pipe Type	<u>pressure</u>	<u>pressure</u>	<u>pressure</u>	
Pipe Install Date	<u>5/6/1984</u>			
Overfill Device	<u>alarm</u>			

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

*\* 2022 fail Alarms \**

If tanks are manifolded, which tanks:

**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: Jared Knister Date: 12/27/23  
Jeremiah Sonne Date: 9/6/22  
 Class C Operator  Yes  No  Cardlock Airlanna Gaslin Date: 12/27/24  
Blake Humalainen Date: 6/18/19

**V. Financial Responsibility** Compliance  Yes  No

Type of coverage: Insurance Begin Date: 7/24/24 End Date: 7/24/25  
 Coverage amount correct: \$1,000,000 Number of tanks covered: 3  
 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: 5/21/25 9/11/23 Last three tests available?  Yes  No

b) Piping Release Detection (Check all that apply)

Pressurized Piping

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

Date of last testing: 5/21/25 9/11/23 Last three tests available?  Yes  No

Number of lines tested: 3 6/7/24 Number of LD tested: 3

Leak detector manufacturer make and model: Auto UD R99

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: \_\_\_\_\_ Last two tests available?  Yes  No

Date of last sensor testing: \_\_\_\_\_ 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

Thermal coefficient set correctly? (Gasoline 0.00070; Diesel 0.00045)  
 If Incon/Franklin tank gauge leak detection  
 If SCALD is Vol Qual set to 14% (or 99% confidence)  
 Is API gravity set correctly? (Regular 63.5; Plus 62.8; Super 51.3; Diesel 32.8)  
For all tank gauges doing static tests (Static tests require tank to be 50% full for a valid test)

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

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

Tank release detection records available during inspection

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

**VIII. Spill Prevention** Compliance  Yes  No

Date(s) of testing: 5/21/25 8/6/20 Number of spill buckets tested? 3 (6 total)

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  
*\* Not tested on top of the tanks Above ground spill buckets only tested. site has 6.*

Hydrostatic testing (test takes one hour to complete) Compliance  Yes  No

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: 9/11/23 6/18/20

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

Blake Hamalainen

Representative onsite:

~~Blake Hamalainen~~

email:

blake.hamalainen@portofportland.com

8/5/25 \* talked w/ Blake about failed alarms

\* spoke w/ Mark Brown about failed tests / alarms.  
suggest trying mechanical LDs.

violations:

\* dispenser / udc # 1/2 has weeping boxes / cork gaskets. R299 boxes.

\* 3 spill buckets on top of the berm.  
liquid was present. Not tested for hydrostatic. (CIE) ever.

Compliance Determination:

No Violations Observed

Observed violations resulting in enforcement

Inspector Signature:

Ingrid Goffroy

Date:

8/7/25



**1: 7111 NE Alderwood Dr, Portland, OR 97217 Above ground fills**



**2: Above ground fill**



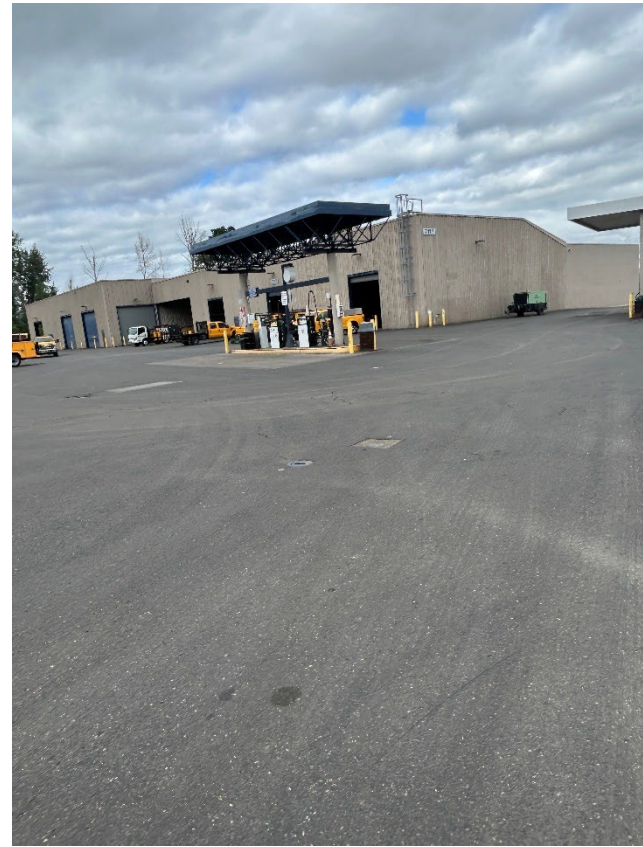
3: Above ground fill for B-5 diesel



4: Above ground fill for gasoline



5: Overfill alarm



6: Dispensing area at 7111 NE Alderwood Dr, Portland, OR 97217



7: Sump for UST #2 gasoline



8: Sump for UST #1 Diesel



9:



10: Unused fill ports on top of berm tanks area



**11: Sump for UST #3 Diesel**



**12: Unused fill**



13: Unused fill on top of berm are with tanks



14: Unused fill with water and product



15: Unused fill into gasoline UST



16: UDC #1/2



17: UDC #3/4



18: UDC #3/4



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY  
INSPECTION PHOTOLOG**

**FACILITY NAME: Port of Portland Maintenance #504 Page 1  
INSPECTION DATE: August 7, 2025**



19: UDC #3/4



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:	08/07/2025	Facility ID#:	504
Inspector:	Ingrid GAFFNEY	Facility Name:	Portland Port of PDX Maintenance
DEQ Office:	700 NE Multnomah St Ste 600	Facility Address:	7111 NE ALDERWOOD, PORTLAND, Oregon 97217
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: 08/26/2025
Facility Representative Present During Inspection:	Blake Hamalainen		<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other	
Name of Permittee or Owner:	Port of Portland			
Mailing Address:	7200 NE Airport Way , Portland Oregon 97218			

**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:**

**09/12/2025**

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: 08/11/2025**

**PROGRAM ENFORCEMENT No.: 2025-FC-9954**

**FACILITY ID: 504**

**Page 3 of 3**

**Violation #1:**  
**\*TCR:** Failure to test spill prevention equipment at least once every 3 years

Corrective Action: Perform required testing for spill buckets on top berm tank nest area. Submit test results to DEQ by September 9th, 2025

Rule Citation: <b>OAR 340-150-0310(8)(b)</b>	Penalty Amount: \$ 500	Correct Violation by: 09/09/2025	Date Violation Corrected:
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**Violation #2:**  
**\*TCR:**

Corrective Action:

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

Corrective Action:

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

Corrective Action:

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

Corrective Action:

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

Corrective Action:

Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
---------------------------	--------------------	-----------------------	---------------------------

Total Penalty Amount	500		
(This Page): \$			

**YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, SIGN THE STATEMENT BELOW AND  
 RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE: \_\_\_\_\_ 09/26/2025 \_\_\_\_\_**

**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

# Appendix VIII Underground Storage Tank Spill Container Testing Report Form

**TYPE OF ACTION**

Installation

Repair

12 Month

## 1. FACILITY INFORMATION

OR DEQ ID 504	Test Date 10/20/25
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Facility Name Port of Portland, PDX Maintenance Shop
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Facility Address 7111 NE Alderwood Rd	City Portland	ZIP Code 97208
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## 2. SERVICE TECHNICIAN INFORMATION

Company Performing the Test SME Solutions, LLC	Phone (408) 971-2445
---	-------------------------

Mailing Address 10107 South Tacoma Way Ste A-2 Lakewood WA 98499
---

Service Technician Performing Test Stephen Owens
---

Contractor/Tank Tester License Number 485184
---

ICC Number 10535525	ICC Expiration Date 10/6/27
------------------------	--------------------------------

## 3. TRAINING AND CERTIFICATIONS


<i>Manufacturer and Test Equipment Training Certifications</i>	<i>Expiration Date</i>
Franklin Fueling #	N/A
OPW #	N/A

## 4. TEST PROCEDURE INFORMATION

<i>Test Procedures Used</i>	<i>Components Tested</i>
PEI RP 1200	Fill buckets

## 5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST

***I hereby certify that each spill container was tested in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637.1; that required supporting documentation is attached; and all information contained herein is accurate. I understand that test procedures shall be made available upon request by the governing authority.***

Service Technician Signature 	Date 10/20/25	Total # of Pages
---	------------------	------------------

CERS = California Environmental Reporting System, ID = Identification, ICC = International Code Council

## Underground Storage Tank Spill Container Testing Report Form

### 6. SPILL CONTAINER DETAILS

Test Method Developed by  Manufacturer  Industry Standard  Professional Engineer

Test Type  Pressure  Vacuum  Hydrostatic

Tank ID	T1 R99	T2 R99	T3 Regular	
Spill Container Manufacturer:	OPW	OPW	OPW	
Method of Cathodic Protection	<input type="checkbox"/> Nonmetallic <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other
Is the spill container minimum capacity five gallons excluding riser volume?	<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*
Method to keep spill container empty	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other
Spill Container Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Tank ID				
Spill Container Manufacturer:				
Method of Cathodic Protection	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other
Is the spill container minimum capacity five gallons excluding riser volume?	<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*
Method to keep spill container empty	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other
Spill Container Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

### 8. COMMENTS

*Describe all answers marked "Other," "No," or "Fail" and each proposed remedy.*

No cathodic protection.  
Hand pump to keep spill container dry.

\* Mark here if:  
 Spill containers do not have a minimum capacity of five gallons and require replacement.

*Additional copies of this page may be attached.*

Identify Spill Bucket ( <i>By Tank Number, Stored Product, etc.</i> )	1 R99	2 R99	3 Regular	
Test Start Time ( $T_i$ ):	10:00	11:00	12:00	
Initial Reading ( $R_i$ ):	14.5"	14.75"	15.0"	
Test End Time ( $T_f$ ):	11:00	12:00	13:00	
Final Reading ( $R_f$ ):	14.5"	14.75	15.0"	
Test Duration ( $T_f - T_i$ ):	1 hour	1 hour	1 hour	
Change in Reading ( $R_f - R_i$ ):	0	0	0	

Identify Spill Bucket ( <i>By Tank Number, Stored Product, etc.</i> )				
Test Start Time ( $T_i$ ):				
Initial Reading ( $R_i$ ):				
Test End Time ( $T_f$ ):				
Final Reading ( $R_f$ ):				
Test Duration ( $T_f - T_i$ ):				
Change in Reading ( $R_f - R_i$ ):				

Identify Spill Bucket ( <i>By Tank Number, Stored Product, etc.</i> )				
Test Start Time ( $T_i$ ):				
Initial Reading ( $R_i$ ):				
Test End Time ( $T_f$ ):				
Final Reading ( $R_f$ ):				
Test Duration ( $T_f - T_i$ ):				
Change in Reading ( $R_f - R_i$ ):				

# Appendix VIII Underground Storage Tank Spill Container Testing Report Form

**TYPE OF ACTION**

Installation

Repair

12 Month

## 1. FACILITY INFORMATION

CERS ID 504	Test Date 10/22/25
----------------	-----------------------

Facility Name PDX Maintenance Shop
---------------------------------------

Facility Address 7111 NE Alderwood Rd	City Portland	ZIP Code 97208
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## 2. SERVICE TECHNICIAN INFORMATION

Company Performing the Test SME Solutions, LLC	Phone (408) 971-2445
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Mailing Address 10107 South Tacoma Way Ste A-2 Lakewood WA 98499
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Service Technician Performing Test Stephen Owens
---

Contractor/Tank Tester License Number 485184
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ICC Number 10535525	ICC Expiration Date 10/6/27
------------------------	--------------------------------

## 3. TRAINING AND CERTIFICATIONS


<i>Manufacturer and Test Equipment Training Certifications</i>	<i>Expiration Date</i>
Franklin Fueling #	
OPW #	

## 4. TEST PROCEDURE INFORMATION

<i>Test Procedures Used</i>	<i>Components Tested</i>
PEI RP 1200	Fill buckets

## 5. CERTIFICATION BY SERVICE TECHNICIAN CONDUCTING TEST

***I hereby certify that each spill container was tested in accordance with California Code of Regulations, title 23, division 3, chapter 16, section 2637.1; that required supporting documentation is attached; and all information contained herein is accurate. I understand that test procedures shall be made available upon request by the governing authority.***

Service Technician Signature 	Date 10/22/25	Total # of Pages
---	------------------	------------------

CERS = California Environmental Reporting System, ID = Identification, ICC = International Code Council

## Underground Storage Tank Spill Container Testing Report Form

### 6. SPILL CONTAINER DETAILS

Test Method Developed by  Manufacturer  Industry Standard  Professional Engineer

Test Type  Pressure  Vacuum  Hydrostatic

Tank ID	T1 unleaded	T2 R99 Diesel 2	T3 R99 Diesel 4	
Spill Container Manufacturer:	OPW	OPW	OPW	
Method of Cathodic Protection	<input type="checkbox"/> Nonmetallic <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other
Is the spill container minimum capacity five gallons excluding riser volume?	<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*
Method to keep spill container empty	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other
Spill Container Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Tank ID				
Spill Container Manufacturer:				
Method of Cathodic Protection	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other	<input type="checkbox"/> Nonmetallic <input type="checkbox"/> Other
Is the spill container minimum capacity five gallons excluding riser volume?	<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*
Method to keep spill container empty	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other	<input type="checkbox"/> Drain <input type="checkbox"/> Pump <input type="checkbox"/> Other
Spill Container Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

### 8. COMMENTS

*Describe all answers marked "Other," "No," or "Fail" and each proposed remedy.*

No cathodic protection.  
Hand pump to keep spill container dry.

\* Mark here if:  
 Spill containers do not have a minimum capacity of five gallons and require replacement.

*Additional copies of this page may be attached.*

Identify Spill Bucket ( <i>By Tank Number, Stored Product, etc.</i> )	1 Regular	2 R99	3 R99	
Test Start Time ( $T_i$ ):	10:10	10:15	10:20	
Initial Reading ( $R_i$ ):	14.0"	14.75"	15.0"	
Test End Time ( $T_f$ ):	11:10	11:15	11:20	
Final Reading ( $R_f$ ):	14.0"	14.75"	15.0"	
Test Duration ( $T_f - T_i$ ):	1 hour	1 hour	1 hour	
Change in Reading ( $R_f - R_i$ ):	0	0	0	

Identify Spill Bucket ( <i>By Tank Number, Stored Product, etc.</i> )				
Test Start Time ( $T_i$ ):				
Initial Reading ( $R_i$ ):				
Test End Time ( $T_f$ ):				
Final Reading ( $R_f$ ):				
Test Duration ( $T_f - T_i$ ):				
Change in Reading ( $R_f - R_i$ ):				

Identify Spill Bucket ( <i>By Tank Number, Stored Product, etc.</i> )				
Test Start Time ( $T_i$ ):				
Initial Reading ( $R_i$ ):				
Test End Time ( $T_f$ ):				
Final Reading ( $R_f$ ):				
Test Duration ( $T_f - T_i$ ):				
Change in Reading ( $R_f - R_i$ ):				

Test Date: 10/20/25

Tech Name: Stephen Owens

Tech Email Stephen.Owens@sme-solutions.com

Tech  
Comments

Dispatch  
Notes



# SERVICE TRIP REPORT

## JOB DETAILS

JOB STATUS:  COMPLETE  IN PROGRESS

Customer:	Port Of Portland	Date of Service:	10/20/2025
Site Name:	PDX Maintenance Shop	SME Job No.:	655530
Site Address:	955 W Washington	Reference No.:	PO 184124

## WEATHER CONDITIONS

Weather	Temperature	Wind	Precipitation	Weather Delay
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## LABOR

Technician:	Role / Title
Stephen Owens	Foreman/Tester

## JOB TASK

#	Task Description	Facility	Component	Asset ID	Status
1.	Preformed Hydrostatic test on 3 Fill Buckets				COMPLETE
2.	Replace existing Fill Caps				ONGOING
3.					

## SUMMARY OF WORK

Was the work performed fully compliant with the scope of work?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Were any corrective actions identified and/or addressed?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
Notes / Comments:	
Arrived onsite and checked in with Steven. Began testing, reseated the fill bucket shroud/boot for passing results by slightly adjusting the band clamps in place while observing the water level changes. Three new fill caps are needed and we recommend that post cap replacement, the buckets be retested to verify integrity. I will return 10/22 to complete the fill cap replacement.	

## PREPARED BY:

Name: Teah Steffen Signature: *Teah Steffen* Date: 10/21/2025

**Underground Storage Tanks (UST) Program**

*Doc Type: Compliance Certification*

**Purpose:** This procedure is to test the leak integrity of single- and double-walled spill buckets. Consult PEI/RP1200, Section 6.2 for hydrostatic test method, Section 6.3 for single-walled vacuum test method, and Section 6.4 for double-walled vacuum test method.

**Facility Information**

Facility name: Port of Portland - Portland Airport Maintenance  
 Facility address: 7111 NE Alderwood Facility ID#: 504  
 Mailing address: \_\_\_\_\_  
 City: Portland State: OR Zip code: 97218  
 Owner name: Port of Portland  
 Mailing address: 7111 NE Alderwood  
 City: Portland State: OR Zip code: 97218  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Testing Information**

1. Tank number	1	2	3			
2. Product stored	R-99 Diesel 1	R-99 Diesel 2	Regular Unleaded			
3. Spill bucket capacity	5 gal	5 gal	5 gal			
4. Manufacturer	OPW	OPW	OPW			
5. Construction	<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 type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
6. Test type	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
7. Spill bucket type	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor
8. Liquid and debris removed from spill bucket:*	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10. Tank riser cap included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
11. Is drain valve included in test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
12. Starting level	10"	9.75"	9.25"			
13. Test start time	9:30am	9:30am	9:30am			
14. Ending level	8"	9"	9.25"			
15. Test end time	10:30am	10:30am	10:30am			
16. Test period	1 hour	1 hour	1 hour			
16. Level change	2"	0.75"	0"			
<b>Test results:</b>	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

*Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of less than 1/8 inch; Vacuum single-walled only; Maintain at least 26 inches water column; Vacuum double-walled; maintain at least 12 inches water column.*

**Comments:** Remote fill spill buckets were already tested on 5-21-2025. Spill buckets up on the hill were tested on 9-3-25.

\* All liquids and debris must be disposed of properly.

Testing company name: Petroleum Compliance Services LLC Tester's name: Luke Pike  
 Date (mm/dd/yyyy): 9-3-2025 Tester's signature: Luke Pike

**Underground Storage Tanks (UST) Program**

*Doc Type: Compliance Certification*

**Purpose:** This procedure is to test the leak integrity of single- and double-walled spill buckets. Consult PEI/RP1200, Section 6.2 for hydrostatic test method, Section 6.3 for single-walled vacuum test method, and Section 6.4 for double-walled vacuum test method.

**Facility Information**

Facility name: Port of Portland - Portland Airport Maintenance  
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 Mailing address: \_\_\_\_\_  
 City: Portland State: OR Zip code: 97218  
 Owner name: Port of Portland  
 Mailing address: 7111 NE Alderwood  
 City: Portland State: OR Zip code: 97218  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Testing Information**

1. Tank number	1	2	3			
2. Product stored	R-99 Diesel 1	R-99 Diesel 2	Unleaded			
3. Spill bucket capacity	15 gal	15 gal	15 gal			
4. Manufacturer	Above ground remote fill	Above ground remote fill	Above ground remote fill			
5. Construction	<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 type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
6. Test type	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
7. Spill bucket type	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor
8. Liquid and debris removed from spill bucket:*	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe.?)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10. Tank riser cap included in test?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
11. Is drain valve included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
12. Starting level	10"	10"	10"			
13. Test start time	11:30am	11:30am	11:30am			
14. Ending level	10"	10"	10"			
15. Test end time	12:30pm	12:30pm	12:30pm			
16. Test period	1 hour	1 hour	1 hour			
16. Level change	0"	0"	0"			
<b>Test results:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

*Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of less than 1/8 inch; Vacuum single-walled only; Maintain at least 26 inches water column; Vacuum double-walled; maintain at least 12 inches water column.*

**Comments:**

\* All liquids and debris must be disposed of properly.

Testing company name: Petroleum Compliance Services LLC Tester's name: Kenneth Pike  
 Date (mm/dd/yyyy): 5-21-2025 Tester's signature: Kenneth Pike

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**Re: Oregon DEQ UST Inspection Determination: Port of Portland Maintenance #504**

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

**Date** Fri 10/24/2025 11:59 AM

**To** Blake Hamalainen <Blake.Hamalainen@portofportland.com>; UST Duty Officer \* DEQ <UST.DutyOfficer@DEQ.oregon.gov>

**Cc** DROUIN Mark \* DEQ <mark.drouin@deq.oregon.gov>; GAFFNEY Ingrid \* DEQ <Ingrid.GAFFNEY@deq.oregon.gov>

Hey Blake,

Thank you for sending the reports - everything looks good. The corrective actions are now complete.

The UST inspection for DEQ facility 504 located at 7111 NE Alderwood 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](mailto:Emily.LITKE@deq.oregon.gov)

---

**From:** Hamalainen, Blake <Blake.Hamalainen@portofportland.com>

**Sent:** Thursday, October 23, 2025 8:30 AM

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

**Cc:** DROUIN Mark \* DEQ <mark.drouin@deq.oregon.gov>

**Subject:** RE: Oregon DEQ UST Inspection Determination: Port of Portland Maintenance #504

UST Duty Officer,

Please find attached a Trip Report and Initial and Confirmation Testing Reports from SME documenting repairs and passing hydrostatic testing of all three spill buckets. Please send confirmation this email and attachments completes the Port's obligations identified in Field Citation 2025-FC-9954.

Thank you,  
Blake



**Blake Hamalainen**

Env Manager, Land & Water | Port of Portland

**cell:** 503-341-7836

**desk:** 503-415-6566

---

**From:** DROUIN Mark \* DEQ <mark.drouin@deq.oregon.gov>

**Sent:** Saturday, September 27, 2025 11:53 AM

**To:** Hamalainen, Blake <Blake.Hamalainen@portofportland.com>

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

**Subject:** RE: Oregon DEQ UST Inspection Determination: Port of Portland Maintenance #504

**EXTERNAL EMAIL:**

Blake

The DEQ requires that all equipment used for a UST system be UL listed ([OAR 340-150-0135\(6\)](#)) and the UL Listing for this product is on the sales brochure. Per the rule, this piece of equipment is allowed for use.

The Oregon DEQ approves the 30-day timeline for repair. Please submit proof the equipment was installed to [ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov) by November 1, 2025. The equipment will also need to have an integrity test (hydrostatic) conducted after installation for verification of functionality.

Thank You

Mark Drouin

---

**From:** Hamalainen, Blake <[Blake.Hamalainen@portofportland.com](mailto:Blake.Hamalainen@portofportland.com)>

**Sent:** Wednesday, September 24, 2025 5:33 PM

**To:** DROUIN Mark \* DEQ <[mark.drouin@deq.oregon.gov](mailto:mark.drouin@deq.oregon.gov)>

**Subject:** RE: Oregon DEQ UST Inspection Determination: Port of Portland Maintenance #504

Hi Mark,

We have decided to move forward with the retrofit product linked below. Can you please provide written approval of this product (email works) and allow 30-days from your approval to have them installed. Please let me know if anything else is required. Thanks again for your help with this.

Blake



**Blake Hamalainen**

Env Manager, Land & Water | Port of Portland

**cell:** 503-341-7836

**desk:** 503-415-6566

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**From:** DROUIN Mark \* DEQ <[mark.drouin@deq.oregon.gov](mailto:mark.drouin@deq.oregon.gov)>  
**Sent:** Thursday, September 18, 2025 2:22 PM  
**To:** Hamalainen, Blake <[Blake.Hamalainen@portofportland.com](mailto:Blake.Hamalainen@portofportland.com)>  
**Subject:** RE: Oregon DEQ UST Inspection Determination: Port of Portland Maintenance #504

**EXTERNAL EMAIL:**

Blake –

Yes, we do allow those inserts. They would still need to be tested every three years.

Mark

---

**From:** Hamalainen, Blake <[Blake.Hamalainen@portofportland.com](mailto:Blake.Hamalainen@portofportland.com)>  
**Sent:** Thursday, September 18, 2025 1:35 PM  
**To:** DROUIN Mark \* DEQ <[mark.drouin@deq.oregon.gov](mailto:mark.drouin@deq.oregon.gov)>  
**Subject:** RE: Oregon DEQ UST Inspection Determination: Port of Portland Maintenance #504

Mark- Our maintenance manager sent me the product linked below. Looks like a great fix to me. Do you have any experience with this product? Would DEQ approve this product? If installed, we would then test tri-annually per the rules.

Alternatively if they would accept us improving the spill buckets with a product like the link below to prevent spills we could go that route as well and eliminate some paperwork?

<https://www.emcoretail.com/Cutsheets/A1005-505%20Retrofit%20Spill%20Containment%20Cut%20Sheet%20brochure.pdf>



Steve

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**From:** DROUIN Mark \* DEQ <[mark.drouin@deq.oregon.gov](mailto:mark.drouin@deq.oregon.gov)>

**Sent:** Thursday, September 18, 2025 9:45 AM

**To:** Hamalainen, Blake <[Blake.Hamalainen@portofportland.com](mailto:Blake.Hamalainen@portofportland.com)>

**Subject:** RE: Oregon DEQ UST Inspection Determination: Port of Portland Maintenance #504

**EXTERNAL EMAIL:**

Blake –

Please provide me with a written plan with the following information:

- Who will have access to the keys
- Why the Port still needs access to the drop tubes

Also, provide the DEQ with a overfill protection during deliveries per

340-150-0210

(a) Procedures for overfill protection during delivery of regulated substances, operation of emergency shut off systems, alarm identification and response, release reporting and any site specific emergency procedures;

In the procedure please outline:

- Signage
- Who will be on-site during deliveries
- How to ensure the tank will not be overfilled
- And other pertinent information to ensure the tanks aren't filled drop tubes in the spill bucket

Please submit the plan within 30 days for review.

Thank You

Mark

---

**From:** Hamalainen, Blake <[Blake.Hamalainen@portofportland.com](mailto:Blake.Hamalainen@portofportland.com)>  
**Sent:** Friday, September 12, 2025 3:35 PM  
**To:** DROUIN Mark \* DEQ <[mark.drouin@deq.oregon.gov](mailto:mark.drouin@deq.oregon.gov)>  
**Subject:** FW: Oregon DEQ UST Inspection Determination: Port of Portland Maintenance #504

Hi Mark-

Following up on our phone conversation to address the fill ports/spill buckets not in use on the top of the berm. Would DEQ approve a steel bar secured with concrete anchors and a lock over the top of the steel access plates preventing access by any potential fueler? This would still allow our operations staff to access the top of the tanks for sticking to reconcile inventory as needed.

Thanks,  
Blake

---

**From:** Hamalainen, Blake  
**Sent:** Friday, September 5, 2025 8:24 AM  
**To:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>  
**Cc:** DROUIN Mark \* DEQ <[Mark.DROUIN@deq.oregon.gov](mailto:Mark.DROUIN@deq.oregon.gov)>; GAFFNEY Ingrid \* DEQ <[Ingrid.GAFFNEY@deq.oregon.gov](mailto:Ingrid.GAFFNEY@deq.oregon.gov)>  
**Subject:** RE: Oregon DEQ UST Inspection Determination: Port of Portland Maintenance #504

UST Duty Officer,

Please find attached the signed field citation form, spill bucket test results, proof of payment, and Port response letter. Please confirm receipt of these documents and let me know if any further action is required.

Thank you,



**Blake Hamalainen**

Env Manager, Land & Water | Port of Portland

**cell:** 503-341-7836

**desk:** 503-415-6566

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**From:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>  
**Sent:** Tuesday, August 26, 2025 3:50 PM  
**To:** GAFFNEY Ingrid \* DEQ <[Ingrid.GAFFNEY@deq.oregon.gov](mailto:Ingrid.GAFFNEY@deq.oregon.gov)>; Hamalainen, Blake <[Blake.Hamalainen@portofportland.com](mailto:Blake.Hamalainen@portofportland.com)>  
**Cc:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>; DROUIN Mark \* DEQ <[Mark.DROUIN@deq.oregon.gov](mailto:Mark.DROUIN@deq.oregon.gov)>  
**Subject:** Re: Oregon DEQ UST Inspection Determination: Port of Portland Maintenance #504

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You don't often get email from [ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov). [Learn why this is important](#)

Good afternoon,

Please review the attached field citation. The deadline for payment of the \$500 penalty is 9/26/25. The deadline for completion of the corrective action is 9/9/25

**Corrective Actions:**

1. Perform required testing for spill buckets on top berm tank nest area. Submit test results to DEQ by September 9<sup>th</sup>, 2025.

**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)

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**From:** GAFFNEY Ingrid \* DEQ <[Ingrid.GAFFNEY@deq.oregon.gov](mailto:Ingrid.GAFFNEY@deq.oregon.gov)>  
**Sent:** Monday, August 11, 2025 10:20 AM  
**To:** Blake Hamalainen <[blake.hamalainen@portofportland.com](mailto:blake.hamalainen@portofportland.com)>  
**Cc:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>; DROUIN Mark \* DEQ <[Mark.DROUIN@deq.oregon.gov](mailto:Mark.DROUIN@deq.oregon.gov)>; LITKE Emily \* DEQ <[Emily.Litke@deq.oregon.gov](mailto:Emily.Litke@deq.oregon.gov)>  
**Subject:** Oregon DEQ UST Inspection Determination: Port of Portland Maintenance #504

Hello Port of Portland Maintenance (Blake):

Thank you for meeting with DEQ to perform the inspection at 7111 NE Alderwood Dr, Portland, OR 97217 on August 7, 2025.

Since DEQ observed violation, enforcement will be issued per the enforcement guidance. Below are the listed violations. If you need to discuss these violations further please reach out the UST manager, Mark Drouin.

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](tel:503-229-5034) or [ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov)**

**Violations:**

1. C1f - Failure to test spill buckets on top of the tanks once every three years. The spill buckets are part of the UST system and must be tested tri-annually under OAR 340-150-0310(10) Class I

**Corrective Actions:**

1. Perform required testing for spill buckets on top berm tank nest area. Submit test results to DEQ by September 9<sup>th</sup>, 2025.

**Observations of note:**

- Site has consistent failing leak detection tests (reported to DEQ), DEQ recommends potentially switching the leak detection method to mechanical and/or replacing parts/system board within the Veeder Roots system.
- DEQ recommends the site replaces the gaskets in the dispenser boxes in UDC #1/2 and #3/4 from the R99 product lines. DEQ observed saturated gaskets on the dispenser boxes.
- Maintain consistent leak detection reports every 30 days.

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-9954

\$ 500.00

📍 UST - Field Citation

1 Results

➕ Add Penalty

➡ Send to FIMS

Payment

▼ Credit Card \$ 500.00

📅 9/4/2025

📅 9/4/2025

📍 DEQEDM000059611

Type	Amount
Credit Card	500

E-Payment Confirmation# DEQEDM000059611 E-Payment Settle Date 09/04/2025 📅

Ref# Payment Date 09/04/2025 📅

Comments

(Remaining Length: 4000)

Site Info

Portland Port of PDX Maintenance



📍 7111 NE ALDERWOOD, PORTLAND, OR 97217

📍 6498 ✓

📍 201001

📍 ORD981771421 UST (504)

📁 Stationary

Inspection Info

10576 Completed

☰ UST

📁 Full Compliance Inspection (FCI) TCR only

📅 Start Date 8/7/2025 End Date 8/7/2025

Created & Updated Info

