



# Oregon

Tina Kotek, Governor

Department of Environmental Quality

Northwest Region

700 NE Multnomah Street, Suite 600

Portland, OR 97232

(503) 229-5263

FAX (503) 229-6945

TTY 711

August 8, 2025

Donald J Nealon Jr.  
Brownsville Body Shop  
105 Bishop Way  
Brownsville, OR 97327

RE: UST Compliance Inspection  
DEQ UST #6887  
Brownsville Body Shop

Attention Donald J Nealon Jr,

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 September 10, 2025, starting at approximately 10 AM.**

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 monitor, 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.

**Please read this entire notice and contact me with any questions about the upcoming inspection.**

DEQ requests the following documentation be submitted electronically prior to the inspection. If this is not possible you will need to have compliance testing records available on-site on the day of the inspection. If the records are not available during the day of the inspection, you will have one (1) business day to provide the records to me electronically. After which time this facility will be subject to enforcement actions.

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

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

As stated previously, DEQ will not touch any equipment. If you are unable to assist with equipment access, please have your UST Service Provider there to remove manway or sump lids. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary 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 503-360-4287 or [dave.pardue@deq.oregon.gov](mailto:dave.pardue@deq.oregon.gov) to answer any questions you may have and assist you in the preparation for your inspection.

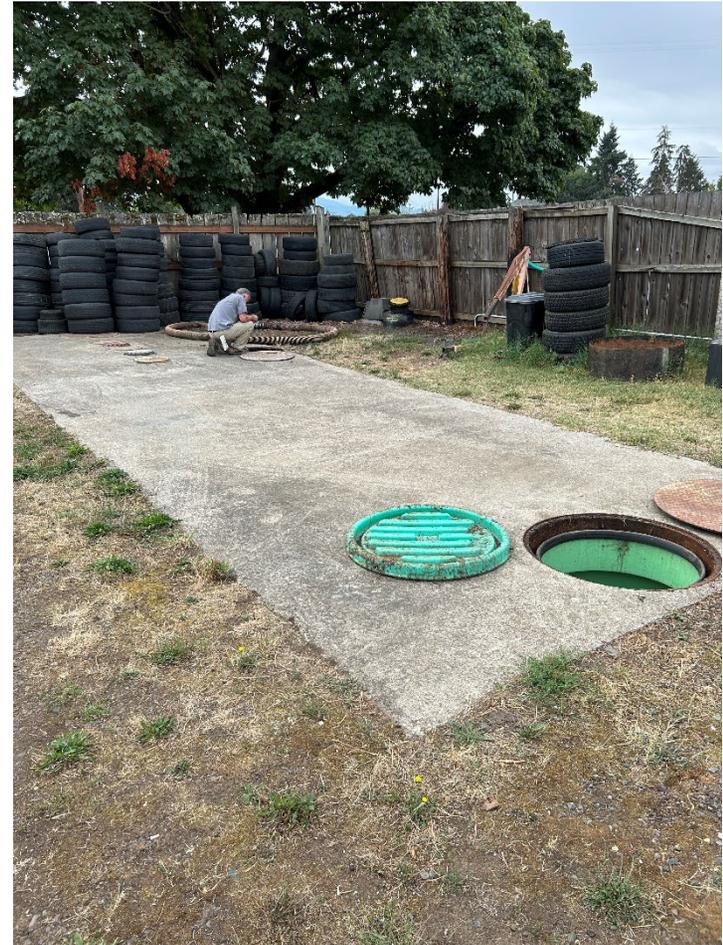
Sincerely,

*Dave Pardue*

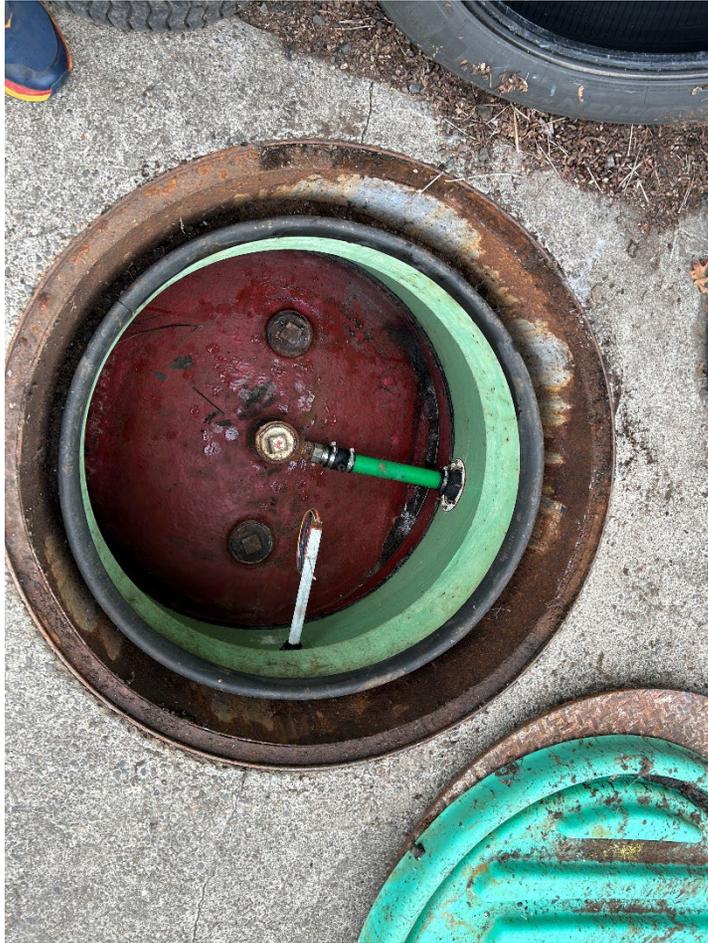
Dave Pardue  
UST Program Coordinator  
503-360-4287



1: Service Island



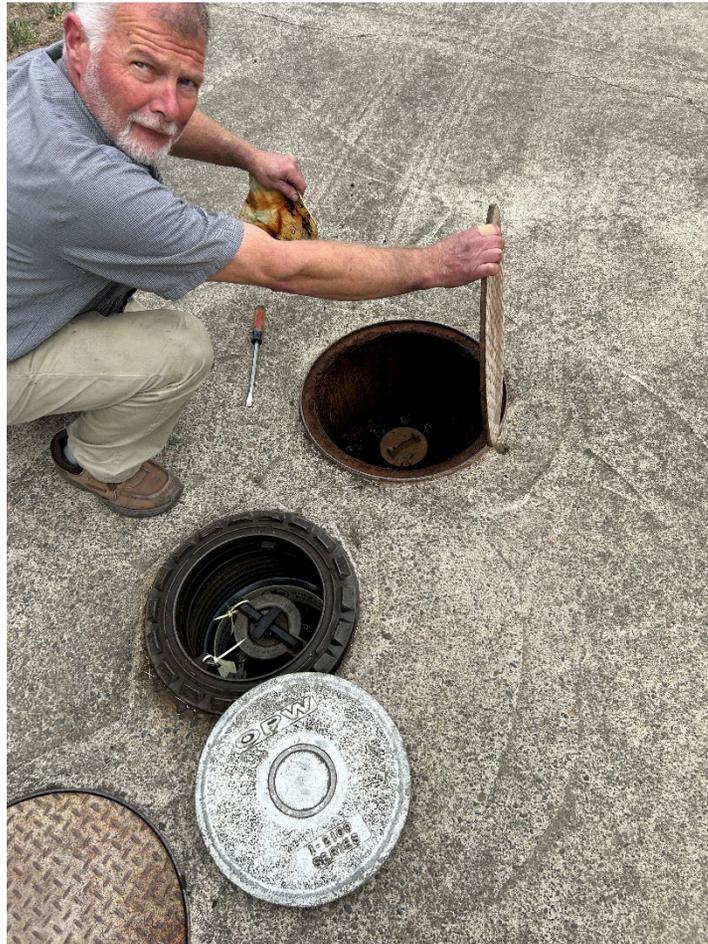
2: Tank nest 1A and 1B



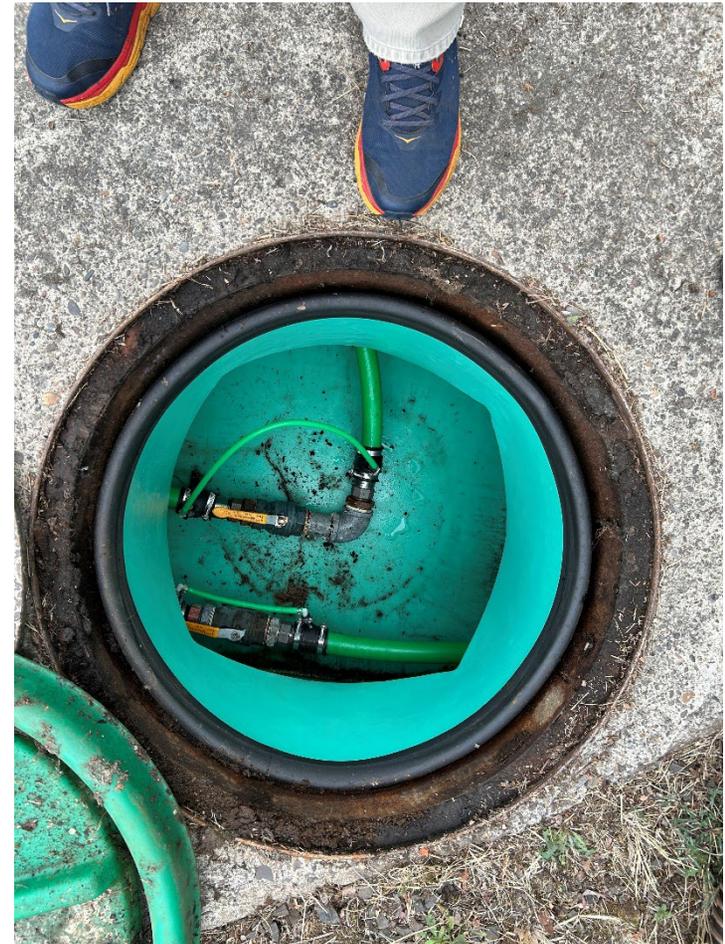
3: Premium tank-top sump



4: Diesel fill



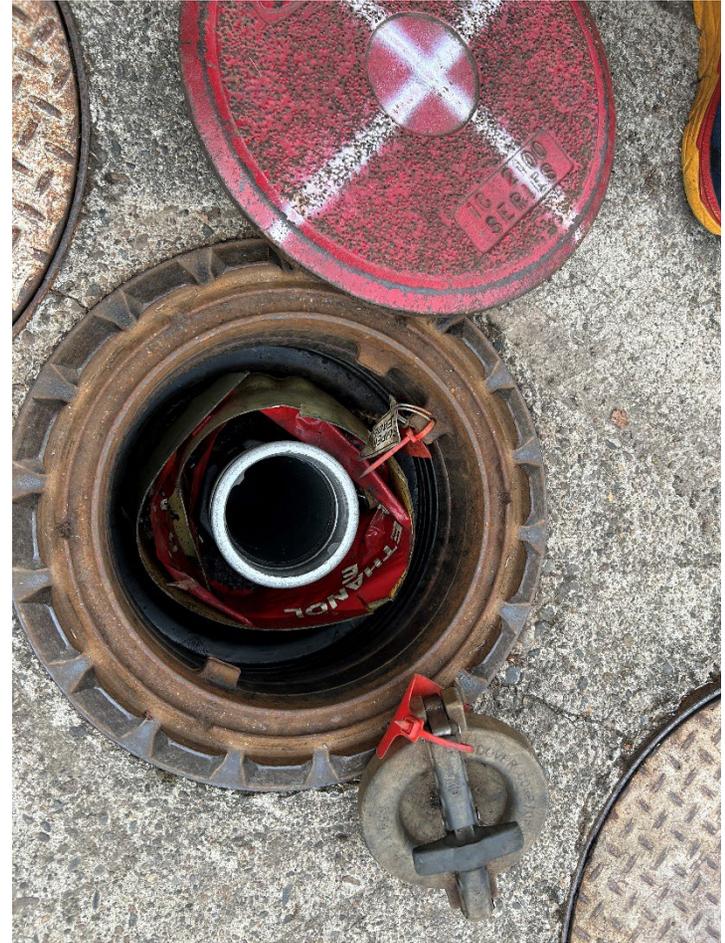
5: Tank gauge and Interstitial access



6: Regular sump



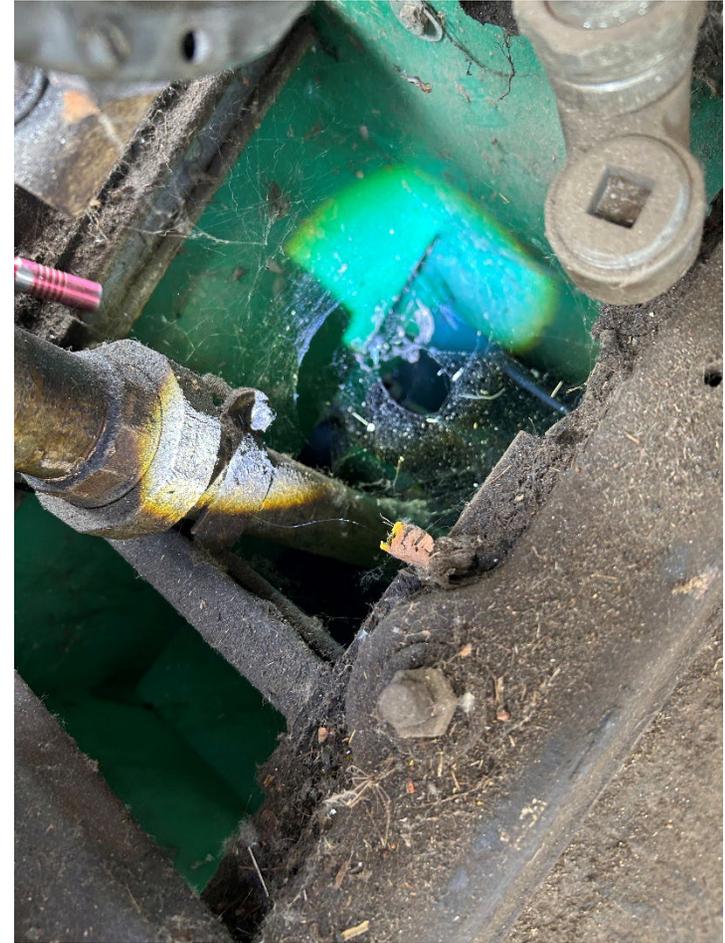
7: Unleaded fill



8: Premium fill



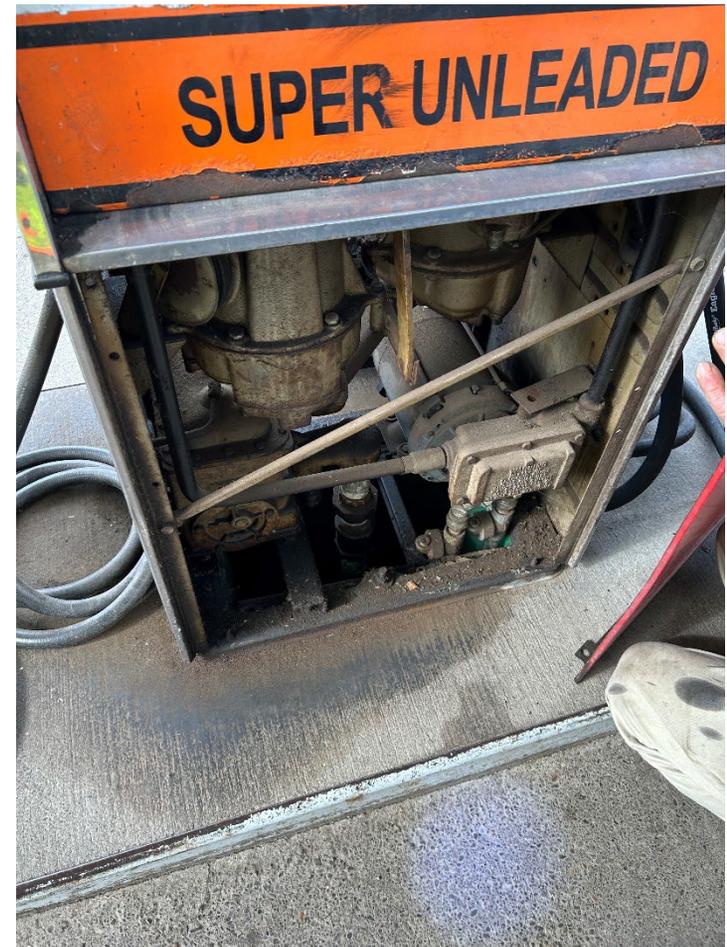
9: Diesel fill



10: Below Dispenser 1-2



11: Dispenser 3-4



12: Below Dispenser 5-6



Operating Certificate

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

Inspector: Dave Pardue

Date: 9/10/25

10 AM

Facility: 6857

<b>I. Site Information</b>		
Facility Name: <u>Brownsville Body Shop</u>	Permittee: <u>Don Nealon</u>	Contact
Site Address: <u>105 Bishop Way</u>	Organization:	Phone
City: <u>Brownsville</u>	Phone: <u>571 4665239</u>	

<b>II. Tank Information</b>						
DEQ Permit #	<u>BFJHC</u>	<u>1A</u>	<u>BFJHD</u>	<u>1B</u>	<u>BFCEH</u>	<u>4</u>
Estimated Gallons	<u>12K</u>		<u>3K</u>		<u>5K</u>	
Substance	<u>Gas</u>		<u>Gas</u>		<u>D</u>	
Tank Material	<u>PW comp</u>					
Tank Install Date	<u>2003</u>		<u>2003</u>		<u>2000</u>	
Pipe Material	<u>PW Flex</u>	→				
Pipe Type	<u>press</u>	← safe suction →				
Pipe Install Date	<u>2003</u>		<u>2003</u>		<u>2000</u>	
Overfill Device	<u>BALL</u>	→				

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

IM Tank Rel      TANK top sump for Diesel?

Environ      INCON TS-1001

Piping release Det? Press? safe suct

If tanks are manifolded, which tanks:

<b>III. Operating Certificate</b>			Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Current	<input checked="" type="checkbox"/> Accurate	<input checked="" type="checkbox"/> Posted for delivery drive to observe			

<b>IV. Operator Training</b>			Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Class A/B Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>Brian Willis</u>	Date:	<u>9/11/25</u>	
Class C Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cardlock				

<b>V. Financial Responsibility</b>			Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Type of coverage:	<u>PLI</u>	Begin Date: <u>12/14/24</u>	End Date: <u>12/18/25</u>		
Coverage amount correct:	<u>1m/1m</u>	Number of tanks covered:			

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

<b>VI. Walkthrough Requirements</b>			Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Spill prevention and release detection equipment checked monthly?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Tank top sumps checked annually?	<u>1-8-25</u>			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

1-8-25  
JAN Aug

1094-1116

**VII. Release Detection**

**Compliance**

Yes

No

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

Date of last testing: *Not available*

Last three tests available?

Yes

No

**b) Piping Release Detection** (Check all that apply)

Pressurized Piping Line tightness testing  
Mechanical Leak Detector (MLLD)

Electronic Leak Detector (ELLD) - check for swiftcheck requirement

Date of last testing:

Last three tests available?

Yes

No

Number of lines tested: \_\_\_\_\_

Number of LD tested: \_\_\_\_\_

Leak detector manufacturer make and model: 99LD-2000

Tank gauge manufacturer make and model: VR MAG-1, MAG-1, MAG PLUS (diesel)

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*

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

*onsite -> None available - sent next day.*

Tank release detection records available during inspection

T1:	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
T2:	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" 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: Not available Number of spill buckets tested? \_\_\_\_\_

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

premium, unleaded, diesel

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: Not available

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

Overfill method that was tested: Alarm  Flapper  Ball Float

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

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

Visual observation of ball float during inspection?  Yes  No

by contractor pulled w/in 24 hrs + measured

**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 lest test? \_\_\_\_\_

Pressure test conducted after tank lining inspection?  Yes  No

non ferrous





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:	09/10/2025	Facility ID#:	6887
Inspector:	Dave Pardue	Facility Name:	Brownsville Body Shop
DEQ Office:	700 NE Multnomah St	Facility Address:	105 BISHOP WAY, BROWNSVILLE, Oregon 97327
Phone #:		County:	Linn

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:	Clara Kelson			<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	Brownsville Body Shop			
Mailing Address:	PO Box 247 , Brownsville Oregon 97327			

**Field Citation Penalty** – See Page 3 for a detailed listing of each violation. \$ 750

**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-10010**

**FACILITY ID: 6887**

**Page 3 of 3**

<b>Violation #1:</b>	<b>(C1c) Failure to repair or replace spill prevention device that is not properly maintained, is defective, is damaged or may have been tampered with in a manner that prevents proper operation.</b>		
<b>*TCR:</b>			
Corrective Action:	Replace damaged spill buckets (completed) and submit post-installation testing results to DEQ by October 15, 2025. Reports received 10/7/25, no additional response required.		
Rule Citation: <b>OAR 340-150-0310(1)</b>	Penalty Amount: \$ 150	Correct Violation by: n/a	Date Violation Corrected: 10/07/2025
<b>Violation #2:</b>	<b>Failure to test spill prevention equipment at least once every 3 years</b>		
<b>*TCR:</b>			
Corrective Action:	Submit results of post repair/installation spill bucket testing to DEQ by October 15, 2025. Reports received 10/7/25, no additional response required.		
Rule Citation: <b>OAR 340-150-0310(8)(b)</b>	Penalty Amount: \$ 500	Correct Violation by: n/a	Date Violation Corrected: 10/07/2025
<b>Violation #3:</b>	<b>Failure to install, operate, maintain or calibrate RD equipment per manufacturer's instructions, including service checks for operability or running condition (i.e. device has been incorrectly installed, is defective, damaged, or may have been tamper</b>		
<b>*TCR:</b>			
Corrective Action:	Submit past three years of records of Annual Release Detection Operability testing by October 15, 2025. If unavailable perform this testing and submit records by October 30, 2025. Reports received 10/7/25, no additional response required.		
Rule Citation: <b>OAR 340-150-0400(1)(c)</b>	Penalty Amount: \$ 100	Correct Violation by: n/a	Date Violation Corrected: 10/07/2025
<b>Violation #4:</b>			
<b>*TCR:</b>			
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
<b>Violation #5:</b>			
<b>*TCR:</b>			
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
<b>Violation #6:</b>			
<b>*TCR:</b>			
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
<b>Total Penalty Amount: \$ 750</b>			

**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*



# Spill Bucket Integrity Test Form

- Testing of all spill buckets is required at installation and at least once every three years thereafter.
- Failed test results must be reported to DEQ.
- Tanks without functional spill prevention may not receive fuel deliveries.
- Notify DEQ of any repairs or replacements. Repairs must meet UL2447 & NLP/A KWA 823 requirements.
- If using a non-hydrostatic, third-party-approved method, specify the name of the equipment and method.
- All test water must be disposed of in accordance with local, state and federal requirements.

Date of Test

9-26-25

UST Facility			Person Conducting Test	
Facility Name <i>Brownsville Auto Body</i>	DEQ Facility ID # <i>22-6887</i>	UST Supervisor's Name <i>Victor Morrell</i>	DEQ License # <i>26470</i>	
Physical Address <i>105 Bishop Way</i>		UST Service Provider <i>Same</i>	DEQ License # <i>30067</i>	
City <i>Brownsville</i>	County <i>Linn</i>	State <b>OR</b>	UST Supervisor's Signature 	
UST Permittee <i>Donald Nelson Jr</i>				

### Spill Bucket Testing

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

### DEQ Hydrostatic Test Procedure

1. Clean out and properly dispose of all debris, soil and/or fluids from the spill bucket.
2. Visually examine to ensure there are no cracks, holes, or broken seals and the fill cap seals properly. **Separation of the bucket from the plow ring is an automatically failed test.**  
**Note: Visual damage is an automatically failed test. Document the failed test, repair or replace the failed component(s), document the repair or replacement, and retest.**
3. Fill with water to within 1 1/2 inches of top and let stand 5 minutes to allow water to reach ambient temperature.
4. After 5 minutes has elapsed, document the initial water level measurement as measured from the bottom of the spill bucket to the nearest 1/16 inch.
5. Leave the spill bucket undisturbed for at least one hour then compare the starting fluid level to the ending level.  
**Note: For accuracy, the location where both the initial and final fluid levels are measured should be the same.**
6. If the fluid level is the same or it has changed by 1/8 inch or less the spill bucket passes the test.
7. If the fluid level is different by more than 1/8 inch, the spill bucket fails the test.
8. Properly dispose of all test fluids at the conclusion of testing.

### Test Data

Tank ID (product stored)	<i>Unleaded Pre</i>	<i>2/L Post</i>	<i>Super Pre</i>	<i>Super Post</i>	<i>N/A</i>
Type of Spill Bucket Tested	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled	<input 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
Test Start Time	<i>8:05</i>	<i>9:30</i>	<i>8:05</i>	<i>9:30</i>	
Test End Time	<i>9:05</i>	<i>10:30</i>	<i>9:05</i>	<i>10:30</i>	
Test Beginning Level	<i>11"</i>	<i>11"</i>	<i>10 3/4</i>	<i>10 3/4</i>	
Test Ending Level	<i>11"</i>	<i>11"</i>	<i>10 3/4</i>	<i>10 3/4</i>	
Test Result (Pass/Fail)	<i>Pass</i>	<i>Pass</i>	<i>Pass</i>	<i>Pass</i>	
Vacuum Test - Gauge Range	Gauge Units		<input type="checkbox"/> in WC <input type="checkbox"/> Other: _____		

Comments: *Pre & Post concrete - Replacement Buckets  
Test left in place 4 hours*



# Spill Bucket Integrity Test Form

- Testing of all spill buckets is required at installation and at least once every three years thereafter.
- Failed test results must be reported to DEQ.
- Tanks without functional spill prevention may not receive fuel deliveries.
- Notify DEQ of any repairs or replacements. Repairs must meet UL2447 & NLP/A KWA 823 requirements.
- If using a non-hydrostatic, third-party-approved method, specify the name of the equipment and method.
- All test water must be disposed of in accordance with local, state and federal requirements.

Date of Test

9-26-25

### UST Facility

### Person Conducting Test

Facility Name <i>Brownsville Auto Body</i>		DEQ Facility ID # <i>22-6887</i>	UST Supervisor's Name <i>Victor Morrell</i>	DEQ License # <i>26470</i>
Physical Address <i>105 Bishop Way</i>			UST Service Provider <i>Same</i>	DEQ License # <i>30067</i>
City <i>Brownsville</i>	County <i>Linn</i>	State <b>OR</b>	UST Supervisor's Signature 	
UST Permittee <i>Donald Nealon Jr</i>				

### Spill Bucket Testing

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

### DEQ Hydrostatic Test Procedure

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

### Test Data

Tank ID (product stored)	<i>Diesel Pre</i>	<i>Diesel Post</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
Type of Spill Bucket Tested	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled	<input 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
Test Start Time	<i>8:05</i>	<i>9:30</i>			
Test End Time	<i>9:05</i>	<i>10:30</i>			
Test Beginning Level	<i>10 1/2</i>	<i>10 1/2</i>			
Test Ending Level	<i>10 1/2</i>	<i>10 1/2</i>			
Test Result (Pass/Fail)	<i>Pass</i>	<i>Pass</i>			
Vacuum Test - Gauge Range		Gauge Units	<input type="checkbox"/> in WC <input type="checkbox"/> Other: _____		

Comments: *Test left in place for pre & post concrete*



# Overfill Flapper and Ball Float Operability Testing Form

UST FACILITY					
Owner / Operator Name <i>Donald Nealon Jr</i>	Facility Name <i>Brownsville Auto Body</i>		Facility ID# <i>22-6887</i>		
Street Address <i>105 Bishop Way</i>	City <i>Brownsville</i>		County <i>Linn</i>		
CONTRACTOR/PERSON CONDUCTING INSPECTIONS					
UST Service Provider Name <i>Victor J Morrell</i>		DEQ License # <i>26470</i>			
UST Supervisor Name <i>Same</i>		DEQ License # <i>30007</i>			
I certify, under penalty of law, that the testing data provided on this form accurately documents the UST system equipment was checked in accordance with the manufacturer's guidelines and the applicable national industry standards.					
Print Name of person conducting inspection <i>Victor J Morrell</i>		Signature of person conducting inspection <i>[Signature]</i>		Inspection Date <i>09/12/25</i>	
Overfill Equipment Check	Tank #				
Product:	<i>Unhaded</i>	<i>Super</i>	<i>Diesel</i>		
Tank chart volume (gallons):	<i>12032</i>	<i>3008</i>	<i>5244</i>		
Tank diameter (inches):	<i>95"</i>	<i>95"</i>	<i>95"</i>		
Tank Type:	<input type="checkbox"/> FRP <input checked="" type="checkbox"/> Steel	<input type="checkbox"/> FRP <input checked="" type="checkbox"/> Steel	<input type="checkbox"/> FRP <input checked="" type="checkbox"/> Steel	<input type="checkbox"/> FRP <input type="checkbox"/> Steel	<input type="checkbox"/> FRP <input type="checkbox"/> Steel
Overfill device manufacturer/model	<i>Ball Float</i>	<i>Ball Float</i>	<i>Ball Float</i>		
Flapper Valve/Auto Shut Off <i>N/A</i> <span style="float: right;"><i>See back</i></span>					
Drop tube removed from tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Drop tube and float mechanism are free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Float moves freely without binding and poppet moves into flow path?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Bypass valve in the drop tube is open and free of blockage (if present)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present
If tank has a ball float, is the flapper installed lower in tank than the ball float? (If present, complete ball float length and percent set point below)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Length not Determined <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Length not Determined <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Length not Determined <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Length not Determined <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Length not Determined <input type="checkbox"/> Not Present
A: Height measured from seat of upper drop tube to bottom of tank (inches)					
B: 95% of tank chart volume (inches)					
X: Upper drop tube length (inches)					
S: Distance from upper tube seam to shutoff point (inches)					
A - (X + S) Must be equal to B					
Height of lower drop tube from tank bottom (inches) Must be 6" or less					
	Pass	Fail	Pass	Fail	Pass
<b>Inspection result</b>	<input type="checkbox"/>				
Flapper valve activates at 95% or lower. All questions answered "Yes"					





State of Oregon Department of Environmental Quality  
**Annual Release Detection Operability Testing Form**

- In-tank setup and alarm history reports must be attached to testing form.
- Maintain three years of testing records.
- [Instructions on how to use this form.](#)

<b>I. FACILITY INFORMATION</b> – Type or print (in ink) all items.		<b>TEST DATE</b>	
Facility ID #:	22-6887	Facility Name:	Brownsville ASFO Body
<b>II. AUTOMATIC TANK GAUGE</b>		ATG Model:	TS-1001
ATG Manufacturer:	Tricon	Tank Gauge 0.2 gph leak tests:	<input type="checkbox"/> Continuous <input type="checkbox"/> Static <input type="checkbox"/> SIR <input checked="" type="checkbox"/> Interstitial Monitoring
Release Detection Method:		Battery Backup Functional?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Battery Backup Functional?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ATG software properly programmed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ATG alarms functional and audible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ATG In-Tank Setup Reports attached to form?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>III. TEST PROCEDURE</b>		Alarm history reports attached to form?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> PEI/RP 1200	<input checked="" type="checkbox"/> Oregon Testing Procedures (Page 2)	<input type="checkbox"/> Manufacturer Testing Procedures	<input type="checkbox"/> Other Method (Describe)
Test comments	Initial Monitoring only		
Inspected for gas leaks	<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
Checked for gas leaks	<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
ATG console clear of	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ATG console clear of	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IV. TESTER</b>			
Person conducting testing:	Victor J Morrell	DEQ License #	24470, 30067

**V. PROBE AND SENSOR TESTING INFORMATION**

Product Stored	Model	ATG console clear of alarms?	Alarm triggered when cable disconnected from probe?	Probes removed and inspected for damage?	Residual buildup on floats has been removed?	Floats) move freely?	Measured product and water levels match ATG values?	Alarm history report attached?	Sensor Number	Sensor Model	Sensor Location	Sensor undamaged?	Alarm sounds when sensor placed in liquid?	Correct alarm sounds?	Sensor correctly installed?
1	Unlabeled	<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	1	FMPULS	Oil Tank	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
2	Super	<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	2	FMP-ULS	Oil Tank	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
3	Discol	<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							

Any "No" answer indicates the test failed. Failed tests must be remedied and retested immediately.

**VI. TEST RESULT**

Pass  Fail

**Annual Release Detection Oversight Testing Form**

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**RE: Results of 9/10/25 full compliance inspection Brownsville Body Shop Fac 06887**

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**From** PARDUE Dave \* DEQ <Dave.PARDUE@deq.oregon.gov>  
**Date** Thu 10/9/2025 10:50 AM  
**To** UST Duty Officer \* DEQ <UST.DutyOfficer@DEQ.oregon.gov>

Hi Emily-

Sorry! Thanks for the follow-up.

I conferred with Dylan regarding the fuel- he said there are no violations we can cite.

I don't want to cite the change in ownership/permittee unless they fail to provide it since this was related to a death in their family.

Regards,  
Dave

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**From:** UST Duty Officer \* DEQ <UST.DutyOfficer@DEQ.oregon.gov>  
**Sent:** Thursday, October 9, 2025 10:35 AM  
**To:** PARDUE Dave \* DEQ <Dave.PARDUE@deq.oregon.gov>; UST Duty Officer \* DEQ <UST.DutyOfficer@DEQ.oregon.gov>  
**Subject:** Re: Results of 9/10/25 full compliance inspection Brownsville Body Shop Fac 06887

Hey Dave,

Did you have time to look into inspection results for 6887 Brownsville body shop.

Do you want to add additional violations or keep it as is?

Emily

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**From:** PARDUE Dave \* DEQ <[Dave.PARDUE@deq.oregon.gov](mailto:Dave.PARDUE@deq.oregon.gov)>  
**Sent:** Tuesday, October 7, 2025 5:00 PM  
**To:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>  
**Subject:** RE: Results of 9/10/25 full compliance inspection Brownsville Body Shop Fac 06887

Thanks for those queries – appreciated. I'll follow up with you tomorrow.

Dave

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**From:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>  
**Sent:** Tuesday, October 7, 2025 3:47 PM  
**To:** PARDUE Dave \* DEQ <[Dave.PARDUE@deq.oregon.gov](mailto:Dave.PARDUE@deq.oregon.gov)>  
**Subject:** Re: Results of 9/10/25 full compliance inspection Brownsville Body Shop Fac 06887

Hey Dave,

I see 3 violations, but you listed 5 corrective actions. Would you like to add additional violations before I issue the FC.

corrective action #4 - maybe L1 or J8.2

Corrective action #5 - maybe E8a-d (i'm not sure if you do all four or just one, I noticed Dylan recently cited this violation for similar issue)

Emily

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**From:** PARDUE Dave \* DEQ <[Dave.PARDUE@deq.oregon.gov](mailto:Dave.PARDUE@deq.oregon.gov)>  
**Sent:** Friday, October 3, 2025 4:14 PM  
**To:** UST Duty Officer \* DEQ <[UST.DutyOfficer@DEQ.oregon.gov](mailto:UST.DutyOfficer@DEQ.oregon.gov)>  
**Subject:** FW: Results of 9/10/25 full compliance inspection Brownsville Body Shop Fac 06887

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**From:** PARDUE Dave \* DEQ  
**Sent:** Friday, October 3, 2025 8:38 AM  
**To:** [bbscrk@gmail.com](mailto:bbscrk@gmail.com)  
**Subject:** Results of 9/10/25 full compliance inspection Brownsville Body Shop Fac 06887

Hello Clara Kelson—

Thank you for facilitating my inspection of your facility on September 10, 2025. I appreciate your assisting with the inspection by opening the sumps/equipment for visual observation.

The facility had some compliance issues which need to be addressed as discussed below.

Equipment (at the time of inspection) appeared to be clean and in good order with the exception of:

- - the spill buckets were in poor condition and required replacement and
- - approximately 1 inch of fuel was present in the diesel under dispenser containment sump.

#### Documentation

1. No records of Spill Prevention testing were available.
2. Annual Release Detection Operability Testing was not performed/records retained for the last three years.
3. The permittee and ownership records are incorrect- I will not cite this as a violation due to Don's passing.

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

Alleged Violations:

1. Failure to replace damaged spill buckets. 340-150-0310(1). C1c.
2. Failure to test spill prevention equipment at least once every 3 years. 340-150-0310(8)(b). C1e.
3. Failure to perform/retain records of Annual Release Detection Operability Testing (no records available from last three years) 340-150-0400(2). G5.

Corrective Action- begin immediately.

1. Replace damaged spill buckets **(completed)** and submit post-installation testing results to DEQ by **October 15, 2025.**
2. Submit results of post repair/installation spill bucket testing to DEQ by **October 15, 2025.**

3. Submit past three years of records of Annual Release Detection Operability testing by **October 15, 2025**. If unavailable perform this testing and submit records by **October 30, 2025**
4. Determine cause of fuel in UDC and correct the cause **(completed)**.
5. Submit, via Your DEQ Online, an "UST-Owner/Permittee Modification" by **October 15, 2025**.

Next Steps –

Please direct your responses to [ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov). **DO NOT SEND RECORDS TO ME.** This team will work with me on documents you submit or corrective actions completed to ensure the work is sufficient to close the inspection.

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

Regards,

Dave

Dave Pardue

UST Program Coordinator and Inspector

503-360-4287

New UST Service Provider Rules: <https://www.oregon.gov/deq/rulemaking/pages/ust2025.aspx>

**YDO is now live for the UST Program- Set up your account here:**

**<https://www.oregon.gov/deq/permits/Pages/UST-in-YDO.aspx>**

**To manage your account and link facilities see this link:**

**<https://www.oregon.gov/deq/permits/Documents/YDO-Account-Registration-and-Management.pdf>**