



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:	06/11/2025	Facility ID#:	9159
Inspector:	Andrea GARCIA	Facility Name:	SALEM AREA MASS TRANSIT DISTRICT
DEQ Office:		Facility Address:	3140 DEL WEBB AVE, SALEM, Oregon 97303
Phone #:	541-776-6003	County:	Marion

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: 09/30/2025
Facility Representative Present During Inspection:	Carrie England			<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	Salem Area Transit			
Mailing Address:	555 Court St NE Ste 5230 , Salem Oregon 97301			

**Field Citation Penalty** – See Page 3 for a detailed listing of each violation. \$ 1500

**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: 10/30/2025**

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: 09/07/2025

PROGRAM ENFORCEMENT No.: 2025-FC-9990

FACILITY ID: 9159

Page 3 of 3

<b>Violation #1:</b> <b>*TCR:</b>	<b>(C2b) Failure to maintain operational overflow prevention equipment. Failure to repair or replace overflow equipment that is defective, improperly installed, damaged or may have been tampered with in a manner that prevents proper operation.</b>		
Corrective Action:	Alarm repaired on June 26, 2025. Work order received by DEQ. No additional response required		
Rule Citation: <b>OAR 340-150-0310(2)</b>	Penalty Amount: \$ 100	Correct Violation by: n/a	Date Violation Corrected: 06/26/2025
<b>Violation #2:</b> <b>*TCR:</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>		
Corrective Action:	Submit automatic tank gauge inspection test results withing 30 days. Maintain records and submit compliance testing results to DEQ by October 5, 2025.		
Rule Citation: <b>OAR 340-150-0400(1)(c)</b>	Penalty Amount: \$ 100	Correct Violation by: 10/05/2025	Date Violation Corrected: 09/25/2025
<b>Violation #3:</b> <b>*TCR:</b>	<b>Failure to complete initial overflow, spill prevention or sump testing requirements by October 1, 2020</b>		
Corrective Action:	Complete testing of spill buckets and overflow verification testing within 30 days. Maintain records and submit compliance testing results to DEQ by October 5, 2025		
Rule Citation: <b>OAR 340-150-0310(10)</b>	Penalty Amount: \$ 0	Correct Violation by: 10/05/2025	Date Violation Corrected:
<b>Violation #4:</b> <b>*TCR:</b>	<b>Failure to maintain adequate records of ATG monitoring and testing results.</b>		
Corrective Action:	Submit the last years' worth of passing monthly tank test results for the used oil and motor oil tanks within 30 days. Maintain records and submit compliance testing results to DEQ by October 5, 2025.		
Rule Citation: <b>OAR 340-150-0450(5)</b>	Penalty Amount: \$ 300	Correct Violation by: 10/05/2025	Date Violation Corrected: 09/25/2025
<b>Violation #5:</b> <b>*TCR:</b>	<b>Failure to test spill prevention equipment at least once every 3 years</b>		
Corrective Action:	Submit passing spill bucket test within 30 days. Maintain records and submit compliance testing results to DEQ by October 5, 2025		
Rule Citation: <b>OAR 340-150-0310(8)(b)</b>	Penalty Amount: \$ 500	Correct Violation by: 10/05/2025	Date Violation Corrected:
<b>Violation #6:</b> <b>*TCR:</b>	<b>Failure to inspect overflow equipment at least once every 3 years.</b>		
Corrective Action:	Submit passing overflow verification testing within 30 days. Maintain records and submit compliance testing results to DEQ by October 5, 2025		
Rule Citation: <b>OAR 340-150-0310(9)</b>	Penalty Amount: \$ 500	Correct Violation by: 10/05/2025	Date Violation Corrected:
Total Penalty Amount: \$ <b>1500</b>			

**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: 10/05/2025**

**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*



Program Enforcement No. 2025-FC-10002

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

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	10/2/2025	Facility ID#:	9159
Inspector:	Diana Foss	Facility Name:	SALEM AREA MASS TRANSIT DISTRICT
DEQ Office:	DEQ HQ 700 NE Multnomah St. #600 Portland OR 97232	Facility Address:	3140 DEL WEBB AVE, SALEM, Oregon 97303
Phone #:	503-869=0770	County:	Marion

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: 10/02/2025
Facility Representative Present During Inspection:	<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other			
Name of Permittee or Owner:	Salem Area Transit			
Mailing Address:	555 Court St NE Ste 5230 , Salem Oregon 97301			

Field Citation Penalty – See Page 3 for a detailed listing of each violation. \$ 300

**Check payable to: DEQ Financial Services LBX3615; P.O. Box 3615; Portland OR 97208-3615**

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**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: 11/03/2025**

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.

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### **Option 1:**

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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.

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### **Option 2:**

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

**UST FIELD CITATION**

**DATE ISSUED: 10/02/2025**

**PROGRAM ENFORCEMENT No.: 2025-FC-10002**

**FACILITY ID: 9159**

**Page 3 of 3**

<b>Violation #1:</b> <b>*TCR:</b>	<b>(A8a) Allowing tank services to be performed by a person or company not licensed by the DEQ.</b>		
Corrective Action:	Submit spill bucket tests performed by a licensed UST Supervisor employed by a licensed UST Service Provider		
Rule Citation: <b>OAR 340-150-0160 (2)</b>	Penalty Amount: \$ 300	Correct Violation by: 10/17/2025	Date Violation Corrected:
<b>Violation #2:</b> <b>*TCR:</b>			
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
<b>Violation #3:</b> <b>*TCR:</b>			
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
<b>Violation #4:</b> <b>*TCR:</b>			
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
<b>Violation #5:</b> <b>*TCR:</b>			
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
<b>Violation #6:</b> <b>*TCR:</b>			
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Total Penalty Amount: \$ 300			

**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: 11/03/2025**

**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*



Is sensor in alarm? (If yes, indicate why in the comments section)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sensor installed in the proper location and position?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sensor triggers alarm, at tank gauge, when placed in test liquid	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When alarm is triggered, the sensor is properly identified on the ATG	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm history report attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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>VII. TEST RESULTS</b>	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

**VIII. COMMENTS**

The comments section should be used to note additional information discovered or actions taken during testing that affect compliance

**XI. Tester**

Person Conducting Testing:

**Oregon DEQ Tank Gauge and Probe Functionality Testing Procedures**

1. Inspect console and verify that there are no active or recurring warnings or alarms.
2. Confirm that both the visual and audible alarms on the tank gauge console function correctly.
3. Verify that the correct set-up parameters for the probes and appropriate tank leak detection is programmed correctly.
4. Test battery backup (if present).
5. Remove tank probe from tank.
6. Disconnect probe, wait for "Probe Out" alarm, reconnect probe and reset tank gauge.
7. Remove build up from probes.
8. Measure the fuel and water contents of the tank and compare with the tank gauge inventory report ensuring that they are the same.
9. Ensure that the probe's fuel and water floats are the correct type for the product stored in the tank.
10. Reposition the floats, measure distance from bottom of the probe, and utilize tank charts to confirm accuracy of the tank gauge.
11. Reinstall probes ensuring that the tank riser cap seals properly and the communication cable seal is tight.
12. If tank gauge is equipped with printer, attach the printed tank gauge in-tank setup and alarm history report demonstrating that probes were tested.

**Oregon DEQ Sensor Functionality Testing Procedures**

1. Inspect sensor for damage.
2. Place sensor in at least three inches of testing liquid.
3. Verify sensor alarms at tank gauge or sensor has appropriate alarm response (dispenser or turbine shut down).
4. Clear alarm.
5. Reinstall sensor upon verification of proper operation.
6. If tank gauge is equipped with printer, attach the printed tank gauge in-tank setup and alarm history report demonstrating that sensors were tested.

# SK Equipment Company Inc.

Date 9/16/2025

Inspected by- Scott W. Kayl

## Annual Tank Monitor Inspection Report

Contact-	Mike Taylor			
Phone Number	(503) 361-7577			
Facility I.D.	24-9159-OPER			
Facility Location	Salem Area Mass Transit			
	3140 Del Webb Ave.			
	Salem, OR 97303			
Tank monitor manufacturer-	Veeder Root			
Model #	TLS-300C			
Serial #	I08195498905001			
-	Tank 1	Tank 2	Tank 3	Tank 4
Tank I.D.	BGDJJ (Tank ID 6)	ADDHJ (Tank ID M 2)		
Product	Used Oil	New Mtr. Oil		
Volume	2,500 Gallon	2,000 Gallon		
Tank Type S W./D.W	D.W	D.W		
Tank construction F.G/steel	F.G	F.G		
Interstitial space type- Dry/Brine/N/A	Dry	Brine		
Interstitial sensor operating- Yes/No/N/A	Yes	Yes		
ST. P sump sensor operating Yes/No/N/A	Turbine Sump Sensor Only, Tested 9/16/25	Turbine Sump Sensor Only, Tested 9/16/2025		
In tank probes Yes/No/N/A	Yes, Inmetro #846390-104, SN 390564	Yes, Inmetro #84390-104, SN389946		
Line leak- If suction N/A Yes/No/N/A	N/A, Dump used oil at tank	No, Safe Suction to Lube Room (DW Smith Piping)		
Line Leak Type Mech/Electronic/N/A	N/A	N/A		
Cathodic Protection Yes/No/N/A	N/A	N/A		
	Disp. 1/2	Disp. 3/4	Disp. 5/6	Disp.
Dispenser pan sensors operating N/A Yes/No	No Dispensers	No Dispensers		
Other Pan Sensors Yes/No/N/A	No	No		
Overfill Alarm Operating Yes/No/N/A	Yes	Yes		

Any existing alarms Yes/No/N/A	No	No		

SALEM TRANSIT  
3170 DELWEB AVE  
SALEM OR

07-10-25 9:12 AM

LEAK TEST REPORT

T 2:MOTOR OIL  
PROBE SERIAL NUM 389946

TEST STARTING TIME:  
07-10-25 7:12 AM

TEST LENGTH = 2.0 HRS  
STRT VOLUME = 826.9 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

Motor oil →

SALEM TRANSIT  
3170 DELWEB AVE  
SALEM OR

07-10-25 9:12 AM

LEAK TEST REPORT

T 1:WASTE OIL  
PROBE SERIAL NUM 390564

TEST STARTING TIME:  
07-10-25 7:12 AM

TEST LENGTH = 2.0 HRS  
STRT VOLUME = 739.6 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

← USE oil

July 2025

SALEM AREA TRANSIT  
3140 DEL WEBB AVE NE  
SALEM OR 97303  
503-588-2424

07-06-25 5:01 AM

LEAK TEST REPORT

T 1:UNLEAD  
PROBE SERIAL NUM 564890

TEST STARTING TIME:  
07-06-25 2:01 AM

TEST LENGTH = 3.0 HRS  
STRT VOLUME = 1387.5 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

SALEM AREA TRANSIT  
3140 DEL WEBB AVE NE  
SALEM OR 97303  
503-588-2424

07-06-25 5:31 AM

LEAK TEST REPORT

T 2:EAST DIESEL  
PROBE SERIAL NUM 563493

TEST STARTING TIME:  
07-06-25 2:31 AM

TEST LENGTH = 3.0 HRS  
STRT VOLUME = 14733.7 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

SALEM AREA TRANSIT  
3140 DEL WEBB AVE NE  
SALEM OR 97303  
503-588-2424

07-06-25 5:31 AM

LEAK TEST REPORT

T 3:WEST DIESEL  
PROBE SERIAL NUM 563498

TEST STARTING TIME:  
07-06-25 2:31 AM

TEST LENGTH = 3.0 HRS  
STRT VOLUME = 14746.5 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

STOP IN-TANK LEAK TEST  
T 1:WASTE OIL  
08-18-25 2:00 AM

SALEM TRANSIT  
3170 DELWEB AVE  
SALEM OR

08-18-25 2:00 AM

LEAK TEST REPORT

T 1:WASTE OIL ← USE oil  
PROBE SERIAL NUM 390564

TEST STARTING TIME:  
08-18-25 12:00 AM

TEST LENGTH = 2.0 HRS  
STRT VOLUME = 984.6 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

STOP IN-TANK LEAK TEST  
T 2:MOTOR OIL  
08-18-25 2:00 AM

SALEM TRANSIT  
3170 DELWEB AVE  
SALEM OR

08-18-25 2:00 AM

LEAK TEST REPORT

T 2:MOTOR OIL ← Motor oil  
PROBE SERIAL NUM 389946

TEST STARTING TIME:  
08-18-25 12:00 AM

TEST LENGTH = 2.0 HRS  
STRT VOLUME = 965.9 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

Aug 2025

STOP IN-TANK LEAK TEST  
T 1:UNLEAD  
08-18-25 3:01 AM

SALEM AREA TRANSIT  
3140 DEL WEBB AVE NE  
SALEM OR 97308  
503-588-2424

08-18-25 3:01 AM

LEAK TEST REPORT

T 1:UNLEAD  
PROBE SERIAL NUM 564890

TEST STARTING TIME:  
08-18-25 12:01 AM

TEST LENGTH = 3.0 HRS  
STRT VOLUME = 1304.6 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

STOP IN-TANK LEAK TEST  
T 2:EAST DIESEL  
08-18-25 3:31 AM

SALEM AREA TRANSIT  
3140 DEL WEBB AVE NE  
SALEM OR 97308  
503-588-2424

08-18-25 3:31 AM

LEAK TEST REPORT

T 2:EAST DIESEL  
PROBE SERIAL NUM 563493

TEST STARTING TIME:  
08-18-25 12:31 AM

TEST LENGTH = 3.0 HRS  
STRT VOLUME = 14026.2 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

STOP IN-TANK LEAK TEST  
T 3:WEST DIESEL  
08-18-25 3:31 AM

SALEM AREA TRANSIT  
3140 DEL WEBB AVE NE  
SALEM OR 97308  
503-588-2424

08-18-25 3:31 AM

LEAK TEST REPORT

T 3:WEST DIESEL  
PROBE SERIAL NUM 563498

TEST STARTING TIME:  
08-18-25 12:31 AM

TEST LENGTH = 3.0 HRS  
STRT VOLUME = 15279.8 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

STOP IN-TANK LEAK TEST  
T 2:MOTOR OIL  
09-15-25 2:00 AM

SALEM TRANSIT  
3170 DELWEB AVE  
SALEM OR

09-15-25 2:00 AM

LEAK TEST REPORT

T 2:MOTOR OIL ← Motor oil  
PROBE SERIAL NUM 389946

TEST STARTING TIME:  
09-15-25 12:00 AM

TEST LENGTH = 2.0 HRS  
STRT VOLUME = 999.7 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

STOP IN-TANK LEAK TEST  
T 1:WASTE OIL  
09-22-25 9:24 AM

SALEM TRANSIT  
3170 DELWEB AVE  
SALEM OR

09-22-25 9:24 AM

LEAK TEST REPORT

T 1:WASTE OIL ← USE oil  
PROBE SERIAL NUM 390564

TEST STARTING TIME:  
09-22-25 7:24 AM

TEST LENGTH = 2.0 HRS  
STRT VOLUME = 794.1 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

Sept 2025

STOP IN-TANK LEAK TEST  
T 1:UNLEAD  
09-01-25 3:01 AM

SALEM AREA TRANSIT  
3140 DEL WEBB AVE NE  
SALEM OR 97303  
503-588-2424

09-01-25 3:01 AM

LEAK TEST REPORT

T 1:UNLEAD  
PROBE SERIAL NUM 564890

TEST STARTING TIME:  
09-01-25 12:01 AM

TEST LENGTH = 3.0 HRS  
STRT VOLUME = 1685.0 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

STOP IN-TANK LEAK TEST  
T 2:EAST DIESEL  
09-01-25 3:31 AM

SALEM AREA TRANSIT  
3140 DEL WEBB AVE NE  
SALEM OR 97303  
503-588-2424

09-01-25 3:31 AM

LEAK TEST REPORT

T 2:EAST DIESEL  
PROBE SERIAL NUM 563493

TEST STARTING TIME:  
09-01-25 12:31 AM

TEST LENGTH = 3.0 HRS  
STRT VOLUME = 14363.6 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

STOP IN-TANK LEAK TEST  
T 3:WEST DIESEL  
09-01-25 3:31 AM

SALEM AREA TRANSIT  
3140 DEL WEBB AVE NE  
SALEM OR 97303  
503-588-2424

09-01-25 3:31 AM

LEAK TEST REPORT

T 3:WEST DIESEL  
PROBE SERIAL NUM 563498

TEST STARTING TIME:  
09-01-25 12:31 AM

TEST LENGTH = 3.0 HRS  
STRT VOLUME = 15534.8 GAL

LEAK TEST RESULTS  
0.20 GAL/HR TEST PASS

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

Tanks  
Program



State of Oregon Department of Environmental Quality

# UST Monthly Walkthrough Inspection Checklist

Facility Name <i>Cherriots - Salem Area Mass Transit</i>	Facility Address <i>3140 Del Webb AVE, Salem OR</i>	Facility ID Number <i>24-9159</i>	Year <i>2025</i>
---	--	--------------------------------------	---------------------

Year:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Is tank monitor/automatic tank gauge (ATG) (Veeder Root, Incon, etc.) powered on and in proper operating mode?						X	X	X	X			
Have you responded to any leak detection alarm appropriately? Provide comments on the back page if there have been any alarms.						none	N/A	none	no			
Is the tank monitor / ATG providing a passing printout for 0.2 gph or are you keeping liquid status sensor printouts? Keep at least one per month.						X	X	X	X			
Are spill buckets free of damage for each tank? (No cracks, bulges or holes, no water or debris, etc.)						X	X	X	X			
Are fill pipes free of obstructions for each tank?						X	X	X	X			
Is the fill cap secure on the fill pipe for each tank?						X	X	X	X			
Are the under-dispenser containments (UDC) free of damage, water, debris and hazardous substances?						X	X	X	X			
Initials of person conducting walkthrough inspection:						KK	KK	KK	KK			
Date of walkthrough inspection:						6/25	7/15	8/12	9/9			

- Any fuel observed in containment sumps must be reported to DEQ within 24 hours.
- All liquid in spill buckets or containment sumps must be disposed of properly.
- All alarms must be recorded on page 2, including responsive action.



Oregon Department of Environmental Quality  
**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**  
 10-8-25

UST Facility			Person Conducting Test	
Facility Name <i>Salem Transit</i>	DEQ Facility ID # <i>24-9159</i>	UST Supervisor's Name <i>Victor J Morrell</i>	DEQ License # <i>26470</i>	
Physical Address <i>3140 Del Webb Ave</i>		UST Service Provider <i>Victor J Morrell</i>	DEQ License # <i>30067</i>	
City <i>Salem</i>	County <i>Marion</i>	State <b>OR</b>	UST Supervisor's Signature 	
UST Permittee <i>Same</i>				

Spill Bucket Testing	
<b>Reason for Test</b>	<input type="checkbox"/> New Installation <input checked="" type="checkbox"/> Existing Installation (triannual test) <input type="checkbox"/> Release Investigation
<b>Construction</b>	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled <input type="checkbox"/> Spill Bucket Liner
<b>Type of Test</b>	<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>Unleaded</i>	<i>Diesel East</i>	<i>Diesel West</i>	<i>Used 0:1</i>	<i>New Oil</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 checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled	<input checked="" type="checkbox"/> Single-Walled <input type="checkbox"/> Double-Walled
Test Start Time	<i>12:35</i>	<i>12:20</i>	<i>12:21</i>	<i>1:15</i>	<i>1:34</i>
Test End Time	<i>1:15</i>	<i>12:51</i>	<i>12:52</i>	<i>2:15</i>	<i>2:15</i>
Test Beginning Level	<i>7 1/4</i>	<i>10 1/2</i>	<i>10 1/4</i>	<i>9 1/8 10 1/2</i>	<i>7 1/8</i>
Test Ending Level	<i>7 1/4</i>	<i>10 1/2</i>	<i>10 1/4</i>	<i>9 1/8 10 1/2</i>	<i>7 1/8</i>
Test Result (Pass/Fail)	<i>Pass</i>	<i>Pass</i>	<i>Pass</i>	<i>Pass</i>	<i>Pass</i>
<b>Vacuum Test – Gauge Range</b>	<b>Gauge Units</b>		<input type="checkbox"/> in WC <input type="checkbox"/> Other: _____		

**Comments:** *Wash & Clean Buckets Prior to Testing  
 Simmons Caldwell Method.*



# Overfill Alarm Operability Testing Form

UST FACILITY					
Owner / Operator Name <i>Salem Area Mass Transit Dist</i>		Facility Name <i>Same</i>		Facility ID#: <i>24-9159</i>	
Street Address <i>3146 Del Webb Ave</i>		City <i>Salem</i>		County <i>Marion</i>	
CONTRACTOR/PERSON CONDUCTING INSPECTIONS					
UST Service Provider Name <i>Victor J Morrell</i>		DEQ License # <i>26470</i>			
UST Supervisor Name <i>Victor J Morrell</i>		DEQ License # <i>30067</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>10/08/25</i>	
Overfill Equipment Check	Tank # 1	Tank # 2	Tank # 3	Tank #	Tank #
Product:	<i>Unleaded</i>	<i>Diesel</i>	<i>Diesel</i>	<i>Used Oil</i>	<i>New Oil</i>
Tank chart volume (gallons):	<i>2376</i>	<i>19703</i>	<i>19703</i>	<i>2316</i>	<i>2104</i>
Tank diameter (inches):	<i>72"</i>	<i>120"</i>	<i>120"</i>	<i>69"</i>	<i>71"</i>
Tank Type:	<input checked="" type="checkbox"/> FRP <input checked="" type="checkbox"/> Steel	<input checked="" type="checkbox"/> FRP <input type="checkbox"/> Steel	<input checked="" type="checkbox"/> FRP <input type="checkbox"/> Steel	<input checked="" type="checkbox"/> FRP <input type="checkbox"/> Steel	<input checked="" type="checkbox"/> FRP <input type="checkbox"/> Steel
Overfill device manufacturer/model	<i>Veeder Root TLS-350</i>	<i>Veeder Root TLS-350</i>	<i>Veeder Root TLS-350</i>	<i>Veeder Root TLS-300c</i>	<i>Veeder Root TLS-300c</i>
Overfill Alarm	Tank # 1	Tank # 2	Tank # 3	Tank # 1	Tank # 2
Overfill alarm is visible/audible at ATG?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
When activated, overfill alarm can be heard and seen while delivering to the tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
After removing the probe from the tank, it has been inspected and any damaged or missing parts replaced?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Float moves freely on the stem without binding?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Moving product level float up the stem triggers alarm?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B: 90% of tank chart volume (inches)	<i>59 1/4</i>	<i>98 1/2</i>	<i>98 1/2</i>	<i>49 1/2</i>	<i>59 1/2</i>
Measurement from bottom of stem when overfill alarm is triggered (inches)	<i>59.2</i>	<i>98.41</i>	<i>98.40</i>	<i>49 1/2</i>	<i>59 1/2</i>
Percent tank volume when alarm occurs (from tank chart)	<i>90%</i>	<i>90%</i>	<i>90%</i>	<i>90%</i>	<i>90%</i>
Fuel float level on the console agrees with the gauge stick reading?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Overfill alarm activates at any product level above 90% tank capacity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Overfill alarm and tank setup reports attached?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
Inspection result	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Overfill alarm activates at 90% or lower All questions answered "Yes"					
Comments and explanation of failing results and other problems noted during inspection:					

To be completed by OCE:
OCE Case No.:
Date Assigned:
ELS Assigned to:

**ENFORCEMENT REFERRAL – UST COMPLIANCE**

Inspector: Dylan Eckert  
 Inspector Contact #: 541-215-2368  
 What Cost Center Worktag do you want the ELS to use? 3216441370  
 40572:Enforcement:  
 SK Equipment Company, Inc  
 Respondent Name: 2318 Ptarmigan Street NW Salem, OR 97304  
 Respondent contact name, phone number and email for heads up call: Scott Kayl  
 503-507-4673  
 no email available  
 Site Name (if different from Respondent):  
 UST Facility ID#: Unlicensed contractor

1. Who is the permittee, tank owner and property owner?

Provide printout from YDO as an attachment.

- Permittee:
- Tank Owner:
- Property Owner:

2. If the violations fit within the UST field citation program, why are the violations being referred?

Not a UST permittee

<b>UST Violation Reference</b>	<b>Violation 1</b>
<b>Narrative description of violation</b>	K1 Failure to obtain the appropriate UST service provider license before providing or offering tank services.
<b>Rule Reference</b>	340-160-0020(1)
<b>What communication have you had with Respondent regarding this violation?</b>	See attached PEN
<b>Are there uncorrected violations?</b>	Yes, must obtain UST Service Provider license
<b>How many days did the violation occur/exist?</b>	10/1/25 - present
<b>Is this a repeat violation?</b>	No
<b>Economic Benefit of achieving compliance. Provide specific amounts.</b>	\$600
<b>Were there any impacts of the violation on human health and the environment?</b>	unknown
<b>What other evidence do you have regarding whether the respondent knew or should have known that this would be a violation (e.g. interactions with others including EPA, service providers; training on requirements; multiple UST facilities)?</b>	

	<b>Violation 2</b>
<b>UST Violation Reference</b>	K2
<b>Narrative description of violation</b>	Failure to obtain the appropriate UST supervisor license before providing or offering tank services.
<b>Rule Reference</b>	340-160-0020(1)
<b>What communication have you had with Respondent regarding this violation?</b>	See attached PEN
<b>Are there uncorrected violations?</b>	Yes, must obtain UST Supervisor license
<b>How many days did the violation occur/exist?</b>	10/1/25 - present
<b>Is this a repeat violation?</b>	No
<b>Economic Benefit. Provide specific amounts.</b>	\$265
<b>Were there any impacts of the violation on human health and the environment?</b>	unknown
<b>What other evidence do you have regarding whether the respondent knew or should have known that this would be a violation (e.g. interactions with others including EPA, service providers; training on requirements; multiple UST facilities)?</b>	

<b>UST Violation Reference</b>	<b>Violation 3</b>
<b>Narrative description of violation</b>	K10 Failure to notify DEQ 3 days before performing work on an UST system, including the name(s) of the supervisors performing the work and copies of their manufacturers certifications for all equipment involved.
<b>Rule Reference</b>	OAR 340-160-0021(1)
<b>What communication have you had with Respondent regarding this violation?</b>	See attached PEN
<b>Are there uncorrected violations?</b>	Yes, must submit 3 day notification of work and test results
<b>How many days did the violation occur/exist?</b>	10/1/25 - present
<b>Is this a repeat violation?</b>	no
<b>Economic Benefit. Provide specific amounts.</b>	\$100
<b>Were there any impacts of the violation on human health and the environment?</b>	unknown
<b>What other evidence do you have regarding whether the respondent knew or should have known that this would be a violation (e.g. interactions with others including EPA, service providers; training on requirements; multiple UST facilities)?</b>	

**S K Equipment Company, Inc.**

PO Box 5842  
Salem, OR 97304

**Invoice**

<b>Date</b>	<b>Invoice #</b>
10/1/2025	56098

<b>Bill To</b>
Salem Area Transit Attn: A/P 555 Court Street NE Suite 5230 Salem, OR 97301

<b>Ship To</b>
Salem Area Transit 3170 Del Webb Ave. Salem, OR 97303

<b>P.O. No.</b>	<b>Due Date</b>	<b>Project</b>
Zac	10/31/2025	

Item	Description	Qty	Rate	Amount
SK Service	-We need to test all spill buckets per DEQ Inspection SK 10/1/2025 Tested all five petroleum spill bucket for tightness, procedure, and results  -Filled below spill buckets with water, 1" from the top of the bucket for 20 minutes, vacuumed water from spill bucket, disposed of in steam cleaning oil water separator, wiper out spill buckets with paper towel  -Unleaded Gasoline Tank #ADDJK, Tested tight (EBW 1100 with drain) -Diesel Tank #ADDJA, Tested tight (OPW 1C with a drain) -Diesel Tank #ADDJB, Tested tight (OPW 1C without drain) -Waist Oil Tank #BGDJJ, Tested Tight (EBW 1100) -New Motor Oil Tank #ADDHJ, Tested Tight (OPW #1 with drain)	3	145.00	435.00

We appreciate your business		<b>Total</b>	\$435.00
		<b>Payments/Credits</b>	\$0.00
		<b>Balance Due</b>	\$435.00



Program Enforcement No. 2025-FC-9990

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

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	06/11/2025	Facility ID#:	9159
Inspector:	Andrea GARCIA	Facility Name:	SALEM AREA MASS TRANSIT DISTRICT
DEQ Office:		Facility Address:	3140 DEL WEBB AVE, SALEM, Oregon 97303
Phone #:	541-776-6003	County:	Marion

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: 09/30/2025
Facility Representative Present During Inspection:	Carrie England <i>Tom Dietz</i>			<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	Salem Area Transit			
Mailing Address:	555 Court St NE Ste 5230 , Salem Oregon 97301			

Field Citation Penalty - See Page 3 for a detailed listing of each violation. \$ 1500

**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: 10/30/2025

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: <i>Tom Dietz</i>	Owner / Permittee
Signature: <i>[Signature]</i>	Date: <i>10/9/2025</i>

**Important**

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



Program Enforcement No. 2025-FC-10002

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:	10/2/2025	Facility ID#:	9159
Inspector:	Diana Foss	Facility Name:	SALEM AREA MASS TRANSIT DISTRICT
DEQ Office:	DEQ HQ 700 NE Multnomah St. #600 Portland OR 97232	Facility Address:	3140 DEL WEBB AVE, SALEM, Oregon 97303
Phone #:	503-869-0770	County:	Marion

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

Field Citation Issued:  In Person  By Email  Both Date Issued: 10/02/2025

Facility Representative Present During Inspection:  Permittee  Owner  Other

Name of Permittee or Owner: Salem Area Transit

Mailing Address: 555 Court St NE Ste 5230 , Salem Oregon 97301

Field Citation Penalty – See Page 3 for a detailed listing of each violation. \$ 300

Check payable to: DEQ Financial Services LBX3615; P.O. Box 3615; Portland OR 97208-3615

Or pay online through your YOO 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: 11/03/2025

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: *Tom Dietz* Owner / Permittee

Signature: *[Signature]* Date: 10/13/2025

Important

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

**UST FIELD CITATION**

DATE ISSUED: 10/02/2025

PROGRAM ENFORCEMENT No.: 2025-FC-10002

FACILITY ID: 9159

Page 3 of 3

<b>Violation #1:</b> <b>*TCR:</b>	<b>(A8a) Allowing tank services to be performed by a person or company not licensed by the DEQ.</b>		
Corrective Action:	Submit spill bucket tests performed by a licensed UST Supervisor employed by a licensed UST Service Provider		
Rule Citation: <b>OAR 340-150-0160 (2)</b>	Penalty Amount: \$	300	Correct Violation by: 10/17/2025
<b>Violation #2:</b> <b>*TCR:</b>	Date Violation Corrected:		
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$		Correct Violation by:
<b>Violation #3:</b> <b>*TCR:</b>	Date Violation Corrected:		
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$		Correct Violation by:
<b>Violation #4:</b> <b>*TCR:</b>	Date Violation Corrected:		
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$		Correct Violation by:
<b>Violation #5:</b> <b>*TCR:</b>	Date Violation Corrected:		
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$		Correct Violation by:
<b>Violation #6:</b> <b>*TCR:</b>	Date Violation Corrected:		
Corrective Action:			
Rule Citation: <b>OAR</b>	Penalty Amount: \$		Correct Violation by:
		Total Penalty Amount: \$ 300	Date Violation Corrected:

**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: 11/03/2025**

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:

*[Signature]*  
Permittee/Owner Signature

10/13/2025  
Date

---

**Re: DEQ UST Compliance Determination: Salem Area Mass Transit #9159**

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

**Date** Wed 10/29/2025 2:27 PM

**To** UST Duty Officer \* DEQ <UST.DutyOfficer@DEQ.oregon.gov>; Zachery Leeth <zachery.leeth@cherriots.org>

**Cc** Michael Taylor <mike.taylor@cherriots.org>; Tom Dietz <tom.dietz@cherriots.org>

Good afternoon,

I see that payment of the penalties were processed on 10/24/25.

The UST inspection for DEQ facility 9159 Salem Area Mass Transit #9159 located at 3140 Del Webb Ave Salem, OR is **officially CLOSED and COMPLETE**.

Thank you for your 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)

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

**Sent:** Monday, October 13, 2025 3:49 PM

**To:** Zachery Leeth <zachery.leeth@cherriots.org>; UST Duty Officer \* DEQ <UST.DutyOfficer@deq.oregon.gov>

**Cc:** Michael Taylor <mike.taylor@cherriots.org>; Tom Dietz <tom.dietz@cherriots.org>

**Subject:** Re: DEQ UST Compliance Determination: Salem Area Mass Transit #9159

Perfect - thank you for emailing the spill bucket and overfill test reports. Everything looks great and will mark the corrective actions as complete.

**The remaining step is payment of the penalty, \$1500 associated with the conditions observed at the time of the inspection. A second field citation was also issued for \$300 for using an unlicensed service provider.**

The testing company has unfortunately been a known problem and have also been issued a citation.

**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



**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:** Zachery Leeth <zachery.leeth@cherriots.org>

**Sent:** Monday, October 13, 2025 2:10 PM

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

**Cc:** Michael Taylor <mike.taylor@cherriots.org>; Tom Dietz <tom.dietz@cherriots.org>

**Subject:** Re: DEQ UST Compliance Determination: Salem Area Mass Transit #9159

Greeting,

I am submitting the Spill Bucket Integrity Test form for Salem Area Mass Transit District, as required for the corrective action due by October 17, 2025. Please let me know if you need anything else.

Thank you,

**Zach Leeth**

Maintenance Manager

[zachery.leeth@cherriots.org](mailto:zachery.leeth@cherriots.org)

Direct: 503-361-7562

On Thu, Oct 2, 2025 at 8:08 AM UST Duty Officer \* DEQ <[UST.DutyOfficer@deq.oregon.gov](mailto:UST.DutyOfficer@deq.oregon.gov)> wrote:

Good morning, Zachary,

SK Equipment Company, Inc is not a licensed UST Service Provider, and Scott Kayl is not a licensed UST Supervisor. Attached, please find 2025-FC-10002, citing the violation of allowing UST services to be performed by a person or company not licensed by DEQ. The corrective action of submitting spill bucket test results performed by a licensed UST Supervisor employed by a licensed UST Service Provider is due by 10/17/2025. Payment of the \$300 penalty is due by 11/4/2025.

In addition, an invoice is not proof of a spill bucket test; I have attached the form containing the information that DEQ requires for such a test. Please make sure that the licensed service provider you hire uses such a form. We have a list of licensed service providers and supervisors available on our website:

<https://www.oregon.gov/deq/tanks/Pages/UST-Service.aspx>

Please let me know if you have any questions.



**Diana Foss** (she/her)

Senior Policy Analyst, Underground Storage Tanks

DEQ Headquarters, Land Quality Division

700 NE Multnomah Street, Suite 600

Portland OR 97232-4100

C 503-869-0770

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**From:** Zachery Leeth <[zachery.leeth@cherriots.org](mailto:zachery.leeth@cherriots.org)>  
**Sent:** Wednesday, October 1, 2025 3:00 PM  
**To:** UST Duty Officer \* DEQ <[ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov)>  
**Cc:** Michael Taylor <[mike.taylor@cherriots.org](mailto:mike.taylor@cherriots.org)>; Tom Dietz <[tom.dietz@cherriots.org](mailto:tom.dietz@cherriots.org)>  
**Subject:** Re: DEQ UST Compliance Determination: Salem Area Mass Transit #9159

You don't often get email from [zachery.leeth@cherriots.org](mailto:zachery.leeth@cherriots.org). [Learn why this is important](#)

Greetings,

Here is the requested spill bucket test report. All 5 spill buckets passed. Please let me know if you need anything else.

Thank you,

**Zach Leeth**

Maintenance Manager  
[zachery.leeth@cherriots.org](mailto:zachery.leeth@cherriots.org)  
Direct: 503-361-7562

On Tue, Sep 30, 2025 at 12:59 PM Zachery Leeth <[zachery.leeth@cherriots.org](mailto:zachery.leeth@cherriots.org)> wrote:

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**Zach Leeth**

Maintenance Manager  
[zachery.leeth@cherriots.org](mailto:zachery.leeth@cherriots.org)  
Direct: 503-361-7562

----- Forwarded message -----

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

Date: Tue, Sep 30, 2025 at 9:45 AM

Subject: Re: DEQ UST Compliance Determination: Salem Area Mass Transit #9159

To: Zachery Leeth <[zachery.leeth@cherriots.org](mailto:zachery.leeth@cherriots.org)>, UST Duty Officer \* DEQ

<[ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov)>

Cc: Tom Dietz <[tom.dietz@cherriots.org](mailto:tom.dietz@cherriots.org)>

Good morning,

Thank you for sending in the requested documents for the corrective actions - everything looks good. Do you have an update on the spill bucket and overfill testing? I understand that the overfill alarm was tested, but I still need the regular test form that the drop tube was pulled and tested.

Please review the attached field citation - sorry for the delay in sending the official field citation document. **The deadline for payment of the \$1500 penalty is 10/30/25.** Violations added for missing multiple years of spill bucket and overfill testing.

### **Corrective Actions:**

1. ~~Alarm repaired on June 26, 2025. Work order received by DEQ.~~ **COMPLETE**
2. ~~**Submit automatic tank gauge inspection test results within 30 days.**~~ Maintain records and submit compliance testing results to DEQ by **October 5, 2025.** **COMPLETE**
3. **Complete testing of spill buckets and overfill verification testing within 30 days.** Maintain records and submit compliance testing results to DEQ by **October 5, 2025**
4. ~~**Submit the last years' worth of passing monthly tank test results for the used oil and motor oil tanks within 30 days.**~~ Maintain records and submit compliance testing results to DEQ by **October 5, 2025.** **COMPLETE**

### **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:** Zachery Leeth <[zachery.leeth@cherriots.org](mailto:zachery.leeth@cherriots.org)>

**Sent:** Thursday, September 25, 2025 2:01 PM

**To:** UST Duty Officer \* DEQ <[ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov)>

**Cc:** Tom Dietz <[tom.dietz@cherriots.org](mailto:tom.dietz@cherriots.org)>

**Subject:** Re: DEQ UST Compliance Determination: Salem Area Mass Transit #9159

You don't often get email from [zachery.leeth@cherriots.org](mailto:zachery.leeth@cherriots.org). [Learn why this is important](#)

Greetings,

I have attached the Corrective Actions for the DEQ inspection at 3140 Del Webb Ave., Salem, OR on June 11, 2025.

## Violations

1. Alarm was repaired June 26, 2025. Paperwork was already been submitted to DEQ
2. The used oil and motor oil tanks were tested on 9/16/25 and I have attached the paperwork
3. We were unaware that this Monthly walkthrough sheet was required. Andrea said it started during Covid. We now do this and I have attached the paperwork.
4. Our Veeder Root was set to annual testing and not weekly. This has been changed and we are now getting weekly testing done. I only have 3 months of tests to submit. The paperwork is attached.

Please let me know if you have any questions or need anything else.

Thank you,

Zach Leeth

## **Violations:**

1. C2b –Failure to maintain operational overfill equipment. Overfill alarm was not audible at time of inspection. Alarm repaired on June 26, 2025. **340-150- 0310(2) Class II**
2. G5- Failure to install, operate, maintain or calibrate RD equipment per manufacturer's instructions, including testing for operability or running condition annually. Automatic tank gauge operability testing results for the used oil and motor oil tanks were not submitted. **OAR 340-150-0400(2) Class I**
3. C1f - Failure to complete initial overfill and spill prevention testing requirements by October 1, 2020. Testing results not submitted. **340-150- 0310(10) Class I**
4. J5.7a - Failure to maintain adequate records of ATG monitoring for the used oil and motor oil tanks and testing results. **340-150-0450(5) Class I**

## **Corrective Actions:**

1. Alarm repaired on June 26, 2025. Work order received by DEQ.
2. **Submit automatic tank gauge inspection test results withing 30 days.** Maintain records and submit compliance testing results to DEQ by **October 5, 2025.**

3. **Complete testing of spill buckets and overfill verification testing within 30 days.** Maintain records and submit compliance testing results to DEQ by **October 5, 2025 via the UST Duty officer email: [ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov)** (Service provider will submit online too, via YDO)

4. **Submit the last years' worth of passing monthly tank test results for the used oil and motor oil tanks within 30 days.** Maintain records and submit compliance testing results to DEQ by **October 5, 2025.**

### **Zach Leeth**

Maintenance Manager

[zachery.leeth@cherriots.org](mailto:zachery.leeth@cherriots.org)

Direct: 503-361-7562

On Fri, Sep 5, 2025 at 1:22 PM GARCIA Andrea \* DEQ <[Andrea.GARCIA@deq.oregon.gov](mailto:Andrea.GARCIA@deq.oregon.gov)> wrote:

Hello Mr. Leeth:

Thank you for meeting with DEQ to perform the inspection at 3140 Del Webb Ave., Salem, OR on June 11, 2025.

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

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

**\*Please email the UST duty officer from this point forward with all communications about the violation or when sending over the final testing records and any repair documentation. DO NOT SEND THEM TO ME. Contact the UST Duty Officer at 503-229-5034 or [ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov)**

### **Violations:**

1. C2b –Failure to maintain operational overfill equipment. Overfill alarm was not audible at time of inspection. Alarm repaired on June 26, 2025. **340-150- 0310(2)**

## **Class II**

2. G5- Failure to install, operate, maintain or calibrate RD equipment per manufacturer's instructions, including testing for operability or running condition annually. Automatic tank gauge operability testing results for the used oil and motor oil tanks were not submitted. **OAR 340-150-0400(2) Class I**
3. C1f - Failure to complete initial overfill and spill prevention testing requirements by October 1, 2020. Testing results not submitted. **340-150- 0310(10) Class I**
4. J5.7a - Failure to maintain adequate records of ATG monitoring for the used oil and motor oil tanks and testing results. **340-150-0450(5) Class I**

### **Corrective Actions:**

1. Alarm repaired on June 26, 2025. Work order received by DEQ.
2. **Submit automatic tank gauge inspection test results within 30 days**. Maintain records and submit compliance testing results to DEQ by **October 5, 2025**.
3. **Complete testing of spill buckets and overfill verification testing within 30 days**. Maintain records and submit compliance testing results to DEQ by **October 5, 2025 via the UST Duty officer email: [ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov) (Service provider will submit online too, via YDO)**
4. **Submit the last years' worth of passing monthly tank test results for the used oil and motor oil tanks within 30 days**. Maintain records and submit compliance testing results to DEQ by **October 5, 2025**.

Thank you,

Andrea Garcia



Salem, OR 97301

*Administration: 503-588-2424*

*Fax: 503-566-3933*



555 Court St NE, Suite 5230

Salem, OR 97301

*Administration: 503-588-2424*

*Fax: 503-566-3933*



555 Court St NE, Suite 5230

Salem, OR 97301

*Administration: 503-588-2424*

*Fax: 503-566-3933*

Fee \$1,500.00 - Paid \$1,500.00 = Due \$0.00

Penalty

2025-fc-9990

UST - Field Citation

\$ 1,500.00

1 Results

Add Penalty

Send to FIMS

Payment

Check by Mail 77781-2

\$ 1,500.00

10/24/2025

57218

Type

Amount

Check by Mail

1500

E-Payment Confirmation#

E-Payment Settle Date

mm/dd/yyyy

Ref#

Payment Date

57218

10/24/2025

Comments

2025-FC-9990

(Remaining Length: 3988)

1 Results

Site Info

SALEM AREA MASS TRANSIT DISTRICT



3140 DEL WEBB AVE, SALEM, OR 97303

6422

200918

CEM\_FacilityIdentifier=2668 UST (9159)

Stationary

Inspection Info

10477 Completed

UST

Full Compliance Inspection (FCI) TCR only

Start Date 6/11/2025

End Date 6/11/2025

Created & Updated Info

Fee	-	Paid	=	Due
\$ 300.00		\$ 300.00		\$ 0.00

Penalty

▶ 2025-FC-10002 \$ 300.00

ⓘ UST - Field Citation

1 Results

➕ Add Penalty ↻ Send to FIMS

Payment

▼ Check by Mail 77781-1 \$ 300.00

📅 10/24/2025

ⓘ 57217

Type	Amount
Check by Mail	300

E-Payment Confirmation#	E-Payment Settle Date
	mm/dd/yyyy 📅

Ref#	Payment Date
57217	10/24/2025 📅

Comments

2025-FC-10002

(Remaining Length: 3987)

Site Info

SALEM AREA MASS TRANSIT DISTRICT



📍 3140 DEL WEBB AVE, SALEM, OR 97303

ⓘ 6422 ✓

ⓘ 200918

ⓘ CEM\_FacilityIdentifier=2668 UST (9159)

📁 Stationary

Created & Updated Info