



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#:	5876
Inspector:	Andrea GARCIA	Facility Name:	Marion County Dept of Public Works
DEQ Office:		Facility Address:	5155 SILVERTON RD NE, SALEM, Oregon 97305
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: 09/05/2025
Facility Representative Present During Inspection:				<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	Marion County - Public Works			
Mailing Address:	5155 Silverton Rd NE , Salem Oregon 97305			

Field Citation Penalty – See Page 3 for a detailed listing of each violation. \$ 600

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: 10/05/2025

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: 09/05/2025

PROGRAM ENFORCEMENT No.: 2025-FC-9989

FACILITY ID: 5876

Page 3 of 3

Violation #1: *TCR:	(C1e) Failure to test spill prevention equipment and/or equipment used for interstitial monitoring of piping at least once every 3 years.		
Corrective Action:	Complete testing of emergency generator spill bucket. submit compliance testing results to DEQ by October 5, 2025		
Rule Citation: OAR 340-150-0310(8)(b)	Penalty Amount: \$ 500	Correct Violation by: 10/05/2025	Date Violation Corrected:
Violation #2: *TCR:	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		
Corrective Action:	Submit emergency generator automatic tank gauge inspection test results. Maintain records and submit compliance testing results to DEQ by October 5, 2025.		
Rule Citation: OAR 340-150-0400(1)(c)	Penalty Amount: \$ 100	Correct Violation by: 10/05/2025	Date Violation Corrected:
Violation #3: *TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #4: *TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #5: *TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #6: *TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Total Penalty Amount: \$ 600			

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





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.](#)

I. FACILITY INFORMATION – Type or print (in ink) all items.				TEST DATE
Facility ID #:	5876	Facility Name:	Marion County Dept of Public Works	9/5/25
II. AUTOMATIC TANK GAUGE				<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ATG Manufacturer:	Incon		ATG Model:	TS-1000
Release Detection Method:		Tank Gauge 0.2 gph leak tests: (<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Static) <input type="checkbox"/> SIR <input type="checkbox"/> Interstitial Monitoring		
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		
III. TEST PROCEDURE				
<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)	

IV. PROBE AND TESTING INFORMATION

Tank Number	3-Diesel				
Product Stored	Generator diesel				
Model	LL-2				
Is the ATG console clear of alarms?	<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
Disconnect cable from tank probe. Is appropriate alarm triggered?	<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
Tank gauge probes removed and inspected for damage?	<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
Residual buildup on floats has been removed?	<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
Float(s) move freely?	<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
Measured product and water levels match ATG values?	<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
Alarm history report attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
V. TEST RESULT	<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

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

IX. TESTER

Person conducting testing:	D. Reeves
----------------------------	-----------

MARION COUNTY PUBLIC WKS
 5155 SILVERTON ROAD
 SALEM, OR 97305
 SITE # 00001

9/5/2025 09:50
 SYSTEM SETUP REPORT

SOFTWARE VERSION 0.9910

LOCATION 1 MARION COUNT
 LOCATION 2 Y PUBLIC WKS
 STREET 1 5155 SILVERT
 STREET 2 ON ROAD
 CITY 1 SALEM
 CITY 2
 STATE OR
 ZIP CODE 97305
 SITE # 00001

UOL UNITS GALLONS
 LEVEL UNITS INCHES
 TEMP UNITS FAHRENHEIT
 TIME STYLE 24 HOUR
 DATE STYLE MM/DD/YY
 DAYLIGHT SAV ENABLED
 SET TIME 9:51
 SET DATE 09/05/2025

NO. TANKS 2
 LEAK LIMIT 2.00
 THEFT LIMIT 10.00
 DELIV LIMIT 200.00
 SNTNL MODE OFF
 START SNTNL 0:00
 END SNTNL 0:00
 DELIV DELAY 15
 REPORT DELIV ENABLED
 REPORT ALRMS ENABLED
 REPORT TESTS ENABLED
 NO. OF ALARMS 15
 PRINT INTERVAL 3.00

MODE CHAN 1 NATIVE
 BAUD CHAN 1 1200
 DATA BITS 1 8
 STOP BITS 1 1
 PARITY 1 NONE
 SECURITY 1
 ACCESS 1
 PHONE 1
 REDIAL 1 DISABLED
 ACCESS 2
 PHONE 2
 REDIAL 2 DISABLED
 ACCESS 3
 PHONE 3
 REDIAL 3 DISABLED
 ACCESS 4
 PHONE 4
 REDIAL 4 DISABLED
 DIAL DELIV
 DIAL ALARM
 DIAL LEAK

SCHD INVTY MONDAY
 TIME1 INVT 9:00
 TIME2 INVT 0:00
 TIME3 INVT 0:00
 SCHD INVR NONE
 TIME1 INVR 0:00
 TIME2 INVR 0:00
 TIME3 INVR 0:00
 SCHD DLHST NONE
 TIME1 DLHST 0:00
 TIME2 DLHST 0:00
 TIME3 DLHST 0:00
 SCHD ALHST NONE
 TIME1 ALHST 0:00
 TIME2 ALHST 0:00
 TIME3 ALHST 0:00
 SCHD ACT AL NONE
 TIME1 ACTAL 0:00
 TIME2 ACTAL 0:00
 TIME3 ACTAL 0:00
 SCHD ALST NONE
 TIME1 ALST 0:00
 TIME2 ALST 0:00
 TIME3 ALST 0:00

CONFIDENCE 99.0%
 LEAK TEST 0.20
 SCHD TEST
 TANK 1 NONE
 TANK 2 SUNDAY
 TIME TEST
 TANK 1 23:00
 TANK 2 23:00

ALARM
 TIMEOUT 0
 HIGH LIM ON
 LOW LIM ON
 HIGH HIGH ON
 LOW LOW ON
 WATER LIM ON
 LEAK LIM OFF
 SYSFAIL OFF
 THEFT OFF

RELAY
 TIMEOUT 15
 HIGH LIM ON
 LOW LIM OFF
 HIGH HIGH ON
 LOW LOW OFF
 WATER LIM OFF
 LEAK LIM OFF
 SYSFAIL OFF
 THEFT OFF

STD ALARM
 ALARM 1 OFF
 ALARM 2 ON
 ALARM 3 OFF
 ALARM 4 OFF
 ALARM 5 OFF
 ALARM 6 OFF
 ALARM 7 OFF
 ALARM 8 OFF

STD RELAY
 ALARM 1 OFF
 ALARM 2 OFF
 ALARM 3 OFF
 ALARM 4 OFF
 ALARM 5 OFF
 ALARM 6 OFF
 ALARM 7 OFF
 ALARM 8 OFF

STD
 ALARM 1 STD 1
 ALARM 2 SUMP SENSOR
 ALARM 3 STD 3
 ALARM 4 STD 4
 ALARM 5 STD 5
 ALARM 6 STD 6
 ALARM 7 STD 7
 ALARM 8 STD 8

SENSOR TYPE
 SENSOR 1 STD
 SENSOR 2 STD
 SENSOR 3 STD
 SENSOR 4 STD
 SENSOR 5 STD
 SENSOR 6 STD
 SENSOR 7 STD
 SENSOR 8 STD

MARION COUNTY PUBLIC WKS
 5155 SILVERTON ROAD
 SALEM, OR 97305
 SITE # 00001

9/5/2025 09:59
 TANK SETUP REPORT

TANK NO. 2 1000 GAL
 DIESEL

TANK TYPE DIESEL
 TANK DIMS
 TANK SIZE 1000
 TANK SHAPE STANDARD
 STANDARD 2
 PRODUCT DIESEL
 OFFSET P 0.50
 OFFSET W -0.88
 MANIFOLD NONE
 PROBE STD 53
 FLOATS 2
 FLOAT TYPE OIL
 GRADIENT 8.9822
 SENSOR LENGTH 53
 HIGH LIMIT 41.50
 LOW LIMIT 300.00
 HIGH HIGH 45.60
 LOW LOW 300.00
 WATER LIMIT 2.00
 TEMP COMP API 60/540
 API GRAVITY 32.00
 ALPHA 45.00
 NO. RTDS 5
 RTD LOC 1 5.62
 RTD LOC 2 15.34
 RTD LOC 3 22.78
 RTD LOC 4 30.11
 RTD LOC 5 38.44

STRAPPING DATA
 INCHES GALLONS
 0.000 0.0
 3.000 22.9
 6.000 65.4
 9.000 119.0
 12.000 183.1
 15.000 253.5
 18.000 329.0
 21.000 407.0
 24.000 486.2
 27.000 565.4
 30.000 643.4
 33.000 718.2
 36.000 788.6
 39.000 851.6
 42.000 905.9
 45.000 948.9
 48.000 971.0

MARION COUNTY PUBLIC WKS
5155 SILVERTON ROAD
SALEM, OR 97305
SITE # 00001

9/5/2025 09:57
ALARM REPORT

9/5/2025 09:57
SUMP SENSOR

MARION COUNTY PUBLIC WKS
5155 SILVERTON ROAD
SALEM, OR 97305
SITE # 00001

9/5/2025 10:00
ALARM REPORT

9/5/2025 10:00
WATER LIMIT
TANK NO. 2

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.

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.

TANK TESTERS, LLC

PO Box 760
Veneta, OR 97487

541.991.0951 Office
tanktesters@gmail.com

Spill Bucket Test Results

Hydrostatic Testing
Simmons/Caldwell System

Testing Date: 2/6/2025

Testing Site: Marion County Shops

5155 Silverton Road

Salem, OR

<i>Tank Number (For Testing Reference)</i>	T-1	T-2	T-3	T-4
Tank Type	Unleaded	Diesel	N/A	N/A
Sump or Spill Bucket	Spill Bucket	Spill Bucket		
Test Liquid	R-Water	R-Water		
Approximate Amount	5 gallons	5 gallons		
Height	Over fill cap	Over fill cap		
Total Test Time Minutes	15 minutes	15 minutes		
Test Start Level	1st Circle	1st Circle		
Test End Level	1st Circle	1st Circle		
Liquid Loss/Gain	0	0		
Conclusion	Pass	Pass		

Comments: Washed, rinsed and dried buckets prior to testing. Observe for visual cracks.

All testing water is recycled.



Annual Tank Monitor Inspection Report

Date:	2/6/2025			
Customer:	Marion County Shops			
Location:	5155 Silverton Road			
	Salem, OR			
Tank Monitor Manufacturer:	Incon			
Model #:	TS-1000/2-P			
Serial #:	47928			
Item (For Testing Reference)	Tank 1	Tank 2	Tank 3	Tank 4
<i>Product</i>	Diesel	Unleaded	N/A	N/A
<i>Volume</i>	20,000	15,000		
<i>Tank Type: Single wall / Double wall</i>	DW	DW		
<i>Interstitial Space Type: Dry / Brine Filled</i>	Brine filled	Brine filled		
<i>Interstitial Sensor Operating: Yes / No / N/A</i>	Yes	Yes		
<i>STP Sump Sensor Operating: Yes / No / N/A</i>	N/A	N/A		
<i>In Tank Probes: Yes / No / N/A</i>	Yes	Yes		
<i>Line Leak Detection Type: Mech / Electronic / Suction</i>	Suction	Suction		
<i>Tank Leak Detection Type: CSLD / Interstitial / Precision</i>	Interstitial	Interstitial		
<i>Overfill Prevention : Positive Shut Off / Alarm / Ball Float</i>	PSO	PSO		
<i>Overfill Prevention Proven: Test / Visual / Yes</i>	Yes	Yes		
<i>Vent Caps/Valves: PV Vents / Other / None</i>	N/A	Yes		
<i>Any Existing Alarms: Yes / No / N/A</i>	No	No		
<i>Dispenser Number:</i>	2	2		
<i>Dispenser Pan Sensors Operating: Yes / No / N/A</i>	Yes	Yes		
<i>Other Pan Sensors Operating: Yes / No / N/A</i>	N/A	N/A		
<i>Piping Sump Sensor Working Correctly: Yes / No</i>	N/A	N/A		
<i>Print Out Provided: Yes / No / N/A</i>	Yes	Yes		
Repairs Needed:	Not able to removed unleaded probe. 1st generation. It is possible but risk the possibility of the probe not surviving.			
Upgrades Needed:	N/A			
Comments:	Date/time, ok. Test interstitial sensors, ok. Overfill prevention is positive shut off. Valves work and appear to be set at 95%, ok. System is suction, it is presumed safe suction. A test may require technician on stand by if system can not prime itself.			

Re: DEQ UST Inspection Compliance Determination: Marion County Department of Public Works #5876

From LITKE Emily * DEQ <Emily.LITKE@deq.oregon.gov>
Date Mon 10/6/2025 12:49 PM
To Pedro MezaGarcia <PMezaGarcia@co.marion.or.us>; GARCIA Andrea * DEQ <Andrea.GARCIA@deq.oregon.gov>
Cc UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>

Hey Pedro,

Thank you for the email. I see that the payment processed and the passing testing reports.

The UST inspection for DEQ facility 5876 Marion County Dept of Public Works located at 5155 Silverton Rd NE Salem, OR is **officially CLOSED and COMPLETE.**

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



Emily Litke (she/her)
Duty Officer, Underground Storage Tanks
DEQ Headquarters, Land Quality Division
700 NE Multnomah Street, Suite 600
Portland OR 97232-4100
503-806-9516
Emily.LITKE@deq.oregon.gov

From: Pedro MezaGarcia <PMezaGarcia@co.marion.or.us>
Sent: Monday, October 6, 2025 10:24 AM
To: GARCIA Andrea * DEQ <Andrea.GARCIA@deq.oregon.gov>
Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>; UST Duty Officer * DEQ

<UST.DutyOfficer@DEQ.oregon.gov>

Subject: RE: DEQ UST Inspection Compliance Determination: Marion County Department of Public Works #5876

Some people who received this message don't often get email from pmezagarcia@co.marion.or.us. [Learn why this is important](#)

Good morning, Emily. attached is the proof of payment for this. Please let me know if there is anything else we need to do.

Thank you, have a great rest of your day.

Pedro Meza Garcia

Facilities Maintenance Supervisor

Cell (971) 375-8925

Fax (503) 588-7998

Desk (503) 584-7717

Email- PMezaGarcia@co.marion.or.us

From: GARCIA Andrea * DEQ <Andrea.GARCIA@deq.oregon.gov>

Sent: Friday, September 5, 2025 9:56 AM

To: Eric Stewart <EStewart@co.marion.or.us>; Pedro MezaGarcia <PMezaGarcia@co.marion.or.us>

Cc: LITKE Emily * DEQ <Emily.Litke@deq.oregon.gov>; UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>

Subject: DEQ UST Inspection Compliance Determination: Marion County Department of Public Works #5876

⚠ WARNING: This email originated outside of Marion County.
DO NOT CLICK links or attachments unless you trust the sender and know the content is safe.

Hello Mr. Stewart and Mr. MezaGarcia:

Thank you for meeting with DEQ to perform the inspection at 5155 Silverton Rd. NE, 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 be made via [Your DEQ Online Website](#).

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

Violations:

1. C1e – Failure to conduct the most recent 3-year spill prevention equipment test for the emergency generator tank. Last test was performed April 22, 2021. Due April 2024.

OAR 340-150-0310(8)9b) Class I

2. G5- Failure to install, operate, maintain or calibrate RD equipment per manufacturer's instructions, including testing for operability or running condition annually. 2024 testing was not performed on both automatic tank gauges at this facility. Additionally, 2025 testing results for the emergency generator tank were not submitted. **OAR 340-150-0400(2) Class I**

Corrective Actions:

1. **Complete testing of emergency generator spill bucket 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 (Service provider will submit online too, via YDO)
2. **Submit emergency generator automatic tank gauge inspection test results within 30 days.** Maintain records and submit compliance testing results to DEQ by **October 5, 2025.**

Thank you,
Andrea Garcia



Program Enforcement No. 2025-FC-9989

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#:	5876
Inspector:	Andrea GARCIA	Facility Name:	Marion County Dept of Public Works
DEQ Office:		Facility Address:	5155 SILVERTON RD NE, SALEM, Oregon 97305
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: 09/05/2025
Facility Representative Present During Inspection:	<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other			
Name of Permittee or Owner:	Marion County - Public Works			
Mailing Address:	5155 Silverton Rd NE , Salem Oregon 97305			

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

Or pay online through your YDO account

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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: TAMBA GOETTSCH	Owner / Permittee
Signature: <i>Tamba Goettsch</i>	Date: 10-1-25

Important

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



Your DEQ Online Electronic Signature Agreement

Oregon Department of Environmental Quality
Attn: Your DEQ Online Helpdesk
700 NE Multnomah Street, Suite 600 Portland, OR 97232-4100

Date Created: 9/26/2025

- I agree to maintain the security of the User ID and Password assigned to me by OR DEQ for use of the Your DEQ Online Business System, in order to prevent disclosure of this information to anyone.
- I agree that, if I have any reason to believe that the security of the User ID or Password has been compromised, I will immediately inform OR DEQ by emailing YourDEQOnline@deq.oregon.gov.
- I agree to maintain an email account; if any email sent to me by OR DEQ is returned as undeliverable, I will explain why this occurred when requested by OR DEQ.
- I agree to notify OR DEQ if I cease to represent the regulated entity specified below, by sending an email to YourDEQOnline@deq.oregon.gov.
- I agree that I will be held as legally bound, obligated, and responsible for any submission I make using the Your DEQ Online Business System as I would be by making such submission in hardcopy form with my handwritten signature as certification.
- I agree that I will be held as legally bound, obligated, and responsible for any submission made using the Your DEQ Online Business System by an agent whom I have authorized to act on my behalf.

SIGNATURE: Digitally signed by Tamra Goettsch
Goettsch
Date: 2025.09.26 15:24:38
-07'00'

PRINTED NAME: Tamra Goettsch

TITLE: Marion County Business Services Director

COMPANY: Marion County

PERMITTED FACILITY NAME: Marion County Dept of Public Works

PERMITTED FACILITY ADDRESS: 5155 Silverton Road NE, Salem, Oregon 97305

DEQ PROGRAM OR PERMIT TYPE: Underground Storage Tank Program

EMAIL ADDRESS: facilitiesmanagement@co.marion.or.us

SIGNED DATE: September 26, 2025

Please mail a completed paper form to:

Oregon Department of Environmental Quality
Attn: Your DEQ Online Helpdesk
700 NE Multnomah Street, Suite 600
Portland, OR 97232-4100

For expedited service, please mail a completed paper form to the address above and also email the form to YourDEQOnline@deq.oregon.gov.

UST FIELD CITATION

DATE ISSUED: 09/05/2025

PROGRAM ENFORCEMENT NO.: 2025-FC-9989

FACILITY ID: 5876

Violation #1: *TCR:	(C1e) Failure to test spill prevention equipment and/or equipment used for interstitial monitoring of piping at least once every 3 years.	Corrective Action:	Complete testing of emergency generator spill bucket. submit compliance testing results to DEQ by October 5, 2025	Penalty Amount: \$	500	Correct Violation by:	10/05/2025	Date Violation Corrected:
Violation #2: *TCR:	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	Corrective Action:	Submit emergency generator automatic tank gauge inspection test results. Maintain records and submit compliance testing results to DEQ by October 5, 2025.	Penalty Amount: \$	100	Correct Violation by:	10/05/2025	Date Violation Corrected:
Violation #3: *TCR:		Corrective Action:		Penalty Amount: \$		Correct Violation by:		Date Violation Corrected:
Violation #4: *TCR:		Corrective Action:		Penalty Amount: \$		Correct Violation by:		Date Violation Corrected:
Violation #5: *TCR:		Corrective Action:		Penalty Amount: \$		Correct Violation by:		Date Violation Corrected:
Violation #6: *TCR:		Corrective Action:		Penalty Amount: \$		Correct Violation by:		Date Violation Corrected:
Total Penalty Amount: \$ 600								

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 _____

18124 RO Marion County

Basic Info Account Type Password/PIN Security Questions Consultants Verification Linked Licensee

Account Type

The account type cannot be changed once it has been assigned and saved.

RO

A Responsive Official (RO) is responsible for ensuring that information submitted to the Authority on behalf of an association facility is accurate and complete through the period. The RO may perform a search for information submitted to the system through an associated account name or a city for RO for a facility and submit the information.

Consultant

A Consultant is a person who is hired to provide services to the Authority. The consultant is responsible for providing information to the Authority and for providing information to the Authority. The consultant is responsible for providing information to the Authority and for providing information to the Authority.

General Public

A General Public user is a person who is not a consultant or a responsive official. The general public user is responsible for providing information to the Authority and for providing information to the Authority. The general public user is responsible for providing information to the Authority and for providing information to the Authority.

Identity verification is required before you can add Submittal groups or link to your facilities. See Verification tab for more information.



State of Oregon Department of Environmental Quality

[Exit](#)

Confirmation

Please click the 'Return to Home Page' button to complete the payment process.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **DEQEDM000061155**

Payment Details

Description DEQ GOVONLINE
DEQ GovOnline Pymts
<https://ordeq-edms-public.govonlinesaas.com/client/pub/login>

Payment Amount \$600.00

Convenience Fee \$13.80

Total Amount \$613.80

Payment Date 10/06/2025

Status PROCESSED

Payment Method

Payer Name Eric Stewart

Card Number *8320

Card Type Master Card

Approval Code 062936

Confirmation Email estewart@co.marion.or.us

Billing Address

Address 1 PO Box 14500

City Salem

State OR

Zip Code 97309

