



Oregon

Tina Kotek, Governor

Department of Environmental Quality

Northwest Region

700 NE Multnomah Street, Suite 600

Portland, OR 97232

(503) 229-5263

FAX (503) 229-6945

TTY 711

September 17, 2025

Bill Scanlan
Bill's Service
496 N State St
Lake Oswego, OR 97034

RE: UST Compliance Inspection
DEQ UST #11110
Bill's Service

Attention Bill Scanlan,

The Oregon Department of Environmental Quality (DEQ) is conducting underground storage tank (UST) inspections throughout Oregon. The purpose of this letter is to inform you that your facility, among others, has been selected for inspection. A thorough inspection of your facility will be conducted to determine compliance with state and federal UST requirements. **The date you receive this letter is the date that the inspection starts.** If you have work done after that date, you will need to have the previous set of records available for evaluation in addition to the most recent records.

The inspection for this facility is scheduled for October 16, 2025 starting at approximately 8:00 AM. Please note that the inspection will require uninterrupted participation and attendance by you or a knowledgeable assistant. For the inspection you need to provide access to tank sumps, under dispenser areas, cathodic protection rectifiers, and leak monitoring equipment. DEQ will not touch the equipment or monitor, so if you are unable to assist with equipment access, please have your UST Service Provider there. This inspection may also include review of Stage I Vapor Recovery.

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

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

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

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

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

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

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

Thank you for your cooperation. I can be reached at 503-360-4287 or Dave.pardue@deq.oregon.gov to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,

Dave Pardue

Dave Pardue
UST Program Coordinator/Inspector
503-360-4287

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

Inspector: Dave Pardue

Date: 10/23/25 0800

Facility: 11110

I. Site Information		
Facility Name: <u>Bills Service</u>	Permittee: <u>Bill Scanlan</u>	Contact
Site Address: <u>496 N State St</u>	Organization:	Phone
City: <u>Lake Oswego</u>	Phone: <u>503914 8419</u>	

II. Tank Information					
DEQ Permit #	<u>BFK FG</u>	<u>IA</u>	<u>BFK FH</u>	<u>IB</u>	
Estimated Gallons	<u>10K</u>		<u>8K</u>		
Substance	<u>Gas</u>		<u>Gas</u>		
Tank Material	<u>SW Comp</u>	<u>→</u>			
Tank Install Date	<u>1999</u>	<u>→</u>			
Pipe Material <u>SW</u>	<u>FRP</u>	<u>→</u>			
Pipe Type	<u>press</u>	<u>→</u>			
Pipe Install Date	<u>1999</u>	<u>→</u>			
Overfill Device	<u>Alarm</u>	<u>→</u>			

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

TR = I M¹ has SCALD ~~FR~~ Expired April 2025, Renewed 4/25/25.
 PR = LTT
 FR expired April? or not submitted? → OK.
 impressed? no Mant log? no
 Christensen oil

If tanks are manifolded, which tanks:

III. Operating Certificate 440 150-0150 (1) Compliance Yes No 100

Current No Accurate Posted for delivery drive to observe

IV. Operator Training Compliance Yes No

Class A/B Operator Yes No Name: Bill Scanlan Date: 2009

Class C Operator Yes No Cardlock

V. Financial Responsibility Compliance Yes No

Type of coverage: IM/IM PLI Begin Date: 4/29/29 End Date: 4/25/26

Coverage amount correct: ✓ Number of tanks covered: 2

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

VI. Walkthrough Requirements Compliance Yes No

Spill prevention and release detection equipment checked monthly? Yes No

Tank top sumps checked annually? Yes No

1545 . 1573

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

Date of last testing: 4/21/25 Not avail invoice only Last three tests available? Yes No

b) Piping Release Detection (Check all that apply)

Pressurized Piping Line tightness testing

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

Date of last testing: NOT avail Last three tests available? Yes No

Number of lines tested: _____ Number of LD tested: _____

Leak detector manufacturer make and model: 99LD-2000

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

MLLD on turbine manifold? Yes No

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

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

Interstitial Monitoring

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

Date of last sump testing: _____ Last two tests available? Yes No

Date of last sensor testing: _____ Last three tests available? Yes No

Float sensors installed correctly? Yes No

Interstitial space opened to sump? Yes No

Presence of water in sumps? Yes No

Safe Suction

Check valve directly below suction pump? Yes No

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

Tank Gauge CSLD SCALD Static

Are correct tank sizes programmed at tank gauge? Yes No

Tank diameter/length seem appropriate? Yes No

Are tanks manifolded? Yes No

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

If Veeder Root tank gauge leak detection

CSLD set at 99%

Thermal coefficient set correctly? (Gasoline 0.00070; Diesel 0.00045)

If Incon/Franklin tank gauge leak detection

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

Is API gravity set correctly? (Regular 63.5; Plus 62.8; Super 51.3; Diesel 32.8)

For all tank gauges doing static tests (Static tests require tank to be 50% full for a valid test)

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

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

Sensors was deep - vault opened power outage?

Incon TS-1001 Not set right: at 63.5 - reprop.

all dated 2024 due to programming no current records Patriot provided

Tank release detection records available during inspection

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

Inspector: PARDUE

Date: 10/23/25

Time: 0800

Facility: 11110

Compliance

Yes

No

VIII. Spill Prevention

Date(s) of testing: 5/12/25

Number of spill buckets tested? 4

Did spill bucket pass most recent testing? Yes

No
 Yes

If no, was spill bucket replaced/repared?
 No

Yes

No

Hydrostatic testing (test takes one hour to complete)

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

IX. Overfill Prevention

Compliance

Yes

No

Date(s) of testing: None - corrosion - needed repair - was repaired

Overfill device pass most recent testing? Not functioning Yes

No

If no, overfill device replaced?

Yes

No

Overfill method that was tested:

Alarm

Flapper

Ball Float

Overfill Alarm

Alarm sounds when tank is 90% full

Yes

No

Driver can see or hear alarm at point of transfer?

Yes

No

Sound alarm from tank gauge during inspection?

Yes

No

will send sent ✓

Flapper Valve

Testing verified the valve automatically restricts flow at 95%

Yes

No

Visual observation of flapper on day of inspection?

Yes

No

Ball Float

Testing verified the ball float automatically restricts flow at 90%

Yes

No

Visual observation of ball float during inspection?

Yes

No

X. Corrosion Protection

Compliance

Yes

No

Cathodic

Galvanic

Impressed Current

Steel tank with cathodic?

Yes

No

Steel pipes with cathodic?

Yes

No

Steel flex-lines with cathodic?

Yes

No

Date of cathodic test: _____

Last two tests available?

Yes

No

Did last test pass?

Yes

No

If not:

Was failed test reported to DEQ?

Yes

No

Was system repaired?

Yes

No

Date of repair? _____

Cathodic retested within 6 mos. of repair?

Yes

No

Date of retesting? _____

If impressed current system:

Rectifier Operational?

Yes

No

Rectifier log maintained?

Yes

No

Rectifier been operating continuously

Yes

No

Tank Lining

Date of last test? _____

Pressure test conducted after tank lining inspection?

Yes

No

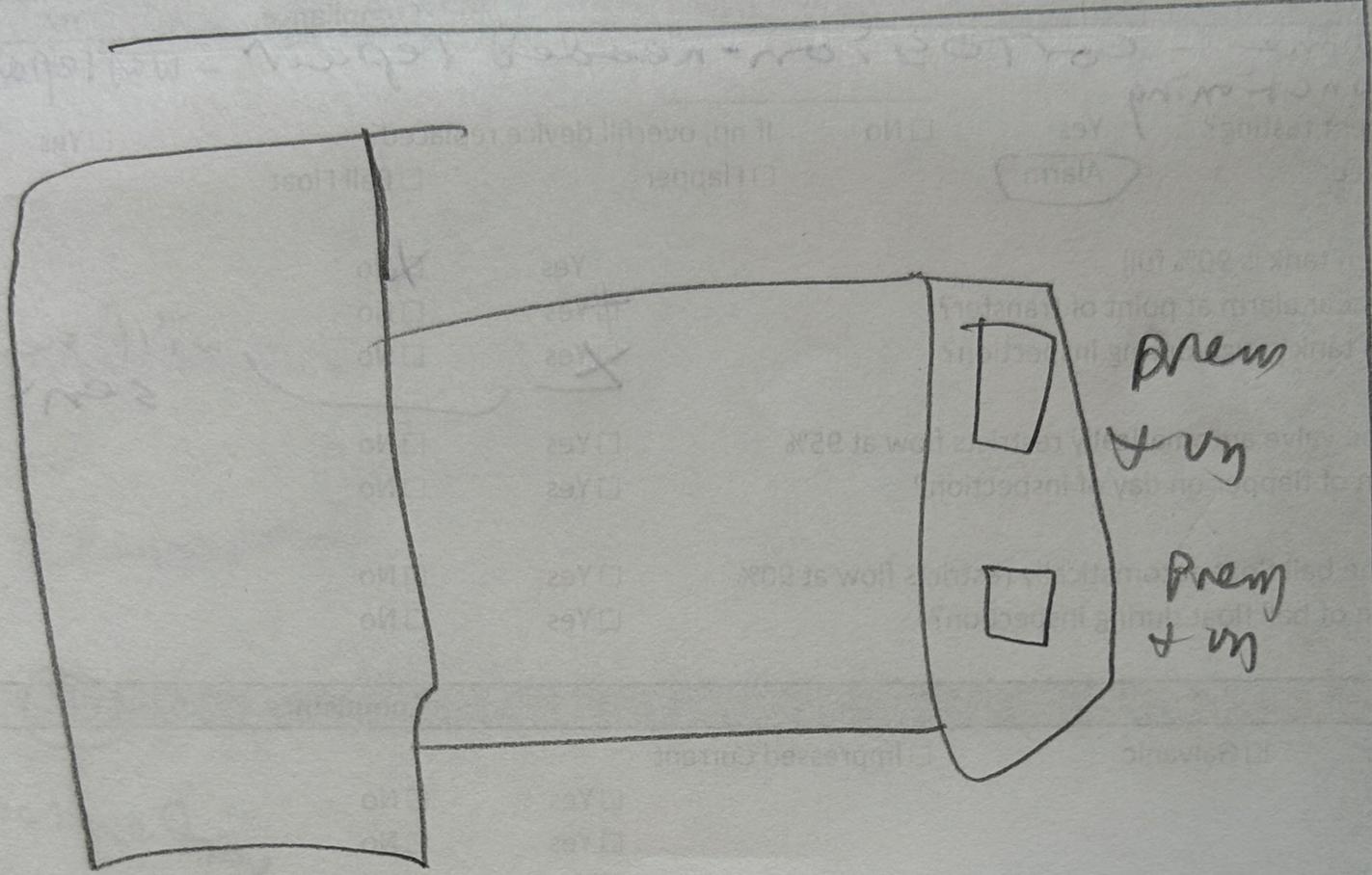
nonferrous

XI. General notes from inspection

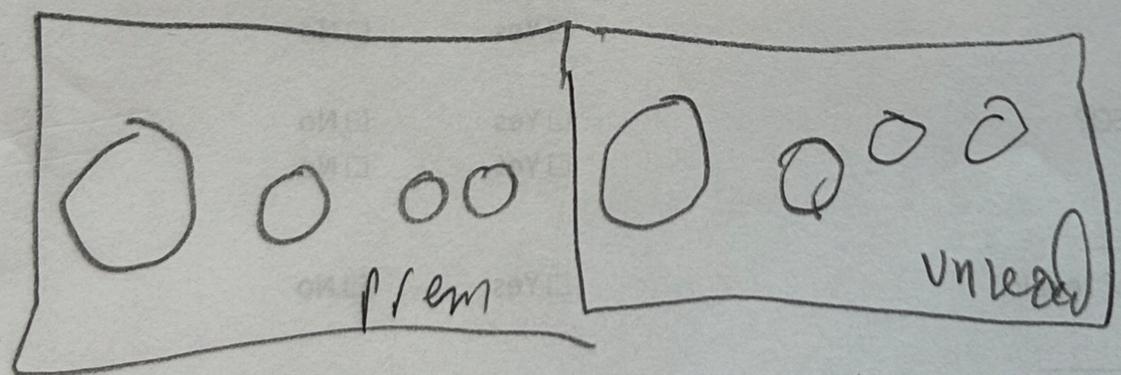
Representative onsite: Bill Scanlon

email: bill's service 2010@gmail.com

B



State



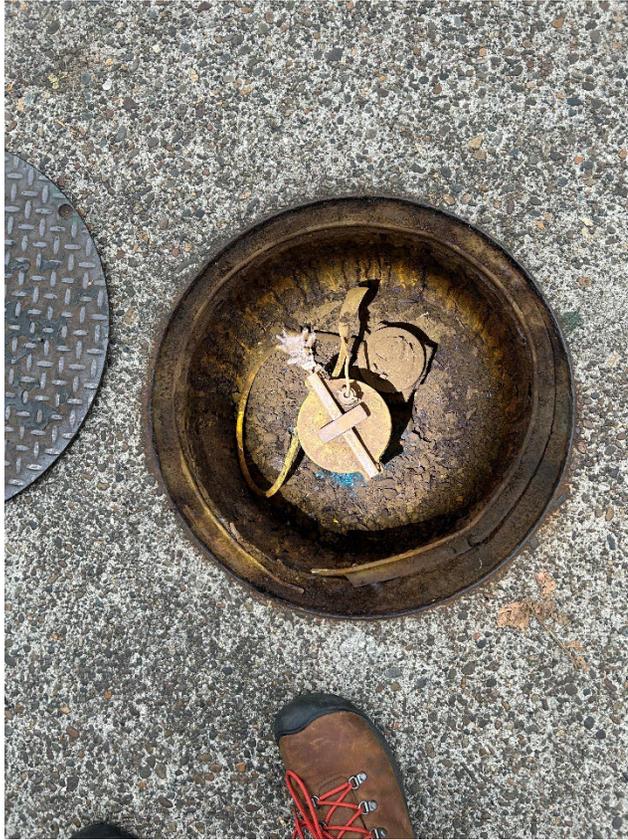
low corrosion

sensors good optional

Compliance Determination: No Violations Observed Observed violations resulting in enforcement

Inspector Signature: [Signature]

Date: 10-23-25



1: Probe and Interstitial



2: Regular



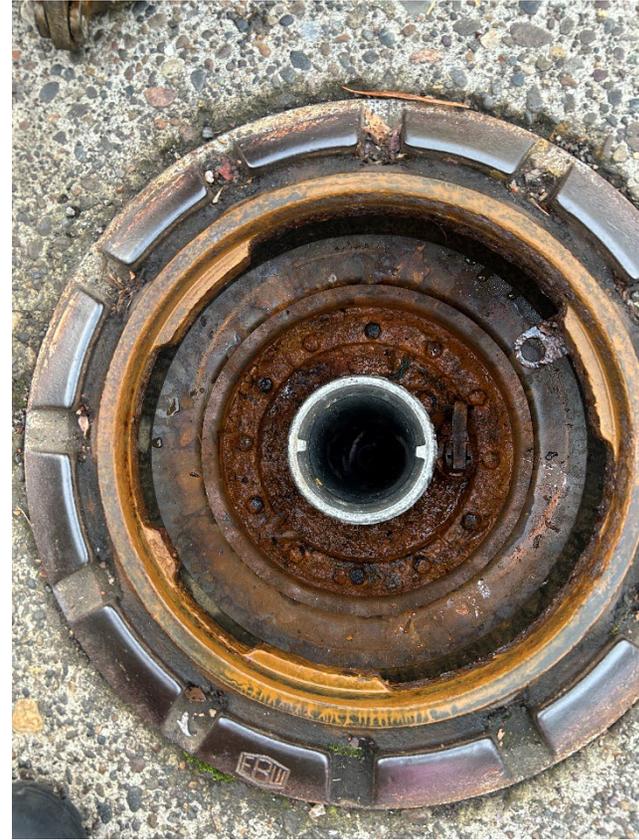
3: Probe and interstitial



4: Premium



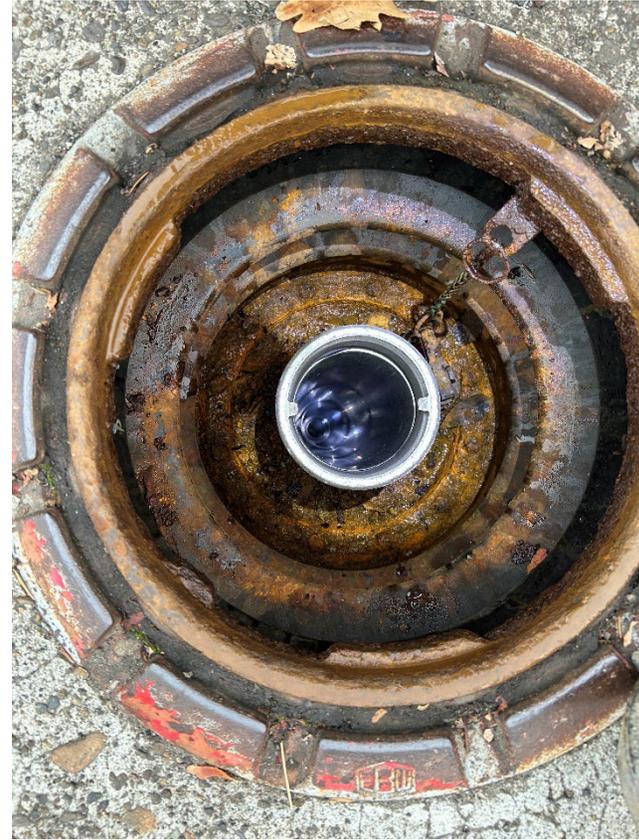
5: Tank nest, premium in foreground



6: Regulaar



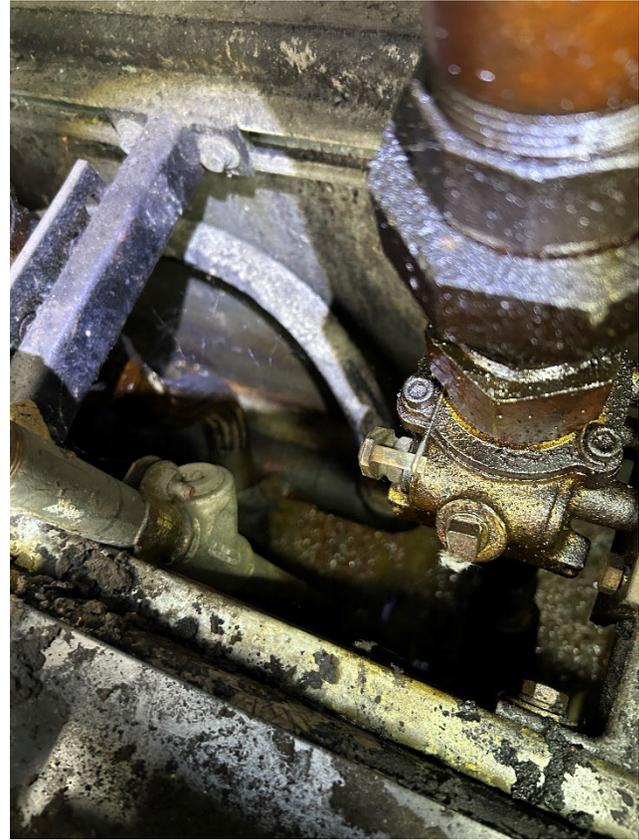
7: Interstitial



8: Premium



9:



10: Below south dispenser



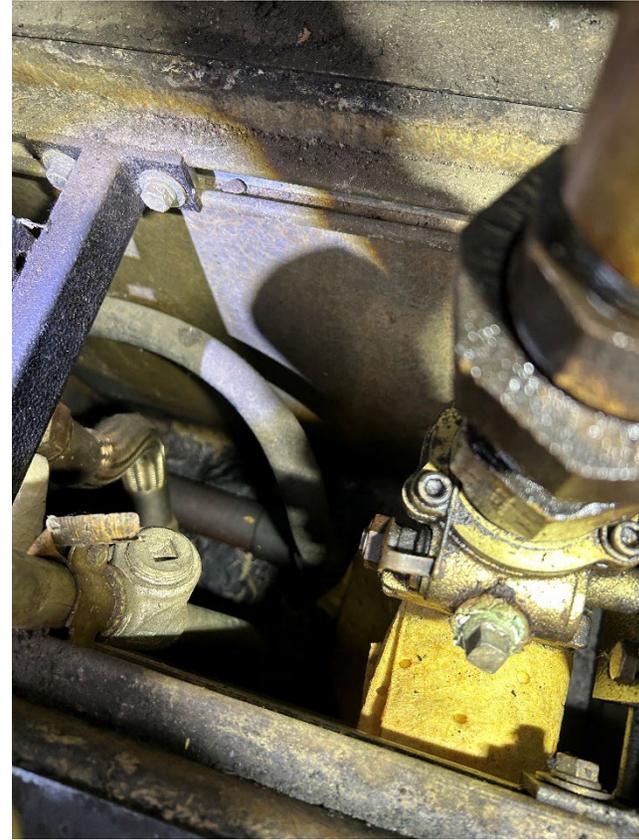
11: South



12: South



13: Below north dispenser



14: north



15: North



16: Alarm and vents



17: Island



18: Operating certificate expired 2024



View of Overfill Alarm



Program Enforcement No. 2025-FC-10020

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:	10/23/2025	Facility ID#:	11110
Inspector:	Mark DROUIN	Facility Name:	BILL'S SERVICE
DEQ Office:		Facility Address:	496 N STATE ST, LAKE OSWEGO, Oregon 97034
Phone #:	503-229-5496	County:	Clackamas

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: 11/02/2025
Facility Representative Present During Inspection:	Bill Scanlan			<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	BILL'S SERVICE			
Mailing Address:	496 N STATE ST , LAKE OSWEGO Oregon 97034			

Field Citation Penalty – See Page 3 for a detailed listing of each violation. \$ 700

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: 12/02/2025

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: 11/02/2025

PROGRAM ENFORCEMENT No.: 2025-FC-10020

FACILITY ID: 11110

Page 3 of 3

Violation #1: *TCR:	(G5) 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 tampered with.)		
Corrective Action:	The permittee must conduct annual tank gauge certifications and retain the records- was performed in 2025 according to an invoice, but no test results available. Permittee must obtain a copy of the 8/3/2025 testing, and submit to DEQ		
Rule Citation: OAD 340-150-0400(1)(c)	Penalty Amount: \$ 100	Correct Violation by: 12/02/2025	Date Violation Corrected:
Violation #2: *TCR:	Failure to perform annual line tightness test on pressurized piping or test cannot detect a 0.1 gph leak rate at 1.5 times operating pressure		
Corrective Action:	The permittee must perform annual Line Leak Detection testing and retain the records in the future. Permittee must submit 8/3/2025 test results		
Rule Citation: OAD 340-150-0410(3)	Penalty Amount: \$ 300	Correct Violation by: 12/02/2025	Date Violation Corrected:
Violation #3: *TCR:	Failure to keep RD records at the facility or make them immediately available for review or, if kept off-site, were not available for immediate review (i.e., requested that records be present in pre-inspection notice, but are not available when inspe		
Corrective Action:	Permittee must also submit Certification Statement indicating that SCALD is the primary leak detection method		
Rule Citation: OAD 340-150-0400(5)	Penalty Amount: \$ 50	Correct Violation by: 12/02/2025	Date Violation Corrected:
Violation #4: *TCR:	Failure to post annual operating certificate in a conspicuous location so it could be readily viewed by a fuel distributor.		
Corrective Action:	Submit Financial Responsibility through Your DEQ Online and post a current Operating Certificate		
Rule Citation: OAD 340-150-0150 (1)	Penalty Amount: \$ 100	Correct Violation by: 12/02/2025	Date Violation Corrected:
Violation #5: *TCR:	Failure to maintain operational overfill prevention equipment. Failure to repair or replace overfill equipment that is defective, improperly installed, damaged or may have been tampered with in a manner that prevents proper operation.		
Corrective Action:	Corrective action is complete- please test every month to ensure proper functioning; if tested on 8/3/25 submit those results to DEQ		
Rule Citation: OAD 340-150-0310(2)	Penalty Amount: \$ 150	Correct Violation by: n/a	Date Violation Corrected: 08/03/2025
Violation #6: *TCR:			
Corrective Action:			
Rule Citation: OAD	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Total Penalty Amount: \$ 700			

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: 12/02/2025

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



Mascott Equipment Co.
 435 NE Hancock Portland, OR 97212
 (800) 452-5019

Company Name: <u>Bill's Service INC</u>	Monitor Make: <u>Incon</u>
Site Address: <u>496 N State Street</u>	Monitor Model: <u>TS-1001</u>
City, State, Zip: <u>Lake Oswego, OR 97034</u>	Serial Number: <u>93155</u>
Date: <u>8/27/25</u>	Software Version: <u>4.00</u>

Console	Tank # / Size	Pass	Fail	Actions Performed / Console	Pass	Fail	N/A	Comments
Print or view status of all tanks. Leave copy on site if any programming changes are made.	Regular 10,074 gal	X		Verify date and time	X			
	Super 8,042 gal	X		Verify setup values	X			
				Check battery	X			
				Test external alarm if applicable	X			
				Run system diagnostics			X	
				Verify tests for compliance			X	

Sensors	Sensor # / Location	Pass	Fail	Actions Performed / Probes	Pass	Fail	N/A	Comments
Print out sensor status and leave on site. Put all sensors into alarm and verify proper operation.	Regular STP	X		Run probe diagnostics			X	
	Split annular	X		Inspect cables and connections	X			
	Super STP	X		Removed, Cleaned and inspected probe			X	
				Verified overfill function at 90%			X	
				Verified overfill at DT / BF at 95%			X	
				Actions Performed / Sensors	Pass	Fail	N/A	Comments
				Run sensor diagnostics			X	
				Inspect cables and connections	X			
				Test sensor for operation	X			
				Inspect and clean sensors	X			
				Additional Service Checks	Yes	No	N/A	Comments
				Lights, LED's, annunciator functioning?	X			Triennial due 2028 per Bill. Done in May.
				Is customer saving required reports?	X			
				Is Cathodic Protection Required?		X		
			Note CP issues and test date					
			Type of Overfill Protection	Electronic alarm				
			Type of Leak Detection	Mechanical				
			Primary Tank Leak Detection Method	Annular sensor				
			Per Oregon test procedure					

Technician Name: D. Reeves Technician Signature:



Portland 435 NE Hancock Portland, OR 97212
 Tri-Cities 200 S. 20th Ave. Pasco, WA 99301
 Seattle 6530 5th Place South Seattle, WA 98108
 Alaska 5610 Silverado Way Anchorage, AK 98518

Site Name: Bill's Service INC Test Date: 8/27/25
 Address: 496 N State Street
 City, State, Zip: Lake Oswego, OR 97034

Test Data:

	1	2	3	4	5
Product	Regular	Super			
Manufacturer	FE Petro	FE Petro			
Model	STP-MLD	STP-MLD			
Full Operating Pressure (psi)	27	29			
Trip Time (sec)	3	4			
Test Leak Rate (ml / min)(gph)	3.0 gph	3.0 gph			
Pass / Fail	Pass	Pass			

Notes: _____

Per PEI RP1200 9.1.6

This document certifies that the leak detectors tests were performed at the facility referenced above in accordance to the equipment manufacturers specifications. The results as listed are to my knowledge true and accurate. This document's test pass/fail is determined using a low flow threshold trip rate of 3 gph at 10 PSI.

Inspected By: _____

Technician Name: D. Reeves

Technician Signature: 

Oregon Underground Storage Tank – Financial Responsibility Certificate of Insurance

Name/Address: Bill's Service Inc.
496 North State Street
Lake Oswego, OR 97034-3113

Policy Number: IRONTX30582601

Endorsement: N/A

Period of Coverage: April 25, 2025 to April 25, 2026

Name of Insurer: Liberty Surplus Insurance Corporation

Address of Insurer: 175 Berkeley Street
Boston, MA 02116

Name of Insured: Bill's Service Inc., and all legal entities per the schedule below.

Address of Insured: 496 North State Street
Lake Oswego, OR 97034-3113, and all legal entities per the schedule below.

Certification:

1. Liberty Surplus Insurance Corporation, the “Insurer” as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

Loc. #	Location Name	Street Address	City	State	Postal Code
1	Bill's Service Inc.	496 North State Street	Lake Oswego	Oregon	97034-3113

Loc. #	Tank #	Tank ID	UST/AST	Year Installed	Capacity Gallons	Construction	SW/DW	Contents	Tank Effective Date	Retro. Date	Deductible
1	1	1	UST	1999	18,000	ACT 100 FRP Clad Steel	DW	Gasoline Gasoline	04-25-25	04-25-14	\$5,000

for “taking corrective action” and “compensating third parties for bodily injury and property damage caused by” either “sudden accidental releases” or “nonsudden accidental releases” or “accidental releases”; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are **\$1,000,000** each occurrence" and **\$1,000,000** "annual aggregate", exclusive of legal defense costs, which are subject to a separate limit under the policy. This coverage is provided under **IRONTX30582601**. The effective date of said policy is **April 25, 2025**.

Oregon Underground Storage Tank – Financial Responsibility Certificate of Insurance

2. The “Insurer” further certifies the following with respect to the insurance described in Paragraph 1:

a. Bankruptcy or insolvency of the insured shall not relieve the “Insurer” of its obligations under the policy to which this certificate applies.

b. The “Insurer” is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged thirdparty, with a right of reimbursement by the insured for any such payment made by the “Insurer”. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95–280.102.

c. Whenever requested by a Director, the “Insurer” agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.

d. Cancellation or any other termination of the insurance by the “Insurer”, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.

e. The insurance covers claims otherwise covered by the policy that are reported to the “Insurer” within six months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97(b)(2) and that the “Insurer” is eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Oregon Underground Storage Tank – Financial Responsibility Certificate of Insurance

Signature of authorized representative of Insurer

Karen M. Reilly

Name

Senior Vice President

Title

Authorized Representative of Liberty Surplus Insurance Corporation
**28 Liberty Street, 3rd Floor,
New York, NY 10005**

Re: Results of full compliance inspection Bill's Service Fac 11110 496 N State St

From LITKE Emily * DEQ <Emily.LITKE@deq.oregon.gov>

Date Mon 12/1/2025 2:47 PM

To UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; billsservice2010@gmail.com <billsservice2010@gmail.com>

Hey Bill,
UST facility 11110 Bill's Service located at 496 N State St Lake Oswego, OR

Please provide an update on payment of the \$700 penalty and completion of corrective action #3 - correct the date on the tank monitor and provide one months worth of SCALD reports.

Corrective Action-

- ~~The permittee must conduct annual tank gauge certifications and retain the records—was performed in 2025 according to an invoice, but no test results available. Permittee must obtain a copy of the 8/3/2025 testing, and submit to DEQ by November 3, 2025. COMPLETE~~
- ~~The permittee must perform annual Line Leak Detection testing and retain the records in the future. Permittee must submit 8/3/2025 test results by November 3, 2025. COMPLETE~~
- The permittee must ensure the date is correctly programmed into the tank monitor (previously showed incorrect year). Provide SCALD report with correct date as verification.**
- ~~Submit Financial Responsibility through Your DEQ Online and post a current Operating Certificate by November 3, 2025. COMPLETE~~
- ~~Corrective action is complete—please test every month to ensure proper functioning; if tested on 8/3/25 submit those results to DEQ by November 3, 2025. COMPLETE~~



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: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Sent: Sunday, November 2, 2025 7:26 PM
To: billsservice2010@gmail.com <billsservice2010@gmail.com>
Cc: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Subject: Re: Results of full compliance inspection Bill's Service Fac 11110 496 N State St

UST facility 11110 Bill's Service located at 496 N State St Lake Oswego, OR

Please review the attached field citation. **The deadline for payment of the \$700 penalty and completion of the corrective actions is 12/2/25.**

Payment of Field Citation Penalty Instructions

Payment can be made either through **check** or **online** through Your DEQ Online – follow the link below to create an account.

[Department of Environmental Quality : Welcome to Your DEQ Online : Online Services : State of Oregon](#)

[PaymentsforEEOs.pdf](#) – step by step instructions for submitting payments online

[Administrative SOP Template](#) – step by step instructions for financial responsibility submittal



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: PARDUE Dave * DEQ <Dave.PARDUE@deq.oregon.gov>
Sent: Thursday, October 30, 2025 10:20 AM

To: billsservice2010@gmail.com <billsservice2010@gmail.com>

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

Subject: Results of full compliance inspection Bill's Service Fac 11110 496 N State St

Hello Bill Scanlan:

Thank you for facilitating my inspection of your facility on October 23, 2025. I appreciate your assisting with the inspection by opening the sumps/equipment for visual observation.

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

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

- Small amounts of fuel or water were present in the containment sumps below each dispenser.

Documentation

1. No records of annual Tank Gauge Certification were available. You must retain the last three years of records for inspection.
2. No annual line leak detection records were available. You must retain the last three years of records for inspection.
3. Tank Release Detection records were missing- all records apparently were dated incorrectly by the monitor due to lack of programming. Malfunctions of this kind must be reprogrammed quickly. Results were from SCALD calculations; Interstitial Monitoring is noted in the database as the primary method of leak detection.
4. The current Operating Certificate was not posted.
5. The overfill alarm was not functioning until corrosion issues were repaired by an electrician, per the permittee, on October 24, 2025.

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

Alleged Violations:

1. Failure to maintain or calibrate tank release detection equipment. 340-150-0400(2). G5.
2. Failure to perform Line Leak Detection testing. 340-150-0410(3). H2.7.
3. Failure to maintain accurate monthly Tank Release Detection records at the facility. 340-150-0400(2). G8.
4. Failure to post annual Operating Certificate in a conspicuous location where the fuel delivery distributor can view. 340-150-0150(1). A10.
5. Failure to maintain operational overfill equipment. 340-150-0310(2). C2b.

Corrective Action- begin immediately [note that Corrective Actions 1-5, respectively, apply to Alleged Violations 1-5 above, in their same order].

1. The permittee must conduct annual tank gauge certifications and retain the records- was performed in 2025 according to an invoice, but no test results available. Permittee must obtain a copy of the 8/3/2025 testing, and submit to DEQ by **November 3, 2025**.

2. The permittee must perform annual Line Leak Detection testing and retain the records in the future. Permittee must submit 8/3/2025 test results by **November 3, 2025**.
3. The permittee must ensure the date is correctly **programmed** into the tank monitor and continue to print and retain the last 12 monthly tank release detection reports (on a rolling basis), and retain for review. Permittee must also submit Certification Statement indicating that SCALD is the primary leak detection method by **November 3, 2025**.
4. Submit Financial Responsibility through Your DEQ Online and post a current Operating Certificate by **November 3, 2025**.
5. Corrective action is complete- please test every month to ensure proper functioning; if tested on 8/3/25 submit those results to DEQ by **November 3, 2025**.
6. Please monitor the liquid present beneath all dispensers monthly and report on the monthly walkthrough form.

Next Steps –

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

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

Regards,

Dave

Dave Pardue
UST Program Coordinator and Inspector
503-360-4287

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

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

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

To manage your account and link facilities see this link:

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



UST facility 11110 Bill's Service located at 496 N State St Lake Oswego, OR CORRECTIVE ACTIONS

From Bill Scanlan <billsservice2010@gmail.com>

Date Mon 11/3/2025 10:35 AM

To UST Duty Officer * DEQ <ust.dutyofficer@deq.oregon.gov>

 5 attachments (1 MB)

Annual Monitor Inspection.pdf; DEQ Monitor.pdf; Petro-Tite X2.pdf; Line Leak Detector.pdf;
Oregon_UST_Compliance_Guidebook_Final 2.docx;

Attached are the test results from our 8/3/2025 testing, as well as our statement of primary leak detection being SCALD, not interstitial monitoring.

I have also submitted our certificate of financial responsibility onto the YDO site.

Please let me know if any items are missing or unviewable.

Thank you
Bill Scanlan
Bill's Service Inc.
(503)914-8419

Fee	-	Paid	=	Due
\$ 700.00		\$ 700.00		\$ 0.00

Penalty

▶ 2025-fc-10020 \$ 700.00

ⓘ UST - Field Citation

1 Results

⊕ Add Penalty
➡ Send to FIMS

Payment

▼ **Credit Card** \$ 700.00

📅 12/1/2025

📅 12/1/2025

ⓘ DEQEDM000064756

Type	Amount
Credit Card	700

E-Payment Confirmation#	E-Payment Settle Date
DEQEDM000064756	12/01/2025

Ref#	Payment Date
	12/01/2025

Comments

Site Info

BILL'S SERVICE



📍 496 N STATE ST, LAKE OSWEGO, OR 97034

📞 9616 ✓

📞 219322

🏷️ CEM_FacilityIdentifier=16217 UST (11110)

📁 Stationary

Inspection Info

11000 Completed

☰ UST

📁 Full Compliance Inspection (FCI) TCR only

📅 Start Date 10/23/2025

📅 End Date 10/23/2025