



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:	01/09/2026	Facility ID#:	7577
Inspector:	Blakely GILBERT	Facility Name:	CHUBB'S CHEVRON
DEQ Office:	700 NE Multnomah St Suite 600 FLR # 14	Facility Address:	745 S COLUMBIA RIVER HWY, SAINT HELENS, Oregon 97051
Phone #:	503-360-4408	County:	Columbia

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: 01/13/2026
Facility Representative Present During Inspection:				<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	Aman & Kamal LLC			
Mailing Address:	745 S Columbia River Hwy , Saint Helens Oregon 97051			

**Field Citation Penalty** – See Page 3 for a detailed listing of each violation. \$ 450

**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: 02/13/2026**

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: 01/13/2026

PROGRAM ENFORCEMENT No.: 2026-FC-10089

FACILITY ID: 7577

Page 3 of 3

<b>Violation #1:</b> <b>*TCR:</b>	<b>(C1c) Failure to repair or replace spill prevention device that is not properly maintained, is defective, is damaged or may have been tampered with in a manner that prevents proper operation.</b>		
Corrective Action:	Repair or replace defective or damage equipment (spill buckets) within 30 days or submit schedule of when repair or replacement will be complete. Maintain repair or replacement records.		
Rule Citation: <b>OAR 340-150-0310(1)</b>	Penalty Amount: \$ 150	Correct Violation by: 03/13/2026	Date Violation Corrected:
<b>Violation #2:</b> <b>*TCR:</b>	<b>Failure to conduct the last two 3-year inspections/tests of corrosion protection system</b>		
Corrective Action:	submit passing cathodic protection test to DEQ		
Rule Citation: <b>OAR 340-150-0325(2)(b)</b>	Penalty Amount: \$ 300	Correct Violation by: 03/13/2026	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:
<b>Total Penalty Amount: \$ 450</b>			

**YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, SIGN THE STATEMENT BELOW, AND**

**RETURN THIS FORM TO THE DEQ ON OR BEFORE: 02/13/2026**

**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*



# UST Inspection Survey

Submitted by: blakely.gilbert\_deq

Submitted time: Jan 6, 2026, 6:23:26 PM

Date

**Jan 6, 2026**

Time

**14:46**

UST Facility ID

**7,577**

Inspector

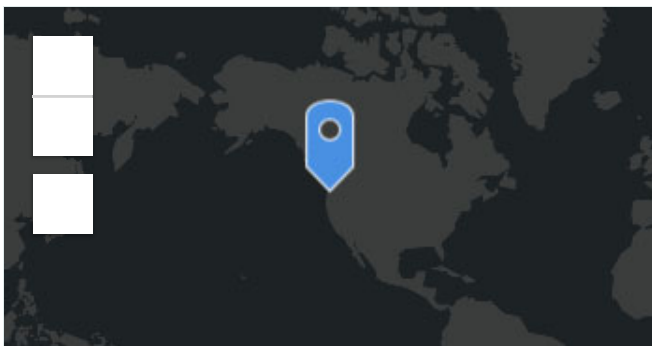
**Gilbert**

Type of Inspection

**Full Compliance**

Location

**Lat: 45.850283 Lon: -122.830549**



Esri, FAO, NOAA, USGS

Powered by Esri

Photograph



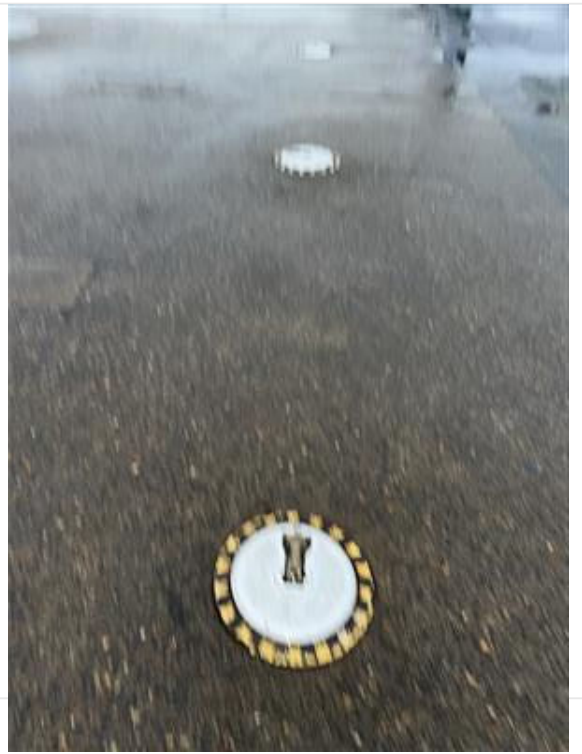
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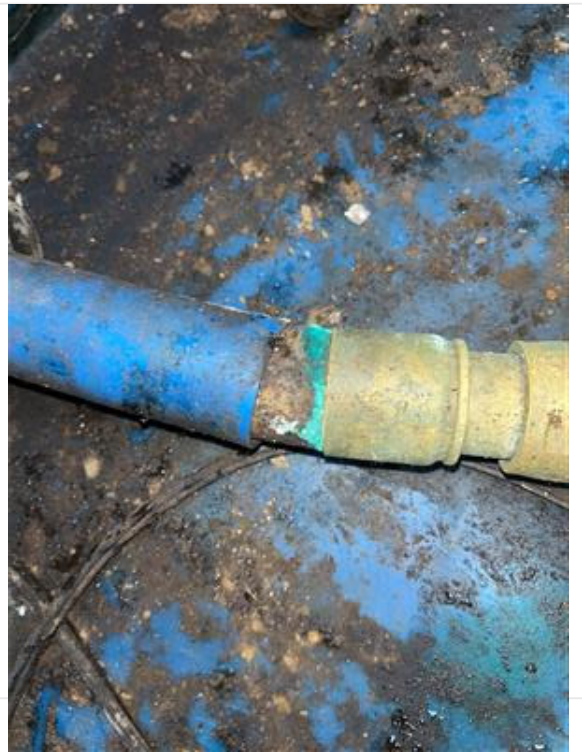


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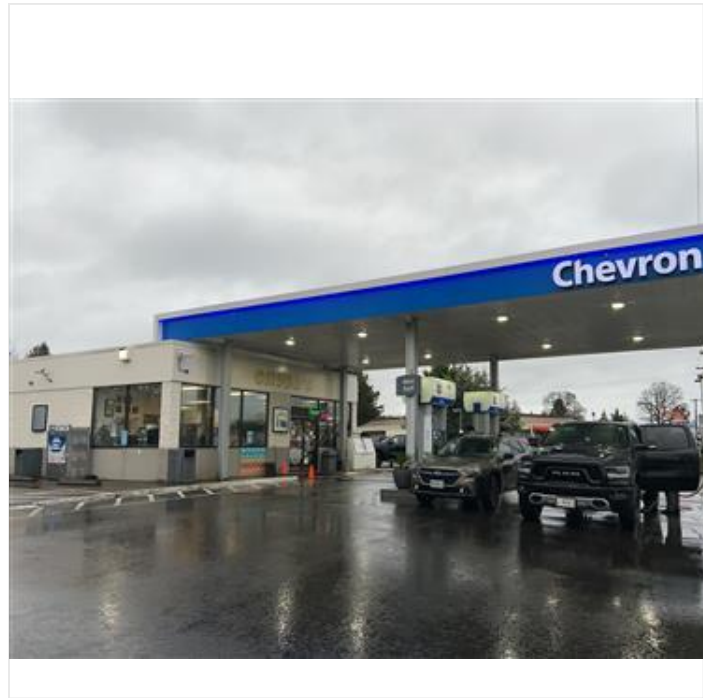
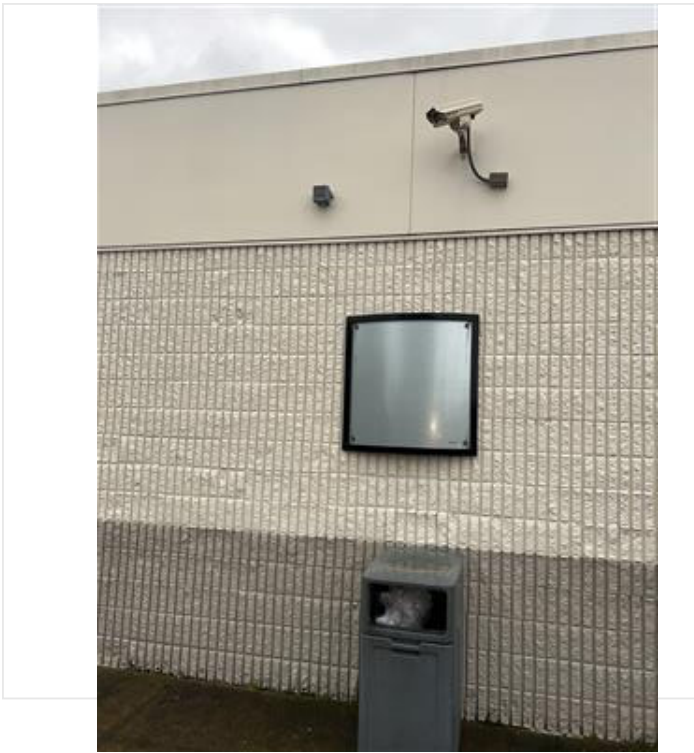
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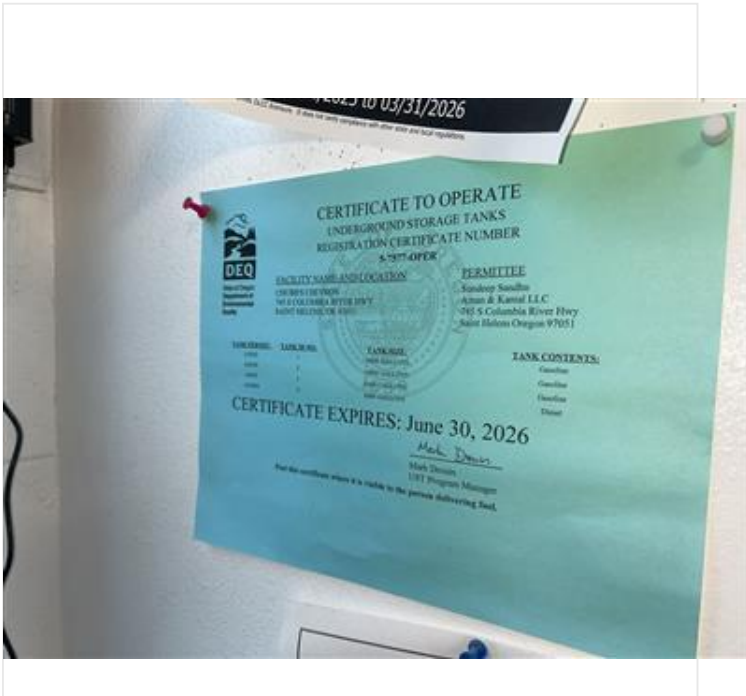




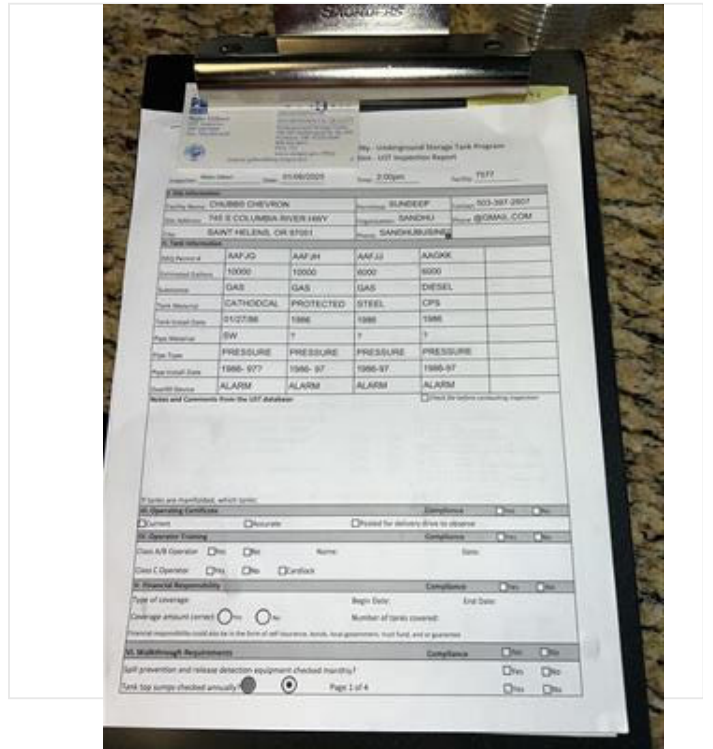
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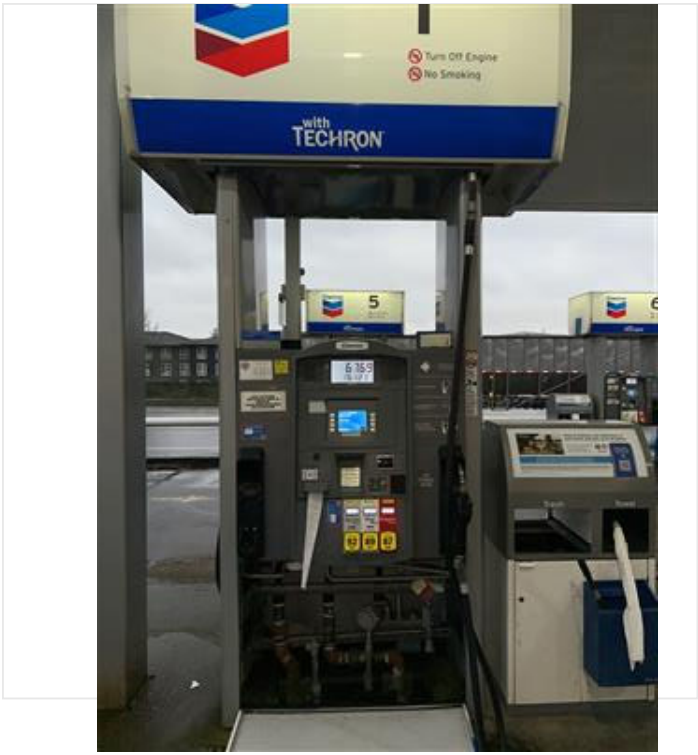


photos-20260106-224754.jpg



photos-20260106-224707.jpg





Completed ✓  
written  
CIC  
DSD

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

Gilbert Date: 01/06/2025 Time: 2:00pm Facility: 7577

<b>Facility Name:</b> CHUBBS CHEVRON	<b>Permittee:</b> SUNDEEP	<b>Contact:</b> 503-397-2807
<b>Site Address:</b> 745 S COLUMBIA RIVER HWY	<b>Organization:</b> SANDHU	<b>Phone:</b> @GMAIL.COM
<b>City:</b> SAINT HELENS, OR 97051	<b>Phone:</b> SANDHUBUSINES	

II. Tank Information					
DEQ Permit #	AAFJG	AAFJH	AAFJJ	AAGKK	
Estimated Gallons	10000	10000	6000	6000	
Substance	GAS	GAS	GAS	DIESEL	
Tank Material	CATHODCAL	PROTECTED	STEEL	CPS	
Tank Install Date	01/27/86	1986	1986	1986	
Pipe Material	SW	?	?	?	
Pipe Type	PRESSURE	PRESSURE	PRESSURE	PRESSURE	
Pipe Install Date	1986- 97?	1986- 97	1986-97	1986-97	
Overfill Device	ALARM	ALARM	ALARM	ALARM	

Check file before conducting inspection

Notes and Comments from the UST database:

If tanks are manifolded, which tanks: *untested tanks are manifolded* Compliance  Yes  No

III. Operating Certificate Compliance  Yes  No

Current  Accurate  Posted for delivery drive to observe

IV. Operator Training Compliance  Yes  No

Class A/B Operator  Yes  No Name: *Sundeep Sinha* Date: *9-2-22*

Class C Operator  Yes  No  Cardlock *Robin*

V. Financial Responsibility Compliance  Yes  No

Type of coverage: *Insured* Begin Date: *7-25-25* End Date: *7-25-26*

Coverage amount correct:  Yes  No Number of tanks covered: *4*

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? *2 months since DEQ form*  Yes  No

Tank top sumps checked annually?  Yes  No Compliance  Yes  No

**VII. Release Detection** **Compliance**  Yes  No

**a) Annual Release Detection Operability Testing** (Sometimes referred to as Tank Gauge Certification)  
 Date of last testing: 6-4-25 6-17-24 6-27-23  
 Last three tests available?  Yes  No

**b) Piping Release Detection** (Check all that apply)  
 Pressurized Piping  
 Mechanical Leak Detector (MLLD)  Electronic Leak Detector (ELLD) - check for swiftcheck requirement  
 Date of last testing: 6-4-25 6-17-24 6-27-23  
 Last three tests available?  Yes  No  
 Number of lines tested: 4 Number of LD tested: 4  
 Leak detector manufacturer make and model: 99 LD 2000  
 Tank gauge manufacturer make and model: Veeder Root TSL-350  
 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

Tank release detection records available during inspection

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

Date: 1/6/26

Time: 2:00pm

Facility: 7577

VIII. Spill Prevention	Compliance
Date(s) of testing: <u>6/17/2024</u> <del>8-19-2021</del> Number of spill buckets tested? _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Did spill bucket pass most recent testing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, was spill bucket replaced/repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
During inspection, visual damage to spill bucket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>super, unvented N unvented south</i> <input checked="" type="checkbox"/> Hydrostatic testing (test takes one hour to complete) <i>All 3 failed. testing 8-19-21 unvented East fail unvented west fail</i>	
<input type="checkbox"/> Vacuum test (test takes 1 minute, ending vacuum must be 26 inches water column or greater) <i>Pressure passed - Hydro test</i>	

IX. Overfill Prevention	Compliance
Date(s) of testing: <u>6-17-24</u> <del>6-4-25</del> <u>8-19-2021</u>	
Overfill device pass most recent testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, overfill device replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Overfill method that was tested: <input checked="" type="checkbox"/> Alarm <input type="checkbox"/> Flapper <input type="checkbox"/> Ball Float	
<u>Overfill Alarm</u>	
Alarm sounds when tank is 90% full <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Driver can see or hear alarm at point of transfer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sound alarm from tank gauge during inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Flapper Valve</u>	
Testing verified the valve automatically restricts flow at 95% <input type="checkbox"/> Yes <input type="checkbox"/> No	
Visual observation of flapper on day of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Ball Float</u>	
Testing verified the ball float automatically restricts flow at 90% <input type="checkbox"/> Yes <input type="checkbox"/> No	
Visual observation of ball float during inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	

X. Corrosion Protection	Compliance
<input type="checkbox"/> Cathodic <input checked="" type="checkbox"/> Galvanic <input type="checkbox"/> Impressed Current	
Steel tank with cathodic? <input type="checkbox"/> Yes <input type="checkbox"/> No	↑
Steel pipes with cathodic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Steel flex-lines with cathodic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of cathodic test: _____	
Last two tests available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did last test pass? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not:	
Was failed test reported to DEQ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was system repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of repair? _____	
Cathodic retested within 6 mos. of repair? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of retesting? _____	
If impressed current system:	
Rectifier Operational? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rectifier log maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rectifier been operating continuously <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Tank Lining	
Date of last test? _____	
Pressure test conducted after tank lining inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**XI. General notes from inspection**


Representative onsite: \_\_\_\_\_ email: \_\_\_\_\_

Leak spill bucket testing 6/17/24 Super and  
both reg untested buckets failed - Cited ~~C2a~~ C2b

Galvanic CP protection testing is over due more  
than six years - DSD

C1c  
DSD

Compliance Determination:  No Violations Observed  Observed violations resulting in enforcement

Inspector Signature: Blake Gilbert 

Date: 1/9/26

## **GILBERT Blakely \* DEQ**

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**From:** UST Duty Officer \* DEQ  
**Sent:** Friday, January 9, 2026 5:48 PM  
**To:** UST Duty Officer \* DEQ  
**Cc:** 'sandhubusiness94@gmail.com'; skinnysaccounting@yahoo.com  
**Subject:** DEQ UST # 7577 Chubbs Chevron determination notice

Dear Sundeep Sandhu,

I want to thank everyone involved for getting this FCI located at Chubbs Chevron 745 S Columbia River Hwy St Helens DEQ UST # 7577 completed. As you are aware of, I observed two violations your last testing on 6/17/2024 of the Spill Buckets for both regular and the premium buckets failed that testing. Galvanic CP protection testing you have missed the last two required tests. Corrective action is listed below.

DEQ observed 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 with all communications about the violation or when sending over the final testing records and any repair documentation. DO NOT SEND THEM TO ME. Contact the UST Duty Officer at [503-229-5034](tel:503-229-5034) or [ust.dutyofficer@deq.oregon.gov](mailto:ust.dutyofficer@deq.oregon.gov)**

### **Violations:**

1. C1c Failure to repair or replace spill prevention device that is not properly maintained, is defected or damaged or may have been tampered with in a manner that prevents proper operation. 340-150-0310(1) Class 2 \* Both regular and premium spill buckets failed last testing
2. D5d Failure to conduct the last two 3- year inspections/tests of corrosion protection system 340-150-0325(2)(b) Class 1 \* Has not had the last two 3-year testing done

### **Corrective Actions:**

1. Repair or replace defective or damage equipment (spill buckets) within 30 days or summit schedule of when repair or replacement will be complete. Maintain repair or replacement records. Summit compliance certification statement
2. Complete CP system test within 60 days from today. Maintain records Submit Compliance Certification Statement and email passing test documents to the Duty Officer by March 13<sup>th</sup>, 2026



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

Site Name: Chubb's Chevron Test Date: 6/17/24  
 Address: 745 S Columbia River HWY  
 City, State, Zip: St. Helens, OR 97051

Test Data:


	1	2	3	4	5
Product	Un 3-4-6	Un 1-2-5	Premium	Diesel	
Manufacturer	Vaporless	Red Jacket	Red Jacket	Vaporless	
Model	99LD2000	FX- 1V	FX- 1V	99LD2000	
Full Operating Pressure (psi)	28	28	30	31	
Trip Time (sec)	4	3	3	4	
Test Leak Rate (ml / min)(gph)	3.0 gph	3.0 gph	3.0 gph	3.0 gph	
Pass / Fail	Pass	Pass	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: 

# Mascott Equipment Co.

## SERVICE ORDER

PORTLAND 435 N.E. HANCOCK PORTLAND, OR 97212 503-282-2587  
 TRICITIES 2464 ROBERTSON DRIVE RICHLAND, WA 509-543-2018  
 SEATTLE 6530 5TH PLACE SOUTH SEATTLE, WA 98108 206-763-7867  
 ANCHORAGE 5610 SILVERADO WAY #3 ANCHORAGE, AK 99518 907-561-1119

508625

ACCOUNT NUMBER  
6187

JOB SITE  
ORDER DATE 5/27/25 JOB PHONE (503) 397-2807  
WORK ORDERED BY Sabi

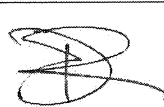

SOLD TO Chubb's Chevron  
ADDRESS 745 S Columbia River HWY  
CITY St. Helens, OR 97051 STATE  
CUSTOMER P.O. NUMBER D. Reeves TECHNICIAN MFG AUTHORIZATION (if necessary)  
MODEL SERIAL NUMBER MODEL SERIAL NUMBER

PROBLEM REPORTED: Annual and DEQ Compliance testing

MATERIAL USED					
QTY	WH	PART NUMBER	DESCRIPTION	PRICE	AMOUNT
4	22	Testing	Line and line leak detector test		0.00
1	22	Testing	Monitor Inspection		0.00
1	22	OPW634TT-7085-EVR	Fill cap		0.00
					0.00
					0.00
					0.00

TIME ARRIVED 0745 AM PM (circle one) TIME DEPARTED AM PM (circle one) Customer Initials *JS*

WORK DESCRIPTION: Tested 4 lines and line leak detectors.  
Monitor Inspection on TLS-350.  
Replace missing fill cap on Unleaded 2.

WARRANTY	<input type="checkbox"/>	COMPLETE	<input checked="" type="checkbox"/>	PENDING	<input type="checkbox"/>
SERVICEMAN		STANDARD LABOR	QTY.	RATE	AMOUNT
		OVERTIME LABOR			0.00
		TRAVEL TIME			0.00
DATE COMPLETED	6/4/25	MILEAGE			0.00
TERMS:	NET 10TH PROX	TOTAL MATERIAL	0.00		0.00
PRINT CUSTOMER NAME	Jacob Wieberholt	MISC. MATERIAL			0.00
CUSTOMER AUTHORIZED SIGNATURE		LAP TOP FEE			0.00
		SUB TOTAL			0.00
		SALES TAX			0.00
<b>TOTAL AMOUNT DUE</b>					<b>0.00</b>



State of Oregon Department of Environmental Quality

# Annual Release Detection Operability Testing Form

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

<b>I. FACILITY INFORMATION</b> – Type or print (in ink) all items.				<b>TEST DATE</b>
Facility ID #:	<b>7577</b>	Facility Name:	<b>Chubb's Chevron</b>	<b>6/4/25</b>
<b>II. AUTOMATIC TANK GAUGE</b>				<input checked="" type="checkbox"/> <b>Pass</b> <input type="checkbox"/> <b>Fail</b>
ATG Manufacturer:	<b>Veeder-Root</b>	ATG Model:	<b>TLS-350</b>	
Release Detection Method:		Tank Gauge 0.2 gph leak tests: ( <input checked="" type="checkbox"/> Continuous <input 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		
<b>III. TEST PROCEDURE</b>				
<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)	

RE-DIRECT LOCAL PRINTOUT  
DISABLED

EURO PROTOCOL PREFIX  
S

SYSTEM SECURITY  
CODE : 000000  
CUSTOM ALARM LABELS  
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (FXMOD)  
BAUD RATE : 2400  
PARITY : ODD  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA  
RS-232 SECURITY  
CODE : DISABLED  
DIAL TYPE : TONE  
ANSWER ON : 1 RING  
MODEM SETUP STRING :

DIAL TONE INTERVAL: 32

COMM BOARD : 2 (RS-232)  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 1 STOP  
DATA LENGTH: 8 DATA  
RS-232 SECURITY  
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT  
DISABLED  
AUTO HIGH WATER LIMIT  
DISABLED  
AUTO OVERFILL LIMIT  
DISABLED  
AUTO LOW PRODUCT  
DISABLED  
AUTO THEFT LIMIT  
DISABLED  
AUTO DELIVERY START  
DISABLED  
AUTO DELIVERY END  
DISABLED  
AUTO EXTERNAL INPUT ON  
DISABLED  
AUTO EXTERNAL INPUT OFF  
DISABLED  
AUTO SENSOR FUEL ALARM  
DISABLED  
AUTO SENSOR WATER ALARM  
DISABLED  
AUTO SENSOR OUT ALARM  
DISABLED

RECEIVER SETUP:

D 1:WILCOX FLEGEL  
13604256274  
RCVR TYPE: FACSIMILE  
PORT NO: 1  
RETRY NO: 3  
RETRY DELAY: 3  
CONFIRMATION REPORT: OFF

AUTO DIAL TIME SETUP:

D 1:WILCOX FLEGEL  
DIAL DAILY  
DIAL TIME : DISABLED  
RECEIVER REPORTS:  
INVENTORY :

RS-232 END OF MESSAGE  
DISABLED

AUTO DIAL ALARM SETUP

D 1:WILCOX FLEGEL  
- NO ALARM ASSIGNMENTS -

IN-TANK SETUP

T 1: SUPER  
PRODUCT CODE : 2  
THERMAL COEFF : .000650  
TANK DIAMETER : 95.00  
TANK PROFILE : 1 PT  
FULL VOL : 10126

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.0  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 10126  
OVERFILL LIMIT : 90%  
: 9113  
HIGH PRODUCT : 95%  
: 9619  
DELIVERY LIMIT : 8%  
: 810

LOW PRODUCT : 550  
LEAK ALARM LIMIT: 10  
SUDDEN LOSS LIMIT: 99  
TANK TILT : 0.50  
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS  
T#: NONE  
LINE MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 20%  
: 2025

LEAK MIN ANNUAL : 0%  
: 0

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK: OFF

DELIVERY DELAY : 1 MIN  
PUMP THRESHOLD : 10.00%

SOFTWARE REVISION LEVEL  
VERSION 325.02  
SOFTWARE# 346325-100-C  
CREATED - 05.08.09.12.51

S-MODULE# 330160-002-A  
SYSTEM FEATURES:  
PERIODIC IN-TANK TESTS  
ANNUAL IN-TANK TESTS  
CSLD

SYSTEM SETUP

JUN 4. 2025 9:03 AM

SYSTEM UNITS

U.S.  
SYSTEM LANGUAGE  
ENGLISH  
SYSTEM DATE/TIME FORMAT  
MON DD YYYY HH:MM:SS XM

CHUBBS CHEVRON  
745 S COLUMBIA RVR  
ST HELENS, OR 97051  
503-397-2807

SHIFT TIME 1 : 4:00 AM  
SHIFT TIME 2 : DISABLED  
SHIFT TIME 3 : DISABLED  
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN  
ENABLED  
TANK PER TST NEEDED WRN  
DAYS = 20  
TANK PER TST NEEDED ALM  
DAYS = 25  
TANK ANN TST NEEDED WRN  
DISABLED

LINE RE-ENABLE METHOD  
PASS LINE TEST

LINE PER TST NEEDED WRN  
DISABLED  
LINE ANN TST NEEDED WRN  
DISABLED

PRINT TC VOLUMES  
ENABLED

TEMP COMPENSATION  
VALUE (DEG F) : 60.0  
STICK HEIGHT OFFSET  
DISABLED

H-PROTOCOL DATA FORMAT  
HEIGHT  
DAYLIGHT SAVING TIME  
ENABLED  
START DATE  
MAR WEEK 2 SUN  
START TIME  
12:00 AM  
END DATE  
NOV WEEK 1 SUN  
END TIME  
2:00 AM

CHUBBS CHEVRON  
745 S COLUMBIA RVR  
ST HELENS, OR 97051  
503-397-2807

JUN 4, 2025 10:42 AM

-----  
SYSTEM STATUS REPORT  
-----

ALL FUNCTIONS NORMAL

----- SENSOR ALARM -----  
L 1: SUPER STP SUMP  
STP SUMP  
FUEL ALARM  
JUN 4, 2025 10:42 AM

----- SENSOR ALARM -----  
L 2: UNLEADED N. STP SUMP  
STP SUMP  
FUEL ALARM  
JUN 4, 2025 10:43 AM

----- SENSOR ALARM -----  
L 3: UNLEADED S. STP SUMP  
STP SUMP  
FUEL ALARM  
JUN 4, 2025 10:44 AM

----- SENSOR ALARM -----  
L 4: DIESEL STP SUMP  
STP SUMP  
FUEL ALARM  
JUN 4, 2025 10:45 AM

## **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.



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

Site Name: Chubb's Chevron Test Date: 6/4/25  
 Address: 745 S Columbia River HWY  
 City, State, Zip: St. Helens, OR 97051

Test Data:


	1	2	3	4	5
Product	Un 3-4-6	Un 1-2-5	Premium	Diesel	
Manufacturer	Vaporless	Red Jacket	Red Jacket	Vaporless	
Model	99LD2000	FX- 1V	FX- 1V	99LD2000	
Full Operating Pressure (psi)	27	28	29	30	
Trip Time (sec)	4	3	3	4	
Test Leak Rate (ml / min)(gph)	3.0 gph	3.0 gph	3.0 gph	3.0 gph	
Pass / Fail	Pass	Pass	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: 

DATA CHART FOR USE WITH PETROTITE LINE TESTER

WO#: 508625

STATION NUMBER: 7577

DATE: 6/4/25

1 LOCATION: Chubb's Chevron - 745 S Columbia River HWY - St. Helens, OR 97051

2 OWNER: St. Helens, OR 97051

3 OPERATOR: St. Helens, OR 97051

4 REASON FOR TEST: ANNUAL DEQ COMPLIANCE TESTING

5 TEST REQUESTED BY: Chubb's Chevron

6 SPECIAL INSTRUCTIONS: \_\_\_\_\_

7 CONTRACTOR OR COMPANY MAKING TEST MECHANIC(S) NAME: MASCOTT EQUIPMENT CO. D. REEVES

8 IS A TANK TEST TO BE MADE WITH THIS LINE TEST?  YES  NO 9 MAKE AND TYPE OF PUMP OR DISPENSER (SUCTION OR SUBMERSIBLE) Red Jacket submersible

10 WEATHER Mild / wet TEMPERATURE IN TANKS 67 °F °C COVER OVER LINE Concrete BURIAL DEPTH 36"

11 IDENTIFY EACH LINE AS TESTED	12 TIME (MILITARY)	13 LOG OF TEST PROCEDURES, AMBIENT TEMPARATURE, WEATHER, ETC	14 PRESSURE		15 VOLUME			16 REMARKS SIZE, LENGTH & TYPE OF LINE, # FLEX CONNECTORS CONCLUSION, REPAIRS AND COMMENTS
			Psi OR kPa		READING		NET CHANGE	
			BEFORE	AFTER	BEFORE	AFTER		
Premium	0915	Set up for line test. Pressurize line and observe.	75					APPROX. 210' Double wall Flexible
	1015	Begin testing	-----	60	-----	.0730	-----	Method of isolation: BALL VALVE
	1030	First reading	60	60	.0730	.0730	+0.0000	
	1045	Second reading	60	60	.0730	.0730	+0.0000	TESTED BOTH LINES SIMULTANEOUSLY USING
	1100	Third reading	60	60	.0730	.0730	+0.0000	MANIFOLD.
	1115	End of test	60	60	.0730	.0730	+0.0000	
								Passed sensitivity test

DATA CHART FOR USE WITH PETROTITE LINE TESTER

WO#: 508625

STATION NUMBER: 7577

DATE: 6/4/25

1 LOCATION: Chubb's Chevron - 745 S Columbia River HWY - St. Helens, OR 97051

2 OWNER: St. Helens, OR 97051

3 OPERATOR: St. Helens, OR 97051

4 REASON FOR TEST: ANNUAL DEQ COMPLIANCE TESTING

5 TEST REQUESTED BY: Chubb's Chevron

6 SPECIAL INSTRUCTIONS:

7 CONTRACTOR OR COMPANY MAKING TEST MASCOTT EQUIPMENT CO. D. REEVES  
MECHANIC(S) NAME:

8 IS A TANK TEST TO BE MADE WITH THIS LINE TEST?  YES  NO  
9 MAKE AND TYPE OF PUMP OR DISPENSER (SUCTION OR SUBMERSIBLE) Red Jacket submersible

10 WEATHER Mild / wet TEMPERATURE IN TANKS 62 °F °C COVER OVER LINE Concrete BURIAL DEPTH 36"

11 IDENTIFY EACH LINE AS TESTED	12 TIME (MILITARY)	13 LOG OF TEST PROCEDURES, AMBIENT TEMPARATURE, WEATHER, ETC	14 PRESSURE		15 VOLUME			16 REMARKS SIZE, LENGTH & TYPE OF LINE, # FLEX CONNECTORS CONCLUSION, REPAIRS AND COMMENTS
			BEFORE	AFTER	BEFORE	AFTER	NET CHANGE	
Unleaded D3-4-6	0915	Set up for line test. Pressurize line and observe.	75					APPROX. 210' Double wall Flexible
	1015	Begin testing	-----	60	-----	.0730	-----	Method of isolation: BALL VALVE
	1030	First reading	60	60	.0730	.0730	+0.0000	
	1045	Second reading	60	60	.0730	.0730	+0.0000	TESTED BOTH LINES SIMULTANEOUSLY USING
	1100	Third reading	60	60	.0730	.0730	+0.0000	MANIFOLD.
	1115	End of test	60	60	.0730	.0730	+0.0000	
								Passed sensitivity test

# Mascott Equipment Co.

## SERVICE ORDER

- PORTLAND 435 N.E. HANCOCK PORTLAND, OR 97212 503-282-2587  
 TRICITIES 2464 ROBERTSON DRIVE RICHLAND, WA 509-543-2018  
 SEATTLE 6530 5TH PLACE SOUTH SEATTLE, WA 98108 206-763-7867  
 ANCHORAGE 5610 SILVERADO WAY #3 ANCHORAGE, AK 99518 907-561-1119

508625

ACCOUNT NUMBER  
**6187**

JOB SITE  
ORDER DATE **5/27/25** JOB PHONE **(503) 397-2807**

WORK ORDERED BY **Sabi**

SOLD TO **Chubb's Chevron**

JOB NAME **Chubb's Chevron**

ADDRESS **745 S Columbia River HWY**

ADDRESS **745 S Columbia River HWY**

CITY **St. Helens, OR 97051**

CITY **St. Helens, OR 97051**

CUSTOMER P.O. NUMBER **D. Reeves** TECHNICIAN

MFG AUTHORIZATION (if necessary)

MODEL SERIAL NUMBER

MODEL SERIAL NUMBER

PROBLEM REPORTED: **Annual and DEQ Compliance testing**

**MATERIAL USED**

QTY.	WH	PART NUMBER	DESCRIPTION	PRICE	AMOUNT
4	22	Testing	Line and line leak detector test		0.00
1	22	Testing	Monitor Inspection		0.00
1	22	OPW634TT-7085-EVR	Fill cap		0.00
					0.00
					0.00
					0.00

TIME ARRIVED **0745 AM** PM (circle one) TIME DEPARTED **AM** PM (circle one) Customer Initials \_\_\_\_\_

WORK DESCRIPTION: **Tested 4 lines and line leak detectors.**

**Monitor Inspection on TLS-350.**

**Replace missing fill cap on Unleaded 2.**

WARRANTY  COMPLETE  PENDING

	CHARGES	QTY.	RATE	AMOUNT
SERVICEMAN	STANDARD LABOR			0.00
	OVERTIME LABOR			0.00
	TRAVEL TIME			0.00
DATE COMPLETED <b>6/4/25</b>	MILEAGE			0.00
TERMS: <b>NET 10TH PROX</b>	TOTAL MATERIAL	0.00		0.00
	MISC. MATERIAL			0.00
PRINT CUSTOMER NAME  CUSTOMER AUTHORIZED SIGNATURE	LAP TOP FEE			0.00
	SUB TOTAL			0.00
	SALES TAX			0.00
<b>TOTAL AMOUNT DUE</b>				<b>0.00</b>



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

Company Name: <u>Chubb's Chevron</u>	Monitor Make: <u>Veeder-Root</u>
Site Address: <u>745 S Columbia River HWY</u>	Monitor Model: <u>TLS-350</u>
City, State, Zip: <u>St. Helens, OR 97051</u>	Serial Number: <u>70542830405001</u>
Date: <u>6/4/25</u>	Software Version: <u>325.02</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.	Super	10126 gal	X		Verify date and time	X			
	Unleaded N	10126 gal	X		Verify setup values	X			
	Unleaded S	6,260 gal	X		Check battery	X			
	Diesel	6,260 gal	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.	Super STP		X		Run probe diagnostics	X			
	Unleaded N STP		X		Inspect cables and connections	X			
	Unleaded S STP		X		Removed, Cleaned and inspected probe	X			
	Diesel STP		X		Verified overfill function at 90%			X	
					Verified overfill at drop tube at 95%			X	

Sensors	Sensor # / Location	Pass	Fail	Actions Performed / Sensors	Pass	Fail	N/A	Comments
Print out sensor status and leave on site. Put all sensors into alarm and verify proper operation.				Run sensor diagnostics	X			
				Inspect cables and connections	X			
				Test sensor for operation	X			
				Inspect and clean sensors	X			

Sensors	Sensor # / Location	Pass	Fail	Additional Service Checks	Yes	No	N/A	Comments
Print out sensor status and leave on site. Put all sensors into alarm and verify proper operation.				Lights, LED's, annunciator functioning?	X			
				Is customer saving required reports?	X			
				Is Cathodic Protection Required?	X			
				<b>*Note CP issues and test date*</b>				
				Type of Overfill Protection			Electronic alarm	
				Type of Leak Detection			Mechanical	
				Primary Tank Leak Detection Method			CSLD	
			Per Oregon test procedure					

Technician Name: D. Reeves Technician Signature:



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

Company Name: <u>Chubb's Chevron</u>	Monitor Make: <u>Veeder-Root</u>
Site Address: <u>745 S Columbia River HWY</u>	Monitor Model: <u>TLS-350</u>
City, State, Zip: <u>St. Helens, OR 97051</u>	Serial Number: <u>70542830405001</u>
Date: <u>6/17/24</u>	Software Version: <u>325.02</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.	Super	10126 gal	X		Verify date and time	X		
	Unleaded N	10126 gal	X		Verify setup values	X		
	Unleaded S	6,260 gal	X		Check battery	X		
	Diesel	6,260 gal	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.	Super STP		X		Run probe diagnostics	X		
	Unleaded N STP		X		Inspect cables and connections	X		
	Unleaded S STP		X		Removed, Cleaned and inspected probe	X		
	Diesel STP		X		Verified overfill function at 90%	X		
					Verified overfill at drop tube at 95%			X

Sensors	Sensor # / Location	Pass	Fail	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			

Sensors	Sensor # / Location	Pass	Fail	Additional Service Checks	Yes	No	N/A	Comments
				Lights, LED's, annunciator functioning?	X			
				Is customer saving required reports?	X			
				Is Cathodic Protection Required?	X			
				<b>*Note CP issues and test date*</b>				
				Type of Overfill Protection				Electronic alarm
				Type of Leak Detection				Mechanical
				Primary Tank Leak Detection Method				CSLD
				Per Oregon test procedure				

Technician Name: \_\_\_\_\_ Technician Signature: *D. R...*



**APPENDIX C-6**  
**OVERFILL ALARM**  
**OPERATION INSPECTION**

PORTLAND 800.452.5019  
SEATTLE 800.481.7311  
TRI-CITIES 888.450.7867  
ANCHORAGE 855.715.7867

Facility Name: <b>Chubb's Chevron</b>	Owner: <b>Chubb's Chevron</b>
Address: <b>745 S Columbia River HWY</b>	Address: <b>745 S Columbia River HWY</b>
City, State, Zip Code: <b>St. Helens, OR 97051</b>	City, State, Zip Code: <b>St. Helens, OR 97051</b>
Facility I.D. #: <b>7577</b>	Phone #: <b>(503) 397-2807</b>
Testing Company: <b>Mascott Equipment CO.</b>	Phone #: <b>(800) 452-5019</b> Date: <b>6/17/24</b>

This procedure is to determine whether the high level alarm is operational and will trigger when the tank is no more than 90% full. See PEI/RP1200, Section 7.3 for the inspection procedure. This procedure is applicable to tank level monitor stems that touch the bottom of the tank when in place.

Tank Number	1	2	3	4
Product Stored	Premium	Unleaded	Unleaded	Diesel
Tank Level Monitor Brand and Model	VR TLS-350	VR TLS-350	VR TLS-350	VR TLS-350
1. Tank Volume, gallons	10,126	10,126	6,260	6,260
2. Tank Diameter, inches	95.0	95.0	95.0	95.0
3. Does the overfill alarm activate in the test mode at the console?	<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
4. When activated, can the overfill alarm be heard or 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
5. After removing the probe from the tank, has it 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
6. 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
7. Does moving product level float up the stem trigger 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
8. Inch level from bottom of stem when 90% alarm is triggered.	80.5	80.5	80	80
9. Tank volume at inch level in Line 8.	9,038	9,038	5626	5626
10. Calculate (Line 9 / Line 1) x 100	.892	.892	.898	.898
11. Is Line 10 less than 90%?	<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
12. Does the fuel float level on the console agree 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
13. Does the overfill alarm activate 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

If any answers in Lines 3, 4, 5, 6, 7 or 11 are "No", or Line 13 is "Yes", the system has failed the test.

<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
---------------------	--	--	--	--

Comments:

Tester's Name D. Reeves Tester's Signature *D. Reeves*

**PETROLEUM COMPLIANCE SERVICES LLC**

Office 503-873-4139

Tank Monitor Annual Third-Party Certification

Make – Veeder-Root TLS-350

Services Performed	PASS	FAIL	N/A
1. Run system Diagnostic check.	X		
2. Verify setup values and programmable Info.	X		
3. Flapper valves checked for correct placement and operation.			X
4. Probe floats were pulled/sounded manually.	X		
5. Probe operability check.	X		
6. Test over-fill alarm for correct operations.	X		
7. Verify date last tank test passed. CSLD 6-27-2023.	X		

**In Tank Probes-Annual Service.**

Services Performed	YES	NO	N/A
1. Run probe diagnostic check.	X		
2. Inspect sensor cables and connections.	X		
3. Inspect probe floats and probe for residue build-up.	X		

**Sump Sensors-Annual Services**

Services Performed	YES	NO	N/A
1. Run sensor diagnostic.	X		
2. Inspect sensor cables and connections.	X		
3. Test sensor floats.	X		
4. Clean and inspect.	X		

NOTES:

**DATA CHART FOR USE WITH PETROTITE LINE TESTER**

DATE: 6-27-2023

Station: Chubb's Chevron #7577

Site address: 745 S Columbia River Hwy, St Helens, OR 97051

Owner: S & L Enterprises                      Operator: S & L Enterprises

Reason for test: Annual compliance testing

Special instructions; none

Testing Company: Petroleum Compliance Services LLC.

Weather: Sunny	Temp: 60F	Surface Ac/concrete	Line burial depth; 2' Length; 25' to 75'
----------------	-----------	------------------------	---

Identify each Line tested	Time tested	Pressure Readings		Volume Readings ML			
		Before	After	Before	After	Net change	Bleed Back
Unleaded + Unleaded Manifold	Test time 60 minutes	Start PSI 60	PSI 60	400	135		
		PSI 60	PSI 59	135	397	.1	397
Premium	Test time 60 minutes	Start PSI 60	PSI 60	400	265		
		PSI 60	PSI 59	265	397	.1	397
On-Road Diesel	Test time 60 minutes	Start PSI 60	PSI 60	400	235		
		PSI 60	PSI 59	235	397	.1	397
	Test time	Start PSI	PSI				
		PSI	PSI				
Test Results	Line ID	PASS/FAIL		Volume ML		Date Tested	
	U/L + U/L 2	<b>PASSED</b>		.1		6-27-2023	
	Premium	<b>PASSED</b>		.1		6-27-2023	
	On-Road D	<b>PASSED</b>		.1		6-27-2023	
<i>Kenneth Pike</i> Kenneth Pike Tech							

**The test results indicate the systems condition at the time of testing.  
The results do not carry any implied warranty or guaranty of the system after the  
test date.**



# Petroleum Compliance Services LLC

## Test Data Official Report For:

**Chubb's Chevron #7577**

Address: 745 S Columbia River Hwy, St Helens, OR 97051

**Site Owner: S & L Enterprises**

## Date Testing Conducted:

6-27-2023

## NACE / ICC / DEQ Certified Technician:

Luke Pike / Kenneth Pike

Test included in this report:  
Line tightness testing  
Line Leak detector testing  
Third party tank monitor certification  
Manual pulling/sounding of probe floats  
Annual release detection form  
Probe operability check  
Sensor Check

Office 503-873-4139 Fax 503-873-8070 Cell 503-302-9144 Email pcs@pcsnw.net  
3258 Cascade Hwy NE Silverton, Or 97381  
NACE CPI # 1109 \* DEQ Testing #1109 \* CP #26449

Maintain all test reports on site for a minimum of 7 years



## OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY ANNUAL RELEASE DETECTION OPERABILITY TESTING FORM

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

<b>I. FACILITY INFORMATION</b> – Type or print (in ink) all items.					<b>TEST DATE</b>	
Facility ID #: 7577			Facility Name: Chubb's Chevron		6-27-2023	
<b>II. AUTOMATIC TANK GAUGE</b>					<b>Pass</b>	
ATG Manufacturer: Veeder-Root			ATG Model: TLS-350			
Release Detection Method: Tank Gauge 0.2 gph leak tests: (X-Continuous <input type="checkbox"/> Static) <input type="checkbox"/> SIR <input type="checkbox"/> Interstitial Monitoring						
Battery Backup Functional?		Yes		ATG software properly programmed?		Yes
ATG alarms functional and audible?		Yes		ATG In-Tank Setup Reports attached to form?		
<b>III. TEST PROCEDURE</b>						
X – PEI/RP 1200	<input type="checkbox"/> Oregon Testing Procedures (Page 2)		<input type="checkbox"/> Manufacturer Testing Procedures		<input type="checkbox"/> Other Method (Describe)	
<b>IV. PROBE AND TESTING INFORMATION</b>						
Tank Number	1	2	3	4		
Product Stored	Premium	Unleaded D3	Unleaded D1	On-Road Diesel		
Model	Veeder-Root	Veeder-Root	Veeder-Root	Veeder-Root		
Is the ATG console clear of alarms?	Yes	Yes	Yes	Yes	Yes	No
Disconnect cable from tank probe. Is appropriate alarm triggered?	Yes	Yes	Yes	Yes	Yes	No
Tank gauge probes removed and inspected for damage?	Yes	Yes	Yes	Yes	Yes	No
Residual buildup on floats has been removed?	Yes	Yes	Yes	Yes	Yes	No
Float(s) move freely?	Yes	Yes	Yes	Yes	Yes	No
Measured product and water levels match ATG values?	Yes	Yes	Yes	Yes	Yes	No
Alarm history report attached?	Yes	Yes	Yes	Yes	Yes	No
<b>V. TEST RESULT</b>	<b>Pass</b>	<b>Pass</b>	<b>Pass</b>	<b>Pass</b>	<b>Pass</b>	<b>Fail</b>

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

CHUBBS CHEVRON  
746 S COLUMBIA RVR  
ST HELENS, OR 97051  
503-397-2807

JUN 27, 2023 8:00 AM

CSLD TEST RESULTS

JUN 27, 2023 8:00 AM

T 1: SUPER  
PROBE SERIAL NUM 144409

0.2 GAL/HR TEST  
PER: JUN 27, 2023 PASS

T 2: UNLEADED D3.4.6  
PROBE SERIAL NUM 168108

0.2 GAL/HR TEST  
PER: JUN 27, 2023 PASS

T 3: UNLEADED D1.2.5  
PROBE SERIAL NUM 802914

0.2 GAL/HR TEST  
PER: JUN 27, 2023 PASS

T 4: DIESEL  
PROBE SERIAL NUM 153385

0.2 GAL/HR TEST  
PER: JUN 27, 2023 PASS

----- IN-TANK ALARM -----  
T 2: UNLEADED D3.4.6  
HIGH PRODUCT ALARM  
JUN 27, 2023 11:44 AM

----- IN-TANK ALARM -----  
T 4: DIESEL  
HIGH PRODUCT ALARM  
JUN 27, 2023 11:47 AM

----- IN-TANK ALARM -----  
T 3: UNLEADED D1.2.5  
PROBE OUT  
JUN 27, 2023 11:45 AM

----- IN-TANK ALARM -----  
T 4: DIESEL  
MAX PRODUCT ALARM  
JUN 27, 2023 11:47 AM

----- IN-TANK ALARM -----  
T 1: SUPER  
HIGH PRODUCT ALARM  
JUN 27, 2023 11:43 AM

----- IN-TANK ALARM -----  
T 3: UNLEADED D1.2.5  
HIGH PRODUCT ALARM  
JUN 27, 2023 11:46 AM

----- SENSOR ALARM -----  
L 4: DIESEL STP SUMP  
STP SUMP  
FUEL ALARM  
JUN 27, 2023 11:47 AM

----- IN-TANK ALARM -----  
T 1: SUPER  
MAX PRODUCT ALARM  
JUN 27, 2023 11:43 AM

----- IN-TANK ALARM -----  
T 3: UNLEADED D1.2.5  
MAX PRODUCT ALARM  
JUN 27, 2023 11:46 AM

----- SENSOR ALARM -----  
L 3: UNLEADED S. STP SUMP  
STP SUMP  
FUEL ALARM  
JUN 27, 2023 11:48 AM

**Underground Storage Tanks (UST) Program**

*Doc Type: Compliance Certification*

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

**Facility Information**

Facility name: Chubb's Shell  
 Facility address: 745 S Columbia River Hwy Facility ID#: 7577  
 Mailing address: \_\_\_\_\_  
 City: Saint Helens State: OR Zip code: 97051  
 Owner name: S & L Enterprises  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Testing Information**

1. Tank number	1	2	3	4		
2. Product stored	Super	Unleaded East	Unleaded West	Diesel		
3. Spill bucket capacity	5 gal	5 gal	5 gal	5 gal		
4. Manufacturer	OPW	OPW	OPW	OPW		
5. Construction	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
6. Test type	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor
8. Liquid and debris removed from spill bucket:*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Visual inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10. Tank riser cap included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
11. Is drain valve included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
12. Starting level	8.75 in	7 in	8.25 in	8 in		
13. Test start time	9:00am	9:00am	9:00am	9:00am		
14. Ending level	8.75 in	5.75 in	6.25 in	8 in		
15. Test end time	10:00am	10:00am	10:00am	10:00am		
16. Test period	1 hour	1 hour	1 hour	1 hour		
16. Level change	0 in	1.25 in	2 in	0 in		
<b>Test results:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

**Comments:**

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

Testing company name: Petroleum Compliance Services LLC Tester's name: Kenneth Pike  
 Date (mm/dd/yyyy): 8-19-2021 Tester's signature: 