UST Inspection Survey

Submitted by: blakely.gilbert_deq

Submitted time: Jan 7, 2026, 1:02:05 PM

Date

Jan 7, 2026

Time

08:00

UST Facility ID

1,355

Inspector

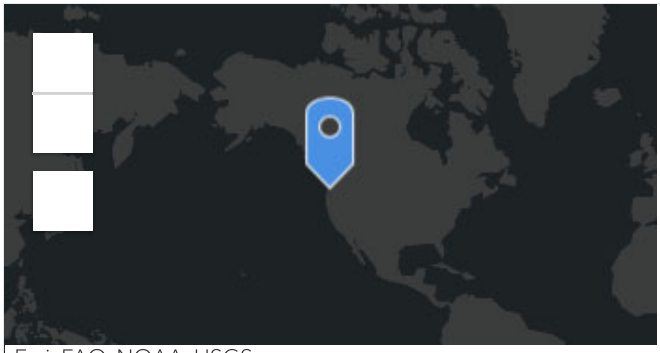
Gilbert

Type of Inspection

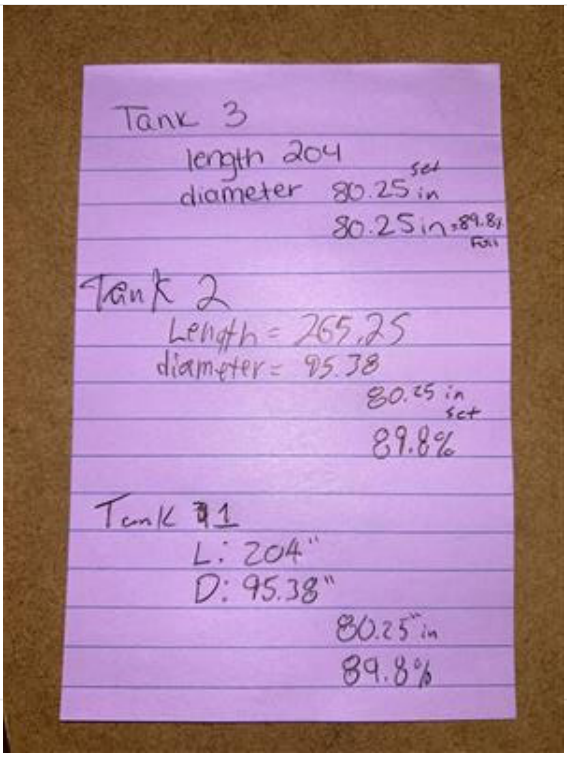
Full Compliance

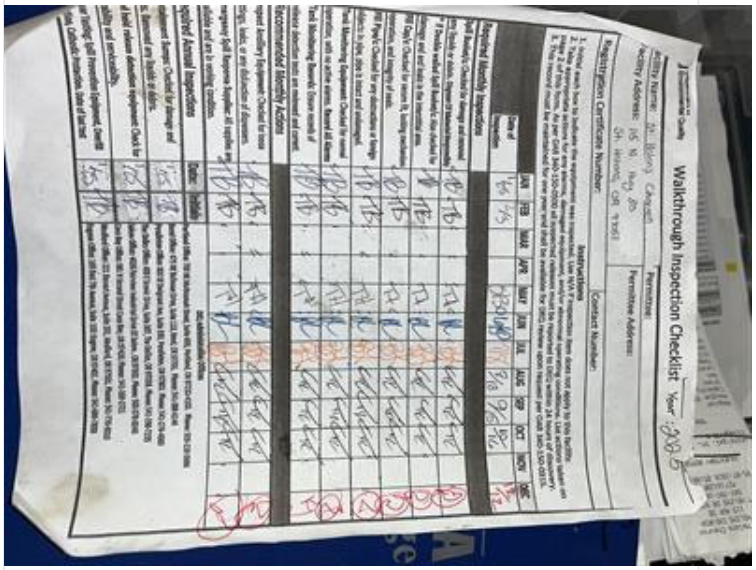
Location

Lat: 45.859903 Lon: -122.820842



Photograph





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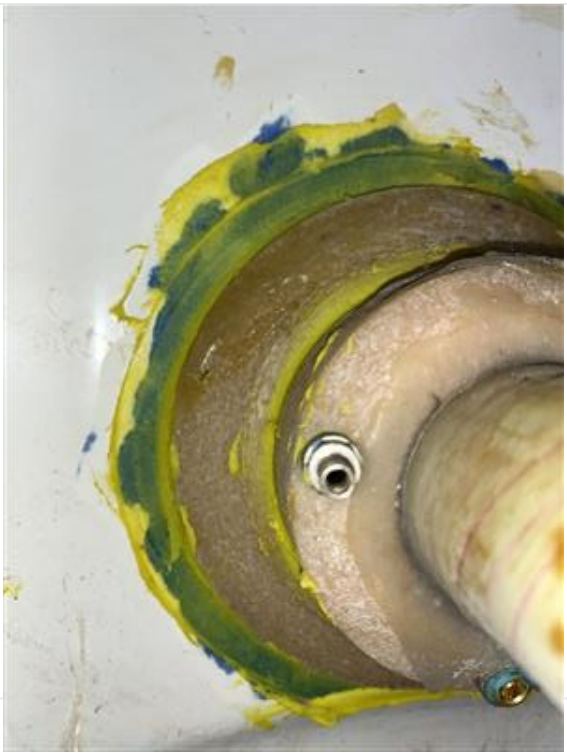

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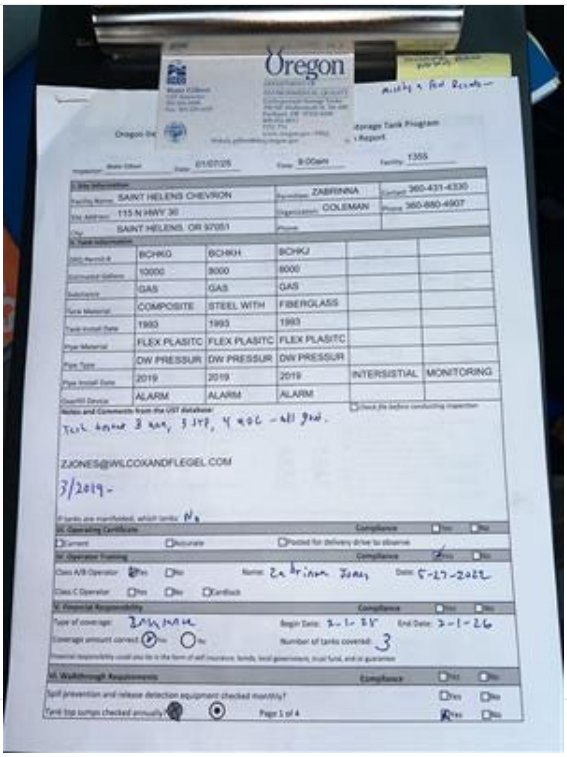

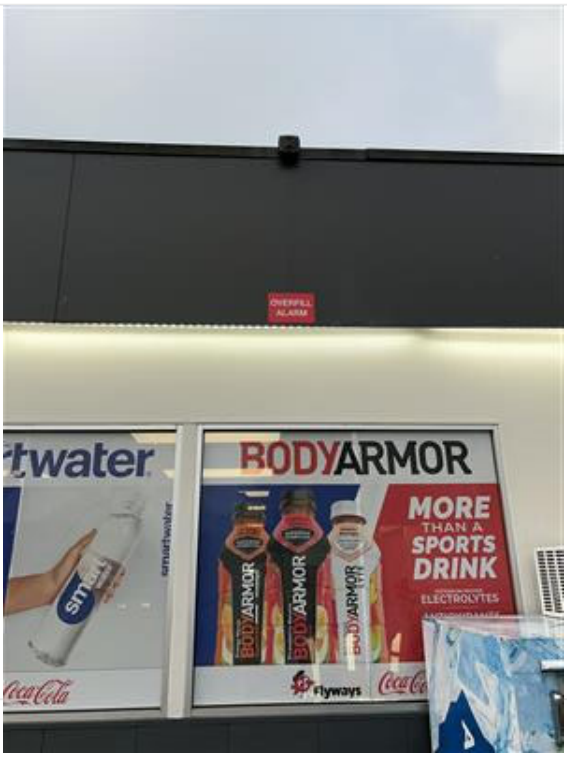

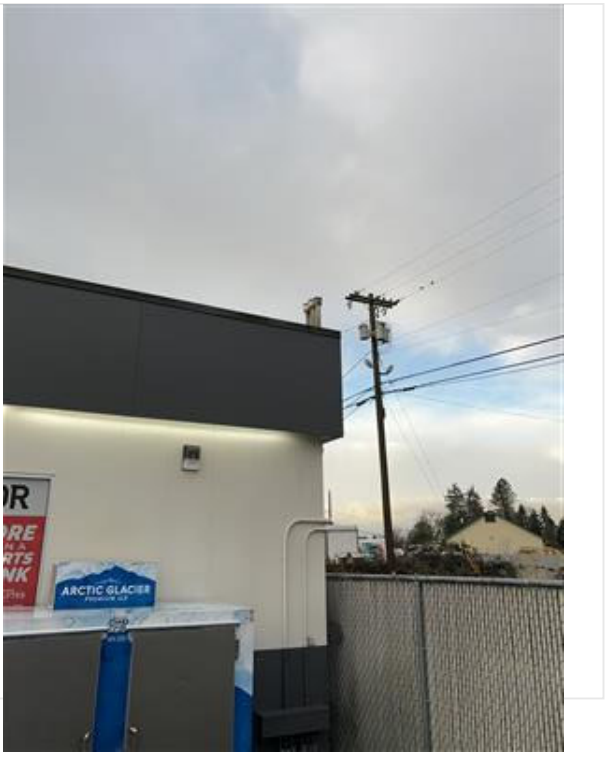
ARCTIC GLACIER

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

Inspector: Blake Gilbert Date: 01/07/25 Time: 9:00am Facility: 1355

I. Site Information			
Facility Name: SAINT HELENS CHEVRON	Permittee: ZABRINNA	Contact 360-431-4330	
Site Address: 115 N HWY 30	Organization: COLEMAN	Phone 360-880-4907	
City: SAINT HELENS. OR 97051	Phone:		

II. Tank Information					
DEQ Permit #	BCHKG	BCHKH	BCHKJ		
Estimated Gallons	10000	8000	8000		
Substance	GAS	GAS	GAS		
Tank Material	COMPOSITE	STEEL WITH	FIBERGLASS		
Tank Install Date	1993	1993	1993		
Pipe Material	FLEX PLASITC	FLEX PLASITC	FLEX PLASITC		
Pipe Type	DW PRESSUR	DW PRESSUR	DW PRESSUR		
Pipe Install Date	2019	2019	2019	INTERSISTIAL	MONITORING
Overfill Device	ALARM	ALARM	ALARM		

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

ZJONES@WILCOXANDFLEGEL.COM

If tanks are manifolded, which tanks:

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: Date:

Class C Operator ☐Yes ☐No ☐Cardlock

V. Financial Responsibility **Compliance** ☐Yes ☐No

Type of coverage: Begin Date: End Date:

Coverage amount correct: ◯ Yes ◯ No Number of tanks covered:

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

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

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

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

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

Leak detector manufacturer make and model: _____

Tank gauge manufacturer make and model: _____

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:	☐Jan	☐Feb	☐Mar	☐Apr	☐May	☐Jun	☐Jul	☐Aug	☐Sep	☐Oct	☐Nov	☐Dec
T2:	☐Jan	☐Feb	☐Mar	☐Apr	☐May	☐Jun	☐Jul	☐Aug	☐Sep	☐Oct	☐Nov	☐Dec
T3:	☐Jan	☐Feb	☐Mar	☐Apr	☐May	☐Jun	☐Jul	☐Aug	☐Sep	☐Oct	☐Nov	☐Dec
T4:	☐Jan	☐Feb	☐Mar	☐Apr	☐May	☐Jun	☐Jul	☐Aug	☐Sep	☐Oct	☐Nov	☐Dec
T5:	☐Jan	☐Feb	☐Mar	☐Apr	☐May	☐Jun	☐Jul	☐Aug	☐Sep	☐Oct	☐Nov	☐Dec

Inspector: Blake Gilbert Date: 01/07/25 Time: 9:AM Facility: 1355

VIII. Spill Prevention **Compliance** ☐ Yes ☐ No

Date(s) of testing: _____ _____ Number of spill buckets tested? _____

Did spill bucket pass most recent testing? ☐ Yes ☐ No If no, was spill bucket replaced/repaired? ☐ Yes ☐ No

During inspection, visual damage to spill bucket? ☐ Yes ☐ No

☐ 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: _____ _____

Overfill device pass most recent testing? ☐ 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

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 lest test? _____

Pressure test conducted after tank lining inspection? ☐ Yes ☐ No

XI. General notes from inspection

Representative onsite: _____ email:_____

Compliance Determination: ☐ No Violations Observed ☐ Observed violations resulting in enforcement

Inspector Signature: Blake Gilbert _____ Date: _____