



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

March 24, 2025

Shannon Black
Black Distributing Inc.
PO Box 697
Baker City, Oregon 97814

RE: UST Compliance Inspection
DEQ UST #6229 – BLACK DISTRIBUTING INC
2150 BROADWAY, BAKER CITY, OR 97814

Attention Shannon Black:

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.

If I do not hear from you, the inspections for these facilities are scheduled for April 22, 2025 starting at approximately 12 pm at UST Facility 6229, BLACK DISTRIBUTING INC. 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 enter the facility, 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.

To complete this inspection, you will need to have compliance testing records available on-site on the day of the inspection or sent to me prior to the inspection at alex.spencer@deq.oregon.gov If the records are not available during the day of the inspection, you will have five (5) business days 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 (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

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 503-866-2480 or alex.spencer@deq.oregon.gov to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,

A handwritten signature in black ink, appearing to read "Alex Spencer", with a long horizontal flourish extending to the right.

Alex Spencer
UST Compliance Specialist
Northwest Region



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:	09/17/2025	Facility ID#:	6229
Inspector:	Dylan ECKERT	Facility Name:	BLACK DISTRIBUTING INC
DEQ Office:	165 E 7th Ave 100	Facility Address:	2150 BROADWAY, BAKER CITY, Oregon 97814
Phone #:	541-686-7517	County:	Baker

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

Field Citation Issued:	<input type="checkbox"/> In Person	<input checked="" type="checkbox"/> By Email	<input type="checkbox"/> Both	Date Issued: 10/06/2025
Facility Representative Present During Inspection:	Shannon Black			<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	Black Distributing Inc.			
Mailing Address:	PO Box 697 , Baker City Oregon 97814			

Field Citation Penalty – See Page 3 for a detailed listing of each violation. \$ 150

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: 01/06/2026

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: 10/06/2025

PROGRAM ENFORCEMENT No.: 2025-FC-10006

FACILITY ID: 6229

Page 3 of 3

Violation #1:	(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.		
*TCR:			
Corrective Action:	Repair or replace spill prevention equipment and submit invoice and records of repair and post installation functionality test to DEQ prior to 01Jan2026.		
Rule Citation: OAR 340-150-0310(1)	Penalty Amount: \$ 150	Correct Violation by: 01/06/2026	Date Violation Corrected:
Violation #2:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #3:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #4:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #5:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:
Violation #6:			
*TCR:			
Corrective Action:			
Rule Citation: OAR	Penalty Amount: \$	Correct Violation by:	Date Violation Corrected:

Total Penalty Amount: \$ 150

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: 01/06/2026

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

Submitted By: dylan.eckert_deq

Submitted Time: September 29, 2025 12:19 PM

Creation Time: February 10, 2026 11:17 AM

Date

September 17, 2025

Time

12:52

UST Facility ID

6,229

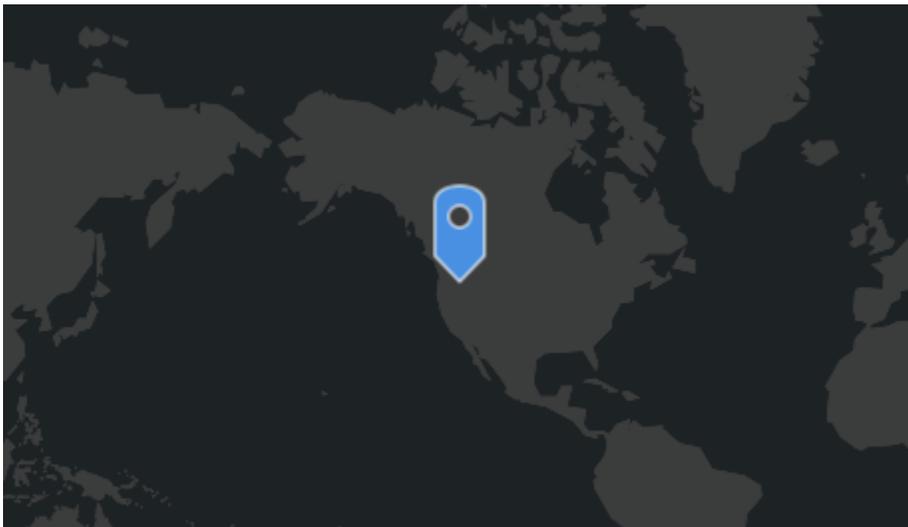
Inspector

Dylan Eckert

Type of Inspection

Full Compliance

Location



Esri, FAO, NOAA, USGS

Powered by Esri

Photograph



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Blacks Distributing
2150 Broadway St.
Baker City
Oregon
97814

TANK TEST REPORT
Last Available

May 5, 2025, 11:31:36 AM

Copyright © 2004-2024 Franklin Electric. All rights reserved. Version 3.21.2

4 1/2 hrs

2 hrs

AL AMOUNT

Product : Unleaded Capacity : 15,275.5 gal

Start Time	04/17/2025 21:33
End Time	05/02/2025 21:50
Result	Pass
Slope	0.03 gal/hour
Test Time	0.03 gal/hour
Average Volume	1,375 min
Test Confidence	7,672.1 gal
Volume Quality	99%

Unleaded

Product : Diesel Capacity : 11,783.0 gal

Start Time	04/23/2025 01:54
End Time	05/05/2025 02:25
Result	Pass
Slope	0.00 gal/hour
Test Time	4,002 min
Average Volume	2,519.1 gal
Test Confidence	99%
Volume Quality	14%

Diesel

Product : Unleaded Capacity : 15,275.5 gal

Start Time	06/07/2025 22:07
End Time	06/22/2025 22:22
Result	Increase
Slope	0.22 gal/hour
Test Time	746 min
Average Volume	7,653.7 gal
Test Confidence	99%
Volume Quality	14%

Unleaded

Product : Diesel Capacity : 11,783.0 gal

Start Time	06/11/2025 10:50
End Time	06/23/2025 09:29
Result	Pass
Slope	0.01 gal/hour
Test Time	663 min
Average Volume	2,585.3 gal
Test Confidence	99%
Volume Quality	14%

Diesel

Product : Diesel Capacity : 11,783.0 gal

No results available

photos-20250917-204211.jpg



SERVICE ORDER

495938

- PORTLAND
435 N.E. HANCOCK
PORTLAND, OR 97212
503-282-2587
- TRICITIES
200 S. 20TH AVE.
PASCO, WA 99301
509-543-2018
- SEATTLE
8530 5TH PLACE SOUTH
SEATTLE, WA 98108
206-763-7867
- ANCHORAGE
ANCHORAGE, AK
907-242-3921

ACCOUNT NUMBER
823

JOB SITE
ORDER DATE: 10/21/2024
JOB PHONE
WORK ORDERED BY

SOLD TO: BLACK DISTRIBUTING
ADDRESS: 2150 BROADWAY ST PO BOX 697
CITY: BAKER CITY STATE: OR
JOB NAME: BLACK DISTRIBUTING
ADDRESS: 2150 BROADWAY ST PO BOX 697
CITY: BAKER CITY STATE: OR 97814

COMPLIANCE TESTING
CUSTOMER PO NUMBER: AV
TECHNICIAN: MFG AUTHORIZATION (if necessary)

MODEL SERIAL NUMBER MODEL SERIAL NUMBER
PROBLEM REPORTED: ATG/ WF/ SCALD 9 AM START TIME

MATERIAL USED					
QTY.	WH	PART NUMBER	DESCRIPTION	PRICE	AMOUNT
1	49	Testing-ATG	Annual monitor inspection		
1	49	Testing-Oregon release detection	Oregon release detection inspection		
1	49	Testing-Oregon walk through	Oregon walk through inspection		
1		SCALD	SCALD software installation		

TIME ARRIVED 9:30 AM PM (circle one) TIME DEPARTED 14:00 AM PM (circle one) Customer Initials

WORK DESCRIPTION: 9:30 to 12:30
Perform SCALD installation procedure, test ok. verify programming, test ok.
Troubleshoot overflow alarm, reprogram TLM for proper overflow alarm, test ok.
12:30 to 14:00
Perform annual monitor inspection, test ok.
Perform Oregon release detection inspection, test ok.
Perform Oregon walk through inspection, test ok.

WARRANTY COMPLETE PENDING

SERVICEMAN	CHARGES	QTY.	RATE	AMOUNT
A. Veteto	STANDARD LABOR	4 1/2 hrs		
TUBAR Key Returned N/A	OVERTIME LABOR			
DATE COMPLETED 10/30/24	TRAVEL TIME	2 hrs		
TERMS:	MILEAGE			
PRINT CUSTOMER NAME	TOTAL MATERIAL			
CUSTOMER AUTHORIZED SIGNATURE	MISC MATERIAL			
	LAP TOP FEE			
	SUB TOTAL			
	SALES TAX			
	TOTAL AMOUNT DUE			

tank gauge

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scott
 MAHO DEPARTMENT OF ENVIRONMENTAL QUALITY
 Release Detection Equipment Testing Form

Inch level at which the water alarm activates corresponds with value in ATG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test Results (P = pass, F = fail)	PASS	PASS	PASS	FAIL			
Sensors (liquid sensors, tank interstitial sensors, etc.)							
Identify each sensor location: (product sump or dispenser number)							
Type of sensor: Make and model							
ATG is clear of any active alarms: If the sensor is in alarm and functioning, indicate why in the corrections section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test liquid: P = product, W = water							
Sensor alarm circuit is operational prior to test (i.e., "sensor normal," no alarms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensor was inspected--It is not damaged, cables are free of kinks and breaks, floats move freely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed in the proper location and position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensor triggers alarm when placed in test liquid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When alarm is triggered, the sensor is properly identified on the ATG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test Results (P = pass, F = fail)	N/A	N/A	N/A	N/A			
Line Leak Detector (3 gph and 0.2 gph)							
Identify tank and pipe tested	Unleaded	Diesel	Premium	Off Road			
DEQ or manufacturer's testing form is attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test Results (P = pass, F = fail)	N/A	N/A	N/A	N/A			
Corrections/Comments (Description of actions taken if items tested or inspected were not acceptable.)							
Safe Suction. Diesel Spill Bucket Failed Testing. Tank 4 Off Road-floats missing-fell off during Testing-parts on							
Anderson				9/26/23			
Digitally signed by M. Anderson Date: 2023.10.12 20:44:55 -05'00'				Date			

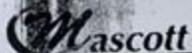
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PORTLAND 800.452.5019
 SEATTLE 800.481.7311
 TRI-CITIES 888.450.7867
 ANCHORAGE 855.715.7867

ATG TANK GAUGE OPERATION INSPECTION

Address: 100 Broadway Street City, State, Zip Code: Baker City, OR 97814	Owner: (Same) Address: City, State, Zip Code: Phone #: (541) 523-4575			
Facility I.D. #: 6229 Testing Company: Mascott Equipment CO.	Phone #: (800) 452-5019 Date: 9/26/23			
This procedure is to determine whether the ATG is operating properly. See PEI/RP1200, Section 8.2 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	Tank 1	Tank 2	Tank 3	Tank 4
Product Stored	Unleaded	Diesel	Premium	Off Road
ATG Brand and Model	Incon TS-1001	Incon TS-1001	Incon TS-1001	Incon TS-1001
1. Tank Volume, gallons	15,275	11,783	11,783	11,783
2. Tank Diameter, inches	120.00	95.00	95.00	95.00
3. After removing the ATG 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
4. 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 type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the fuel float level agree with the value programmed into 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 type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the water float level agree with the value programmed into 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 type="checkbox"/> Yes <input type="checkbox"/> No
7. Inch level from bottom of stem when 90% alarm is triggered.	101.125	80.125	80.125	80.125
8. Does inch level at which the overfill alarm activates correspond with value programmed in the gauge?	<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
9. Inch level from the bottom when the water float first triggers an alarm.	2.00	2.00	2.00	2.00
10. Does inch level at which the water float alarm activates correspond with value programmed in the gauge?	<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
If any answers in Lines 3, 4, 5, or 6 are "No," the system has failed the test.				
Test Results	<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: <div style="border: 1px solid black; min-height: 80px;"></div>				

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SERVICE ORDER

482470

EQUIPMENT CO. TRICITIES SEATTLE AND OREGON
 200 S. 20TH AVE. PASCO, WA 99001 6500 5TH PLACE SOUTH SEATTLE, WA 98108 AND OREGON AK 907-742-3821
 509-543-2018 206-763-7867

ACCOUNT NUMBER
823

JOB SITE
 ORDER DATE: 03/15/2024
 WORK ORDERED BY:

BLACK DISTRIBUTING
 2150 BROADWAY ST PO BOX 697
 BAKER CITY OR

JOB NAME: BLACK DISTRIBUTING
 ADDRESS: 2150 BROADWAY ST PO BOX 697
 CITY: BAKER CITY STATE: OR 97814

CUSTOMER PO NUMBER: AV TECHWORN WFO AUTHORIZATION (IF APPLICABLE)

PROBLEM REPORTED: QUOTE FOR TANK TIGHTNESS TESTING OF 4 TANKS. THIS QUOTE IS FOR TANK TIGHTNESS TESTING FOR 4 TANKS- UNL, DSL, PREM & OFF ROAD DSL. RESULTS WILL BE SHARED WITH THE CUSTOMER. RESULTS WILL BE SHARED WITH OREGON DEQ ONLY IF CONTAMINATION INTO THE ENVIRONMENT IS FOUND. QUOTE DOES NOT INCLUDE ANY REPAIRS. IF EQUIPMENT REPAIRS ARE FOUND IN THIS DIRECTION, THERE WILL BE ADDED TO QUOTE AT THE TIME.

MATERIAL USED				
QTY	WH	PART NUMBER	DESCRIPTION	AMOUNT
4	49	Testing-Tank tightness	tank tightness test	OK
1	49	MR305L-0200AA	Fill Adapter	8
2	49	OPW634LCP-0400	low profile cap	2
	49			

TIME ARRIVED 8:30 AM PM (circle one) TIME DEPARTED AM PM (circle one) Customer Initials

DESCRIPTION: Prepare site for tank test, sealed all fittings, pulled probes and drop tubes.
 Perform tank tightness test, test ok.
 Perform tank ullage test, test ok.
 Replaced on road and off road diesel low profile caps and adapter on

WARRANTY COMPLETE PENDING

CHARGES	QTY.	RATE	AMOUNT
STANDARD LABOR	10 hrs		
OVERTIME LABOR			
TRAVEL TIME	1 1/2 hrs		
MILEAGE			
TOTAL MATERIAL			
MISC. MATERIAL			
LAP TOP FEE			
SUB TOTAL			
SALES TAX			
TOTAL AMOUNT DUE			

SALESMAN: A. Veto to
 TRUCK RETURNED: N/A
 DATE COMPLETED: 3/21/24
 CUSTOMER AUTHORIZED SIGNATURE: [Signature]

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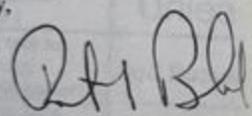
Black Distributing, Inc.
P.O. Box 697
Baker City, OR 97814
Ph (541) 523-4575/Fax (541) 524-1203

June 1, 2005

This letter is to certify that I, Robert L. Black, replumbed the piping system at my cardlock facility (2150 Broadway, Baker City) in the fall of 1993.

First, I removed the internal parts of the check valves at the top of each tank. The piping was then replaced with ASTM A334 galvanized pipe and ASTM 865 galvanized fittings. The piping was set at a minimum 5% grade with rising double swing joints. Check valves were then installed directly under the suction pumps.

Sincerely,



Robert L. Black,
owner

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IMPRESSED CURRENT CATHODIC PROTECTION EVALUATION CHECKLIST

UST ID #: N/A
County: Baker

Containment & Spill Bucket Testing Report Form

This form is intended for use by contractors performing spill bucket testing. The completed form and printouts from tests (if applicable), should be provided to the client.

Spill prevention

1. FACILITY

Facility Name: Black Distributing

Facility Address: 2150 Broadway Street, Baker City, OR 97003

Facility Contact: Shannon

Name of Local Agency Inspector (if present during test): _____

2. TESTING COMPANY

Company Name: Mascott Equipment Company

Technician Conducting Test: Mark Anderson

Credentials: Licensed installer Licensed technician

3. TEST

Test Method Used: Hydrostatic Vacuum Other

Test Equipment Used: Visual/Water/Marking Pen-Waterproof Other

Equipment Resolution: 1/8 inch

Identify Containment & Spill Bucket (By Tank Number, Stored Product, etc.)	1 Unleaded	2 Diesel	3 Premium	4 Off Road
Containment type, tank top sump, dispenser sump, transition sump, spill bucket?	Spill Bucket	Spill Bucket	Spill Bucket	Spill Bucket
For spill bucket, was drain removed and plugged? Yes/No/NA	No	No	No	No
Did testing include highest penetration points? Yes/No/NA	Yes	Yes	Yes	Yes
Wait time between applying vacuum/water and start of test:	10 minutes	10 minutes	10 minutes	10 minutes
Test Start Time (T ₁):	10:30	10:35	10:40	10:45
Initial Reading (R ₁):	15.00	14.75	14.75	14.50
Test End Time (T ₂):	11:30	11:35	11:40	11:45
Final Reading (R ₂):	15.00	12.50	14.75	14.50
Test Duration (T ₂ - T ₁):	1 Hour	1 Hour	1 Hour	1 Hour
Change in Reading (R ₂ - R ₁):	0	-2.25	0	0
Pass/Fail Threshold or Criteria:	No Change	Change	No Change	No Change
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)
Diesel failed Spill Bucket Testing. Site to dispose of Testing water.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING
I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

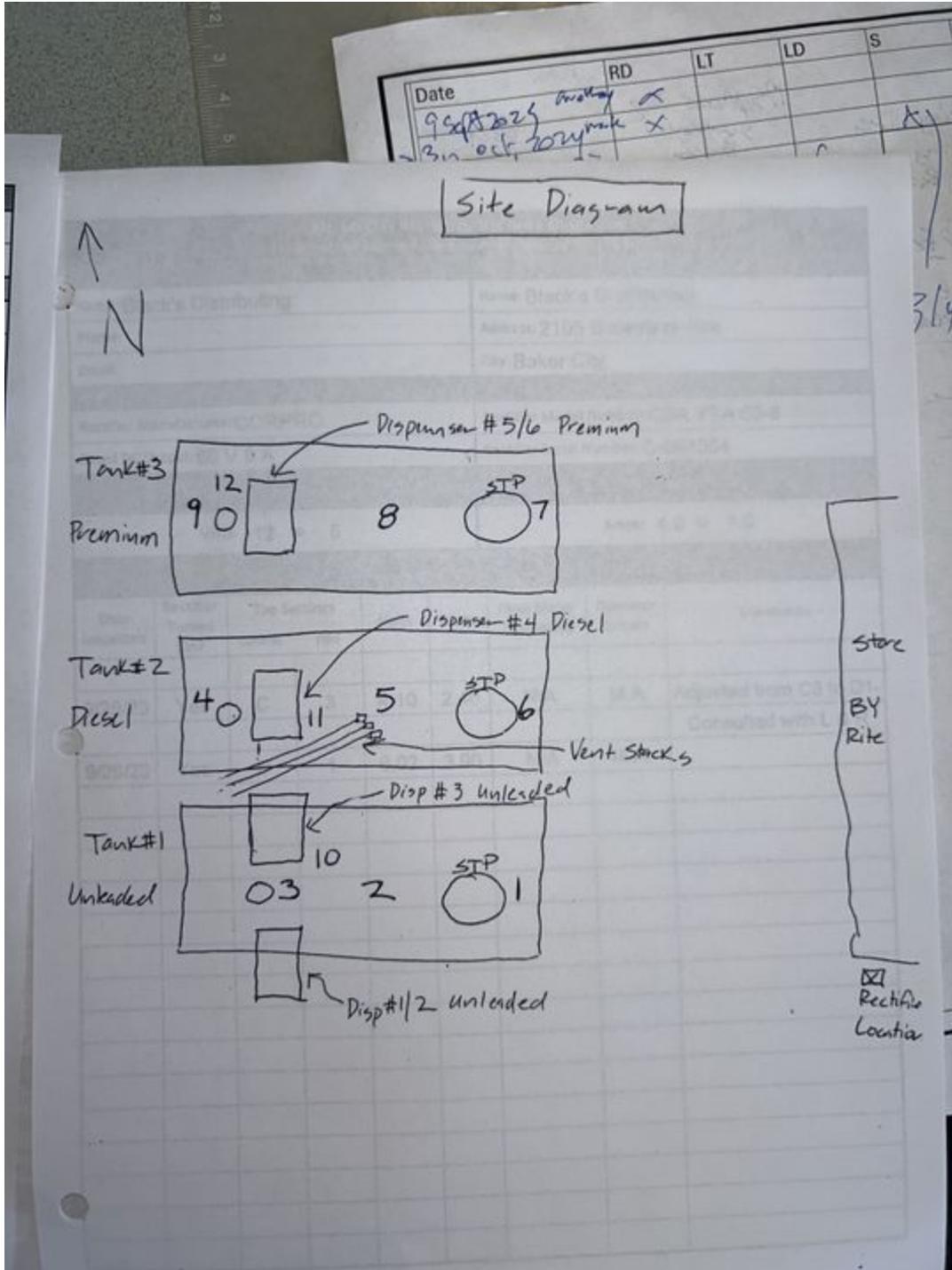
Technician's Signature: M. Anderson Date: 9/26/23

photos-20250917-205037.jpg

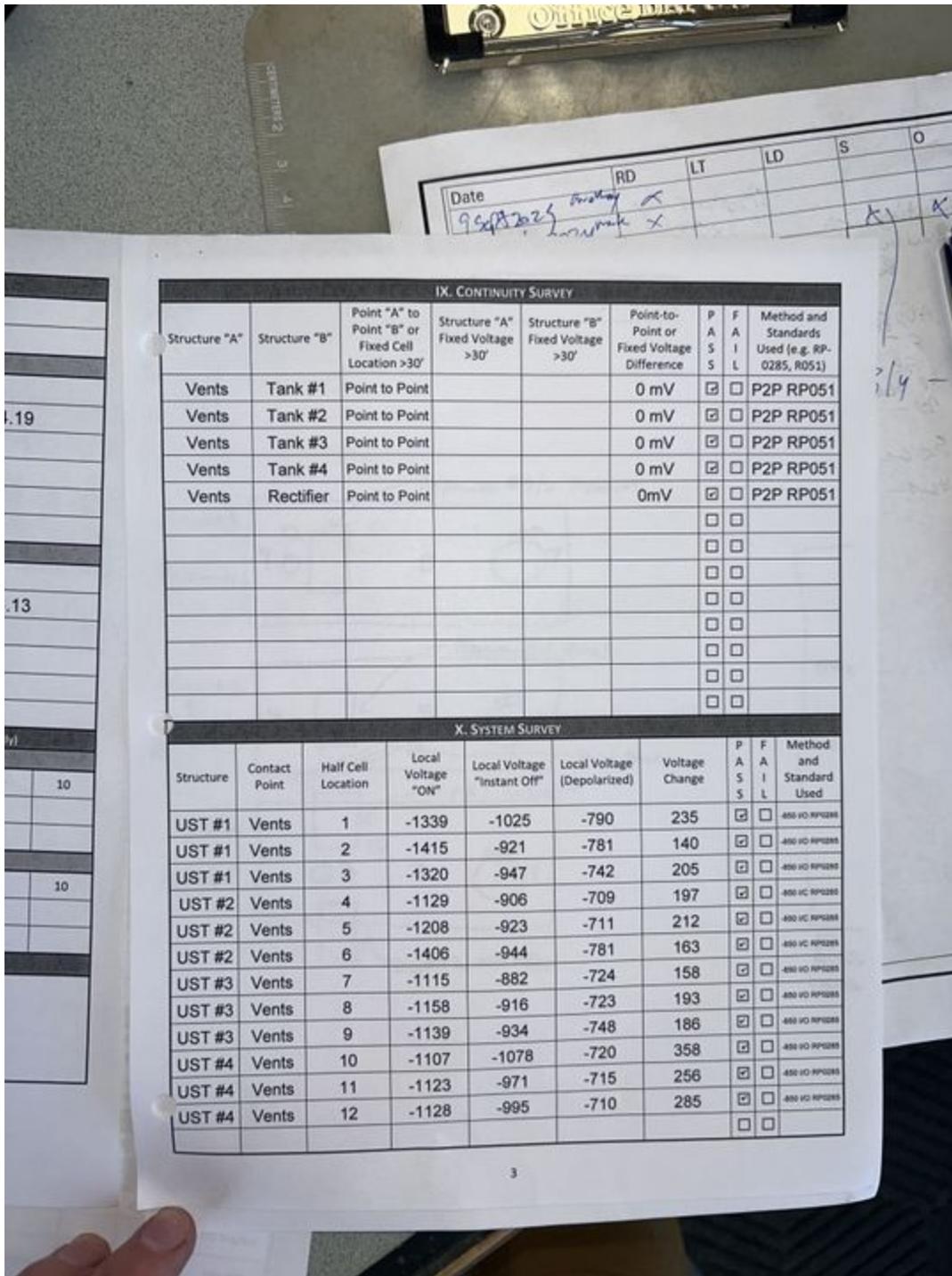
IX. CONTINUITY SURVEY								
Structure "A"	Structure "B"	Point "A" to Point "B" or Fixed Cell Location >30'	Structure "A" Fixed Voltage >30'	Structure "B" Fixed Voltage >30'	Point-to-Point or Fixed Voltage Difference	P A S S	F A L L	Method and Standards Used (e.g. RP-0285, R051)
Vents	Tank #1	Point to Point			0 mV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P2P RP051
Vents	Tank #2	Point to Point			0 mV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P2P RP051
Vents	Tank #3	Point to Point			0 mV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P2P RP051
Vents	Tank #4	Point to Point			0 mV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P2P RP051
Vents	Rectifier	Point to Point			0mV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P2P RP051
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

X. SYSTEM SURVEY									
Structure	Contact Point	Half Cell Location	Local Voltage "ON"	Local Voltage "Instant Off"	Local Voltage (Depolarized)	Voltage Change	P A S S	F A L L	Method and Standard Used
UST #1	Vents	1	-1339	-1025	-790	235	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-850 I/O RP0285
UST #1	Vents	2	-1415	-921	-781	140	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-850 I/O RP0285
UST #1	Vents	3	-1320	-947	-742	205	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-850 I/O RP0285
UST #2	Vents	4	-1129	-906	-709	197	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-850 I/C RP0285
UST #2	Vents	5	-1208	-923	-711	212	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-850 I/C RP0285
UST #2	Vents	6	-1406	-944	-781	163	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-850 I/C RP0285
UST #3	Vents	7	-1115	-882	-724	158	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-850 I/O RP0285
UST #3	Vents	8	-1158	-916	-723	193	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-850 I/O RP0285
UST #3	Vents	9	-1139	-934	-748	186	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-850 I/O RP0285
UST #4	Vents	10	-1107	-1078	-720	358	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-850 I/O RP0285
UST #4	Vents	11	-1123	-971	-715	256	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-850 I/O RP0285
UST #4	Vents	12	-1128	-995	-710	285	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-850 I/O RP0285
							<input type="checkbox"/>	<input type="checkbox"/>	

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photos-20250917-205307.jpg

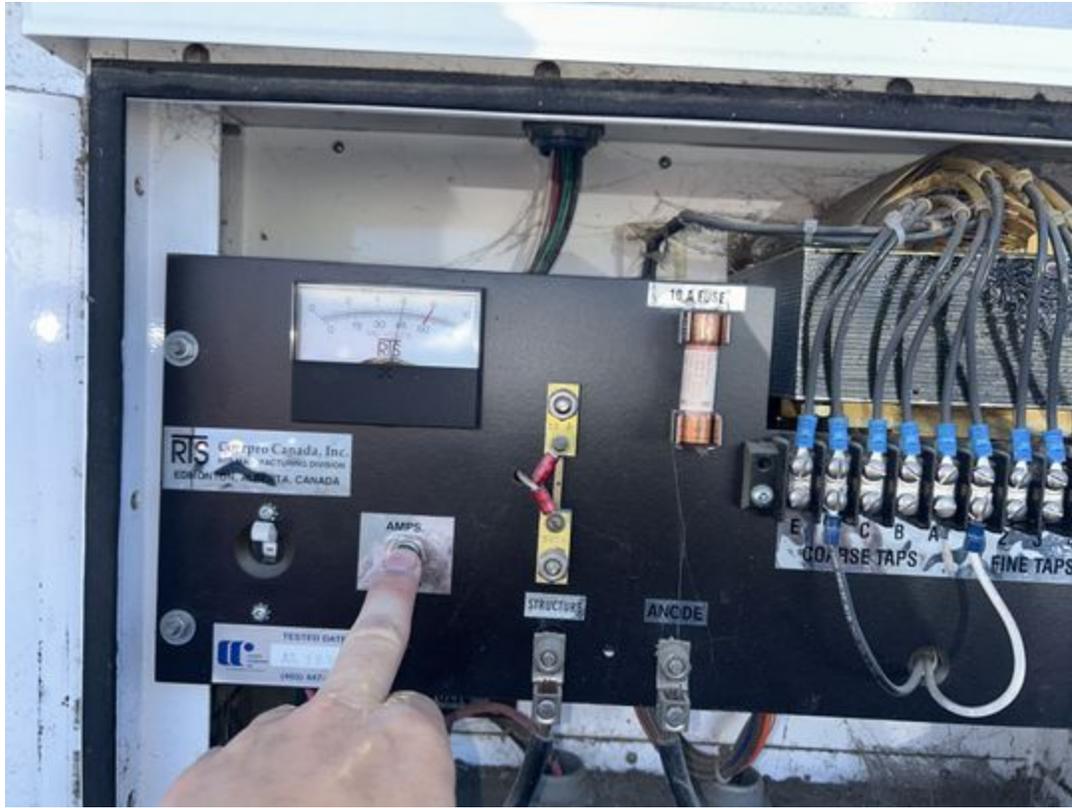


Date: 9 Sept 2025
 RD: [initials]
 LT: [initials]
 LD: [initials]
 S: [initials]
 O: [initials]

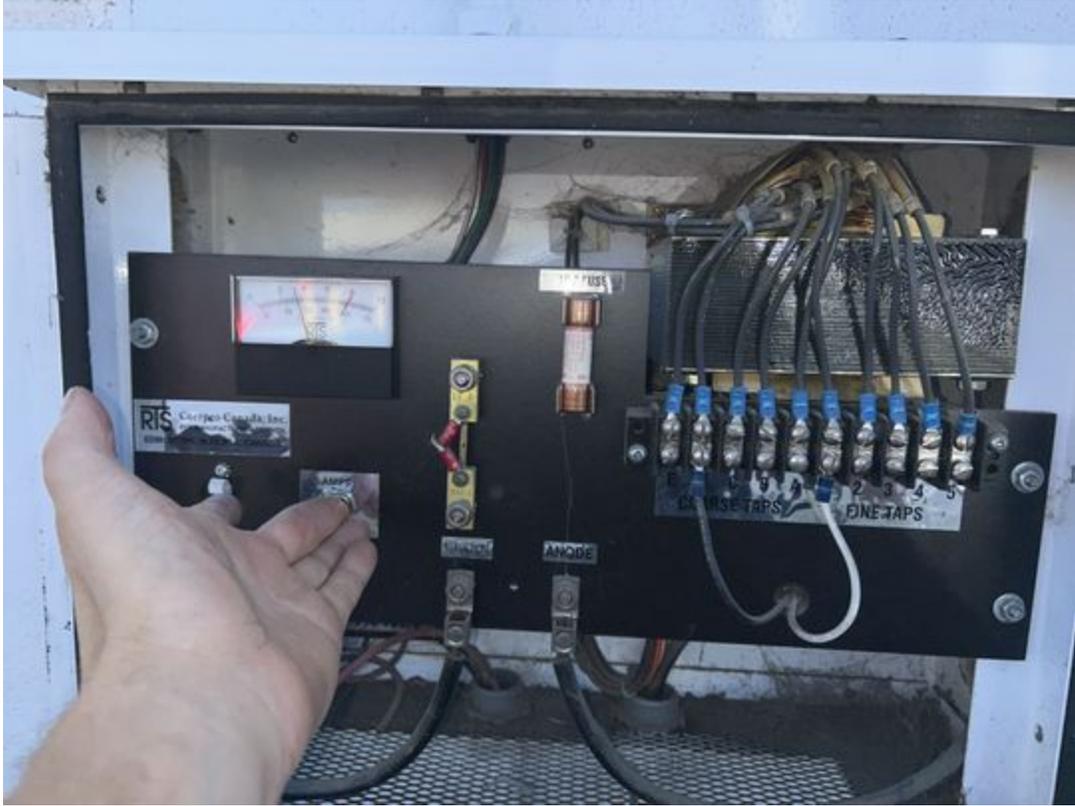
IX. CONTINUITY SURVEY						
Structure "A"	Structure "B"	Point "A" to Point "B" or Fixed Cell Location >30'	Structure "A" Fixed Voltage >30'	Structure "B" Fixed Voltage >30'	Point-to-Point or Fixed Voltage Difference	P A S S I S L F A A S L Method and Standards Used (e.g. RP-0285, R051)
Vents	Tank #1	Point to Point			0 mV	<input checked="" type="checkbox"/> <input type="checkbox"/> P2P RP051
Vents	Tank #2	Point to Point			0 mV	<input checked="" type="checkbox"/> <input type="checkbox"/> P2P RP051
Vents	Tank #3	Point to Point			0 mV	<input checked="" type="checkbox"/> <input type="checkbox"/> P2P RP051
Vents	Tank #4	Point to Point			0 mV	<input checked="" type="checkbox"/> <input type="checkbox"/> P2P RP051
Vents	Rectifier	Point to Point			0mV	<input checked="" type="checkbox"/> <input type="checkbox"/> P2P RP051
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>

X. SYSTEM SURVEY							
Structure	Contact Point	Half Cell Location	Local Voltage "ON"	Local Voltage "Instant Off"	Local Voltage (Depolarized)	Voltage Change	P A S S I S L F A A S L Method and Standard Used
UST #1	Vents	1	-1339	-1025	-790	235	<input checked="" type="checkbox"/> <input type="checkbox"/> 400 V0 RP0285
UST #1	Vents	2	-1415	-921	-781	140	<input checked="" type="checkbox"/> <input type="checkbox"/> 400 V0 RP0285
UST #1	Vents	3	-1320	-947	-742	205	<input checked="" type="checkbox"/> <input type="checkbox"/> 400 V0 RP0285
UST #2	Vents	4	-1129	-906	-709	197	<input checked="" type="checkbox"/> <input type="checkbox"/> 400 V0 RP0285
UST #2	Vents	5	-1208	-923	-711	212	<input checked="" type="checkbox"/> <input type="checkbox"/> 400 V0 RP0285
UST #2	Vents	6	-1406	-944	-781	163	<input checked="" type="checkbox"/> <input type="checkbox"/> 400 V0 RP0285
UST #3	Vents	7	-1115	-882	-724	158	<input checked="" type="checkbox"/> <input type="checkbox"/> 400 V0 RP0285
UST #3	Vents	8	-1158	-916	-723	193	<input checked="" type="checkbox"/> <input type="checkbox"/> 400 V0 RP0285
UST #3	Vents	9	-1139	-934	-748	186	<input checked="" type="checkbox"/> <input type="checkbox"/> 400 V0 RP0285
UST #4	Vents	10	-1107	-1078	-720	358	<input checked="" type="checkbox"/> <input type="checkbox"/> 400 V0 RP0285
UST #4	Vents	11	-1123	-971	-715	256	<input checked="" type="checkbox"/> <input type="checkbox"/> 400 V0 RP0285
UST #4	Vents	12	-1128	-995	-710	285	<input checked="" type="checkbox"/> <input type="checkbox"/> 400 V0 RP0285
							<input type="checkbox"/> <input type="checkbox"/>

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

Inspection conducted by Dylan Eckert Date 17 Sept 2025 Time 2 Facility 6229

Facility Name: <u>Black Distributing Inc</u>	Permittee: <u>Shannon Black</u>	Contact:
Site Address: <u>2150 Broadway</u>	Organization: <u>Black</u>	Phone:
City: <u>Baker City</u>	County: <u>Baker</u>	Phone:

Tank Information				
DEQ #	<u>ADDFK</u>	<u>ADDFA</u>	<u>ADDFB</u>	<u>ADDFL</u>
Substance	<u>F</u>	<u>F</u>	<u>D</u>	<u>D</u>
Est. Gallons	<u>15k</u>	<u>12k</u>	<u>12k</u>	<u>12k</u>
Tank Material	<u>CP Steel</u>			
Tank Install Date	<u>As</u>			
Pipe Material				
Pipe Type	<u>SCGC</u>			
Pipe Install Date				
Overfill Device	<u>HLA</u>			

Notes:

Operating Certificate <u>next to tank monitor</u>	Compliance: <u>Y</u> N
Operator Training	Compliance: <u>Y</u> N
Financial Responsibility <u>Dec 14 2025</u>	Compliance: <u>Y</u> N
Walkthrough Inspections	Compliance: <u>Y</u> N
Corrosion Protection Lining	Compliance: Y N
Overfill Prevention	Compliance: <u>Y</u> N
Spill Prevention:	Compliance: <u>Y</u> N
Release Detection:	Compliance: <u>Y</u> N
Tank - ATG <u>pu201</u> <u>scald</u> <u>function</u> SIR IM	
Piping - LTT LLD <u>60 day late because employee retired. going to do @ walk test</u> IM	
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	Scald Diagnosed Failed
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	

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Date	RD	LT	LD	S	O	CS
9 Sept 2023	Monday					
30 Oct 2023	Monday					
26 Sept 2023				X	X	

→ TS-1001
 EVO 200

safe

26 Sept 2023 - CP
 Mascott
Pass

3/4 - D=F

Rul C D'Pul

(Diagram showing a vertical line with 'Back side' at the bottom and 'Front Vents' at the top. To the right of the line are four ovals, each containing 'A19 S'. To the right of the ovals are the labels 'DD', 'C', 'D', and 'R'. Below the ovals are the labels 'DD' and 'Rul'.)

photos-20250917-210400.jpg

Notes

Mascott Equipment. Co.

SERVICE ORDER

PORTLAND
435 N.E. HANCOCK
PORTLAND, OR 97212
503-282-2587

TRICITIES
200 S. 20TH AVE.
PASCO, WA 99301
509-543-2018

SEATTLE
6530 5TH PLACE SOUTH
SEATTLE, WA 98108
206-763-7867

520409

ACCOUNT NUMBER

JOB SITE
ORDER DATE: 1/9/26
JOB PHONE: (541) 523-4575

SOLD TO
ADDRESS
CITY STATE

WORK ORDERED BY: Black
JOB NAME: Distribution
ADDRESS: 2510 Broadway Street
CITY STATE: Baker City, OR 97814

CUSTOMER P.O. NUMBER: M. Anderson
TECHNICIAN: M. Anderson
MFG AUTHORIZATION (if necessary)

MODEL SERIAL NUMBER MODEL SERIAL NUMBER

PROBLEM REPORTED:
Diesel Overfill Drop Tube Testing, & Spill Bucket Testing. Repairs completed last Friday.

MATERIAL USED					
QTY.	WH	PART NUMBER	DESCRIPTION	PRICE	AMOUNT
1	12	Spill Bucket Testing x 1	Spill Bucket Testing x 1		0.00
1	12	Overfill Drop Tube Testing x 1	Overfill Drop Tube Testing x 1		0.00
					0.00
					0.00
					0.00
					0.00

TIME ARRIVED 0900 AM PM (circle one) TIME DEPARTED 1130 AM PM (circle one) Customer Initials _____

WORK DESCRIPTION:
Completed and Passed Diesel Overfill Drop Tube Testing & Spill Bucket Testing.
Completed Testing Paperwork.

WARRANTY COMPLETE PENDING

SERVICEMAN	CHARGES	QTY.	RATE	AMOUNT
	Mark Anderson <small>Digitally signed by Mark Anderson Date: 2026.01.12 10:59:34 -07'00'</small>	STANDARD LABOR	0.0	
OVERTIME LABOR				0.00
TRAVEL TIME				0.00
DATE COMPLETED 1/12/2026	MILEAGE			0.00
TERMS: NET 10TH PROX PRINT CUSTOMER NAME	TOTAL MATERIAL	0.00		0.00
	MISC. MATERIAL			0.00
	LAP TOP FEE			0.00
CUSTOMER AUTHORIZED SIGNATURE	SUB TOTAL			0.00
	SALES TAX			
	TOTAL AMOUNT DUE			0.00



Overfill Prevention Inspection, Spill Bucket and Containment Sump Testing Form

Inspection Date:

- In lieu of this form, DEQ prefers the manufacturer's inspection/testing forms be used and completed per manufacturer's instructions.
- Overfill prevention equipment must be inspected every 3 years.
- Spill buckets and containment sumps must be tested every 3 years. Only containment sumps used for interstitial monitoring of piping require testing.
- Double-walled spill buckets and containment sumps do not require testing if the integrity of both walls is monitored at least every 30 days.
- Fill in the tank number, describe the sump, and check or fill in the box information if the item has been inspected and/or tested.

UST Facility

Name: ID#:

Street Address:

City: Zip Code:

Site Contact: Phone:

Person Conducting the Testing

Name:

Company Name:

Address:

Email: Phone:

Overfill Prevention Inspection

Identify tank (number, product type, etc.):	Diesel <input type="checkbox"/>	<input type="checkbox"/>							
Flapper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Re: 6229 - Black Distributing, Inc. - UST Inspection Follow-up (Deadline Including)

From UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Date Mon 10/6/2025 2:30 PM
To UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>; blackdist@thegeo.net <blackdist@thegeo.net>
Cc FOSS Diana * DEQ <Diana.FOSS@deq.oregon.gov>

1 attachment (236 KB)
2025-fc-10006 issued to 6229.pdf;

Good afternoon,

Please review the attached field citation. **The deadline for payment of the \$150 penalty is 11/6/25. The deadline for repair/replacement of the diesel spill bucket is 1/6/26.**

Corrective Action:

1. Repair or replace spill prevention equipment and submit invoice and records of repair and post installation functionality test to DEQ prior to 01Jan2026.

Payment of Field Citation Penalty Instructions

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

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

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

Questions about online payments and submittals can be directed to the Help Desk at itservicedesk@deq.oregon.gov or [Your DEQ Online Helpdesk - Jira Service Management](#) –



Emily Litke (she/her)

Duty Officer, Underground Storage Tanks

DEQ Headquarters, Land Quality Division

700 NE Multnomah Street, Suite 600

Portland OR 97232-4100

503-806-9516

Emily.LITKE@deq.oregon.gov

From: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Sent: Friday, October 3, 2025 11:17 AM
To: blackdist@thegeo.net <blackdist@thegeo.net>
Cc: FOSS Diana * DEQ <Diana.FOSS@deq.oregon.gov>; UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Subject: 6229 - Black Distributing, Inc. - UST Inspection Follow-up (Deadline Including)

Hello Mr. Black –

Thank you for allowing me to inspect your facility located at 2150 Broadway in Baker City, Oregon on 17Sept2025. You were on-site to assist me with the inspection... and had enjoyed discussing Baker City and the future of petroleum in your neck of the woods. You have a new Evo400 monitor installed by Mascott in the past few years and were keeping good documentation and testing records. The facility had a compliance issue which need to be addressed and will be discussed below.

Equipment / Records

1 – The diesel spill prevention was failed by Mascott Equipment during a routine spill prevention equipment functionality test performed on 29Sept2023. The spill prevention equipment was not repaired/replaced as required and the facility has been operating with failed spill prevention equipment for over two years now. This needs to be repaired or replaced.

3. TEST

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other	
Test Equipment Used: Visual/Water/Marking Pen-Waterproof	Equipment Resolution: 1/8 inch			
Identify Containment & Spill Bucket (By Tank Number, Stored Product, etc.)	1 Unleaded	2 Diesel	3 Premium	4 Off Road
Containment type, tank top sump, dispenser sump, transition sump, spill bucket?	Spill Bucket	Spill Bucket	Spill Bucket	Spill Bucket
For spill bucket, was drain removed and plugged? Yes/No/NA	No	No	No	No
Did testing include highest penetration points? Yes/No/NA	Yes	Yes	Yes	Yes
Wait time between applying vacuum/water and start of test:	10 minutes	10 minutes	10 minutes	10 minutes
Test Start Time (T _i):	10:30	10:35	10:40	10:45
Initial Reading (R _i):	15.00	14.75	14.75	14.50
Test End Time (T _f):	11:30	11:35	11:40	11:45
Final Reading (R _f):	15.00	12.50	14.75	14.50
Test Duration (T _f - T _i):	1 Hour	1 Hour	1 Hour	1 Hour
Change in Reading (R _f - R _i):	0	-2.25	0	0
Pass/Fail Threshold or Criteria:	No Change	Change	No Change	No Change
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Diesel failed Spill Bucket Testing. Site to dispose of Testing water.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING
I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: M. Anderson Digitally signed by M. Anderson
Date: 2023.10.12 16:46:13 -0500 Date: 9/26/23

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 and will state the violation/corrective action.

Alleged Violations:

1. Failure to operate functional spill prevention equipment as required by rule. (C1c) | OAR 340-150-0310(1); Class 1

Corrective Action:

1. Repair or replace spill prevention equipment and submit invoice and records of repair and post installation functionality test to DEQ prior to 01Jan2026.

Next Steps :

Please direct your responses to ust.dutyofficer@deq.oregon.gov. 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.

Dylan Eckert

Inspector, Underground Storage Tanks

DEQ - Eugene, Land Quality Division

165 E. 7th Ave Suite 100

Eugene, OR 97401-3049

C 541-215-2368

Messages to and from this e-mail address may be available to the public under Oregon Public Records Law.

Sign-up for UST Program Updates:

https://service.govdelivery.com/accounts/ORDEQ/subscriber/new?topic_id=ORDEQ_546

The UST Program. 60-Minute story: <https://www.youtube.com/watch?v=leYoLtsQ2WQ>

Re: Spill Bucket Project

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

Date Tue 1/13/2026 9:34 AM

To Black Distributing LLC <blackdist@thegeo.net>; ECKERT Dylan * DEQ <dylan.eckert@deq.oregon.gov>

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

Received- thank you.

Corrective actions are now complete from the UST inspection for facility 6229 Black Distributing located at 2150 Broadway Baker City, OR. **The UST inspection is now officially CLOSED and 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: Black Distributing LLC <blackdist@thegeo.net>

Sent: Monday, January 12, 2026 3:11 PM

To: ECKERT Dylan * DEQ <dylan.eckert@deq.oregon.gov>

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

Subject: Spill Bucket Project

Hello! Attached is the final testing paperwork for the spill bucket project at Black Distributing.

SA

Black Distributing, Inc.

Fee \$150.00 - Paid \$150.00 = Due \$0.00

Penalty

▶ 2025-fc-10006

📍 UST - Field Citation

\$ 150.00

1 Results

➕ Add Penalty

➡ Send to FIMS

Payment

▼ Check by Mail 20526

📅 10/15/2025

\$ 150.00

📍 56645

Type

Check by Mail

Amount

150

E-Payment Confirmation#

E-Payment Settle Date

mm/dd/yyyy



Ref#

56645

Payment Date

10/15/2025



Comments

2025-FC-10006

(Remaining Length: 3987)

1 Results

Site Info

BLACK DISTRIBUTING INC



📍 2150 BROADWAY, BAKER CITY, OR 97814

📍 12508 ✓

📍 222214

📍 CEM_FacilityIdentifier=22163 UST (6229)

📁 Stationary

Inspection Info

7800 Completed

📁 UST

📁 Full Compliance Inspection (FCI) TCR only

📅 Start Date 9/17/2025

📅 End Date 9/17/2025

Created & Updated Info