



Oregon

Tina Kotek, Governor

Department of Environmental Quality

Headquarters Office

700 NE Multnomah Street, Suite 600

Portland, OR 97232

(503) 229-5263

TTY 711

November 13, 2025

Bill Byers
Lincoln Store
5929 Wallace Rd. NW
Salem, Or 97304

RE: UST Compliance Inspection
DEQ UST # 619

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 inspection for this facility is scheduled for December 16th, 2025, starting at approximately 2:00 pm. 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 blakely.gilbert@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 503-360-4408 or blakely.gilbert@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 that reads "Blake Gilbert". The signature is written in a cursive style with a large initial "B" and "G".

Blake Gilbert
UST Compliance Specialist
Headquarters Office

UST Inspection Survey

Submitted by: blakely.gilbert_deq

Submitted time: Dec 16, 2025, 2:55:04 PM

Date

Dec 16, 2025

Time

14:00

UST Facility ID

619

Inspector

Gilbert

Type of Inspection

Full Compliance

Location

Lat: 45.019703 Lon: -123.08468



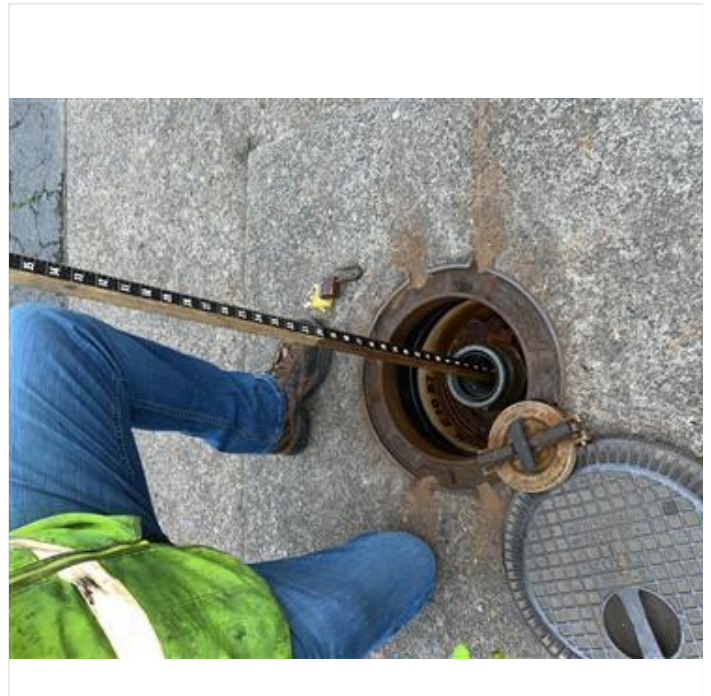
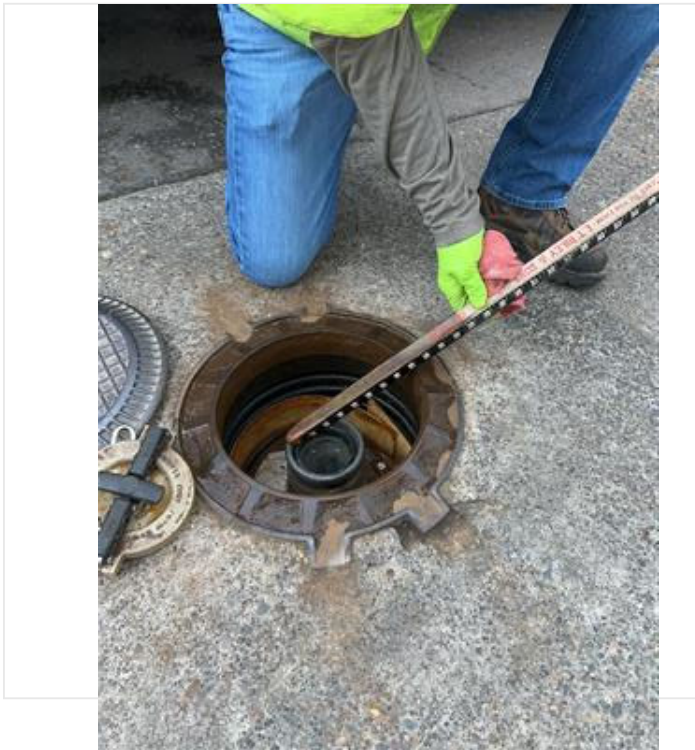
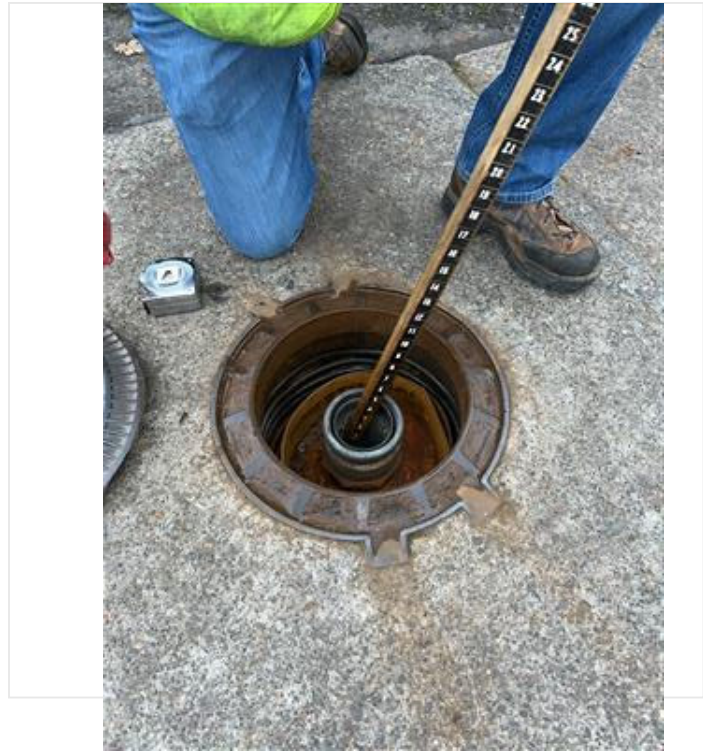
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Powered by Esri

Photograph



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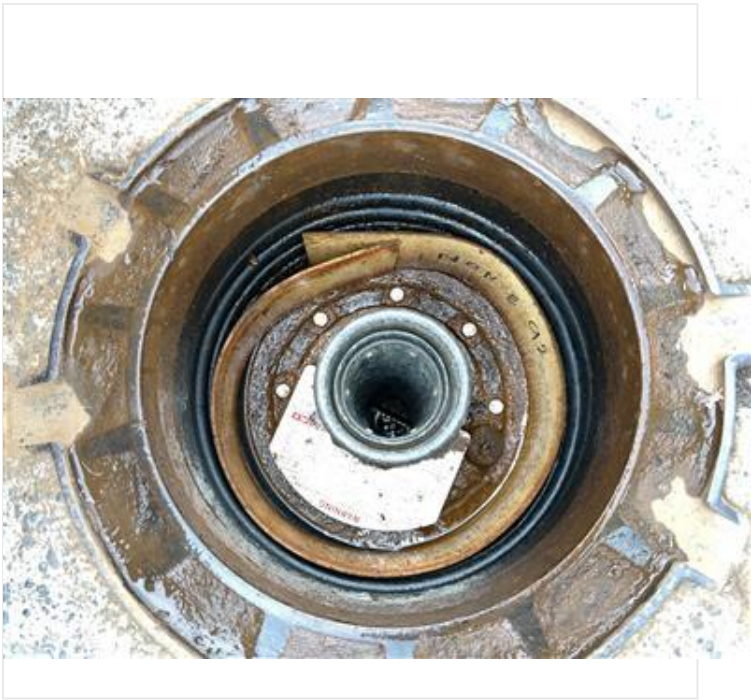
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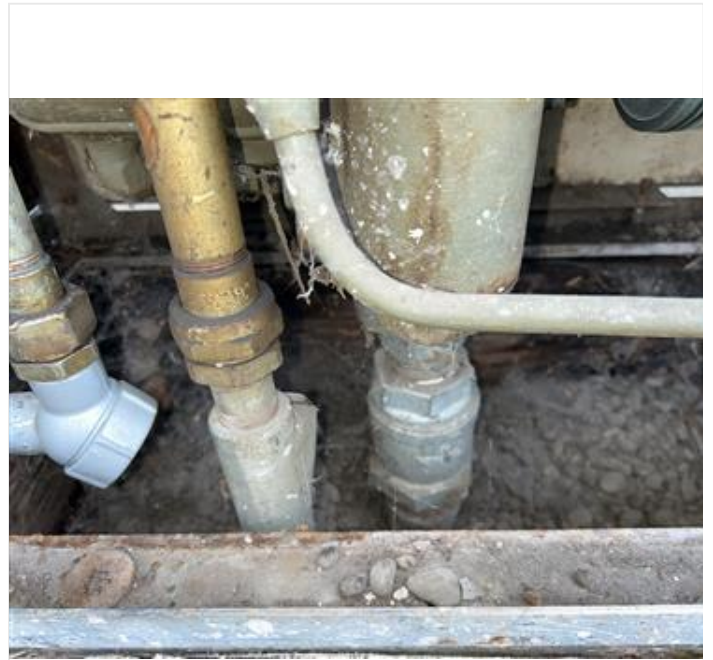
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Original Department of Environmental Quality - Underground Storage Tank Program
 Technical Compliance Inspection - UST Inspection Report

Date: 12/16/25 Time: 2:00 PM Station: 619

Site Name: Waco, Stone UST ID: 619
 Site Address: 8925 Waco Rd NW City: Waco, TX Phone: 502-370-9886
 Owner: Waco, Stone UST Operator: Waco, Stone
 UST Type: HA UST Size: 1000 UST Material: HA
 UST Capacity: 1000 UST Volume: 1000 UST Status: HA
 UST Installation Date: 9-15-87 UST Removal Date: NA
 UST Type: Site Suction UST Size: 11 UST Material: HA
 UST Capacity: 1000 UST Volume: 1000 UST Status: HA

If tanks are regulated, which code? Compliance Other NA

II. Operating Conditions Compliance Other NA
 1. Current Inoperative Partial for delivery drive to observe Compliance Other NA

III. Operator Training Compliance Other NA
 Class A/U Operator Yes No Name: _____ Date: _____
 Class C Operator Yes No Cardlock Compliance Other NA

IV. Financial Responsibility Compliance Other NA
 Type of coverage: _____ High Date: _____ End Date: _____
 Coverage amount correct: Yes No Number of tanks covered: _____
 Provider responsibility cover also in the form of self insurance, bond, fire guarantee, trust fund, etc or guarantee

V. Spill Prevention and Release Detection Compliance Other NA
 Spill prevention and release detection equipment checked monthly? Yes No
 Tank top sumps checked annually? Yes No Page 1 of 4

Can firm with state clerk 11/25
w/ women

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

Inspector: Blake Gilbert Date: 12/16/25 Time: 2:00 pm Facility: 619

I. Site Information

Facility Name: Lincoln Store	Permittee: Bill Beyers	Contact: 503-370-9886
Site Address: 5925 Wallace Rd NW	Organization:	Phone:
City: Salem OR 97304	billbeyers61@gmail.com	

II. Tank Information

DEQ Permit #	HB	HK	HA		
Estimated Gallons	4000	4000	3000		
Substance	gas	oil	gas		
Tank Material	Cathodically protected steel.				
Tank Install Date	9-15-87	"	"	"	"
Pipe Material					
Pipe Type	Safe section	"	"	"	"
Pipe Install Date					
Overfill Device	flapper	"	"	"	"

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

Nov-3rd 2025 stop using the UST and switch to above ground

Expiring June 30, 2025 photo confirmed expiring

If tanks are manifolded, which tanks: 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: Bill Beyers Date: 5-23-14

Class C Operator Yes No Cardlock

V. Financial Responsibility Compliance Yes No

Type of coverage: Insurance Begin Date: 1-21-25 End Date: 1-21-26

Coverage amount correct: Yes No Number of tanks covered: 3

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

A16

A15

cited.

VII: Release Detection

Compliance

Yes No

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

Date of last testing: None done

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

35.7a

35.7a

missing 6 out the 12. due to AT6 stopped working per Bill B and then

Tank release detection records available during inspection

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

Daily tank leak test 8-1-25

6-10-24

- 2-1-25
- 7-1-25
- 4-1-25
- 6-1-25
- 7-1-25

IL was powered off Oct 20th 2025

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

Date(s) of testing: Not our own 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) Not tested 10/01/20 in YDO.
 Vacuum test (test takes 1 minute, ending vacuum must be 26 inches water column or greater) Last time - (4) C26

IX. Overfill Prevention CLE **Compliance** Yes No

Date(s) of testing: Not our own
 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? 7-25-21
 If impressed current system: last testing in YDO 7-15-21 before -
 Rectifier Operational? Yes No
 Rectifier log maintained? Yes No
 Rectifier been operating continuously Yes No
 Tank Lining
 Date of last test? _____
 Pressure test conducted after tank lining inspection? Yes No

as of Oct 20th / 2025 Tank gauge and rectifier was powered off, there or about

XI. General notes from inspection

Representative onsite: _____ email: _____

Bill will email me when scheduled to have remaining fuel pumped out of all three tanks to less than 1 in -

Nov 30 2025 was the last day of service using HST.

no Annual testing done
no overfill or spill bucket testing

CP test was completed ✓ and was turned in ^{with} Nov. 30 2025 2024

Currently as of PCE the regular unleaded tank has 20 inches of fuel using Tank gauge stick - Super has 12 inches of fuel and Non-ethanol has 11 inches of fuel per tank gauge stick also have photos.

Bill the owner was given until Friday ^{19th 2025} to have tanks pumped out below 1 in.

He is aware to submit the receipt from Proton Co-op for the removal of the fuel in all 3 tanks.

Scott Kurl from Slickguard is going to help him submit to PBO

12/18/25 Bill called due to storm the tank pumping 11 AM - reschedule until tomorrow he will call me again once pumped

Compliance Determination: No Violations Observed Observed violations resulting in enforcement

Inspector Signature: Blake Gilbert Blake Gilbert Date: 12-22-25

As of Oct 20th 2025 Tank gauge and recifier was powered off

12/22/25 Josh from Proton call to inform 3 tanks are all now below 1 in of product - photos sent and placed in OMS share file.

Patton Corp - 503-361-3353

Landery - will call me back shortly - 12/20/25 12/19/25

Josh - 2 inch - per Josh - "1000 gallons" pump out -

Josh will go back out to site to pump with a diff. skinger and send documents show less than 1 in of liquid in each tank -

30 day decom Notice -

* Summit Dec 2025

ust - decom or change in service form
and 30 day Notice -

site soil ~~testing~~ sampling -

3 day notice - check list -

#619 ~~tracy~~
Lincoln store -

Violations:

1. A1b Failure to obtain the appropriate general permit registration certificate before operating an UST. 340-150-0020 Class 1. Due to no current operating certificate.
2. A15. Failure to conduct monthly periodic operation and maintenance walkthrough inspections by 10/01/2020 and each month thereafter 340-150-0315(1)(a) Class 2
*Due to missing monthly walkthroughs.
3. C1e Failure to test spill prevention equipment and/or equipment used for interstitial monitoring of piping at least once every 3 years. 340-150-0310(8)(b) *Due to no Spill Bucket testing
4. C2c. Failure to inspect overfill equipment at least once every 3 years 340-150-0310(9) Class 1 *Due to no Overfill testing.
5. D2 Failure to continuously protect from corrosion any part of an UST system that routinely contains a regulated substance. (i.e., inoperable due to power off or interrupted such that protection is not continuously provided). *Due to powering off and removing rectifier.
6. G-5 Failure to maintain or calibrate Release Detection equipment per manufactures instructions, including testing for operability or running condition annually 340-150-0400(2) class 1 *Due to no Annual testing and Tank Gauge testing
7. J5.7a Failure to maintain adequate records of ATG monitoring and testing results 340-150-0405(5) Class 1 *Due to only have 6 of the 12 required ATG printout records. You only had for these listed months 8/25,7/25,6/25,4/25,3/25,2/25.

As of 12/22/25 All 3 tanks have been pumped out down below 1 inch by Pratum Co-op documents in ORMS shared file.

Owner is submitting for a Temporary Clouser permit and decommissioning tanks



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:	12/16/2025	Facility ID#:	619
Inspector:	Blakely GILBERT	Facility Name:	Lincoln Store
DEQ Office:	700 NE Multnomah St Suite 600 FLR # 14	Facility Address:	5925 WALLACE RD NW, SALEM, Oregon 97304
Phone #:	503-360-4408	County:	Polk

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: 12/29/2025
Facility Representative Present During Inspection:	<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other			
Name of Permittee or Owner:	Lincoln Store			
Mailing Address:	5925 Wallace Rd NW , Salem Oregon 97304			

Field Citation Penalty – See Page 3 for a detailed listing of each violation. \$ 1500

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: 01/29/2026

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: 12/29/2025

PROGRAM ENFORCEMENT No.: 2025-FC-10070

FACILITY ID: 619

Page 3 of 3

Violation #1: *TCR:	(A1b) Failure to obtain the appropriate general permit registration certificate before operating an UST.		
Corrective Action:	All 3 tanks have been pumped out down below 1 inch by Pratum Co-op. Complete temporary closure submittal in YDO and 30 notice to Decommission in YDO		
Rule Citation: OAR 340-150-0020	Penalty Amount: \$	-	Correct Violation by: 01/29/2026 Date Violation Corrected:
Violation #2: *TCR:	Failure to test spill prevention equipment at least once every 3 years		
Corrective Action:	All 3 tanks have been pumped out down below 1 inch by Pratum Co-op. Complete temporary closure submittal in YDO and 30 notice to Decommission in YDO		
Rule Citation: OAR 340-150-0310(8)(b)	Penalty Amount: \$	-	Correct Violation by: 01/29/2026 Date Violation Corrected:
Violation #3: *TCR:	Failure to inspect overfill equipment at least once every 3 years.		
Corrective Action:	All 3 tanks have been pumped out down below 1 inch by Pratum Co-op. Complete temporary closure submittal in YDO and 30 notice to Decommission in YDO		
Rule Citation: OAR 340-150-0310(9)	Penalty Amount: \$	-	Correct Violation by: 01/29/2026 Date Violation Corrected:
Violation #4: *TCR:	Failure to continuously protect from corrosion any part of an UST system that routinely contains a regulated substance. (i.e., inoperable due to power off or interrupted such that protection is not continuously provided).		
Corrective Action:	All 3 tanks have been pumped out down below 1 inch by Pratum Co-op. Complete temporary closure submittal in YDO and 30 notice to Decommission in YDO		
Rule Citation: OAR 340-150-0325(1)	Penalty Amount: \$	-	Correct Violation by: 01/29/2026 Date Violation Corrected:
Violation #5: *TCR:	Failure to install, operate, maintain or calibrate RD equipment per manufacturer's instructions, including service checks for operability or running condition (i.e. device has been incorrectly installed, is defective, damaged, or may have been tamper		
Corrective Action:	All 3 tanks have been pumped out down below 1 inch by Pratum Co-op. Complete temporary closure submittal in YDO and 30 notice to Decommission in YDO		
Rule Citation: OAR 340-150-0400(1)(c)	Penalty Amount: \$	-	Correct Violation by: 01/29/2026 Date Violation Corrected:
Violation #6: *TCR:	Failure to maintain adequate records of ATG monitoring and testing results.		
Corrective Action:	All 3 tanks have been pumped out down below 1 inch by Pratum Co-op. Complete temporary closure submittal in YDO and 30 notice to Decommission in YDO		
Rule Citation: OAR 340-150-0450(5)	Penalty Amount: \$	-	Correct Violation by: 01/29/2026 Date Violation Corrected:

Total Penalty Amount: \$ **1500**

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: 01/29/2026

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

Monthly Walkthrough Inspection Form

Inspection Date: 12-1-2025



- Walkthrough inspections for operation and maintenance of release detection and spill prevention equipment must be conducted every 30 days.
- Containment sumps and hand-held release detection equipment must be inspected annually.
- Spill buckets at facilities receiving deliveries at intervals greater than every 30 days may be inspected prior to each delivery. (Keep delivery documents with inspection form.)
- The UST owner or operator must maintain a copy of this 30-day inspection checklist and all attachments for the previous 12 months.
- Keep correction and repair documentation.
- Check the box for items completed, leave box unchecked for non-completed items or if not applicable.

UST Facility		Person Conducting the Inspection and/or Testing	
Name: LINCOLN STORE	ID#: 27619709	Name: Bill Byrnes	
Street Address: 5925 WALLING RD.		Company Name:	
City: 521mm	Zip Code: 97304	Address: 5925 WALLING RD. 521mm	
Site Contact: Bill Byrnes		Phone: 503-507-3350	
Phone: 503-507-3350		Email: bill.byrnes@lincolnstor.com	
Delivery Frequency			
<input type="checkbox"/> Check here if deliveries and inspections are greater than every 30 days (attach delivery record)			

4/8/21

Page 1 of 4

Monthly Walkthrough Inspection Form

Inspection Date: 11-9-2025



- Walkthrough inspections for operation and maintenance of release detection and spill prevention equipment must be conducted every 30 days.
- Containment sumps and hand-held release detection equipment must be inspected annually.
- Spill buckets at facilities receiving deliveries at intervals greater than every 30 days may be inspected prior to each delivery. (Keep delivery documents with inspection form.)
- The UST owner or operator must maintain a copy of this 30-day inspection checklist and all attachments for the previous 12 months.
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UST Facility		Person Conducting the Inspection and/or Testing	
Name: LINCOLN STORE	ID#: 27619709	Name: Bill Byrnes	
Street Address: 5925 WALLING RD.		Company Name:	
City: 521mm	Zip Code: 97304	Address: 5925 WALLING RD. 521mm	
Site Contact: Bill Byrnes		Phone: 503-507-3350	
Phone: 503-507-3350		Email: bill.byrnes@lincolnstor.com	
Delivery Frequency			
<input type="checkbox"/> Check here if deliveries and inspections are greater than every 30 days (attach delivery record)			

4/8/21

Page 1 of 4

Monthly Walkthrough Inspection Form

Inspection Date: 10-1-2025



- Walkthrough inspections for operation and maintenance of release detection and spill prevention equipment must be conducted every 30 days.
- Containment sumps and hand-held release detection equipment must be inspected annually.
- Spill buckets at facilities receiving deliveries at intervals greater than every 30 days may be inspected prior to each delivery. (Keep delivery documents with inspection form.)
- The UST owner or operator must maintain a copy of this 30-day inspection checklist and all attachments for the previous 12 months.
- Keep correction and repair documentation.
- Check the box for items completed, leave box unchecked for non-completed items or if not applicable.

UST Facility		Person Conducting the Inspection and/or Testing	
Name: LINCOLN STORE	ID#: 27619709	Name: Bill Byrnes	
Street Address: 5925 WALLING RD.		Company Name:	
City: 521mm	Zip Code: 97304	Address: 5925 WALLING RD. 521mm	
Site Contact: Bill Byrnes		Phone: 503-507-3350	
Phone: 503-507-3350		Email: bill.byrnes@lincolnstor.com	
Delivery Frequency			
<input type="checkbox"/> Check here if deliveries and inspections are greater than every 30 days (attach delivery record)			

4/8/21

Page 1 of 4

Monthly Walkthrough Inspection Form

Inspection Date: 12-1-2025



- Walkthrough inspections for operation and maintenance of release detection and spill prevention equipment must be conducted every 30 days.
- Containment sumps and hand-held release detection equipment must be inspected annually.
- Spill buckets at facilities receiving deliveries at intervals greater than every 30 days may be inspected prior to each delivery. (Keep delivery documents with inspection form.)
- The UST owner or operator must maintain a copy of this 30-day inspection checklist and all attachments for the previous 12 months.
- Keep correction and repair documentation.
- Check the box for items completed, leave box unchecked for non-completed items or if not applicable.

UST Facility		Person Conducting the Inspection and/or Testing	
Name: LINCOLN STORE	ID#: 27619709	Name: Bill Byrnes	
Street Address: 5925 WALLING RD.		Company Name:	
City: 521mm	Zip Code: 97304	Address: 5925 WALLING RD. 521mm	
Site Contact: Bill Byrnes		Phone: 503-507-3350	
Phone: 503-507-3350		Email: bill.byrnes@lincolnstor.com	
Delivery Frequency			
<input type="checkbox"/> Check here if deliveries and inspections are greater than every 30 days (attach delivery record)			

4/8/21

Page 1 of 4

Containment Inspection
Complete each section by checking the box for each item inspected. (Explain action/resolution of any deficiencies below.)

Spill Bucket

Identify location (tank number, product type, etc.):	NE REG	NEPDEM	E-10 REG		
Spill bucket is free from any damage, cracks, or separation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill bucket is free of liquid and debris*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cap is fitted tightly on riser pipe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flapper overflow device: fill pipe is free of obstructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Double-wall interstitial space is free from liquid (monthly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANNUAL--Containment Sumps (tank top, transition, and dispensers) Date last inspected: _____

Describe location: _____

Containment free from any damage, cracks, or separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Containment is free of liquid and debris*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Double-wall sump interstitial space is free from liquid (monthly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrections
Description of actions taken if items tested or inspected were not acceptable.

* Liquid and debris removed from containment sump must be disposed of properly.

Inspected by: Red Sylea Date: 12-1-2015

Containment Inspection
Complete each section by checking the box for each item inspected. (Explain action/resolution of any deficiencies below.)

Spill Bucket

Identify location (tank number, product type, etc.):	NE REG	NEPDEM	E-10 REG		
Spill bucket is free from any damage, cracks, or separation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Flapper overflow device: fill pipe is free of obstructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Double-wall interstitial space is free from liquid (monthly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANNUAL--Containment Sumps (tank top, transition, and dispensers) Date last inspected: _____

Describe location: _____

Containment free from any damage, cracks, or separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Containment is free of liquid and debris*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Double-wall sump interstitial space is free from liquid (monthly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrections
Description of actions taken if items tested or inspected were not acceptable.

* Liquid and debris removed from containment sump must be disposed of properly.

Inspected by: Red Sylea Date: 11-3-2015

Containment Inspection
Complete each section by checking the box for each item inspected. (Explain action/resolution of any deficiencies below.)

Spill Bucket

Identify location (tank number, product type, etc.):	NE REG	NEPDEM	E-10 REG		
Spill bucket is free from any damage, cracks, or separation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ANNUAL--Containment Sumps (tank top, transition, and dispensers) Date last inspected: _____

Describe location: _____

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Containment is free of liquid and debris*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspected by: Red Sylea Date: 11-3-2015

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Flapper overflow device: fill pipe is free of obstructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Double-wall interstitial space is free from liquid (monthly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANNUAL--Containment Sumps (tank top, transition, and dispensers) Date last inspected: _____

Describe location: _____

Containment free from any damage, cracks, or separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Containment is free of liquid and debris*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Double-wall sump interstitial space is free from liquid (monthly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrections
Description of actions taken if items tested or inspected were not acceptable.

* Liquid and debris removed from containment sump must be disposed of properly.

Inspected by: Red Sylea Date: 11-3-2015



INVOICE

www.pratumcoop.com | 503-364-3353

Lincoln Store
 5925 Wallace Road NW
 Salem, OR 97304

Customer #:	152197
Payment Terms:	Net 20th
Invoice #:	1175681
Invoice Date	2025-12-19
Due Date	2026-01-20
Total Due	\$250.00

Make Check Payable to: Pratum Co-op

Amount Enclosed: \$ _____
 Remit To:
 Pratum Co-op
 PO Box 13009
 Salem, OR 97309

00001521970001175681000002500000000250006

Customer Name		Delivery/Service Address		Cust #	Invoice #	Inv Date
Lincoln Store				152197	1175681	2025-12-19
Quantity	Item Number	Description		Unit Price	TOTAL	
1.00	Labor	Tank Pump Out		\$250.0000	\$250.00	

Sub Total	\$250.00
Charges	\$0.00
Tax Total	\$0.00
TOTAL DUE	\$250.00

ACCOUNT BALANCE	\$6,323.81
-----------------	------------

Pump fuel from in ground tank into above ground tank.

Pratum Co-op
 PO Box 13009
 Salem, OR 97309

www.pratumcoop.com | 503-364-3353



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM
30-DAY NOTICE OF INTENT TO DECOMMISSION USTS
OR COMPLETE A CHANGE-IN-SERVICE**

Submit this form through Your DEQ Online (YDO)—DO NOT MAIL

1. FACILITY (Location of Tanks) (Please Print)		2. PERMITTEE (Please Print)	
Name: <u>Lincoln Store</u>	Name: <u>Willis Byers</u>		
Address: <u>5925 Wallace Rd NW</u>	Address: <u>5925 Wallace Rd NW</u>		
<u>Salem, OR 97304</u>	<u>Salem, OR 97304</u>		
Phone: <u>503 507 3350</u>	Phone: <u>503 507 3350</u>		
DEQ General Permit Operating Certificate Number: <u>26-619-2024-OPER</u>			
Work To Be Performed By: <u>William Messer</u>		License# <u>11056</u>	
(Permittee, Tank Owner, Property Owner or Licensed Service Provider)		(Service Provider)	
Phone: <u>503 507 1303</u>	Mobile Phone: <u>503 803 9161</u>	Email: <u>N/A</u>	

THIS FORM MUST BE FULLY COMPLETED, SAVED AS A PDF, AND UPLOADED THROUGH YOUR DEQ ONLINE BY UST PERMITTEE 30 DAYS BEFORE START OF WORK. YOU MUST SUBMIT NOTICE VIA YDO 3-DAYS BEFORE STARTING ANY DECOMMISSIONING WORK.

Will tank removal or potential cleanup affect adjacent property or Right-of-Way property? Yes ___ No X

Date decommissioning is scheduled to begin: 1/27/2024

TANK ID #	DEQ-UST PERMIT #	TANK SIZE IN GALLONS	PRODUCT: GASOLINE, DIESEL, USED OIL, OTHER?		CLOSURE OR CHANGE-IN-SERVICE?			TANK TO BE REPLACED?	
			PRESENT	NEW	TANK REMOVAL	CLOSURE IN PLACE	CHANGE IN SERVICE	YES*	NO
#3	HB	4000	X		X				X
#4	HK	4000	X		X				X
#5	HA	3000	X		X				X


Permittee: Willis Byers (please print)

Permittee: Willis Byers (please sign)

Date: 1/7/2024

Re: DEQ UST # 619

From UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Date Mon 12/29/2025 11:21 AM
To UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Cc billbyers61@gmail.com <billbyers61@gmail.com>

 1 attachment (239 KB)
2025-fc-10070 issued to 619.pdf;

Hey Bill,
UST facility 619 Lincoln Store located at 5925 Wallace Rd NW Salem, OR

Please review the attached field citation. **The deadline for payment of the \$1500 penalty and submission of the temporary closure or 30 notice to decommission is 1/29/26.**

I understand that all three tanks have been pumped out with product less than 1 inch. **The remaining step is to either submit a UST temporary closure (which expires in one year) or you can proceed with the official decommission of the tanks by submitting a 30 day notice to decommission.**

- Please note that pollution liability insurance is required during the entirety of the temporary closure period and while tanks remain in the ground.

[UST Temporary Closure submittal](#) - instructions with screenshots for Your DEQ Online
[UST Decommission 30-Day Notice](#) - Your DEQ Online instructions/user guide

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.

[Getting Started with Your DEQ Online](#) - link to create account and how-to tutorials

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



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: Monday, December 22, 2025 2:59 PM
To: UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>
Cc: billbyers61@gmail.com <billbyers61@gmail.com>
Subject: DEQ UST # 619

Bill Beyers,

I am now finished with my inspection for site # 619 located at 5925 Wallace Rd. NW Salem, Oregon 97304. 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 or ust.dutyofficer@deq.oregon.gov**

-
Violations:

-
1. A1b Failure to obtain the appropriate general permit registration certificate before operating an UST. 340-150-0020 Class 1. Due to no current operating certificate.
 2. A15. Failure to conduct monthly periodic operation and maintenance walkthrough inspections by 10/01/2020 and each month thereafter 340-150-0315(1)(a) Class 2 *Due to missing monthly walkthroughs.
 3. C1e Failure to test spill prevention equipment and/or equipment used for interstitial monitoring of piping at least once every 3 years. 340-150-0310(8)(b) *Due to no Spill Bucket testing
 4. C2c. Failure to inspect overfill equipment at least once every 3 years 340-150-0310(9) Class 1 *Due to no Overfill testing.
 5. D2 Failure to continuously protect from corrosion any part of an UST system that routinely contains a regulated substance. (i.e., inoperable due to power off or interrupted such that protection is not continuously provided). *Due to powering off and removing rectifier.
 6. G-5 Failure to maintain or calibrate Release Detection equipment per manufactures instructions, including testing for operability or running condition annually 340-150-0400(2) class 1 *Due to no Annual testing and Tank Gauge testing
 7. J5.7a Failure to maintain adequate records of ATG monitoring and testing results 340-150-0405(5) Class 1 *Due to only have 6 of the 12 required ATG printout records. You only had for these listed months 8/25,7/25,6/25,4/25,3/25,2/25.

No Corrective action as of 12/22/25 All 3 tanks have been pumped out down below 1 inch by Pratum Co-op. Documents place in ORMS shared file. Bill Beyers is submitting for a Temporary Clouser permit and decommissioning tanks.



Blake Gilbert (he/him)

Inspector, Underground Storage Tanks
DEQ Headquarters, Land Quality Division
700 NE Multnomah Street, Suite 600
Portland OR 97232-4100
C 503-360-4408

Fee \$1,500.00 - Paid \$1,500.00 = Due \$0.00

Penalty

2025-fc-10070

UST - Field Citation

\$ 1,500.00

1 Results

Add Penalty

Send to FIMS

Payment

Check by Mail 1796

\$ 1,500.00

02/02/2026

66529

Pay Type: Check by Mail Amount: 1500

E-Payment Confirmation#: E-Payment Settle Date: mm/dd/yyyy

Ref#: 66529 Payment Date: 02/02/2026

Comments: 2025-FC-10070 (Remaining Length: 3987)

1 Results

Site Info



Lincoln Store

5925 WALLACE RD NW, SALEM, OR 97304

SITE 15661

FIS 225367

CEM_FacilityIdentifier=18353 UST (619)

Stationary

Inspection Info

10898 Completed

UST

Full Compliance Inspection (FC) TCR only

Start Date 12/16/2025 End Date 12/16/2025

Created & Updated Info