



Oregon

Tina Kotek, Governor

Department of Environmental Quality

Headquarters Office

700 NE Multnomah Street, Suite 600

Portland, OR 97232

(503) 229-5263

TTY 711

December 29, 2025

Davinder Singh
Sundeep's Ekam, LLC
95 W. Marine Dr.
Astoria, OR 97103

RE: UST Compliance Inspection
Astoria Mini Mart
DEQ UST #9708

Davinder Singh:

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, located 95 W. marine Dr., in Astoria, 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 or testing done at this facility after receiving this letter you must 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 February 18, 2026, starting at approximately 8:00 am. Please note that the inspection will require uninterrupted participation and attendance by you or a knowledgeable assistant. For the inspection you need to provide access to tank sumps, under dispenser areas, cathodic protection rectifiers, and leak monitoring equipment. DEQ will not touch the equipment; 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 diana.foss@deq.oregon.gov.

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

- Leak detector testing results for the past three years
- Annual line tightness tests (3) and/or monthly interstitial monitoring records (12)
- Monthly tank leak detection records (12 months)
- Class A, B, and C training documentation
- Financial responsibility mechanism
- Annual tank gauge / release detection equipment certification (3)
- Spill prevention tests
- Overfill Prevention Equipment tests
- Monthly walkthroughs (12)
- Cathodic protection testing (if applicable)
- Tank lining records (if applicable)

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 503-869-0770 or diana.foss@deq.oregon.gov to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,

Diana Foss

Diana Foss
Senior Policy Analyst
UST Compliance Program

Submitted By: diana.foss_deq

Submitted Time: February 18, 2026 9:31 AM

Creation Time: February 18, 2026 2:43 PM

Date

February 18, 2026

Time

07:56

UST Facility ID

9708

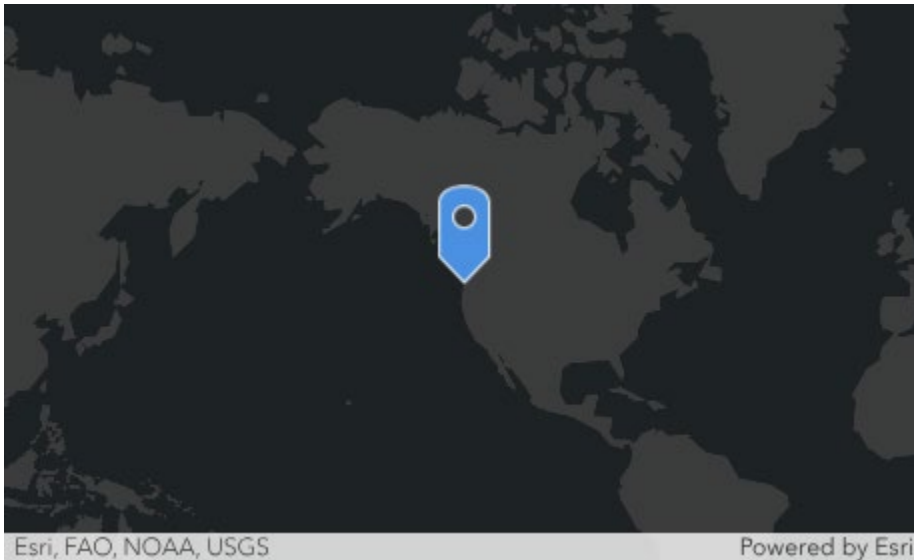
Inspector

Foss

Type of Inspection

Full Compliance

Location



Photograph



photos-20260218-155918.jpg



photos-20260218-155932.jpg



Reg spill



Regsumpsensortipped.jpg



Nocommunicationreg.jpg



Reg 2 sump manifolded



Reg 2 spill



Prem spill



Prem sump



Prem communication



Disp12.jpg



Disp12comm.jpg



Disp34comm.jpg



Disp34sensor.jpg

Notes

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

Form IIV
 1/18/18

Inspector: Foss Date: 2/18/20 Time: _____ Facility: 9708

I. Site Information		
Facility Name: <u>Astoria Mini Mart</u>	Permittee: <u>Davinder Singh</u>	Contact
Site Address: <u>95 W Marine Dr</u>	Organization: <u>Sundeeps Electric</u>	Phone
City: <u>Astoria</u>	Phone: <u>300 601 7452</u>	

II. Tank Information					
DEQ Permit #	<u>AHSDIT</u>	<u>AHSDT</u>	<u>AHSEK</u>		
Estimated Gallons	<u>10k</u>	<u>10k</u>	<u>8k</u>		
Substance	<u>gas</u>	<u>gas</u>	<u>gas</u>		
Tank Material	<u>FRP</u>				
Tank Install Date	<u>1987</u>	<u>1987</u>	<u>1987</u>		
Pipe Material	<u>stl</u>				
Pipe Type	<u>pressure</u>				
Pipe Install Date	<u>2002 2018</u>				
Overfill Device	<u>alarm</u>				

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

Anodes for elbows ?

IM for piping 2018

If tanks are manifolded, which tanks: 2 gas tanks

III. Operating Certificate		Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Current	<input checked="" type="checkbox"/> Accurate	<input checked="" type="checkbox"/> Posted for delivery drive to observe		

IV. Operator Training		Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Class A/B Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>Davinder Singh</u>	Date: <u>9/13/2018</u>	
Class C Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cardlock			

V. Financial Responsibility		Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Type of coverage: <u>INSURE</u>	Begin Date: <u>4/13/25</u>	End Date: <u>4/13/26</u>		
Coverage amount correct:	Number of tanks covered:			
Financial responsibility could also be in the form of self insurance, bonds, local government, trust fund, and or guarantee				

VI. Walkthrough Requirements		Compliance	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Spill prevention and release detection equipment checked monthly?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Tank top sumps checked annually?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

VII. Release Detection

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

8/7/22 8/13/22 8/13/22 8/29/23 10/2/24 10/6/25
Date of last testing: _____ Last three tests available? Yes No
only 2 LD'S

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: 10/6/25 Last three tests available? Yes No

Number of lines tested: 2 Number of LD tested: 2

Leak detector manufacturer make and model: VR

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: 8/29/23 10/6/25 Last two tests available? Yes No

Date of last sensor testing: 10/6/25 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

no WDC log for sensor
no response to fuel alarm
no sensor log 2/25

3/8/25

Safe Suction

Check valve directly below suction pump? Yes No

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

Tank Gauge CSLD SCALD Static

Are correct tank sizes programmed at tank gauge? Yes No
Tank diameter/length seem appropriate? Yes No
Are tanks manifolded? Yes No
If so, tank gauge testing setup for manifolded tanks? Yes No

If Veeder Root tank gauge leak detection
 CSLD set at 99%
 Thermal coefficient set correctly?
(Gasoline 0.00070; Diesel 0.00045)
If Incon/Franklin tank gauge leak detection
 If SCALD is Vol Qual set to 14% (or 99% confidence)
 Is API gravity set correctly?
(Regular 63.5; Plus 62.8; Super 51.3; Diesel 32.8)
For all tank gauges doing static tests
(Static tests require tank to be 50% full for a valid test)

Interstitial Monitoring [Monthly records must include, date system was checked, observations made, initials of person checking.

Electronic records must include power status (on or off), alarm indication status (yes or no) and sensor malfunction notes (yes or no).]

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

Tank release detection records available during inspection

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

Inspector: FOSS Date: 2/18/20 Time: _____ Facility: 9708

VIII. Spill Prevention Compliance Yes No

Date(s) of testing: 8/29/23 10/6/25 Number of spill buckets tested? 3

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 Failed 9/18/20 need paperwork

Hydrostatic testing (test takes one hour to complete)

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

IX. Overfill Prevention Compliance Yes No

Date(s) of testing: 8/3/22 10/6/25

Overfill device pass most recent testing? Yes No If no, overfill device replaced? Yes No

Overfill method that was tested: Alarm Flapper Ball Float

Overfill Alarm

Alarm sounds when tank is 90% full Yes No

Driver can see or hear alarm at point of transfer? Yes No

Sound alarm from tank gauge during inspection? Yes No

Flapper Valve

Testing verified the valve automatically restricts flow at 95% Yes No

Visual observation of flapper on day of inspection? Yes No

Ball Float

Testing verified the ball float automatically restricts flow at 90% Yes No

Visual observation of ball float during inspection? Yes No

X. Corrosion Protection Compliance Yes No

Cathodic Galvanic Impressed Current

Steel tank with cathodic? Yes No

Steel pipes with cathodic? Yes No

Steel flex-lines with cathodic? Yes No

Date of cathodic test: _____

Last two tests available? Yes No

Did last test pass? Yes No

If not:

Was failed test reported to DEQ? Yes No

Was system repaired? Yes No

Date of repair? _____

Cathodic retested within 6 mos. of repair? Yes No

Date of retesting? _____

If impressed current system:

Rectifier Operational? Yes No

Rectifier log maintained? Yes No

Rectifier been operating continuously Yes No

Tank Lining

Date of last test? _____

Pressure test conducted after tank lining inspection? Yes No

XI. General notes from inspection

Representative onsite: _____

email: _____

Super ~~air~~

2



Star

Sensor
not at
base
No LD

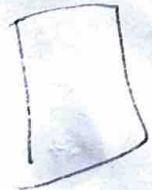
Sensor
lifted

Sensor
lifted
not
flush



3/4

cap on
secondary



1/2 cap on
secondary

Compliance Determination:

No Violations Observed

Observed violations resulting in enforcement

Inspector Signature: _____

Date: _____



Program Enforcement No. 2026-FC-10114

This section for DEQ use only

State of Oregon
Department of
Environmental
Quality

Department of Environmental Quality
Underground Storage Tank Program

Field Citation
For UST Violations

Page 1 of 3

DEQ Information		UST Facility Information	
Inspection Date:	02/01/2026	Facility ID#:	9708
Inspector:	Diana Foss	Facility Name:	ASTORIA MINI MARKET
DEQ Office:	DEQ Headquarters, Land Quality Division 700 NE Multnomah Street, Suite 600	Facility Address:	95 W MARINE DR, ASTORIA, Oregon 97103
Phone #:	503-869-0770	County:	Clatsop

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: 02/18/2026
Facility Representative Present During Inspection:	Davinder Singh			<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	Sundeep's Ekam, LLC			
Mailing Address:	95 W Marine Dr , Astoria Oregon 97103			
Field Citation Penalty – See Page 3 for a detailed listing of each violation.				\$ 800

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: 03/18/2026

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: 02/18/2026

PROGRAM ENFORCEMENT No.: 2026-FC-10114

FACILITY ID: 9708

Page 3 of 3

Violation #1:	(G2) Failure to operate or maintain a method or combination of methods for release detection such that the method can detect a release from any portion of the UST system.		
*TCR:			
Corrective Action:	Submit photos of piping in 2 regular tank sumps showing communication.		
Rule Citation: OAR 340-150-0400(1)(c)	Penalty Amount: \$ 300	Correct Violation by: 03/18/2026	Date Violation Corrected:
Violation #2:	Failure to use interstitial monitoring equipment to monitor UST or suction piping for a release at least every 30 days and/or failure to record results on a monthly basis.		
*TCR:			
Corrective Action:	Submit UDC sensor log for March, keep sensor log active going forward.		
Rule Citation: OAR 340-150-0465(3)	Penalty Amount: \$ 300	Correct Violation by: 03/18/2026	Date Violation Corrected:
Violation #3:	Failure to complete initial overflow, spill prevention or sump testing requirements by October 1, 2020		
*TCR:			
Corrective Action:	Submit passing spill bucket test after failure and replacement in 2020.		
Rule Citation: OAR 340-150-0310(10)	Penalty Amount: \$	Correct Violation by: 03/18/2026	Date Violation Corrected:
Violation #4:	Failure to keep the most recent 12 consecutive months of interstitial monitoring records for review and inspection.		
*TCR:			
Corrective Action:	No further corrective action		
Rule Citation: OAR 340-150-0465(5)	Penalty Amount: \$ 50	Correct Violation by:	Date Violation Corrected:
Violation #5:	Failure to conduct monthly periodic operation and maintenance walkthrough inspection by 10/01/20 and each month thereafter.		
*TCR:			
Corrective Action:	Note all future alarms and response in monthly walkthrough forms. Include UDC inspection in monthly walkthrough going forward.		
Rule Citation: OAR 340-150-0315(1)(a)(A)	Penalty Amount: \$ 150	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: \$ **800**

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: 03/18/2026

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