



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

Justin Pierce
Fred Meyer Stores
PO Box 42121
Portland, OR 97242

RE: UST Compliance Inspection
Fred Meyer Fuel Stop #218
DEQ UST # 12268

Dear Justin,

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 at 695 Hwy 101 S, in Warrenton, 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 20, 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:

- 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 overflow 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 20, 2026 8:31 AM

Creation Time: February 23, 2026 10:46 AM

Date

February 20, 2026

Time

07:36

UST Facility ID

12,268

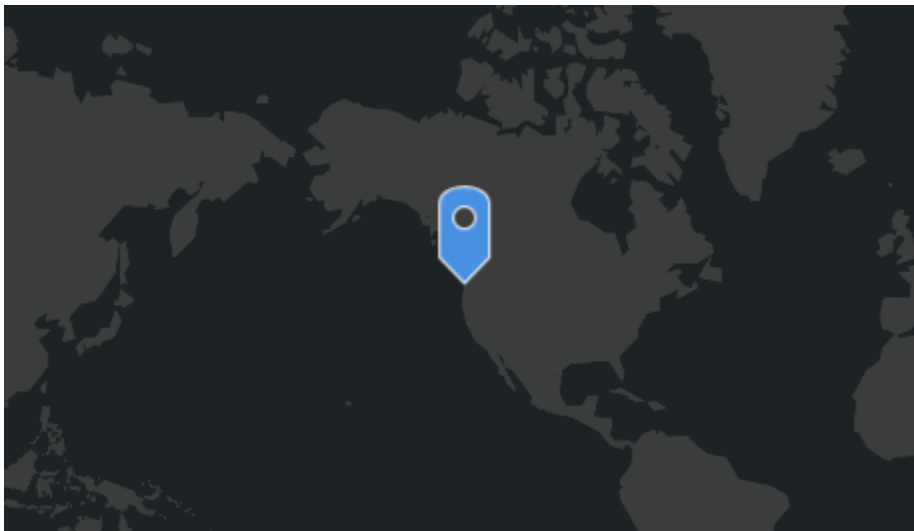
Inspector

Foss

Type of Inspection

Full Compliance

Location



Esri, FAO, NOAA, USGS

Powered by Esri

Photograph



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Fuel Center Problem Log

6/1/25

Use this log to document fuel center troubleshooting issues. File in the "Problem Logs" file in the Kosk.

Store number 218

For week ending: 25 June



Date	Time	Equipment	Description of Problem	Action Taken	Vehicle/Truck Number	Call Taker's Name	Your Name	Date Resolved
6/19	10:15	Pump 10	Swivel Leak	V-Net	195734945		DG	6/19
6/18	4:30P	Trigone	Nozzle Spring loose	Firewall gas		Shannon	DG	
6/12	9:10	Pump 6	Diesel Button not Responding	V-Net	195033800		T6	6/24
6/12	9:30	Pump 3	Swivel Leak	V-Net	195852350		T6	6/24
6/12	axys	Pump 6	NOZZLE LEAKING FAST	V-Net	195058274		T6	6/24
6/12	5:30	Pump 1	Unvented Hose Leak	V-Net	195856241		T6	6/24
6/24	4P	Pump 3	Receipt Printer down	V-Net	19579531		D6	6/24
6/24	4A	Vehicle Seat	Lo: Fuel Abnorm	V-Net	195795891		D6	6/24
6/24	4P	Rain Sensor	Clogged drain	V-Net	195977002		D6	6/24
6/24	1P	Filters	Mil./DSL Filters	V-Net	19600349		D6	6/30
6/27	1P	Emerg. Stop	Emerg. Stop Cover	V-Net	19600379		D4	
6/27	9Pm	Pump 8	Unvented Nozzle Block	V-Net	19601192		T6	6/30

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Reg2.jpg



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photos-20260220-161521.jpg



photos-20260220-161858.jpg



photos-20260220-162255.jpg



photos-20260220-162342.jpg



photos-20260220-162531.jpg

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

Inspector: Foss Date: 2/20/06 Time: _____ Facility: 12268

I. Site Information		
Facility Name: <u>Fred Meyer 218</u>	Permittee: <u>Fred Meyer</u>	Contact
Site Address: <u>695 Hwy 101 S</u>	Organization: <u>Justin Parra</u>	Phone
City: <u>Warrenton</u>	Phone:	

II. Tank Information				
DEQ Permit #	<u>B4BK6</u>	<u>B4BK7</u>	<u>B4BK9</u>	
Estimated Gallons	<u>20k</u>	<u>8k</u>	<u>8k</u>	
Substance	<u>gas</u>	<u>gas</u>	<u>diesel</u>	
Tank Material	<u>FRP</u>	→		
Tank Install Date	<u>4/3/06</u>	→		
Pipe Material	<u>FRP</u>	→		
Pipe Type	<u>pressure</u>			
Pipe Install Date	<u>4/3/06</u>	→		
Overfill Device	<u>flapper</u>	→		

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

double wall spills
2 spills on 20k gas

If tanks are manifolded, which 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>Nick Sull</u>	Date: <u>11/11/05</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>insurance</u>	Begin Date:	End Date:		
Coverage amount correct: <u>W</u>	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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Spill prevention and release detection equipment checked monthly?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Tank top sumps checked annually?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

VII. Release Detection

Compliance

Yes

No

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

Date of last testing: 5/27/25

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: 5/27/25

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: 9/7/23

Last two tests available? Yes No

Date of last sensor testing: 5/27/25

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

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

2023 sump testing low level - positive shutoff? 208's

UDCS76 sensor lifted, fuel in sump

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

3 6/8/21
6/1/22
6/11/23
5/22/24
9/24/20
6/1/23
9/7/23
messing
5/4/24
UDCS

Inspector: FSS

Date: 2/20/26

Time: _____

Facility: 12268

VIII. Spill Prevention

Compliance Yes No

Date(s) of testing: 6/8/21 6/11/22 5/29/24
only 3

Number of spill buckets tested? 4 (2023)

Did spill bucket pass most recent testing? Yes No

If no, was spill bucket replaced/repaired? Yes No

During inspection, visual damage to spill bucket? Yes No

Hydrostatic testing (test takes one hour to complete)

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

IX. Overfill Prevention

Compliance Yes No

Date(s) of testing: 6/11/23

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: _____

12/19

drop phenter

1/2 3/4
5/6 7/8
9/10

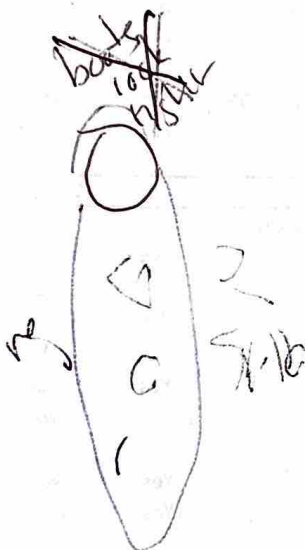
1/2 3/4
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9/10

1/2 3/4
5/6 7/8
9/10



Compliance Determination: No Violations Observed Observed violations resulting in enforcement

Inspector Signature: _____ Date: _____



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:	02/20/2026	Facility ID#:	12268
Inspector:	Diana Foss	Facility Name:	FRED MEYER FUEL STOP #218
DEQ Office:	DEQ Headquarters, Land Quality Division 700 NE Multnomah Street, Suite 600	Facility Address:	695 SOUTH HIGHWAY 101, WARRENTON, Oregon 97146
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: 02/23/2026
Facility Representative Present During Inspection:				<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	Fred Meyer Stores, Inc.			
Mailing Address:	PO Box 42121 , Portland Oregon 97242			

Field Citation Penalty – See Page 3 for a detailed listing of each violation. \$ 1,000

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: 03/23/2026

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: 02/23/2026

PROGRAM ENFORCEMENT No.: 2026-FC-10123

FACILITY ID: 12268

Page 3 of 3

Violation #1: *TCR:	(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.		
Corrective Action:	Submit proof that 5/6 UDC sensor is placed correctly and that sump is clean and dry.		
Rule Citation: OAR 340-150-0400(1)(c)	Penalty Amount: \$ 500	Correct Violation by: 03/23/2026	Date Violation Corrected:
Violation #2: *TCR:	Failure to investigate or confirm a suspected release.		
Corrective Action:	Submit passing hydro test for 5/6 UDC and results of investigation into presence of fuel in sump		
Rule Citation: OAR 340-150-0163(1)(f)	Penalty Amount: \$ 500	Correct Violation by: 03/23/2026	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: \$ **1,000**

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: 03/23/2026

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