State of Oregon Department of Environmental Quality

Annual Release Detection Operability Testing Form

- **In-tank setup and alarm history reports must be attached to testing form.**
- **Maintain three years of testing records.**
- Instructions on how to use this form.

I. FACILITY INFORMATION – Type or print (in ink) all items.				**TEST DATE**
Facility ID #:	2158	Facility Name:	UNITED PACIFIC #7470	11/5/25

II. AUTOMATIC TANK GAUGE				**■ Pass**	**☐ Fail**
ATG Manufacturer:	Veeder-Root	ATG Model:	TLS-350		
Release Detection Method:		Tank Gauge 0.2 gph leak tests: (■ Continuous ☐ Static) ☐ SIR ☐ Interstitial Monitoring			
Battery Backup Functional? ■ Yes ☐ No		ATG software properly programmed? ■ Yes ☐ No			
ATG alarms functional and audible? ■ Yes ☐ No		ATG In-Tank Setup Reports attached to form? ■ Yes			

III. TEST PROCEDURE			
☐ PEI/RP 1200	■ Oregon Testing Procedures (Page 2)	☐ Manufacturer Testing Procedures	☐ Other Method (Describe)

IV. PROBE AND TESTING INFORMATION					
Tank Number	844	845	846	847	
Product Stored	Gas	Diesel	Diesel	Gas	
Model	Mag	Mag	Mag	Mag	
Is the ATG console clear of alarms?	■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	☐ Yes ☐ No
Disconnect cable from tank probe. Is appropriate alarm triggered?	■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	☐ Yes ☐ No
Tank gauge probes removed and inspected for damage?	■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	☐ Yes ☐ No
Residual buildup on floats has been removed?	■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	☐ Yes ☐ No
Float(s) move freely?	■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	☐ Yes ☐ No
Measured product and water levels match ATG values?	■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	☐ Yes ☐ No
Alarm history report attached?	☐ Yes ■ No	☐ Yes ■ No	☐ Yes ■ No	☐ Yes ■ No	☐ Yes ☐ No
V. TEST RESULT	■ **Pass** ☐ **Fail**	■ **Pass** ☐ **Fail**	■ **Pass** ☐ **Fail**	■ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**

Any “No” answer indicates the test failed. Failed tests must be remedied and retested immediately.

VIII. COMMENTS

The comments section should be used to note additional information discovered or actions taken during testing that affect compliance

IX. TESTER	
Person conducting testing:	D. Reeves

SOFTWARE REVISION LEVEL
VERSION 130.01
SOFTWARE# 346130-100-B
CREATED - 10.07.23.17.44

S-MODULE# 330160-002-A
SYSTEM FEATURES:
  PERIODIC IN-TANK TESTS
  ANNUAL IN-TANK TESTS
  CSLD

SYSTEM SETUP

NOV 5, 2025 8:22 AM

SYSTEM UNITS
 U.S.
SYSTEM LANGUAGE
 ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

PC-F 3-147
49950 HWY 26
BANKS, OR 97106

SHIFT TIME 1 : DISABLED
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
DISABLED
RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

SYSTEM SECURITY
CODE : 000000

TANK CHART SECURITY
DISABLED

CUSTOM ALARMS
DISABLED

SERVICE NOTICE
DISABLED

ISO 3166 COUNTRY
CODE:

MASS/DENSITY
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 2 (RS-232)
 BAUD RATE : 2400
 PARITY : EVEN
 STOP BIT : 1 STOP
 DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 END OF MESSAGE
DISABLED

IN-TANK SETUP

T 1:DIESEL MAIN
PRODUCT CODE : 1
THERMAL COEFF : .000470
TANK DIAMETER : 95.00
TANK PROFILE : 1 PT
FULL VOL : 4065

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.8
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 4065
OVERFILL LIMIT : 90%
: 3658
HIGH PRODUCT : 95%
: 3861
DELIVERY LIMIT : 30%
: 1219

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 2.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: 02
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0
PERIODIC TEST TYPE
STANDARD

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

T 2:DIESEL
PRODUCT CODE : 2
THERMAL COEFF :.000045
TANK DIAMETER : 95.00
TANK PROFILE : 1 PT
FULL VOL : 4065

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.8
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 4065
OVERFILL LIMIT : 90%
: 3658
HIGH PRODUCT : 95%
: 3861
DELIVERY LIMIT : 30%
: 1219

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 6.40
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: 01
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0

LEAK MIN ANNUAL : 0%
: 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

T 3:UNLEADED
PRODUCT CODE : 3
THERMAL COEFF :.000700
TANK DIAMETER : 95.50
TANK PROFILE : 1 PT
FULL VOL : 10568

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.8
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 10568
OVERFILL LIMIT : 90%
: 9511
HIGH PRODUCT : 95%
: 10039
DELIVERY LIMIT : 30%
: 3170

LOW PRODUCT : 1579
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 2.40
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0

LEAK MIN ANNUAL : 0%
: 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

T 4:SUPER
PRODUCT CODE : 4
THERMAL COEFF :.000700
TANK DIAMETER : 76.00
TANK PROFILE : 1 PT
FULL VOL : 3866

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.8
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 3866
OVERFILL LIMIT : 90%
: 3479
HIGH PRODUCT : 95%
: 3672
DELIVERY LIMIT : 30%
: 1159

LOW PRODUCT : 1470
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 1.65
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0

LEAK MIN ANNUAL : 0%
: 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

LEAK TEST METHOD

TEST CSLD : ALL TANK
Pd = 99%
CLIMATE FACTOR:MODERATE

REPORT ONLY:
DISABLED

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
ENHANCED

LIQUID SENSOR SETUP

L 1:SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 2:SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 3:SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 4:SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:DIESEL MAIN

HIGH WATER ALARM
NOV 5. 2025 9:49 AM
NOV 7. 2024 11:50 AM
NOV 16. 2023 1:07 PM

OVERFILL ALARM
SEP 12. 2021 9:44 PM

LOW PRODUCT ALARM
JUN 17. 2025 10:28 AM
JUN 17. 2025 10:12 AM
NOV 7. 2024 11:42 AM

INVALID FUEL LEVEL
NOV 7. 2024 12:41 PM
NOV 7. 2024 11:42 AM
AUG 6. 2024 7:37 AM

PROBE OUT
NOV 5. 2025 10:07 AM
NOV 5. 2025 9:44 AM
JUN 23. 2025 11:24 AM

HIGH WATER WARNING
NOV 5. 2025 9:49 AM
JUN 17. 2025 10:20 AM
JUN 16. 2025 9:35 PM

DELIVERY NEEDED
JUN 17. 2025 10:28 AM
JUN 17. 2025 10:12 AM
JUN 1. 2025 10:21 AM

CSLD INCR RATE WARN
AUG 2. 2024 11:32 PM
MAY 24. 2024 9:24 PM
AUG 30. 2023 10:52 PM

LOW TEMP WARNING
JUN 17. 2025 4:01 AM
JUN 16. 2025 9:20 PM
JUN 16. 2025 4:26 PM

* * * * * END * * * * *

L 2:FUEL ALARM

SYSTEM STATUS REPORT

NOV 5. 2025 10:41 AM

PO-F 3-147
49950 HWY 26
BANKS, OR 97106

----- SENSOR ALARM -----
L 1:SUMP
OTHER SENSORS
FUEL ALARM
NOV 5. 2025 10:36 AM

L 2:FUEL ALARM

SYSTEM STATUS REPORT

NOV 5. 2025 10:36 AM

PO-F 3-147
49950 HWY 26
BANKS, OR 97106

----- SENSOR ALARM -----
L 3:SUMP
OTHER SENSORS
FUEL ALARM
NOV 5. 2025 10:35 AM

----- SENSOR ALARM -----
L 4:SUMP
OTHER SENSORS
FUEL ALARM
NOV 5. 2025 10:34 AM

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 2:DIESEL

HIGH WATER ALARM
NOV 5. 2025 9:49 AM
NOV 7. 2024 11:50 AM
NOV 16. 2023 1:03 PM

LOW PRODUCT ALARM
NOV 28. 2024 8:21 AM
NOV 16. 2023 12:58 PM
NOV 18. 2022 11:08 AM

PROBE OUT
NOV 5. 2025 10:05 AM
NOV 5. 2025 9:42 AM
JUN 17. 2025 9:49 AM

HIGH WATER WARNING
NOV 5. 2025 9:49 AM
NOV 7. 2024 11:50 AM
NOV 16. 2023 1:03 PM

DELIVERY NEEDED
AUG 19. 2025 5:31 AM
AUG 10. 2025 1:08 PM
JUN 1. 2025 8:44 AM

PERIODIC TEST FAIL
MAY 19. 2024 2:47 PM
APR 29. 2024 1:36 PM
JUL 7. 2023 5:53 PM

CSLD INCR RATE WARN
AUG 2. 2024 11:32 PM
JUL 30. 2024 9:13 PM

LOW TEMP WARNING
JUN 17. 2025 9:51 AM
NOV 7. 2024 12:42 PM
NOV 18. 2022 11:09 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 3:UNLEADED

HIGH WATER ALARM
NOV 5. 2025 9:45 AM
NOV 7. 2024 11:42 AM
NOV 16. 2023 1:06 PM

LOW PRODUCT ALARM
OCT 23. 2025 7:48 PM
SEP 27. 2025 11:49 AM
SEP 19. 2025 7:29 PM

HIGH PRODUCT ALARM
AUG 14. 2020 12:37 PM
AUG 14. 2020 11:36 AM

INVALID FUEL LEVEL
SEP 1. 2025 9:21 PM
AUG 26. 2025 1:58 PM
AUG 10. 2025 11:22 AM

PROBE OUT
NOV 5. 2025 10:01 AM
NOV 5. 2025 9:59 AM
NOV 5. 2025 9:38 AM

HIGH WATER WARNING
NOV 5. 2025 9:45 AM
OCT 27. 2025 3:22 AM
JUL 17. 2025 9:37 PM

DELIVERY NEEDED
NOV 3. 2025 10:02 AM
OCT 30. 2025 9:33 AM
OCT 22. 2025 3:48 PM

MAX PRODUCT ALARM
AUG 14. 2020 12:37 PM
AUG 14. 2020 11:36 AM

LOW TEMP WARNING
NOV 5. 2025 10:00 AM
AUG 14. 2020 12:26 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 4:SUPER

HIGH WATER ALARM
NOV 5. 2025 9:41 AM
NOV 7. 2024 12:30 PM
AUG 17. 2020 9:11 AM

OVERFILL ALARM
DEC 15. 2023 10:46 AM
JAN 11. 2023 1:14 AM
MAR 17. 2022 11:18 AM

LOW PRODUCT ALARM
NOV 5. 2025 9:35 AM
SEP 22. 2025 8:12 AM
AUG 20. 2025 2:59 PM

HIGH PRODUCT ALARM
NOV 18. 2022 11:16 AM
AUG 17. 2020 9:02 AM
AUG 17. 2020 8:59 AM

INVALID FUEL LEVEL
JAN 30. 2025 10:15 AM
AUG 19. 2023 1:18 AM
AUG 13. 2023 9:54 AM

PROBE OUT
NOV 5. 2025 9:53 AM
NOV 5. 2025 9:36 AM
FEB 13. 2025 8:32 AM

HIGH WATER WARNING
NOV 5. 2025 9:41 AM
FEB 12. 2025 4:42 PM
JAN 30. 2025 11:06 AM

DELIVERY NEEDED
AUG 22. 2025 1:41 PM
JUL 13. 2025 11:47 AM
JUN 8. 2025 2:35 PM

MAX PRODUCT ALARM
NOV 18. 2022 11:16 AM
AUG 17. 2020 9:02 AM
AUG 17. 2020 9:01 AM

PERIODIC TEST FAIL
JUL 20. 2020 9:07 AM

LOW TEMP WARNING
NOV 5. 2025 9:58 AM
AUG 17. 2020 8:31 AM
AUG 17. 2020 8:32 AM

* * * * * END * * * * *

DEQ tank gauge and probe functionality testing procedures

1. Inspect console and verify that there are no active or recurring warnings or alarms.
2. Confirm that both the visual and audible alarms on the tank gauge console function correctly.
3. Verify that the correct set-up parameters for the probes and appropriate tank leak detection is programmed correctly.
4. Test battery backup (if present).
5. Remove tank probe from tank.
6. Disconnect probe, wait for "Probe Out" alarm, reconnect probe and reset tank gauge.
7. Remove build up from probes.
8. Measure the fuel and water contents of the tank and compare with the tank gauge inventory report ensuring that they are the same.
9. Ensure that the probe's fuel and water floats are the correct type for the product stored in the tank.
10. Reposition the floats, measure distance from bottom of the probe, and utilize tank charts to confirm accuracy of the tank gauge.
11. Reinstall probes ensuring that the tank riser cap seals properly and the communication cable seal is tight.
12. If tank gauge is equipped with printer, attach the printed tank gauge in-tank setup and alarm history report demonstrating that probes were tested.

DEQ sensor functionality testing procedures

1. Inspect sensor for damage.
2. Place sensor in at least three inches of testing liquid.
3. Verify sensor alarms at tank gauge or sensor has appropriate alarm response (dispenser or turbine shut down).
4. Clear alarm.
5. Reinstall sensor upon verification of proper operation.
6. If tank gauge is equipped with printer, attach the printed tank gauge in-tank setup and alarm history report demonstrating that sensors were tested.

State of Oregon Department of Environmental Quality

Annual Release Detection Operability Testing Form

- **In-tank setup and alarm history reports must be attached to testing form.**
- **Maintain three years of testing records.**
- Instructions on how to use this form.

I. FACILITY INFORMATION – Type or print (in ink) all items.				**TEST DATE**
Facility ID #:	2158	Facility Name:	UNITED PACIFIC #7470	11/5/25

II. AUTOMATIC TANK GAUGE				☒ **Pass**	☐ **Fail**
ATG Manufacturer:	Veeder-Root	ATG Model:	TLS-350		
Release Detection Method:		Tank Gauge 0.2 gph leak tests: (☒ Continuous ☐ Static) ☐ SIR ☐ Interstitial Monitoring			
Battery Backup Functional? ☒ Yes ☐ No		ATG software properly programmed? ☒ Yes ☐ No			
ATG alarms functional and audible? ☐ Yes ☐ No		ATG In-Tank Setup Reports attached to form? ☒ Yes			

III. TEST PROCEDURE			
☐ PEI/RP 1200	☒ Oregon Testing Procedures (Page 2)	☐ Manufacturer Testing Procedures	☐ Other Method (Describe)

IV. PROBE AND TESTING INFORMATION					
Tank Number	844	845	846	847	
Product Stored	Gas	Diesel	Diesel	Gas	
Model	Mag	Mag	Mag	Mag	
Is the ATG console clear of alarms?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Disconnect cable from tank probe. Is appropriate alarm triggered?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank gauge probes removed and inspected for damage?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Residual buildup on floats has been removed?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Float(s) move freely?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Measured product and water levels match ATG values?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Alarm history report attached?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
V. TEST RESULT	☑ **Pass** ☐ **Fail**	☑ **Pass** ☐ **Fail**	☑ **Pass** ☐ **Fail**	☑ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**

Any “No” answer indicates the test failed. Failed tests must be remedied and retested immediately.

VIII. COMMENTS

The comments section should be used to note additional information discovered or actions taken during testing that affect compliance

IX. TESTER

Person conducting testing:	D. Reeves

SYSTEM SETUP

NOV 7, 2024 10:29 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

PC-F 3-147
49950 HWY 26
BANKS, OR 97106

SHIFT TIME 1 : DISABLED
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
DISABLED
RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

SYSTEM SECURITY
CODE : 000000

TANK CHART SECURITY
DISABLED

CUSTOM ALARMS
DISABLED

SERVICE NOTICE
DISABLED

ISO 3166 COUNTRY
CODE:

MASS/DENSITY
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 2 (RS-232)
BAUD RATE : 2400
PARITY : EVEN
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 END OF MESSAGE
DISABLED

IN-TANK SETUP

T 1:DIESEL MAIN
PRODUCT CODE : 1
THERMAL COEFF : .000470
TANK DIAMETER : 95.00
TANK PROFILE : 1 PT
FULL VOL : 4065

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.8
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 4065
OVERFILL LIMIT : 90%
: 3658
HIGH PRODUCT : 95%
: 3861
DELIVERY LIMIT : 30%
: 1219

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 2.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: 02
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0
PERIODIC TEST TYPE
STANDARD

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

T 2:DIESEL
PRODUCT CODE : 2
THERMAL COEFF :.000045
TANK DIAMETER : 95.00
TANK PROFILE : 1 PT
FULL VOL : 4065

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.8
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 4065
OVERFILL LIMIT : 90%
: 3658
HIGH PRODUCT : 95%
: 3861
DELIVERY LIMIT : 30%
: 1219

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 6.40
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: 01
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0

LEAK MIN ANNUAL : 0%
: 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

T 3:UNLEADED
PRODUCT CODE : 3
THERMAL COEFF :.000700
TANK DIAMETER : 95.50
TANK PROFILE : 1 PT
FULL VOL : 10568

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.8
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 10568
OVERFILL LIMIT : 90%
: 9511
HIGH PRODUCT : 95%
: 10039
DELIVERY LIMIT : 30%
: 3170

LOW PRODUCT : 1579
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 2.40
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0

LEAK MIN ANNUAL : 0%
: 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

T 4:SUPER
PRODUCT CODE : 4
THERMAL COEFF :.000700
TANK DIAMETER : 76.00
TANK PROFILE : 1 PT
FULL VOL : 3866

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.8
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 3866
OVERFILL LIMIT : 90%
: 3479
HIGH PRODUCT : 95%
: 3672
DELIVERY LIMIT : 30%
: 1159

LOW PRODUCT : 1470
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 1.65
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0

LEAK MIN ANNUAL : 0%
: 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

LEAK TEST METHOD
- - - - - - - - - - - - - -
TEST CSLD : ALL TANK
Pd = 99%
CLIMATE FACTOR:MODERATE

REPORT ONLY:
DISABLED

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
ENHANCED

LIQUID SENSOR SETUP
- - - - - - - - - - - - - -

L 1:SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 2:SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 3:SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

L 4:SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : OTHER SENSORS

PC-F 3-147
49950 HWY 26
BANKS. OR 97106

NOV 7. 2024 10:15 AM

SYSTEM STATUS REPORT
- - - - - - - - - - - - - -
ALL FUNCTIONS NORMAL

----- SENSOR ALARM -----
L 2:SUMP
OTHER SENSORS
FUEL ALARM
NOV 7. 2024 10:16 AM

----- SENSOR ALARM -----
L 4:SUMP
OTHER SENSORS
FUEL ALARM
NOV 7. 2024 10:17 AM

----- SENSOR ALARM -----
L 3:SUMP
OTHER SENSORS
FUEL ALARM
NOV 7. 2024 10:17 AM

----- SENSOR ALARM -----
L 1:SUMP
OTHER SENSORS
FUEL ALARM
NOV 7. 2024 10:17 AM

DEQ tank gauge and probe functionality testing procedures

1. Inspect console and verify that there are no active or recurring warnings or alarms.
2. Confirm that both the visual and audible alarms on the tank gauge console function correctly.
3. Verify that the correct set-up parameters for the probes and appropriate tank leak detection is programmed correctly.
4. Test battery backup (if present).
5. Remove tank probe from tank.
6. Disconnect probe, wait for "Probe Out" alarm, reconnect probe and reset tank gauge.
7. Remove build up from probes.
8. Measure the fuel and water contents of the tank and compare with the tank gauge inventory report ensuring that they are the same.
9. Ensure that the probe's fuel and water floats are the correct type for the product stored in the tank.
10. Reposition the floats, measure distance from bottom of the probe, and utilize tank charts to confirm accuracy of the tank gauge.
11. Reinstall probes ensuring that the tank riser cap seals properly and the communication cable seal is tight.
12. If tank gauge is equipped with printer, attach the printed tank gauge in-tank setup and alarm history report demonstrating that probes were tested.

DEQ sensor functionality testing procedures

1. Inspect sensor for damage.
2. Place sensor in at least three inches of testing liquid.
3. Verify sensor alarms at tank gauge or sensor has appropriate alarm response (dispenser or turbine shut down).
4. Clear alarm.
5. Reinstall sensor upon verification of proper operation.
6. If tank gauge is equipped with printer, attach the printed tank gauge in-tank setup and alarm history report demonstrating that sensors were tested.

State of Oregon Department of Environmental Quality

Program Enforcement No. 2026-FC-10118

This section for DEQ use only

Department of Environmental Quality
Underground Storage Tank Program

Field Citation
For UST Violations

DEQ Information		UST Facility Information	
Inspection Date:	**02/18/2026**	**Facility ID#:**	**2158**
Inspector:	**Blakely GILBERT**	**Facility Name:**	**UNITED PACIFIC #7470**
DEQ Office:	**700 NE Multnomah St Suite 600 FLR # 14**	**Facility Address:**	**49950 NW Sunset Hwy, Banks, Oregon 97106-7611**
Phone #:	**503-360-4408**	**County:**	**Washington**

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

Field Citation Issued:	☐ **In Person**	☑ **By Email**	☐ **Both**	**Date Issued: 02/19/2026**

Facility Representative Present During Inspection:	☐ Permittee ☐ Owner ☐ Other
Name of Permittee or Owner:	Apro, LLC dba United Pacific
Mailing Address:	4130 Cover St , Long Beach California 90808
Field Citation Penalty – See Page 3 for a detailed listing of each violation.	$ 100

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: 03/19/2026

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: 02/19/2026 **PROGRAM ENFORCEMENT NO.: 2026-FC-10118** **FACILITY ID: 2158**

Violation #1: *TCR:	**(G5) 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 tampered with.)**			
Corrective Action:	No corrective actions are required due to passing annual testing in 2024 and 2025.			
Rule Citation: **OAR 340-150-0400(1)(c)**		Penalty Amount: $ 100	Correct Violation by: COMPLETE	Date Violation Corrected: 02/18/2026
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: $ **100**		

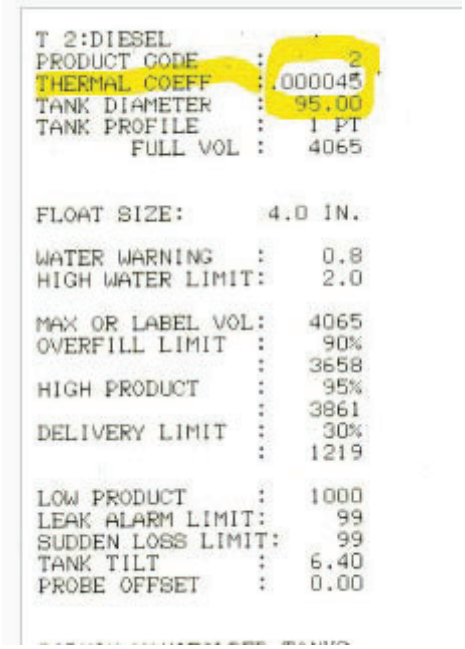
YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, ENTER THE DATES CORRECTED, SIGN THE STATEMENT BELOW, AND

RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE: 03/19/2026

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*



```
T 2:DIESEL
PRODUCT CODE      :        2
THERMAL COEFF     :.000045
TANK DIAMETER     :    95.00
TANK PROFILE      :     1 PT
        FULL VOL  :     4065


FLOAT SIZE:        4.0 IN.

WATER WARNING     :      0.8
HIGH WATER LIMIT:        2.0

MAX OR LABEL VOL:       4065
OVERFILL LIMIT    :       90%
                  :       3658
HIGH PRODUCT      :       95%
                  :       3861
DELIVERY LIMIT    :       30%
                  :       1219

LOW PRODUCT       :       1000
LEAK ALARM LIMIT:         99
SUDDEN LOSS LIMIT:        99
TANK TILT         :       6.40
PROBE OFFSET      :       0.00
```

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

Inspector: Blake Gilbert Date: 02/18/2026 Time: 1:00 PM Facility: 2158

I. Site Information			
Facility Name: UNITED PACIFIC #7470	Permittee: Alan Beaudette	Contact	
Site Address: 49950 NW HWY 26,	Organization:	Phone	
City: BANKS, OR 97106	Phone: 310-436-3703		

II. Tank Information

DEQ Permit #	ADCCG	ADCCH	ADCCJ	ADCDK	
Estimated Gallons	4000	4000	4000	10000	
Substance	G	D	D	G	
Tank Material	CATHODICALLY	PROTECTED	STEEL	" "	
Tank ~~Install~~ Date	03/24/1982	1982	1982	" "	
Pipe Material	SMITH FIBER	CAST	MAKER	" "	
Pipe Type	P	P	P	" "	
Pipe Install Date	1982	1982	1982	" "	
Overfill Device	flapper	flapper	flapper	" "	

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

PS Diesel manifold

permits@unitedpacific.com Adrianne Brandt

If tanks are manifolded, which tanks:

III. Operating Certificate Compliance ☑Yes ☐No

☑Current ☑Accurate ☑Posted for delivery drive to observe

IV. Operator Training Compliance ☑Yes ☐No

Class A/B Operator ☑Yes ☐No Name: Steve Matthew 5-21-12 Date: ~~July 1st 24~~ to ~~July~~ 1st 2029

Class C Operator ☑Yes ☐No ☐Cardlock Mohammad Ali 10-27-26

V. Financial Responsibility Compliance ☑Yes ☐No

Type of coverage: Insurance Begin Date: 7-1-24 End Date: 7-1-29

Coverage amount correct: (Y) Yes ( ) No Number of tanks covered: 3 All

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? (Y) ( ) ☑Yes ☐No

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

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

Date of last testing: 11/5/25 11/7/24 Last three tests available? ☐Yes ☒No

last 2023 missed testing on chart

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: 11/5/25 11/7/24 Last three tests available? ☐Yes ☒No

Last 2023

Number of lines tested: 3 Number of LD tested: 3

Diesel manifolded Siphon.

Leak detector manufacturer make and model: 99 LD 2000 - Suction Red Jacket FX -IV

Tank gauge manufacturer make and model: Veeder Root TLS-350

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? → Diesel T-1 T2 ☒Yes ☐No

If so, tank gauge testing setup for manifolded tanks? ☒Yes ☐No

Tank Siphon

If Veeder Root tank gauge leak detection

☐ CSLD set at 99%

☑ Thermal coefficient set correctly? (Gasoline 0.00070; Diesel 0.00045)

T-2 Diesel is wrong .00045 fixed 2/17/26

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

Goal on 12 Month print outs.

26

Tank release detection records available during inspection

2025

T1: ☐Jan	☐Feb	☐Mar	☐Apr	☐May	☐Jun	☐Jul	☐Aug	☐Sep	☐Oct	☐Nov	☐Dec
T2: ☐Jan	☐Feb	☐Mar	☐Apr	☐May	☐Jun	☐Jul	☐Aug	☐Sep	☐Oct	☐Nov	☐Dec
T3: ☐Jan	☐Feb	☐Mar	☐Apr	☐May	☐Jun	☐Jul	☐Aug	☐Sep	☐Oct	☐Nov	☐Dec
T4: ☐Jan	☐Feb	☐Mar	☐Apr	☐May	☐Jun	☐Jul	☐Aug	☐Sep	☐Oct	☐Nov	☐Dec
T5: ☐Jan	☐Feb	☐Mar	☐Apr	☐May	☐Jun	☐Jul	☐Aug	☐Sep	☐Oct	☐Nov	☐Dec

Inspector: Blake Gilbert Date: 2/18/26 Time: 1pm Facility: 2158

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

Date(s) of testing: 11/7/24 11/18/20 Number of spill buckets tested? 4

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: 11/7/24 ~~11/27/24~~ 11/18/20

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 FRP

Steel flex-lines with cathodic? ☐ Yes ☑ No

Date of cathodic test: 11/12/24

Last two tests available? ☑ Yes ☐ No

Did last test pass? – 11/21/19 - 12/05/21 ☐ 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 N/A ☐ Yes ☐ No N/A

☐ Tank Lining made to old.

Date of lest test? _____

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

XI. General notes from inspection

Representative onsite: _____ email: _____

2023 Mascott is Locating Invoice to show test was done — See back (attached)

cite G-5

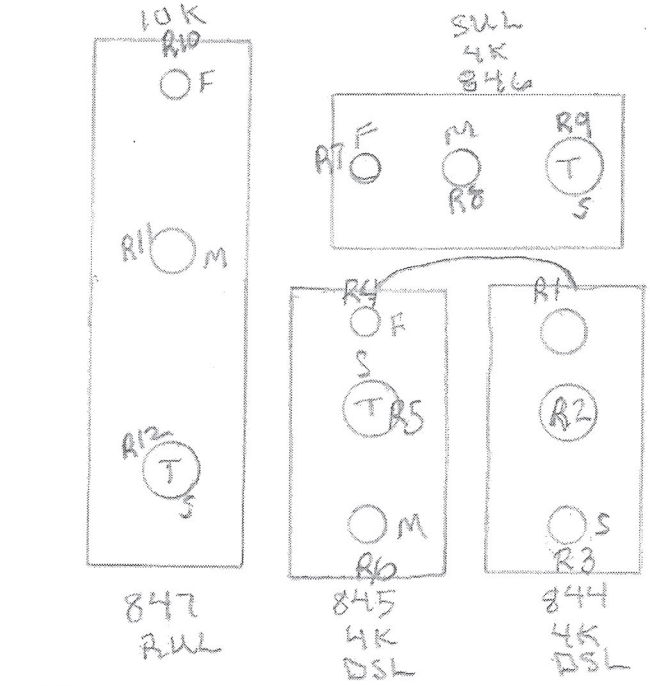
Compliance Determination: ☐ No Violations Observed ☒ Observed violations resulting in enforcement cited G-5

Inspector Signature: Blake Gilbert _____ Date: 2/10/26

Sunset HWY

N

United Pacific #7470
49950 NW HWY 26
Banks OR 97106
ID # 2158



OOOO
Vents

Rect.

STORE

Structure S
CSC R

GILBERT Blakely * DEQ

From: UST Duty Officer * DEQ
Sent: Wednesday, February 18, 2026 3:02 PM
To: UST Duty Officer * DEQ
Cc: Adrianne.Breaux@unitedpacific.com; Steven.Matthew@unitedpacific.com
Subject: DEQ UST # 2158 determination letter

Alan Beaudette,
Thank you for having Steven Mathew meet me on site at UST # 2158 on February 18, 2026, to conduct our Full Compliance Inspection at the United Pacific # 7470 located at 49950 NW Sunset Hwy, Banks Or. 97106
There is one violation listed below for missing the annual testing in 2023. No corrective actions are required due to passing tests for 2024 and 2025.

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 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. 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 missing annual testing in 2023.

Corrective Actions:

No corrective actions are required due to passing annual testing in 2024 and 2025.

Tanks Program
DEQ
State of Oregon

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

UST Inspection Survey

Submitted by: blakely.gilbert_deq

Submitted time: Feb 18, 2026, 3:28:35 PM

Date

Feb 18, 2026

Time

10:21

UST Facility ID

2,158

Inspector

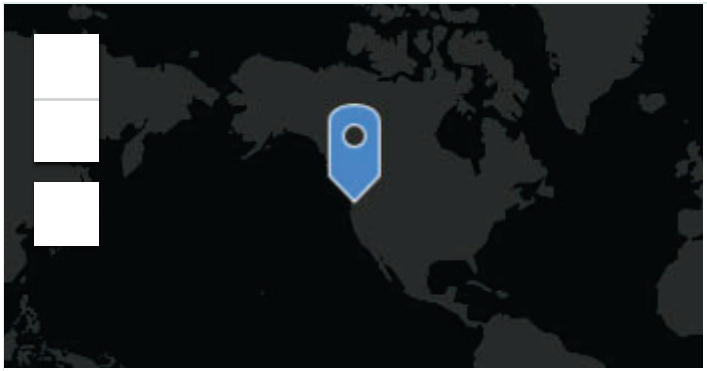
Gilbert

Type of Inspection

Full Compliance

Location

Lat: 45.679456 Lon: -123.191196



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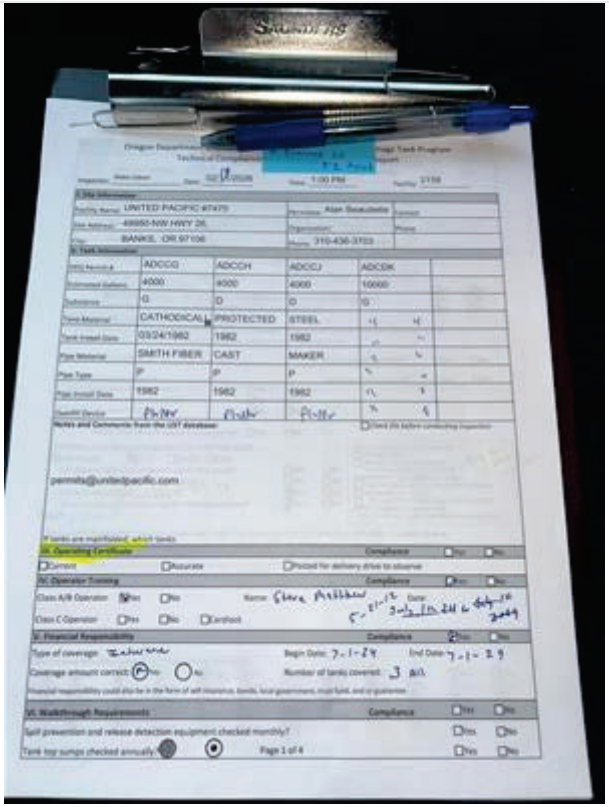

UNITED PACIFIC #7470

49950 NW HWY 26

BANKS, OR 97106

permits@unitedpacific.com

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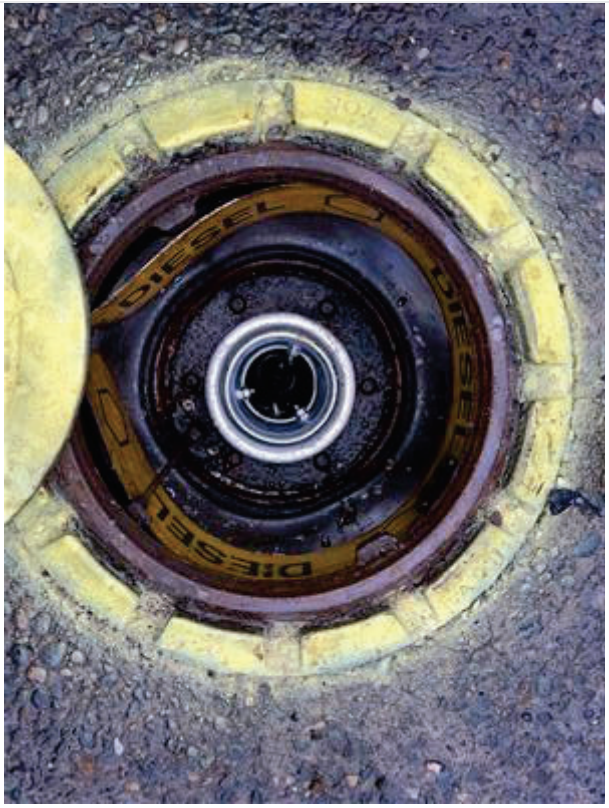
photos-20260218-182621.jpg



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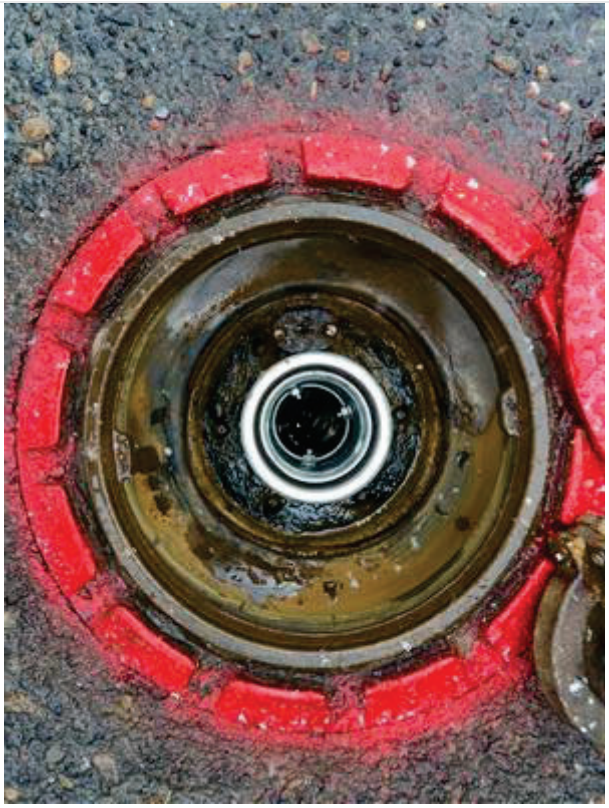

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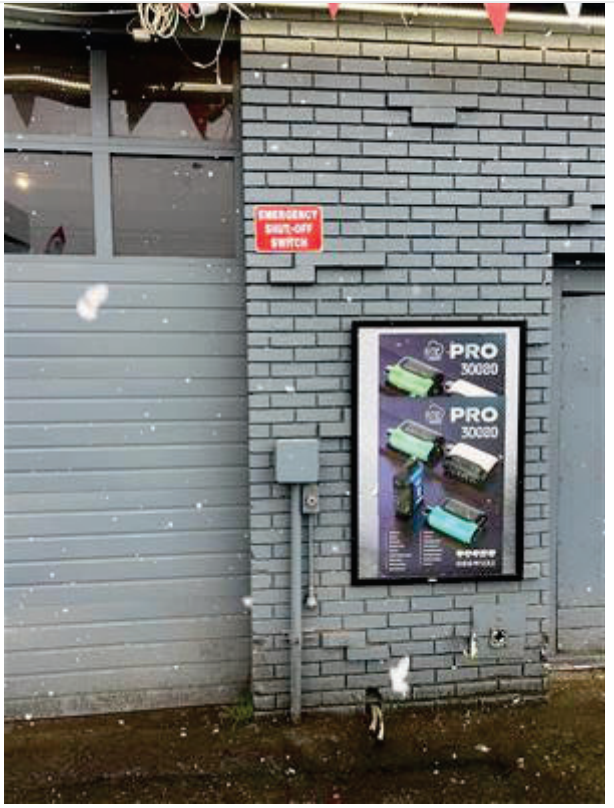

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Notes

E

Oregon Department of Environmental Quality
Cathodic Protection Test Information Page

UST Owner		UST Facility	
NAME: APRO LLC UNITED PACIFIC		NAME: UNITED PACIFIC #7470 TIME OIL	ID#: 2158
ADDRESS: 4130 COVER ST		ADDRESS: 49950 NW HWY 26	
CITY: LONG BEACH	STATE: CA	CITY: BANKS	STATE: OR

Cathodic Protection Tester

TESTER'S NAME: GREG PORT	CP TESTER'S LICENSE #: 27044
COMPANY NAME: MTM SERVICES	EXPIRATION DATE: 5/7/22
ADDRESS: PO BOX 576	PHONE NUMBER: (509) 322-4525
CITY: TWISP STATE: WA	NACE CERTIFICATION #: 69817

Cathodic protection system is: ☐ Galvanic ☑ Impressed current Date Last Tested: 11/21/19

Weather Conditions at Time of Testing/Inspection:

Temperature: 50 Soil/Backfill Conditions (check √) ☑ moist ☐ dry ☐ sand ☐ gravel ☐ soil Describe soil: SANDY LOAM

Cathodic Protection System Certification

Identify which of the following testing situations is being recorded:

☐ Test required within 6 months of installation of CP system (installation date was 12/05/21)
☑ Test required at least every 3 years after installation/test noted above
☐ Test required within 6 months of any repair activity

The cathodic protection system is effective, testing was performed according to NACE Standard RP-0285, and is providing cathodic protection to all tanks and product lines: ☑ Yes ☐ No

Signature of Tester Greg Port Date 12/05/21

UST SYSTEM INFORMATION

TANK #	YR TANK INSTALLED	CAPACITY	TANK MATERIAL	LINED? Y/N Date	YR CP INSTALLED	PIPING MATERIAL	YR CP INSTALLED
844	1982	4,000	STEEL	YES 1993	1982	FRP	1987
845	1982	4,000	"	"	1982	"	1987
846	1982	4,000	"	"	1982	"	1987
847	1982	10,000	"	"	1982	"	1987

UST SITE PLAN – On the back draw a diagram showing the important parts of the facility (tanks, lines, manway locations, turbines, vents, rectifier, pump islands, buildings). Indicate reference cell locations where structure-to-soil potential or continuity measurements have been made and label(R-1, R-2, R-3); location of all anodes and wires; location of CP test stations.

Facility Name UNITED PACIFIC #7470 TIME OIL Test Date 12/05/21 Facility # 2158

IMPRESSED CURRENT CP TEST RESULTS REPORT PAGE

RECTIFIER DATA

RECTIFIER MANUFACTURER: UNIVERSAL	RATED DC OUTPUT: 24 VOLTS 2 AMPS
RECTIFIER MODEL: CSA-ACAI	RECTIFIER SERIAL NUMBER: 861331
RECTIFIER OUTPUT AS INITIALLY DESIGNED OR LAST RECOMMENDED (if available) 8-13	VOLTS .4-1.5 AMPS

	DATE	TAP SETTINGS		DC OUTPUT		HOUR METER	COMMENTS
		Coarse	Fine	Volts	AMPS		
"As Found"	12/05/21						SEE ATTACHED
"As Left"	12/05/21						"

STRUCTURE TO SOIL POTENTIAL MEASUREMENTS

ID	STRUCTURE	CONTACT POINT	REFERENCE CELL LOCATION	ON	INSTANT OFF	100MV	
						NATIVE	CHANGE
844	TANK 4K	FILL NECK	OVER TANK NORTH R1	-1485MV	-1016MV		
"	"	"	MID R2	-1142MV	-954MV		
"	"	"	SOUTH R3	-1818MV	-1241MV		
845	TANK 4K	TURBINE	" R4	-1015MV	-862MV		
"		"	" R5	-1218MV	-947MV		
"		"	" R6	-2052MV	-1132MV		
			CONTINUED ON GALVANIC PAGE				

CP TEST STATION REQUIREMENTS

Have previous CP system test records been reviewed? ☑ Yes ☐ No

Has this CP test been performed consistent with previous CP system tests? ■ Yes ☐ No

If test procedures have changed since last test please explain:

AMPS ARE ADDED TOGETHER FOR TOTAL CURRENT (5.2A)TURN SELECTOR TO EACH ANODE, ADD UP AMPS THIS SHOULD GET VERY CLOSE.

Have potential measurements been made at all tanks and piping including any buried flex-connectors? ☑ Yes ☐ No

COMPLETE IF ANY REPAIRS OR MODIFICATIONS TO THE CP SYSTEM ARE MADE OR ARE NECESSARY

Complete if any repairs or modifications to the cathodic protection system are made or are necessary.

- ☐ Additional anodes for an impressed current system (attach corrosion experts design)
- ☐ Repairs or replacement of rectifier (explain below)
- ☐ Anode header cables repaired and/or replaced (explain below)
- ☐ Impressed current protected tanks/piping not electrically continuous (explain below)

Remarks/Other::

Facility Name UNITED PACIFIC #7470 TIME OIL Test Date 12/05/21 Facility # 2158

GALVANIC (SACRIFICIAL) CP TEST RESULTS REPORT PAGE

STRUCTURE TO SOIL POTENTIAL MEASUREMENTS

ID	STRUCTURE	CONTACT POINT	REFERENCE CELL LOCATION	~~mV~~	COMMENTS
846	TANK 4K	TURBINE	OVER TANK WEST R7	ON-1806MV	INSTANT OFF -1164MV
"	"	"	MID R8	-1785MV	-1184MV
"	"	"	EAST R9	-2176MV	-1241MV
847	TANK 10K	TURBINE	OVER TANK NORTH R10	-1761MV	-1166MV
"	"	"	" R11	-1104MV	-889MV
"	"	"	" R12	-1151MV	-871MV

CP TEST STATION REQUIREMENTS

Have previous CP system test records been reviewed? ☑ Yes ☐ No

Has this CP test been performed consistent with previous CP system tests? ■ Yes ☐ No

If test procedures have changed since last test please explain:

Have potential measurements been made at all tanks and piping, including any buried flex-connectors? ☑ Yes ☐ No

COMPLETE IF ANY REPAIRS OR MODIFICATIONS TO THE CP SYSTEM ARE MADE OR ARE NECESSARY

Describe any repairs or modifications to the cathodic protection system that are made or are necessary.

Cathodic Solutions
Individual Anode Data

Date: 12/5/21

UST ID #:2158

Facility Name: United Pacific #7470

Facility Address: 49950 HWY 26 Banks, OR

Rectifier "As Found" Data										
Anode #	1	2	3	4	5	6	7	8	9	10
Volts Panel Meter	11V	12V	11V	12V	10V	12V				
Volts Multi Meter	10.9V	11.4V	10.9V	11.7V	10.4V	11.7V				
Amps Panel Meter	1.1A	.9A	1.2A	.7A	.9A	.4A				
Shunt Rating	50MV=2.5 A									
Shunt Measurement	21.5MV	18.2MV	23.1MV	12.8MV	17.7MV	8.8MV				
Amps Shunt Reading	1.5A	.91A	1.155A	.64A	.885A	.44A				
Tap Settings Course	LOW	LOW	LOW	LOW	LOW	LOW				
Tap Settings Fine	90%	90%	90%	90%	75%	90%				

Rectifier "As Left" Data										
Anode #	1	2	3	4	5	6	7	8	9	10
Volts Panel Meter	11V	12V	11V	12V	10V	12V				
Volts Multi Meter	10.9V	11.4V	10.9V	11.7V	10.4V	11.7V				
Amps Panel Meter	1.1A	.9A	1.2A	.7A	.9A	.4A				
Shunt Rating	50MV=2.5A									
Shunt Measurement	21.5MV	18.2MV	23.1MV	12.8MV	17.7MV	8.8MV				
Amps Shunt Reading	1.5A	.91A	1.155A	.64A	.885A	.44A				
Tap Settings Course	LOW	LOW	LOW	LOW	LOW	LOW				
Tap Settings Fine	90%	90%	90%	90%	75%	90%				

Cathodic Solutions
Continuity Test

Date:12/5/21

UST ID #: 2158

Facility Name: UNITED PACIFIC TIME OIL #7470

Facility Address: 49950 HWY 26 BANKS, OR 97106

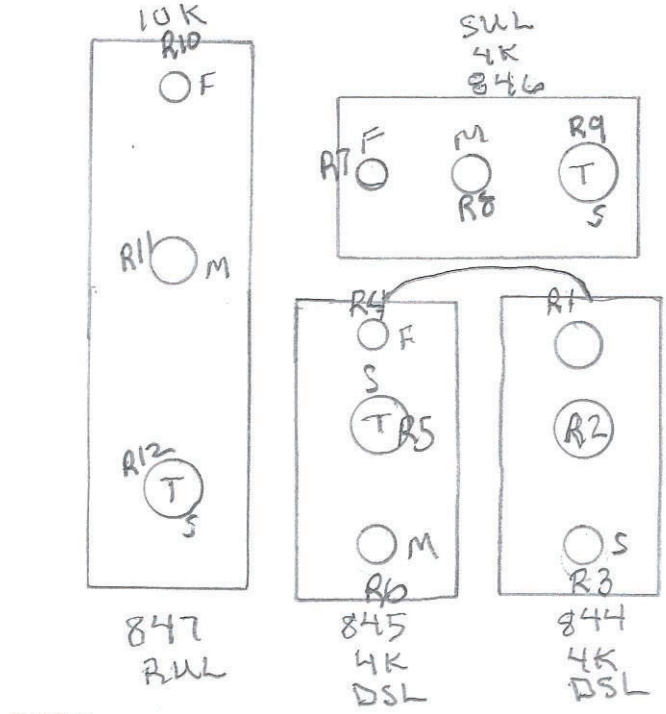
UST ID	STRUCTURE	TEST POINT	MEASUREMENT
844	FILL NECK	NEG RECT	.5MV
845	TURBINE	"	.2MV
846	"	"	1.4MV
847	"	"	.7MV

DISPENSER	PIPING	TEST POINT	MEASUREMENT

Sunset HWY

N

United Pacific #7470
49950 NW HWY 26
Banks OR 97106
ID # 2158



Vents

Rect.

STORE

Structure S
CSC R

Oregon Department of Environmental Quality
Cathodic Protection Test Information Page

UST Owner		UST Facility	
NAME: United Pacific		NAME: Food Mart #7470	ID#: 2158
ADDRESS: 4130 Over Street		ADDRESS: 49950 HWY 26	
CITY: Long Beach	STATE: CA	CITY: Banks	STATE: OR

Cathodic Protection Tester

TESTER'S NAME: Mark Huston	CP TESTER'S LICENSE #: 24150
COMPANY NAME: MTM Services LLC	EXPIRATION DATE: 7/26
ADDRESS: PO Box 576	PHONE NUMBER: (509) 460-6974
CITY: Twisp STATE: WA	NACE CERTIFICATION #:

Cathodic protection system is: ☐ Galvanic ☑ Impressed current Date Last Tested:

Weather Conditions at Time of Testing/Inspection: Overcast

Temperature: 55 Soil/Backfill Conditions (check √): ☑ moist ☐ dry ☐ sand ☐ gravel ☐ soil Describe soil: Mixed backfill

Cathodic Protection System Certification

Identify which of the following testing situations is being recorded:

☐ Test required within 6 months of installation of CP system (installation date was _____)
☑ Test required at least every 3 years after installation/test noted above
☐ Test required within 6 months of any repair activity

The cathodic protection system is effective, testing was performed according to NACE Standard RP-0285, and is providing cathodic protection to all tanks and product lines: ☑ **Yes** ☐ **No**

Signature of Tester [signature] Date 11/12/24

UST SYSTEM INFORMATION

TANK #	YR TANK INSTALLED	CAPACITY	TANK MATERIAL	LINED? Y/N Date	YR CP INSTALLED	PIPING MATERIAL	YR CP INSTALLED
844	1982	4,000	Steel	Y, 1994	2015	FRP	1982
845	1982	4,000	Steel	Y, 1994	2015	FRP	1982
846	1982	4,000	Steel	Y, 1994	2015	FRP	1982
847	1982	10,000	Steel	Y, 1994	2015	FRP	1982

UST SITE PLAN – On the back draw a diagram showing the important parts of the facility (tanks, lines, manway locations, turbines, vents, rectifier, pump islands, buildings). Indicate reference cell locations where structure-to-soil potential or continuity measurements have been made and label(R-1, R-2, R-3); location of all anodes and wires; location of CP test stations.

Facility Name Food Mart #7470 Test Date 11/12/24 Facility # 2158

IMPRESSED CURRENT CP TEST RESULTS REPORT PAGE

RECTIFIER DATA

RECTIFIER MANUFACTURER: Universal	RATED DC OUTPUT: 24 VOLTS 2 AMPS
RECTIFIER MODEL: CSA-ACAI	RECTIFIER SERIAL NUMBER: 861331

RECTIFIER OUTPUT AS INITIALLY DESIGNED OR LAST RECOMMENDED (if available) VOLTS AMPS

	DATE	TAP SETTINGS		DC OUTPUT		HOUR METER	COMMENTS
		Coarse	Fine	Volts	AMPS		
"As Found"	11/12/24	Low	Varible	See attached	See attached		
"As Left"	11/12/24	Low	Varible	See attached	See attached		

STRUCTURE TO SOIL POTENTIAL MEASUREMENTS

ID	STRUCTURE	CONTACT POINT	REFERENCE CELL LOCATION	ON	INSTANT OFF	100MV	
						NATIVE	CHANGE
847	Regular tank	Turbine	North end of the tank	-1964 mv	-1329 mv		
847	"	"	Center of the tank	-1127 mv	-879 mv		
847	"	"	South end if the tank	-1307 mv	-949 mv		
844	Super tank	"	West end of the tank	-1656 mv	-1084 mv		
844	"	"	Center of the tank	-1558 mv	-1056 mv		
844	"	"	East end of the tank	-2188 mv	-1110 mv		
845	Diesel siphon tank	"	North end of the tank	-1134 mv	-866 mv		
845	"	"	Center of the tank	-1133 mv	-862 mv		

CP TEST STATION REQUIREMENTS

Have previous CP system test records been reviewed? ☐ Yes ☑ No

Has this CP test been performed consistent with previous CP system tests? ■ Yes ☐ No

If test procedures have changed since last test please explain:

Have potential measurements been made at all tanks and piping including any buried flex-connectors? ☑ Yes ☐ No

COMPLETE IF ANY REPAIRS OR MODIFICATIONS TO THE CP SYSTEM ARE MADE OR ARE NECESSARY

Complete if any repairs or modifications to the cathodic protection system are made or are necessary.

- ☐ Additional anodes for an impressed current system (attach corrosion experts design)
- ☐ Repairs or replacement of rectifier (explain below)
- ☐ Anode header cables repaired and/or replaced (explain below)
- ☐ Impressed current protected tanks/piping not electrically continuous (explain below)

Remarks/Other::

Facility Name Food Mart #7470 Test Date 11/12/24 Facility # 2158

IMPRESSED CURRENT CP TEST RESULTS REPORT PAGE

RECTIFIER DATA

RECTIFIER MANUFACTURER: Universal	RATED DC OUTPUT: 24 VOLTS 2 AMPS
RECTIFIER MODEL: CSA-ACA1	RECTIFIER SERIAL NUMBER: 861331

RECTIFIER OUTPUT AS INITIALLY DESIGNED OR LAST RECOMMENDED (if available) VOLTS AMPS

	DATE	TAP SETTINGS		DC OUTPUT		HOUR METER	COMMENTS
		Coarse	Fine	Volts	AMPS		
"As Found"	11/12/24	Low	Varible	See attached	See attached		
"As Left"	11/12/24	Low	Varible	See attached	See attached		

STRUCTURE TO SOIL POTENTIAL MEASUREMENTS

ID	STRUCTURE	CONTACT POINT	REFERENCE CELL LOCATION	ON	INSTANT OFF	100MV	
						NATIVE	CHANGE
845	Diesel siphon tank	Turbine	South end of the tank	-1964 mv	-1329 mv		
846	Diesel turbine tank	"	North end of the tank	-1127 mv	-879 mv		
846	"	"	Center of the tank	-1307 mv	-949 mv		
846	"	"	South end of the tank	-1656 mv	-1084 mv		
844	Super tank	Rect. neg. lead	Continuity				0.7 mv
845	Diesel siphon tank	"	"				0.1 mv
846	Diesel turbine tank	"	"				0.5 mv
847	Regular tank	"	"				0.6 mv

CP TEST STATION REQUIREMENTS

Have previous CP system test records been reviewed? ☐ Yes ☑ No

Has this CP test been performed consistent with previous CP system tests? ■ Yes ☐ No

If test procedures have changed since last test please explain:

Have potential measurements been made at all tanks and piping including any buried flex-connectors? ☑ Yes ☐ No

COMPLETE IF ANY REPAIRS OR MODIFICATIONS TO THE CP SYSTEM ARE MADE OR ARE NECESSARY

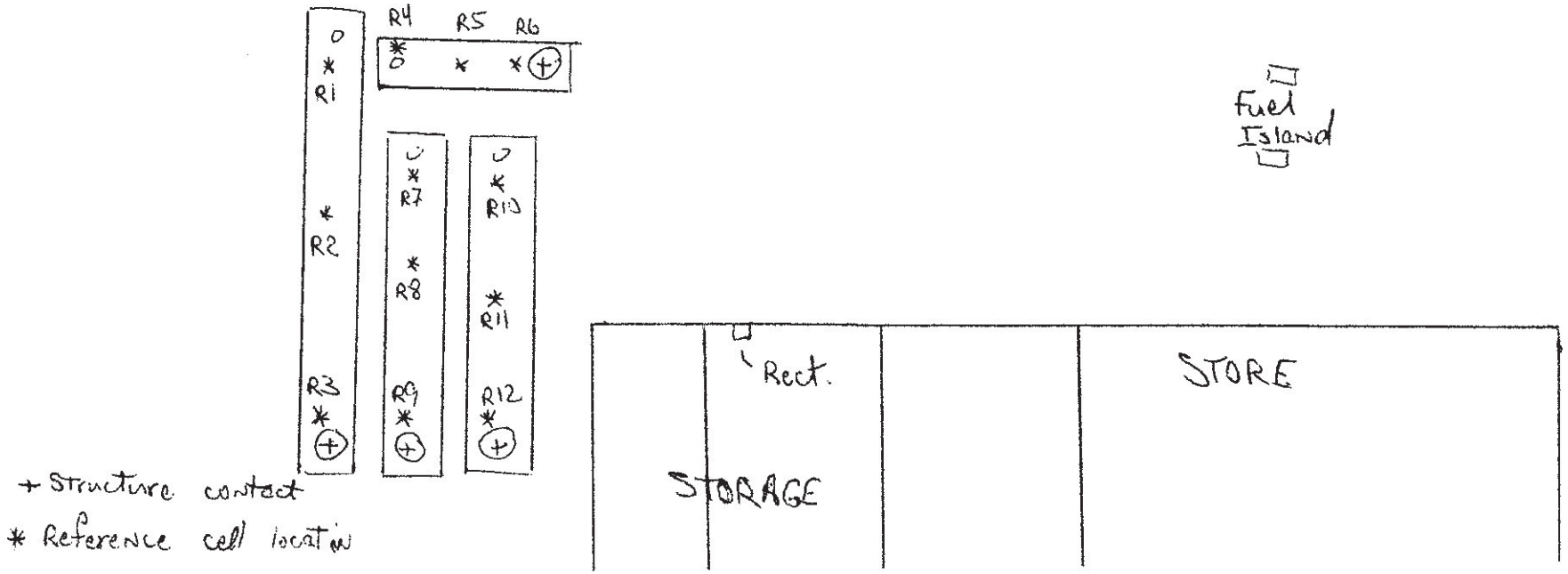
Complete if any repairs or modifications to the cathodic protection system are made or are necessary.

- ☐ Additional anodes for an impressed current system (attach corrosion experts design)
- ☐ Repairs or replacement of rectifier (explain below)
- ☐ Anode header cables repaired and/or replaced (explain below)
- ☐ Impressed current protected tanks/piping not electrically continuous (explain below)

Remarks/Other::

HWY 26

N


R1
R2
R3
R4
R5
R6
R7
R8
R9
R10
R11
R12
Fuel Island
Rect.
STORE
STORAGE
+ Structure contact
* Reference cell location

Cathodic Solutions
Individual Anode Data

Date: 11/12/2024

UST ID #: 4122

Facility Name: Food Mart #7470

Facility Address: 49950 Hwy 26. Banks, OR. 97106

Rectifier "As Found" Data										
Anode #	1	2	3	4	5	6	7	8	9	10
Volts Panel Meter	11	11	10.5	11.5	10	11.5				
Volts Multi Meter	10.74	11.31	10.8	11.62	11.42	11.61				
Amps Panel Meter	1.2	1	1.2	0.75	0.9	0.25				
Shunt Rating	50mv=2.5a									
Shunt Measurement	23.1 mv	19.8 mv	23.6 mv	14.3 mv	17.6 mv	5.9 mv				
Amps Shunt Reading	1.155	0.99	1.18	0.715	0.88	0.295				
Tap Settings Course	Low	Low	Low	Low	Low	Low				
Tap Settings Fine	100%	100%	100%	100%	75%	100%				

Rectifier "As Left" Data										
Anode #	1	2	3	4	5	6	7	8	9	10
Volts Panel Meter	11	11	10.5	11.5	10	11.5				
Volts Multi Meter	10.74	11.31	10.8	11.62	11.42	11.61				
Amps Panel Meter	1.2	1	1.2	0.75	0.9	0.25				
Shunt Rating	50mv=2.5a									
Shunt Measurement	23.1 mv	19.8 mv	23.6 mv	14.3 mv	17.6 mv	5.9 mv				
Amps Shunt Reading	1.155	0.99	1.18	0.715	0.88	0.295				
Tap Settings Course	Low	Low	Low	Low	Low	Low				
Tap Settings Fine	100%	100%	100%	100%	75%	100%				

IMPRESSED CURRENT CP TEST RESULTS REPORT PAGE

Oregon Department of Environmental Quality
Cathodic Protection Test Information Page

UST Owner		UST Facility	
NAME:		NAME: UNITED PACIFIC #7470	ID#: 2158
ADDRESS:		ADDRESS: 49950 HWY 26	
CITY:	STATE: OR	CITY: BANKS	STATE: OR

Cathodic Protection Tester

TESTER'S NAME: ZACH SATHER	CP TESTER'S LICENSE #: 26475
COMPANY NAME:PACIFIC ENVIRONMENTAL SERVICES	EXPIRATION DATE: 6/2022
ADDRESS:8585 S R 20	PHONE NUMBER: (800) 222-9219
CITY:PORT TOWNSEND STATE: WA	NACE CERTIFICATION #: 25935

Cathodic protection system is: [ ] Galvanic [x] Impressed current Date Last Tested:

Weather Conditions at Time of Testing/Inspection: CLEAR COOL

Temperature: Soil/Backfill Conditions (circle): MOIST SANDY GRAVEL

Cathodic Protection System Certification

Identify which of the following testing situations is being recorded:

- Test required within 6 months of installation of CP system (installation date was)
- ✓ Test required at least every 3 years after installation/test noted above
- Test required within 6 months of any repair activity

The cathodic protection system is effective, testing was performed according to NACE Standards RP-0285-2002 and TM0101-2001, and is providing cathodic protection to all tanks and product lines: **[X] Yes [ ] No**

Signature of Tester Date 11/21/2019

UST SYSTEM INFORMATION

TANK #	YR TANK INSTALLED	CAPACITY	TANK MATERIAL	LINED? Y/N Date	YR CP INSTALLED	PIPING MATERIAL	YR CP INSTALLED
ADCDK	GASOLINE	10000	STEEL	N		FRP	
ADCCG	GASOLINE	4000	STEEL	N		FRP	
ADCCH	DIESEL	4000	STEEL	N		FRP	
ADCCJ	DIESEL	4000	STEEL	N		FRP	

UST SITE PLAN – On the back draw a diagram showing the important parts of the facility (tanks, lines, manway locations, turbines, vents, rectifier, pump islands, buildings). Indicate reference cell locations where structure-to-soil potential or continuity measurements have been made and label(R-1, R-2, R-3); location of all anodes and wires; location of CP test stations.

RECTIFIER DATA							
RECTIFIER MANUFACTURER: UNIVERSAL				RATED DC OUTPUT: 24 VOLTS 2 AMPS			
RECTIFIER MODEL: CSA/ACAI				RECTIFIER SERICAL NUMBER: 861331			
RECTIFIER OUTPUT AS INITIALLY DESIGNED OR LAST RECOMMENDED: 8-15 VOLTS 0.5-1.5 AMPS							
TRANSFORMER	mV	TAP SETTINGS		DC OUTPUT		HOUR METER	COMMENTS
		Course	Fine	Volts	AMPS		
1	26.4	LO	7/10	11.3	.25	NA	
2	21.2	LO	7/10	11.9	0	NA	
3	26.2	LO	7/10	11.3	.25	NA	
4	18.5	LO	7/10	11.9	.55	NA	
5	21.2	LO	7/10	10.8	.25	NA	
6	49	LO	7/10	11.9	.10	NA	

Continuity Test Data						100mV polarization	
Structure A/ Contact Point	Structure B/ contact point	mv	Reference Cell Locatoion	on	Instant off	NATIVE	change
UST 1	NEG LUG	<10	RC-1	-797	-714	-515	>100
			RC-2	-1144	-884	-468	>100
			RC-3	-1320	-969	-541	>100
UST 2	NEG LUG	<10	RC-4	-808	-725	-509	>100
			RC-5	-741	-688	-511	>100
			RC-6	-818	-714	-472	>100
UST 3	NEG LUG	<10	RC-7	-1291	-993	-601	>100
			RC-8	-1194	-863	-564	>100
			RC-9	-917	-758	-522	>100
UST 4	NEG LUG	<10	RC-10	-916	-783	-519	>100
			RC-11	-870	-738	-504	>100
			RC-12	-929	-789	-516	>100

CP Test Station Requirements	
Have previous CP system test records been reviewed? YES	Has this CP test been performed consistent with previous CP system tests? YES

If test procedures have changed since last test please explain:

_____
_____
_____
_____
_____
_____

Have potential measurements been made at all tanks and piping including any buried flex-connectors? YES

Complete if any repairs or modifications to the cp system are made or are necessary

Complete if any repairs or modifications to the cathodic protection system are made or are necessary.

☐ Additional anodes for an impressed current system (attach corrosion experts design)

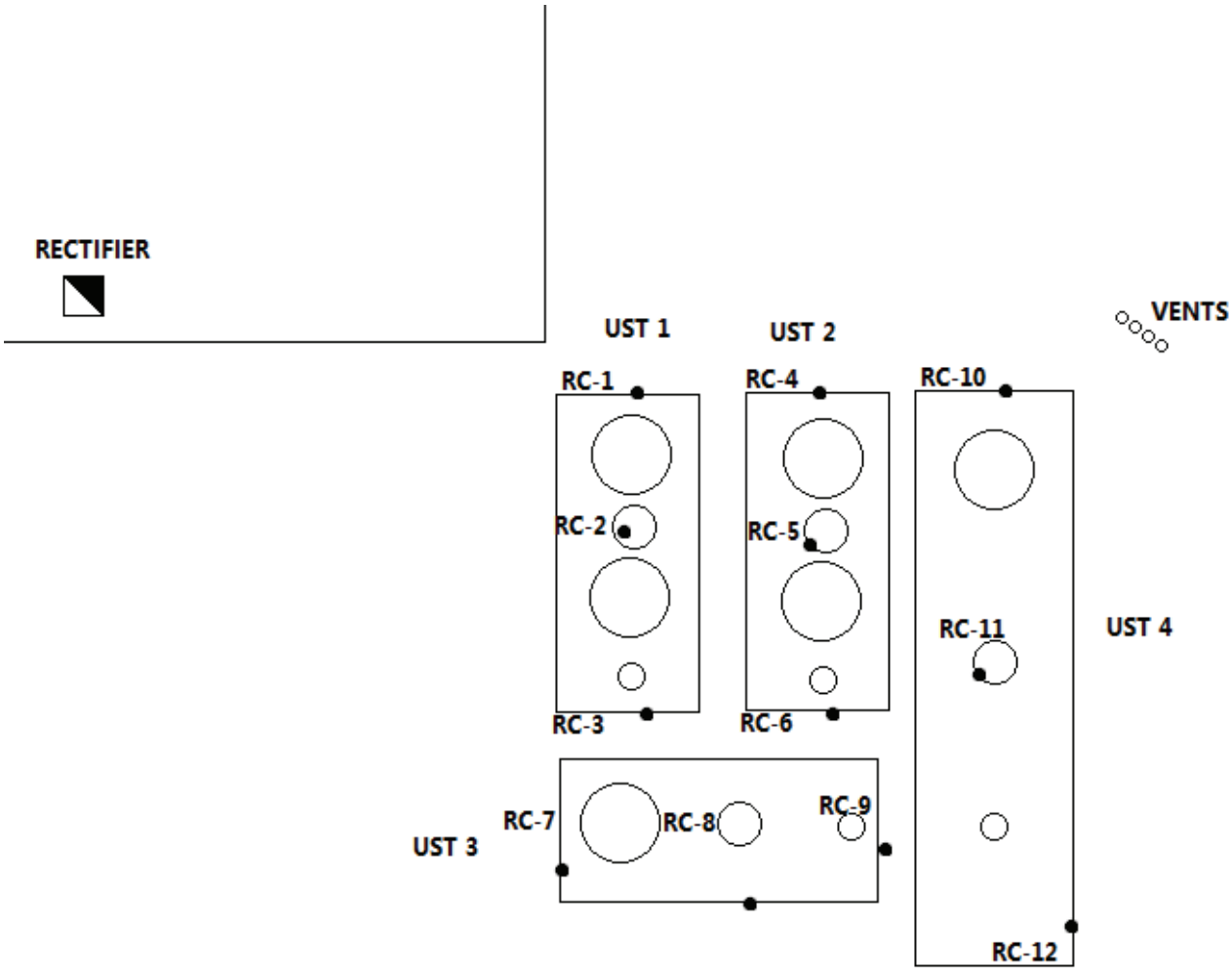
☐ Repairs or replacement of rectifier (explain below)

☐ Anode header cables repaired and/or replaced (explain below)

☐ Impressed current protected tanks/piping not electrically continuous (explain)

Remarks/Other::

UST SITE PLAN – On the back draw a diagram showing the important parts of the facility (tanks, lines, manway locations, turbines, vents, rectifier, pump islands, buildings). Indicate reference cell locations where structure-to-soil potential or continuity measurements have been made and label(R-1, R-2, R-3); location of all anodes and wires; location of CP test stations.



SMATTHEW@PCANDF.com 253 255 0487

antea

Presents

This Certificate of Completion to

Steve Matthew

for

Class A+B Operator Training

21-May-12 — Date

API WorkSafe — Location

Training Course Modules Included:

Certificate ID: 47309566

Operator Training	Secondary Containment with II
USTs – Tanks and Piping	Release Detection for Piping
USTs – Ancillary Equipment	Corrosion Protection
Spill and Overfill	Emergency Response
Release Detection Overview	Product Compatibility
GW and Vapor Monitoring	Financial Responsibility
Manual Tank Gauging	Notification and Registration
Inventory Reconciliation	Release Reporting
Automatic Tank Gauging	Closure Requirements
	Passed Final Exam

Name of Trainer

antea

5910 Rice Creek Parkway
Suite 100
Shoreview, MN 55126

Effective date of this Endorsement: 01-Jul-2024
This Endorsement is attached to and forms a part of Policy Number: D27D63240201
Beazley Excess and Surplus Insurance, Inc. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ENDORSEMENT OF INSURANCE TO DEMONSTRATE FINANCIAL RESPONSIBILITY FOR STORAGE TANKS STATE OF OREGON

This endorsement modifies insurance provided under the following:

BEAZLEY ECLIPSE

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Facility Name:

CF United, LLC

Address:

4170 Portland Rd Salem OR 97303
2910 Williamette St Eugene OR 97405
2420 SW Cedar Hills Blvd Beaverton OR 97005
12230 SE Sunnyside Rd Clackamas OR 97015
2281 NE 181st Ave Portland OR 97230
5063 Tualitan Valley Hwy Hillsboro OR 97123
3101 Portland Rd Newburg OR 97132
2020 E Burnside St Portland OR 97214
425 NE Broadway Portland OR 97232
2840 Broadway St NE Salem OR 97303
4592 Portland Rd Salem OR 97305
5095 Commercial St SE Salem OR 97306
5720 E. Main St Springfield OR 97478
102 Lancaster Drive NE Salem OR 97301
1795 N 5th St Springfield OR 97477
790 Lancaster Drive SE Salem OR 97301
376 SE Main Street Clackamas OR 97023
2101 SE Court Ave. Pendleton OR 97801
1510 NE 42nd Ave. Portland OR 97213
15900 Upper Boones-Ferry Rd. Tigard OR 97223
49950 NW Sunset Hwy Banks OR 97106
10580 SE 82nd Porland OR 97086
5235 Sw Macadam Ave. OR 97239
129 E. Ellendale Ave. Dallas OR 97338
1098 13TH ST SE Salem OR 97302

Policy Number:

D27D63240201

Period of Coverage:

01-Jul-2024 to 01-Jul-2029

Name of Insurer:

Beazley Excess and Surplus Insurance, Inc.

Address of Insurer:

65 Memorial Road, Suite 320, West Hartford, CT 06017

Name of Insured:

CF United, LLC

Address of Insured:

4130 Cover Street, Long Beach, CA 90808

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering the following storage tanks:

Number of Tanks	Facility Name	Facility Address	Facility ID Number
2	CF United	4170 Portland Rd Salem OR 97303	1297
4	CF United	2910 Williamette St Eugene OR 97405	2212AD
3	CF United	2420 SW Cedar Hills Blvd Beaverton OR 97005	5452
3	CF United	12230 SE Sunnyside Rd Clackamas OR 97015	5454
4	CF United	2281 NE 181st Ave Portland OR 97230	5456
3	CF United	5063 Tualitan Valley Hwy Hillsboro OR 97123	5457
3	CF United	3101 Portland Rd Newburg OR 97132	5458
4	CF United	2020 E Burnside St Portland OR 97214	5459
3	CF United	425 NE Broadway Portland OR 97232	5460
3	CF United	2840 Broadway St NE Salem OR 97303	5463
4	CF United	4592 Portland Rd Salem OR 97305	5465
4	CF United	5095 Commercial St SE Salem OR 97306	5466
5	CF United	5720 E. Main St Springfield OR 97478	5468
4	CF United	102 Lancaster Drive NE Salem OR 97301	5558
2	CF United	1795 N 5th St Springfield OR 97477	5563
4	CF United	790 Lancaster Drive SE Salem OR 97301	7050
3	CF United	376 SE Main Street Clackamas OR 97023	7110
3	CF United	2101 SE Court Ave. Pendleton OR 97801	7180
4	CF United	1510 NE 42nd Ave. Portland OR 97213	7290

2	CF United	15900 Upper Boones-Ferry Rd. Tigard OR 97223	7450
4	CF United	49950 NW Sunset Hwy Banks OR 97106	7470
3	CF United	10580 SE 82nd Porland OR 97086	7520
3	CF United	5235 Sw Macadam Ave. OR 97239	7740
3	CF United	129 E. Ellendale Ave. Dallas OR 97338	7790
3	CF United	1098 13TH ST SE Salem OR 97302	7820

for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases or nonsudden accidental releases or accidental releases arising from operating the underground storage tank(s) identified above.

The limits of liability are $1,000,000 each occurrence and $2,000,000 annual aggregate, exclusive of legal defense costs, which are subject to a separate limit under the policy. This coverage is prov ided under D27D63240201. The effective date of said policy is 01-Jul-2024.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions inconsistent with subsections (a) through (e) of this Paragraph 2 are hereby amended to conform with subsections (a) through (e);

   a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

   b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third-party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to the amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in subsections 40 CFR 280.95–280.102 and 280.104–280.107.

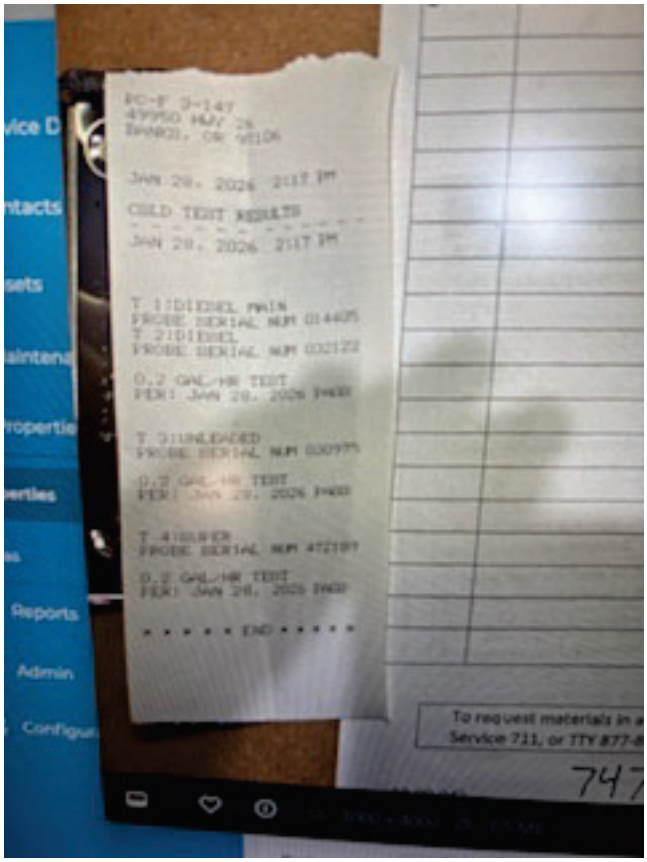
   c. Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.

   d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured shall be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.

   e. The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six months of the effective date of cancellation or non-renewal of policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97(b)(1) as modified by OAR 340-151-0025(3) and that the Insurer is licensed to transact the business of insurance or eligible to provide insurance as an excess or surplus lines insurer in one or more states.

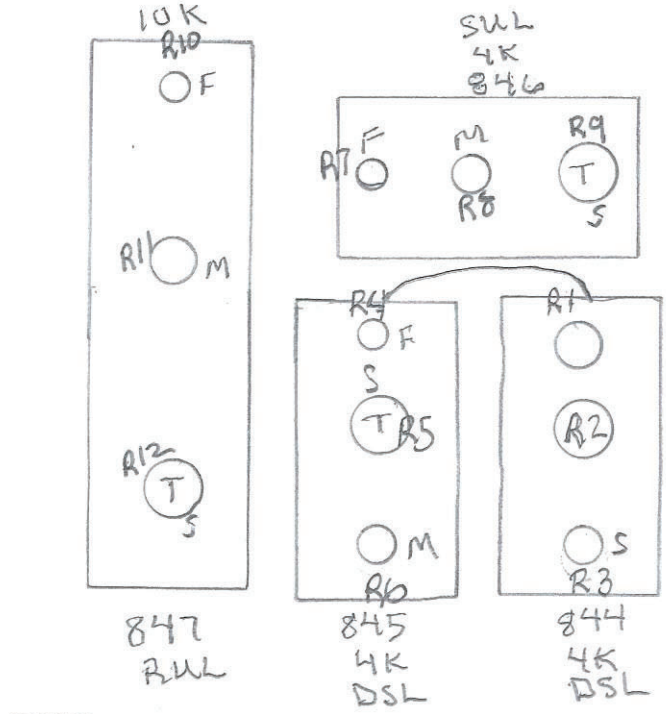
Signature of authorized representative of Insurer
Vanessa Ortega
Group Head of Operations, Authorized Representative of Beazley Excess and Surplus Insurance, Inc.
65 Memorial Road, Suite 320, West Hartford, CT 06017


JAN 29, 2026 2:17 PM
COLD TEST RESULTS
JAN 29, 2026 2:17 PM
T 1:DIESEL MAIN
T 2:DIESEL
0.2 GAL/HR TEST
T 3:UNLEADED
0.2 GAL/HR TEST
T 4:SILVER
0.2 GAL/HR TEST
* * * * * END * * * * *
Reports
Admin
To request materials in
Service 711, or TTY 877-8

Sunset HWY

N

United Pacific #7470
49950 NW HWY 26
Banks OR 97106
ID # 2158



Vents

Rect.

STORE

Structure S
CSC R