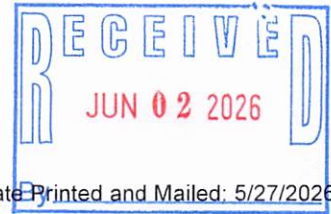




11000 N. MoPac Expressway, Suite 500
Austin, Texas 78759
Phone: (512) 451-6334
Fax: (512) 459-1459



DEC-SCHENECTADY
REGION 4
1130 NORTH WESTCOTT ROAD
SCHENECTADY, NY 12306

Test Date: 5/7/2026
Order Number: 8618451

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility:

CUMBERLAND FARMS #1592/ 3171
ROUTE 9 & 9 J
PBS# 4-036994
COLUMBIAVILLE, NY 12050

Testing conducted in accordance with paragraph 613-2.3(d)(2) of NYCRR. Technician is a certified Vacutect tank tester and/or a certified TLD-1 line tester in accordance with company protocol. Technician address on file at Tanknology corporate office: 11000 N. MoPac Expressway, Suite 500, Austin, TX 78759

Testing performed:
IMPACT VALVE
LEAK DETECTOR
Line Tightness Test
MONITOR CERTIFICATION
OVERFILL OPERABILITY

Sincerely,

A handwritten signature in black ink that reads 'Dawn Kohlmeier'.

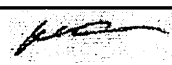
Dawn Kohlmeier
Manager, Field Reporting



Work Order: 8618451 **Date:** 5/7/2026
Site Name/ID: CUMBERLAND FARMS #1592/ 3171 / 3171
Address: ROUTE 9 & 9 J PBS# 4-036994
City: COLUMBIAVILLE **State:** NY **Zip:** 12050

Tank Information	Tank # 1 Line # 1	Tank # 3 Line # 1	Tank # Line #	Tank # Line #	Tank # Line #	Tank # Line #
Test Method	TLD-1	TLD-1				
Customer Tank ID						
Product Name	REG UNLEAD	SUPER				
Delivery Type	Pressure	Pressure				
Test Pressure (psi)	60	60				
Test Start Time	14:10	14:10				
Test End Time	15:10	15:10				
Final Leak Rate (gph)	0.00	0.00				
Test Result(P/F/I)	Pass	Pass				
Test was performed per 3rd party certifications as specified in 40 CFR parts 280 and 281	Yes	Yes				

Technician Comments:

Technician Name: Jeffrey Claeys **Certification #:** 133142 exp: 6/18/2026
Technician Signature: 



LDT 5000 Field Test Apparatus
Line Leak Detector Test

Work Order: 8618451 Date: 5/7/2026
Site Name / ID: CUMBERLAND FARMS #1592/ 3171 / 3171
Address: ROUTE 9 & 9 J PBS# 4-036994
City: COLUMBIAVILLE State: NY Zip: 12050

Tank ID	1	3				
Product	REG UNLEAD	SUPER				
Product Line	1	1				
Tested From	3	3				
Existing/New	Existing	Existing				
Mechanical/Electronic	Mechanical	Mechanical				
Manufacturer/Model	Veeder Root FX1V	Veeder Root FX1V				
Serial No.	8296	Unreadable				
Pump Operating Pressure (psi)	38.00	40.00				
Calibrated Leak (ml/min)	189.0	189.0				
Calibrated Leak (gph)	3.00	3.00				
Holding PSI *N/A for Electronic LD's	30.00	30.00				
Resiliency (ml) *N/A for Electronic LD's	200.00	175.00				
Metering PSI *N/A for Electronic LD's	12	12				
Opening Time (sec) *N/A for Electronic LD's	3	4				
Test Results	Pass	Pass				

Technician Comments:

Technician Name: Jeffrey Claeys Certification #: 133137
Technician Signature: Expire Date: 6/18/2026

MONITORING SYSTEM CERTIFICATION

This form is used to document testing and servicing of tank and piping leak monitoring equipment. If required by applicable law, a copy of the completed form must be provided by the Testing Contractor or owner to the governing UST agency as required by regulation.

A. General Information

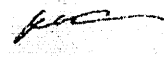
Facility Name: CUMBERLAND FARMS #1592/ 3171 Bldg. No.: _____
 Site Address: ROUTE 9 & 9 JPBS# 4-036994 City: COLUMBIAVILLE State: NY Zip: 12050
 Facility Contact Person: GINA GERMOND Contact Phone No.: 518-828-6844
 Make/Model of Monitoring System: Veeder Root TLS-350 PLUS Date of Testing/Servicing: 5/7/2026

B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced:

<p>Tank ID: 1 - REG UNLEAD</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-322</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Veeder Root FX1V</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2). _____</p>	<p>Tank ID: 2 - REG UNLEAD</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-322</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2). _____</p>
<p>Tank ID: 3 - SUPER</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-322</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Veeder Root FX1V</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2). _____</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2). _____</p>
<p>Dispenser ID: 1/2</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>847990-001</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: 3/4</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>847990-001</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply): System set-up Alarm history report

Technician Name (print): Jeffrey Claeys Signature: 

Certification No.: B48818 License No.: _____

Testing Company Name: Tanknology Phone No.: (800) 800-4633

Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 5/7/2026

D. Results of Testing/Serviceing

Software Version Installed: 121.00

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the visual alarm on the console operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the audible alarm on the console operational?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Is the external visual overfill alarm (light unit) present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Is the external visual overfill alarm operating properly?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Is the external audible overfill alarm present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Is the external audible overfill alarm operating properly?
%	<input checked="" type="checkbox"/> N/A	At what percent of tank(s) capacity is the external alarm programmed to trigger? <i>If different % between tanks, clarify in section E.</i>
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? <i>(Check all that apply)</i> <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection? <input type="checkbox"/> Yes; <input type="checkbox"/> No
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

Backup Battery reading, if applicable (Required for VR TLS 300/350):3.66v

F. In-Tank Gauging / SIR Equipment:

- Check this box if tank gauging is used only for inventory control.
- Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section G, below, describe how and when these deficiencies were or will be corrected.

G. Comments:

DID OVERALL MONITOR SYSTEM TESTING PASS (Check One)? YES NO
INCONCLUSIVE

A1100 Overfill Prevention Valve Calculation Sheet

This calculation sheet is to document the dimensions needed for proper installation and should be used only with the instructions. This sheet assumes 95% maximum fill based on NFPA30 guidelines. Length measurements are in inches. Contact the local Authority Having Jurisdiction (AHJ) to determine all regulatory requirements regarding fill capacity.

TANK: Tank 1 - Overfill 1 REG UNLEAD Flapper Valve PRIMARY

Test Date: 5/7/2026
Testing Company: Tanknology, Inc.

Company:
Site: 4-036994
Address: ROUTE 9 & 9 J PBS# 4-036994, COLUMBIAVILLE, NY

Overfill Valve Height Inspection

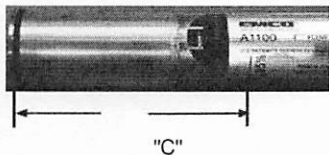
1. Tank Diameter is TD	<u>92.00</u>
2. Tank Capacity is TC	<u>7829.00</u>
3. Desired Shutoff Percentage (Note NFPA Guidelines)	<u>0.95</u>
4. Shutoff Tank Capacity $TC @ \text{shutoff \%} = TC \times 0.95$	<u>7437.55</u>
5. Tank Level from Stick Chart for Shutoff Capacity (95%)	<u>82.38</u>
6. Tank B Dimension $B = TD - TL @ 95\%$	<u>9.62</u>
7. Distance from top seal surface (1) to the top (inside) of the tank (2) is A CAUTION: If tank has a manway make sure to account for the manway height.	<u>29.75</u>
8. Calculated Minimum Length of OPV top tube to (95% mark) on the A1100 is C See Picture. Measure C distance from the 95% line on valve and cut top tube	<u>39.37</u>
9. Actual Measured Length of OPV top tube to (95% mark) on the A1100 (measure)	<u>39.38</u>
10. Result of Valve height Inspection (if Actual is \geq Calculated PASS)	<u>Pass</u>
11. Inspect the device for corrosion, damage, and confirm proper operation? P/F	<u>Pass</u>

comments:

Drop Tube Tank Bottom Clearance Inspection

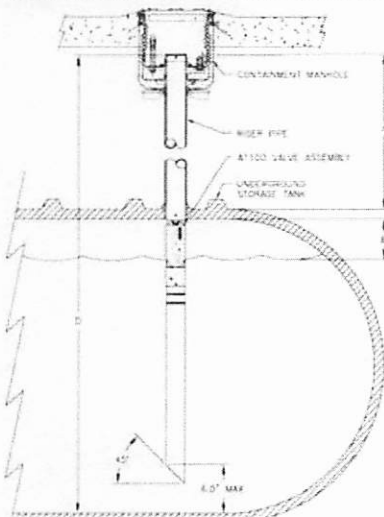
1. Distance from the top seal surface to the tank bottom	<u>120.50</u>
2. Distance from the top of drop tube to the highest point of bottom tube cut	<u>114.50</u>
3. Actual Maximum tube distance from tank bottom	<u>6.00</u>

comments:

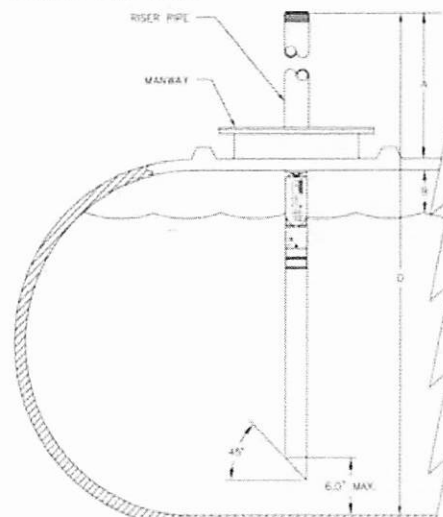


- The sealing surface refers to the location of the OPV collar sealing point. It may be the riser pipe or the seal surface built in to some spill buckets.
- If the tank uses a manway, be sure to use the tank top for measurement and not the top of the manway as shown in the diagram.

Riser Pipe with Spill Containment Manhole



Manway Style Tank



A1100 Overfill Prevention Valve Calculation Sheet

This calculation sheet is to document the dimensions needed for proper installation and should be used only with the instructions. This sheet assumes 95% maximum fill based on NFPA30 guidelines. Length measurements are in inches. Contact the local Authority Having Jurisdiction (AHJ) to determine all regulatory requirements regarding fill capacity.

TANK: Tank 2 - Overfill 2 REG UNLEAD Flapper Valve PRIMARY

Test Date: 5/7/2026
Testing Company: Tanknology, Inc.

Company:
Site: 4-036994
Address: ROUTE 9 & 9 J PBS# 4-036994, COLUMBIAVILLE, NY

Overfill Valve Height Inspection

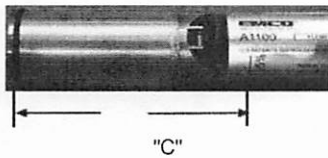
1. Tank Diameter is TD	<u>92.00</u>
2. Tank Capacity is TC	<u>7829.00</u>
3. Desired Shutoff Percentage (Note NFPA Guidelines)	<u>0.95</u>
4. Shutoff Tank Capacity $TC @ \text{shutoff \%} = TC \times 0.95$	<u>7437.55</u>
5. Tank Level from Stick Chart for Shutoff Capacity (95%)	<u>82.38</u>
6. Tank B Dimension $B = TD - TL @ 95\%$	<u>9.62</u>
7. Distance from top seal surface (1) to the top (inside) of the tank (2) is A CAUTION: If tank has a manway make sure to account for the manway height.	<u>31.50</u>
8. Calculated Minimum Length of OPV top tube to (95% mark) on the A1100 is C See Picture. Measure C distance from the 95% line on valve and cut top tube	<u>41.12</u>
9. Actual Measured Length of OPV top tube to (95% mark) on the A1100 (measure)	<u>45.50</u>
10. Result of Valve height Inspection (if Actual is \geq Calculated PASS)	<u>Pass</u>
11. Inspect the device for corrosion, damage, and confirm proper operation? P/F	<u>Pass</u>

comments:

Drop Tube Tank Bottom Clearance Inspection

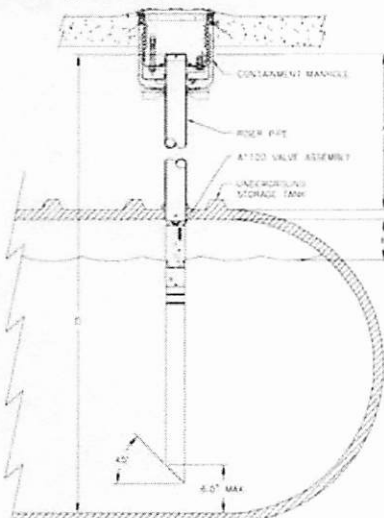
1. Distance from the top seal surface to the tank bottom	<u>122.50</u>
2. Distance from the top of drop tube to the highest point of bottom tube cut	<u>120.00</u>
3. Actual Maximum tube distance from tank bottom	<u>2.50</u>

comments:

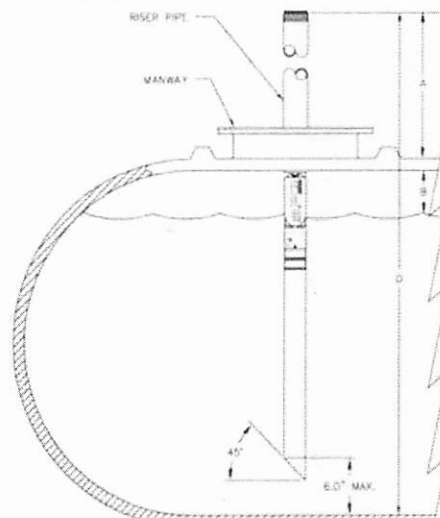


- The sealing surface refers to the location of the OPV collar sealing point. It may be the riser pipe or the seal surface built in to some spill buckets.
- If the tank uses a manway, be sure to use the tank top for measurement and not the top of the manway as shown in the diagram.

Riser Pipe with Spill Containment Manhole



Manway Style Tank



A1100 Overfill Prevention Valve Calculation Sheet

This calculation sheet is to document the dimensions needed for proper installation and should be used only with the instructions. This sheet assumes 95% maximum fill based on NFPA30 guidelines. Length measurements are in inches. Contact the local Authority Having Jurisdiction (AHJ) to determine all regulatory requirements regarding fill capacity.

Test Date: 5/7/2026

Company:

TANK: Tank 3 - Overfill 3 SUPER Flapper Valve PRIMARY Testing Company: Tanknology, Inc. Site: 4-036994

Address: ROUTE 9 & 9 J PBS# 4-036994 , COLUMBIAVILLE , NY

Overfill Valve Height Inspection

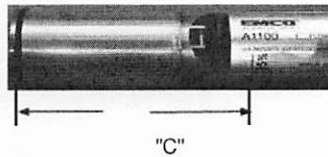
1. Tank Diameter is TD	<u>92.00</u>
2. Tank Capacity is TC	<u>7829.00</u>
3. Desired Shutoff Percentage (Note NFPA Guidelines)	<u>0.95</u>
4. Shutoff Tank Capacity TC @ shutoff % = TC x 0.95	<u>7437.55</u>
5. Tank Level from Stick Chart for Shutoff Capacity (95%)	<u>82.38</u>
6. Tank B Dimension B = TD - TL @ 95%	<u>9.62</u>
7. Distance from top seal surface (1) to the top (inside) of the tank (2) is A	<u>33.50</u>
CAUTION: If tank has a manway make sure to account for the manway height.	
8. Calculated Minimum Length of OPV top tube to (95% mark) on the A1100 is C	<u>43.12</u>
See Picture. Measure C distance from the 95% line on valve and cut top tube	
9. Actual Measured Length of OPV top tube to (95% mark) on the A1100 (measure)	<u>44.75</u>
10. Result of Valve height Inspection (if Actual is >= Calculated PASS)	<u>Pass</u>
11. Inspect the device for corrosion, damage, and confirm proper operation? P/F	<u>Pass</u>

comments:

Drop Tube Tank Bottom Clearance Inspection

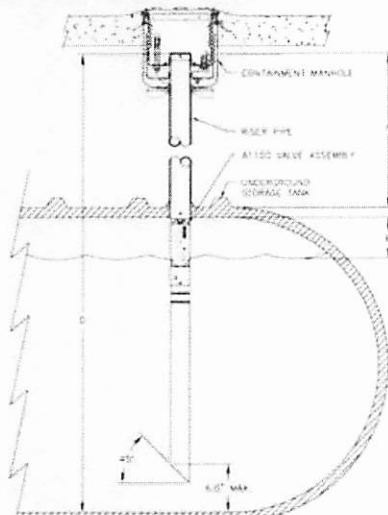
1. Distance from the top seal surface to the tank bottom	<u>124.50</u>
2. Distance from the top of drop tube to the highest point of bottom tube cut	<u>119.00</u>
3. Actual Maximum tube distance from tank bottom	<u>5.50</u>

comments:

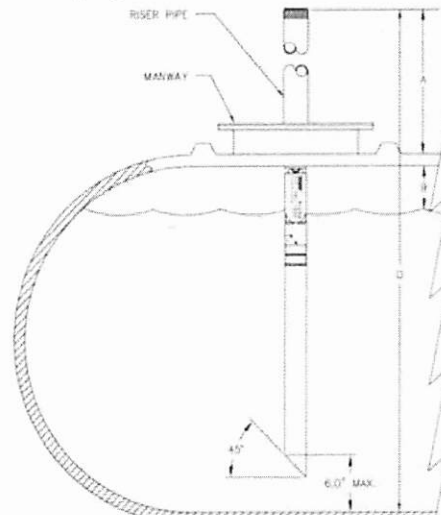


1. The sealing surface refers to the location of the OPV collar sealing point. It may be the riser pipe or the seal surface built in to some spill buckets.
2. If the tank uses a manway, be sure to use the tank top for measurement and not the top of the manway as shown in the diagram.

Riser Pipe with Spill Containment Manhole



Manway Style Tank

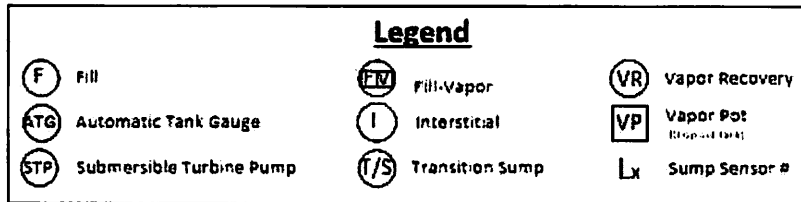




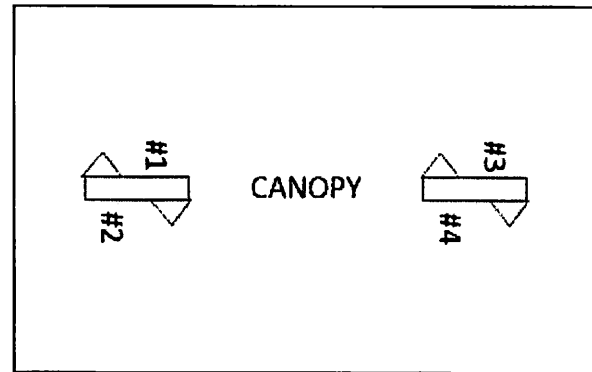
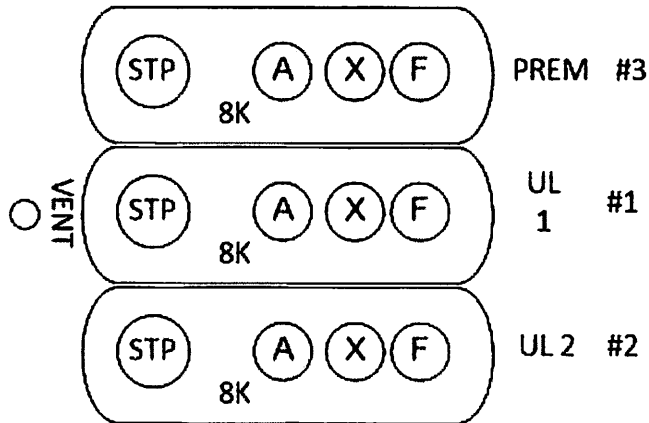
Site Diagram

(This site diagram is for reference only and is not drawn to scale)

Work Order: 8618451
Site ID / Name: 3171 / CUMBERLAND FARMS #1592/ 3171
Address: ROUTE 9 & 9 J PBS# 4-036994
City: COLUMBIAVILLE State: NY Zip: 12050



CFI 3171
ROUTE 9 AND 9J
PBS # 4-036994
COLUMBIAVILLE, NY 12050
518-828-6844



05/07/26 2:46 PM

C Farms 1592
Rt 9-9J Columbiaville
NY 12050
518 823 6844

Selected Range:
04/22/26 12:00 AM - 05/07/26 11:59 PM

Alarm History Report - All Alarms

All Alarms

ID	Ms 1
LABEL	middle un1 stp
DESCRIPTION	INSTALL FAULT
ACTIVE	05/07/26 2:45P
CLEAR	
ID	T 3 SUPER
LABEL	OVERFILL ALARM
DESCRIPTION	
ACTIVE	05/07/26 2:42P
CLEAR	05/07/26 2:44P
ID	T 3 SUPER
LABEL	HIGH PRODUCT ALARM
DESCRIPTION	
ACTIVE	05/07/26 2:42P
CLEAR	
ID	Ms 1
LABEL	middle un1 stp
DESCRIPTION	WATER WARNING
ACTIVE	05/07/26 2:35P
CLEAR	05/07/26 2:43P
ID	T 2
LABEL	UNL 2 STREET TANK
DESCRIPTION	HIGH WATER ALARM
ACTIVE	05/07/26 2:30P
CLEAR	
ID	T 2
LABEL	UNL 2 STREET TANK
DESCRIPTION	HIGH WATER WARNING
ACTIVE	05/07/26 2:30P
CLEAR	
ID	T 1
LABEL	UNL MIDDLE TANK
DESCRIPTION	HIGH WATER ALARM
ACTIVE	05/07/26 2:30P
CLEAR	
ID	T 1
LABEL	UNL MIDDLE TANK
DESCRIPTION	HIGH WATER WARNING
ACTIVE	05/07/26 2:30P
CLEAR	
ID	T 2
LABEL	UNL 2 STREET TANK
DESCRIPTION	MAX PRODUCT ALARM
ACTIVE	05/07/26 2:27P
CLEAR	05/07/26 2:28P
ID	T 2
LABEL	UNL 2 STREET TANK
DESCRIPTION	OVERFILL ALARM
ACTIVE	05/07/26 2:27P
CLEAR	05/07/26 2:32P
ID	T 2
LABEL	UNL 2 STREET TANK
DESCRIPTION	HIGH PRODUCT ALARM
ACTIVE	05/07/26 2:27P
CLEAR	05/07/26 2:28P
ID	T 1
LABEL	UNL MIDDLE TANK
DESCRIPTION	MAX PRODUCT ALARM
ACTIVE	05/07/26 2:27P
CLEAR	05/07/26 2:28P

LABEL	UNL MIDDLE TANK
DESCRIPTION	OVERFILL ALARM
ACTIVE	05/07/26 2:27P
CLEAR	05/07/26 2:32P
ID	T 1
LABEL	UNL MIDDLE TANK
DESCRIPTION	HIGH PRODUCT ALARM
ACTIVE	05/07/26 2:27P
CLEAR	
ID	T 3 SUPER
LABEL	MAX PRODUCT ALARM
DESCRIPTION	
ACTIVE	05/07/26 2:27P
CLEAR	05/07/26 2:27P
ID	T 3 SUPER
LABEL	HIGH PRODUCT ALARM
DESCRIPTION	
ACTIVE	05/07/26 2:26P
CLEAR	05/07/26 2:42P
ID	T 3 SUPER
LABEL	HIGH WATER ALARM
DESCRIPTION	
ACTIVE	05/07/26 2:26P
CLEAR	
ID	T 3 SUPER
LABEL	HIGH WATER WARNING
DESCRIPTION	
ACTIVE	05/07/26 2:26P
CLEAR	
ID	T 1
LABEL	UNL MIDDLE TANK
DESCRIPTION	LOW PRODUCT ALARM
ACTIVE	05/07/26 2:23P
CLEAR	05/07/26 2:26P
ID	T 1
LABEL	UNL MIDDLE TANK
DESCRIPTION	INVALID FUEL LEVEL
ACTIVE	05/07/26 2:23P
CLEAR	05/07/26 2:26P
ID	Ms 2
LABEL	street un1 stp
DESCRIPTION	INSTALL FAULT
ACTIVE	05/07/26 2:22P
CLEAR	
ID	T 3 SUPER
LABEL	INVALID FUEL LEVEL
DESCRIPTION	
ACTIVE	05/07/26 2:22P
CLEAR	05/07/26 2:22P
ID	Ms 2
LABEL	street un1 stp
DESCRIPTION	WATER WARNING
ACTIVE	05/07/26 2:20P
CLEAR	
ID	Ms 2
LABEL	street un1 stp
DESCRIPTION	FUEL ALARM
ACTIVE	05/07/26 2:20P
CLEAR	
ID	Ms 3
LABEL	super stp
DESCRIPTION	INSTALL FAULT
ACTIVE	05/07/26 2:20P
CLEAR	
ID	Ms 1
LABEL	middle un1 stp
DESCRIPTION	FUEL ALARM
ACTIVE	05/07/26 2:19P
CLEAR	05/07/26 2:43P
ID	Ms 1
LABEL	middle un1 stp
DESCRIPTION	WATER ALARM
ACTIVE	05/07/26 2:19P
CLEAR	05/07/26 2:20P
ID	Ms 3
LABEL	super stp
DESCRIPTION	FUEL ALARM
ACTIVE	05/07/26 2:18P
CLEAR	
ID	Ms 3
LABEL	super stp
DESCRIPTION	WATER WARNING
ACTIVE	05/07/26 2:18P
CLEAR	
ID	T 2
LABEL	UNL 2 STREET TANK
DESCRIPTION	OVERFILL ALARM

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