



Crompco LLC  
1815 Gallagher Rd  
Plymouth Meeting, PA 19462

7-Eleven Stores, Inc  
Location #35114

9518 Foster Wheeler Road  
Dansville, NY 14437  
+1 585-335-2040

W-179640 Visit #182198 5/15/2026

| Emergency Stop                |  |                          |                   |        |
|-------------------------------|--|--------------------------|-------------------|--------|
| Equipment #                   |  | Location                 | Result            |        |
| 1                             |  | Outside Wall of Building | ● Pass            |        |
| 2                             |  | Circuit Breaker Box      |                   |        |
| Leak Detector                 |  |                          |                   |        |
| Equipment #                   |  | Grade                    | Pump Type         | Result |
| 5                             |  | Regular                  | Mechanical (MLLD) | ● Pass |
| 6                             |  | Premium                  | Mechanical (MLLD) | ● Pass |
| 7                             |  | Diesel                   | Mechanical (MLLD) | ● Pass |
| Precision Line Tightness Test |  |                          |                   |        |
| Equipment #                   |  |                          | Grade             | Result |
| 5                             |  |                          | Regular           | ● Pass |
| 6                             |  |                          | Premium           | ● Pass |
| 7                             |  |                          | Diesel            | ● Pass |
| Shear Valve                   |  |                          |                   |        |
| Form Name                     |  |                          |                   | Result |
| Shear Valve                   |  |                          |                   | ● Pass |
| UST / AST Monitor             |  |                          |                   |        |
| Form Name                     |  |                          |                   | Result |
| UST / AST Monitor             |  |                          |                   | ● Pass |





Brian Burch



Christopher Coles

# **EMERGENCY STOP SWITCH OPERATION INSPECTION**

|                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Facility Name: 7-Eleven                                                                                                                                                                                                                                                                                                                            |                                                                     | 35114                                                               |                                                          | Owner: 7-Eleven Stores, Inc                              |                                                          |                                                          |                                                          |
| Address: 9518 Foster Wheeler Road                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                     |                                                          | Address:                                                 |                                                          |                                                          |                                                          |
| City, State, Zip Code: Dansville                                                                                                                                                                                                                                                                                                                   |                                                                     | NY                                                                  |                                                          | 14437                                                    |                                                          | City, State, Zip Code:                                   |                                                          |
| Facility I.D. #: 8-050709                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                     |                                                          | Phone #: 5853352040                                      |                                                          |                                                          |                                                          |
| Testing Company: Owl Services USA                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                     |                                                          | Phone #: 610-278-7203                                    |                                                          | Date: 5/15/2026                                          |                                                          |
| <p>This procedure is to verify the operation of all emergency stop switches/buttons (E-stops). Each E-stop must disconnect power to dispensers, submersible turbine pumps (STPs) and all non-intrinsically safe electrical equipment in classified areas. Test each E-stop separately. See PEI/RP1200 Section 11 for the inspection procedure.</p> |                                                                     |                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
| E-stop Number or ID                                                                                                                                                                                                                                                                                                                                | 1                                                                   | 2                                                                   |                                                          |                                                          |                                                          |                                                          |                                                          |
| Location                                                                                                                                                                                                                                                                                                                                           | Outside Wall of Building                                            | Circuit Breaker Box                                                 |                                                          |                                                          |                                                          |                                                          |                                                          |
| 1. E-stops labeled and located where easily accessible?                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. System fully powered and in normal operating condition?                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. After activating E-stop, power disconnected from:                                                                                                                                                                                                                                                                                               |                                                                     |                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
| 3a. All dispensing devices on all islands?                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3b. All STPs for all fuel grades?                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3c. All power, control and signal circuits associated with the dispensing devices and the STPs?                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3d. All other non-intrinsically safe electrical equipment in classified areas surrounding fuel dispensing devices?                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. All intrinsically safe electrical equipment remains energized after E-stop activation?                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. After testing, E-stop has been reset and power reestablished to normal operating condition?                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A "No" to lines 3a-3d indicates a test failure.                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
| <b>Test Results</b>                                                                                                                                                                                                                                                                                                                                | ✓ Pass Fail                                                         | ✓ Pass Fail                                                         | Pass Fail                                                | Pass Fail                                                | Pass Fail                                                | Pass Fail                                                | Pass Fail                                                |

Comments:

Testing was conducted in accordance with PEI/RP1200

Christopher Coles

Tester's Name (print) \_\_\_\_\_ Tester's Signature \_\_\_\_\_



1 Outside Wall of Building

2 Circuit Breaker Box

# MECHANICAL AND ELECTRONIC LINE LEAK DETECTORS PERFORMANCE TESTS

|                                           |                             |                 |  |  |  |
|-------------------------------------------|-----------------------------|-----------------|--|--|--|
| Facility Name: 7-Eleven                   | Owner: 7-Eleven Stores, Inc |                 |  |  |  |
| Address: 9518 Foster Wheeler Road         | Address:                    |                 |  |  |  |
| City, State, Zip Code: Dansville NY 14437 | City, State, Zip Code:      |                 |  |  |  |
| Facility I.D. #: 8-050709                 | Phone #: 5853352040         |                 |  |  |  |
| Testing Company: Owl Services USA         | Phone #: 800-646-3161       | Date: 5/15/2026 |  |  |  |

This data sheet can be used to test mechanical line leak detectors (MLLD) and electronic line leak detectors (ELLD) with submersible turbine pump (STP) systems. See PEI/RP1200 Sections 9.1 and 9.2 for test procedures.

|                            |                                                                           |                                                                           |                                                                           |                                                                |                                                                |                                                                |
|----------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| Line Number                | 5                                                                         | 6                                                                         | 7                                                                         |                                                                |                                                                |                                                                |
| Product Stored             | Regular                                                                   | Premium                                                                   | Diesel                                                                    |                                                                |                                                                |                                                                |
| Leak Detector Manufacturer | Vaporless                                                                 | Vaporless                                                                 | Vaporless                                                                 |                                                                |                                                                |                                                                |
| Leak Detector Model        | LD2000                                                                    | LD2000                                                                    | LD2000                                                                    |                                                                |                                                                |                                                                |
| Type of Leak Detector      | <input checked="" type="checkbox"/> MLLD<br><input type="checkbox"/> ELLD | <input checked="" type="checkbox"/> MLLD<br><input type="checkbox"/> ELLD | <input checked="" type="checkbox"/> MLLD<br><input type="checkbox"/> ELLD | <input type="checkbox"/> MLLD<br><input type="checkbox"/> ELLD | <input type="checkbox"/> MLLD<br><input type="checkbox"/> ELLD | <input type="checkbox"/> MLLD<br><input type="checkbox"/> ELLD |

## MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

|                                                                                                                                                                              |                                                                     |                                                                     |                                                                     |                                                          |                                                          |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| STP Full Operating Pressure                                                                                                                                                  | 30                                                                  | 30                                                                  | 34                                                                  |                                                          |                                                          |                                                          |
| Check Valve Holding Pressure                                                                                                                                                 | 18                                                                  | 21                                                                  | 19                                                                  |                                                          |                                                          |                                                          |
| Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 psig)                                                                        | 219.55                                                              | 227.12                                                              | 223.34                                                              |                                                          |                                                          |                                                          |
| Step Through Time in Seconds (time the MLLD hesitates at metering pressure before going to full operating pressure as measured from 0 psig with no leak induced on the line) | 2                                                                   | 3                                                                   | 4                                                                   |                                                          |                                                          |                                                          |
| Metering Pressure (STP pressure when simulated leak rate 3 gph at 10 psig)                                                                                                   | 10                                                                  | 10                                                                  | 10                                                                  |                                                          |                                                          |                                                          |
| Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped)                                                                     | 2                                                                   | 3                                                                   | 4                                                                   |                                                          |                                                          |                                                          |
| Does the STP pressure remain at or below the metering pressure for at least 60 seconds when the simulated leak is induced?                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the leak detector reset (trip) when the line pressure is bled off to zero psig?                                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the STP properly cycle on/off under normal fuel system operation conditions?                                                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

A "No" answer to either of the above questions indicates the MLLD fails the test.

## ELLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

|                                                                        |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| STP Full Operating Pressure                                            |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |
| How many test cycles are observed before alarm/shutdown occurs?        |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |
| Does the simulated leak cause an alarm?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| A "No" answer to the above question indicates the ELLD fails the test. |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |
| Does the simulated leak cause an STP shutdown?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA |
| <b>Test Results</b>                                                    | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail                  | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail                  | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail                  | <input type="checkbox"/> Pass <input type="checkbox"/> Fail                             | <input type="checkbox"/> Pass <input type="checkbox"/> Fail                             | <input type="checkbox"/> Pass <input type="checkbox"/> Fail                             |

**Comments:** Testing was conducted in accordance with PEI/RP1200

Tester Signature: *Chris Coles*

Tester Name: Christopher Coles

7-Eleven  
9518 Foster Wheeler Road  
Dansville  
NY 14437

Purpora Engineering  
Petro-Tite Line Tightness Test Form

Work Visit # 182198  
UST Registration #  
8-050709

| IDENTIFY EACH LINE AS TESTED                                                                                                                                 | TIME (MILITARY) | LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC. | PRESSURE                   |       | VOLUME      |       |            | REMARKS                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------|----------------------------|-------|-------------|-------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                              |                 |                                                            | PSI                        |       | READING     |       | NET CHANGE | SIZE, LENGTH & TYPE OF LINE, #FLEX CONNECTORS, CONCLUSIONS                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                              |                 |                                                            | BEFORE                     | AFTER | BEFORE      | AFTER |            |                                                                                                                                                                                                                                                                                                                                                                                              |
| 5                                                                                                                                                            | 11:20           | Connected line tester to: Shear                            |                            |       |             |       |            | <b>Material</b> <u>OPW Flexworks 1.5"</u><br><br><b>Wall Type</b> <u>Double</u><br><br><b>Line Length (feet)</b> <u>100</u><br><br><b>Diameter (inches)</b> <u>1.5</u><br><br><b>Pressure/Suction</b> <u>Pressure</u><br><br><b>Allowable Bleedback</b><br><br>$(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$<br><br>$( 100 \times 0.00136 )$<br>$+ ( 0 \times 0.006 ) + 0.05 = 0.186$ |
| Regular                                                                                                                                                      | 11:30           | Started line test                                          |                            | 60    |             | .001  |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              | 11:40           | Line Test Continued                                        | 60                         | 60    | .001        | .001  | 0          |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              | 11:50           | Line Test Continued                                        | 60                         | 60    | .001        | .001  | 0          |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              | 12:00           | Line Test Continued                                        | 60                         | 60    | .001        | .001  | 0          |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              | 12:10           | Bleed Back                                                 | 60                         | 0     | .001        | .096  | 0.095      |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
| Tests were made on the above line systems in accordance with test procedures prescribed for as detailed on attached test charts with the results as follows: |                 |                                                            |                            |       |             |       |            | <b>CONTRACTOR CERTIFICATION</b><br><br>Technician:<br><br>Christopher Coles<br><br><u>0b7633ae</u><br>Certification # _____                                                                                                                                                                                                                                                                  |
| Line Identification                                                                                                                                          |                 | Meets Criteria (Yes/No)                                    | Net Volume Change Per Hour |       | Date Tested |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
| 5 Regular                                                                                                                                                    |                 | Yes                                                        | 0                          |       | 5/15/2026   |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |

Notes:

7-Eleven  
9518 Foster Wheeler Road  
Dansville  
NY 14437

Purpora Engineering  
Petro-Tite Line Tightness Test Form

Work Visit # 182198  
UST Registration #  
8-050709

| IDENTIFY EACH LINE AS TESTED                                                                                                                                 | TIME (MILITARY) | LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC. | PRESSURE                   |       | VOLUME      |       |            | REMARKS                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------|----------------------------|-------|-------------|-------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                              |                 |                                                            | PSI                        |       | READING     |       | NET CHANGE | SIZE, LENGTH & TYPE OF LINE, #FLEX CONNECTORS, CONCLUSIONS                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                              |                 |                                                            | BEFORE                     | AFTER | BEFORE      | AFTER |            |                                                                                                                                                                                                                                                                                                                                                                                              |
| 6                                                                                                                                                            | 11:22           | Connected line tester to: Shear                            |                            |       |             |       |            | <b>Material</b> <u>OPW Flexworks 1.5"</u><br><br><b>Wall Type</b> <u>Double</u><br><br><b>Line Length (feet)</b> <u>100</u><br><br><b>Diameter (inches)</b> <u>1.5</u><br><br><b>Pressure/Suction</b> <u>Pressure</u><br><br><b>Allowable Bleedback</b><br><br>$(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$<br><br>$( 100 \times 0.00136 )$<br>$+ ( 0 \times 0.006 ) + 0.05 = 0.186$ |
| Premium                                                                                                                                                      | 11:32           | Started line test                                          |                            | 60    |             | .001  |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              | 11:42           | Line Test Continued                                        | 60                         | 60    | .001        | .001  | 0          |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              | 11:52           | Line Test Continued                                        | 60                         | 60    | .001        | .001  | 0          |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              | 12:02           | Line Test Continued                                        | 60                         | 60    | .001        | .001  | 0          |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              | 12:12           | Bleed Back                                                 | 60                         | 0     | .001        | .083  | 0.082      |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
| Tests were made on the above line systems in accordance with test procedures prescribed for as detailed on attached test charts with the results as follows: |                 |                                                            |                            |       |             |       |            | <b>CONTRACTOR CERTIFICATION</b><br><br>Technician:<br><br>Christopher Coles<br><br><u>0b7633ae</u><br>Certification # _____                                                                                                                                                                                                                                                                  |
| Line Identification                                                                                                                                          |                 | Meets Criteria (Yes/No)                                    | Net Volume Change Per Hour |       | Date Tested |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
| 6 Premium                                                                                                                                                    |                 | Yes                                                        | 0                          |       | 5/15/2026   |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                              |

Notes:

7-Eleven  
9518 Foster Wheeler Road  
Dansville  
NY 14437

Purpora Engineering  
Petro-Tite Line Tightness Test Form

Work Visit # 182198  
UST Registration #  
8-050709

| IDENTIFY EACH LINE AS TESTED                                                                                                                                 | TIME (MILITARY) | LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC. | PRESSURE                   |       | VOLUME      |       |            | REMARKS                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------|----------------------------|-------|-------------|-------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                              |                 |                                                            | PSI                        |       | READING     |       | NET CHANGE | SIZE, LENGTH & TYPE OF LINE, #FLEX CONNECTORS, CONCLUSIONS                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                 |                                                            | BEFORE                     | AFTER | BEFORE      | AFTER |            |                                                                                                                                                                                                                                                                                                                                                                                         |
| 7                                                                                                                                                            | 11:24           | Connected line tester to: Shear                            |                            |       |             |       |            | <b>Material</b> <u>OPW Flexworks 1.5"</u><br><br><b>Wall Type</b> <u>Double</u><br><br><b>Line Length (feet)</b> <u>100</u><br><br><b>Diameter (inches)</b> <u>1.5</u><br><br><b>Pressure/Suction</b> <u>Pressure</u><br><br><b>Allowable Bleedback</b><br><br>$(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$<br><br>$( 100 \times 0.00136 ) + ( 0 \times 0.006 ) + 0.05 = 0.186$ |
| Diesel                                                                                                                                                       | 11:34           | Started line test                                          |                            | 60    |             | .001  |            |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              | 11:44           | Line Test Continued                                        | 60                         | 60    | .001        | .001  | 0          |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              | 11:54           | Line Test Continued                                        | 60                         | 60    | .001        | .001  | 0          |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              | 12:04           | Line Test Continued                                        | 60                         | 60    | .001        | .001  | 0          |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              | 12:14           | Bleed Back                                                 | 60                         | 0     | .001        | .092  | 0.091      |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |
| Tests were made on the above line systems in accordance with test procedures prescribed for as detailed on attached test charts with the results as follows: |                 |                                                            |                            |       |             |       |            | <b>CONTRACTOR CERTIFICATION</b><br><br>Technician:<br><br>Christopher Coles<br><br><u>0b7633ae</u><br>Certification # _____                                                                                                                                                                                                                                                             |
| Line Identification                                                                                                                                          |                 | Meets Criteria (Yes/No)                                    | Net Volume Change Per Hour |       | Date Tested |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |
| 7 Diesel                                                                                                                                                     |                 | Yes                                                        | 0                          |       | 5/15/2026   |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                              |                 |                                                            |                            |       |             |       |            |                                                                                                                                                                                                                                                                                                                                                                                         |

Notes:

## SHEAR VALVE OPERATION INSPECTION

|                                           |                            |
|-------------------------------------------|----------------------------|
| Facility Name: 7-Eleven                   | Owner 7-Eleven Stores, Inc |
| Address: 9518 Foster Wheeler Road         | Address                    |
| City, State, Zip Code: Dansville NY 14437 | City, State, Zip Code:     |
| Facility I.D. #: 8-050709                 | Phone #: 5853352040        |
| Testing Company: Owl Services USA         | Phone #: 610-278-7203      |

This data sheet is for inspecting shear valves located inside dispensers. See PEI/RP1200 Section 10 for the inspection procedure.

| Product Grade                                                                                               | Diesel                                                                                             | Premium                                                                                            | Regular                                                                                            | Diesel                                                                                             | Premium                                                                                            | Regular                                                                                            |                                                                                         |                                                                                         |                                                                                         |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Dispenser ID#                                                                                               | 1/2                                                                                                | 1/2                                                                                                | 1/2                                                                                                | 3/4                                                                                                | 3/4                                                                                                | 3/4                                                                                                |                                                                                         |                                                                                         |                                                                                         |
| Shear ValveType (Product/Vapor)                                                                             | Product                                                                                            | Product                                                                                            | Product                                                                                            | Product                                                                                            | Product                                                                                            | Product                                                                                            |                                                                                         |                                                                                         |                                                                                         |
| 1. Is the shear valve rigidly anchored to the dispenser box frame or dispenser island?                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| 2. Is the shear section positioned between 1/2 inch above or below the top surface of the dispenser island? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| 3. Is the lever arm free to move?                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA |
| 4. Does the lever arm snap shut the poppet valve?                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA |
| 5. Can any product be dispensed when the product shear valve is closed?                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA |

A "No" to Lines 1-4 or a "Yes" for Line 5 indicates a test failure.

| Test Results | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail |
|--------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
|--------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|

Comments:

Tester's Name (print) Christopher Coles      Tester's Signature       5/15/2026

Testing was conducted in accordance with PEI/RP1200

# **AUTOMATIC TANK GAUGE OPERATION INSPECTION**

|                                           |                             |                 |
|-------------------------------------------|-----------------------------|-----------------|
| Facility Name: 7-Eleven                   | Owner: 7-Eleven Stores, Inc |                 |
| Address: 9518 Foster Wheeler Road         | Address:                    |                 |
| City, State, Zip Code: Dansville NY 14437 | City, State, Zip Code:      |                 |
| Facility I.D. #: 8-050709                 | Phone #: 5853352040         |                 |
| Testing Company: Owl Services USA         | Phone #: 800-646-3161       | Date: 5/15/2026 |

This procedure is to determine whether the automatic tank gauge (ATG) is operating properly. See PEI/RP1200 Section 8.2 for the inspection procedure. This procedure is applicable to tank level monitor probes that touch the bottom of the tank when in place.

|                                                                                                         |                                                                     |                                                                     |                                                                     |                                                          |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|
| Tank Number                                                                                             | 5                                                                   | 6                                                                   | 7                                                                   |                                                          |
| Product Stored                                                                                          | Regular                                                             | Premium                                                             | Diesel                                                              |                                                          |
| ATG Brand and Model                                                                                     | Veeder Root<br>TLS-350                                              | Veeder Root<br>TLS-350                                              | Veeder Root<br>TLS-350                                              |                                                          |
| 1. Tank Volume, gallons                                                                                 | 15071                                                               | 7002                                                                | 8430                                                                |                                                          |
| 2. Tank Diameter, inches                                                                                | 120                                                                 | 120                                                                 | 120                                                                 |                                                          |
| 3. The ATG probe was removed from the tank and inspected for damage and residual buildup.               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Float moves freely on the stem without binding?                                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Fuel float level agrees with the value programmed into the console?                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Water float level agrees with the value programmed into the console?                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Inch level from bottom of probe when 90% alarm is triggered.                                         | 110                                                                 | 110                                                                 | 110                                                                 |                                                          |
| 8. Inch level at which the overfill alarm activates corresponds with value programmed in the gauge?     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Inch level from the bottom when the water float first triggers an alarm.                             | 2                                                                   | 2                                                                   | 2                                                                   |                                                          |
| 10. Inch level at which the water float alarm activates corresponds with value programmed in the gauge? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If any answers in Lines 3, 4, 5, or 6 are "No," the system has failed the test.

If internal ATG battery backup is present, was it functional per manufacturer's specifications. ☒ Yes ☐ No ☐ None

|                     |                                                                        |                                                                        |                                                                        |                                                             |
|---------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Test Results</b> | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
|---------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|

**Comments:**

Tester's Name (print) Christopher Coles

Tester's Signature



## LIQUID SENSOR FUNCTIONALITY TESTING

|                                           |                             |                 |
|-------------------------------------------|-----------------------------|-----------------|
| Facility Name: 7-Eleven                   | Owner: 7-Eleven Stores, Inc |                 |
| Address: 9518 Foster Wheeler Road         | Address:                    |                 |
| City, State, Zip Code: Dansville NY 14437 | City, State, Zip Code:      |                 |
| Facility I.D. #: 8-050709                 | Phone #: 5853352040         |                 |
| Testing Company: Owl Services USA         | Phone #: 800-646-3161       | Date: 5/15/2026 |

This procedure is to determine whether liquid sensors located in the interstitial space of UST systems are able to detect the presence of water and fuel. See PEI/ RP1200 Section 8.3 for the test procedure.

| Sensor Location                                                                                                                    | 5<br>STP Sump                                                                                     | 6<br>STP Sump                                                                                     | 7<br>STP Sump                                                                                     |                                                                                        |                                                                                        |                                                                                        |                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Product Stored                                                                                                                     | Regular                                                                                           | Premium                                                                                           | Diesel                                                                                            |                                                                                        |                                                                                        |                                                                                        |                                                                                        |
| Type of Sensor                                                                                                                     | <input type="checkbox"/> Discriminating<br><input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input type="checkbox"/> Non-discriminating |
| Test Liquid                                                                                                                        | <input checked="" type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input checked="" type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input checked="" type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                     |
| Is the ATG console clear of any active alarms regarding any leak sensors? If the sensor is in alarm and functioning, indicate why. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               |
| Is the sensor alarm circuit operational?                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               |
| Has sensor been inspected and in good operating condition?                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               |
| When placed in the test liquid, does the sensor trigger an alarm?                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               |
| When an alarm is triggered, is the sensor properly identified on the ATG console?                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                               |

Any "No" answers indicates a test failure.

| Test Results | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
|--------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
|--------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|

Comments:

Tester's Name (print) Christopher Coles Tester's Signature 

## LIQUID SENSOR FUNCTIONALITY TESTING

|                                           |  |                             |                 |
|-------------------------------------------|--|-----------------------------|-----------------|
| Facility Name: 7-Eleven                   |  | Owner: 7-Eleven Stores, Inc |                 |
| Address: 9518 Foster Wheeler Road         |  | Address:                    |                 |
| City, State, Zip Code: Dansville NY 14437 |  | City, State, Zip Code:      |                 |
| Facility I.D. #: 8-050709                 |  | Phone #: 5853352040         |                 |
| Testing Company: Owl Services USA         |  | Phone #: 800-646-3161       | Date: 5/15/2026 |

This procedure is to determine whether liquid sensors located in the interstitial space of UST systems are able to detect the presence of water and fuel. See PEI/ RP1200 Section 8.3 for the test procedure.

| Sensor Location                                                                                                                    | 5<br>Tank Interstitial                                                                         | 6/7<br>Tank Interstitial                                                                       |                                                                                     |                                                                                     |                                                                                     |                                                                                     |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Product Stored                                                                                                                     | Regular                                                                                        | Premium /                                                                                      |                                                                                     |                                                                                     |                                                                                     |                                                                                     |                                                                                     |
| Type of Sensor                                                                                                                     | <input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating |
| Test Liquid                                                                                                                        | <input checked="" type="checkbox"/> Water<br><input type="checkbox"/> Product                  | <input checked="" type="checkbox"/> Water<br><input type="checkbox"/> Product                  | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                  | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                  | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                  | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                  | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                  |
| Is the ATG console clear of any active alarms regarding any leak sensors? If the sensor is in alarm and functioning, indicate why. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| Is the sensor alarm circuit operational?                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| Has sensor been inspected and in good operating condition?                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| When placed in the test liquid, does the sensor trigger an alarm?                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| When an alarm is triggered, is the sensor properly identified on the ATG console?                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |

Any "No" answers indicates a test failure.

| Test Results | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
|--------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
|--------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|

Comments:

Tester's Name (print) Christopher Coles Tester's Signature 

## LIQUID SENSOR FUNCTIONALITY TESTING

|                                           |                             |                 |
|-------------------------------------------|-----------------------------|-----------------|
| Facility Name: 7-Eleven                   | Owner: 7-Eleven Stores, Inc |                 |
| Address: 9518 Foster Wheeler Road         | Address:                    |                 |
| City, State, Zip Code: Dansville NY 14437 | City, State, Zip Code:      |                 |
| Facility I.D. #: 8-050709                 | Phone #: 5853352040         |                 |
| Testing Company: Owl Services USA         | Phone #: 800-646-3161       | Date: 5/15/2026 |

This procedure is to determine whether liquid sensors located in the interstitial space of UST systems are able to detect the presence of water and fuel. See PEI/ RP1200 Section 8.3 for the test procedure.

| Sensor Location                                                                                                                    | Dispenser 1/2                                                                                  | Dispenser 3/4                                                                                  |                                                                                     |                                                                                     |                                                                                     |                                                                                     |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Product Stored                                                                                                                     | Regular, Plus, Premium, Diesel                                                                 | Regular, Plus, Premium, Diesel                                                                 |                                                                                     |                                                                                     |                                                                                     |                                                                                     |                                                                                     |
| Type of Sensor                                                                                                                     | <input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating |
| Test Liquid                                                                                                                        | <input checked="" type="checkbox"/> Water <input type="checkbox"/> Product                     | <input checked="" type="checkbox"/> Water <input type="checkbox"/> Product                     | <input type="checkbox"/> Water <input type="checkbox"/> Product                     | <input type="checkbox"/> Water <input type="checkbox"/> Product                     | <input type="checkbox"/> Water <input type="checkbox"/> Product                     | <input type="checkbox"/> Water <input type="checkbox"/> Product                     | <input type="checkbox"/> Water <input type="checkbox"/> Product                     |
| Is the ATG console clear of any active alarms regarding any leak sensors? If the sensor is in alarm and functioning, indicate why. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| Is the sensor alarm circuit operational?                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| Has sensor been inspected and in good operating condition?                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| When placed in the test liquid, does the sensor trigger an alarm?                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| When an alarm is triggered, is the sensor properly identified on the ATG console?                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |

Any "No" answers indicates a test failure.

|                     |                                                                        |                                                                        |                                                             |                                                             |                                                             |                                                             |                                                             |
|---------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>Test Results</b> | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
|---------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|

**Comments:**

Tester's Name (print) Christopher Coles Tester's Signature 



Crompco LLC  
1815 Gallagher Rd  
Plymouth Meeting, PA 19462

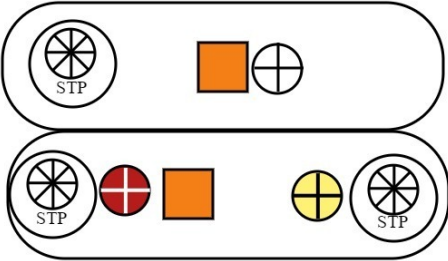
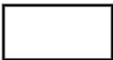
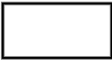
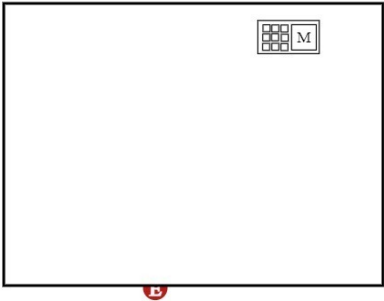
7-Eleven Stores, Inc  
Location #35114

9518 Foster Wheeler Road  
Dansville, NY 14437  
+1 585-335-2040

W-179640 Visit #182198 5/15/2026

# Diagram - Site Diagram (v2)

- Regular Fill
- Store / Kiosk
- Fiberglass Tank
- Dry Break
- Dispenser
- ATG
- E-Stop
- STP
- Premium Fill
- Monitor Console
- Diesel Fill





Crompco LLC  
1815 Gallagher Rd  
Plymouth Meeting, PA 19462

7-Eleven Stores, Inc  
Location #35114

9518 Foster Wheeler Road  
Dansville, NY 14437  
+1 585-335-2040

W-179640 Visit #182198 5/15/2026

Visit Verification

CUSTOMER  
7-Eleven Stores, Inc

LOCATION  
#35114  
9518 Foster Wheeler Road  
Dansville, NY 14437

CONTACT  
7-Eleven Stores, Inc

SCHEDULED  
05/15/2026 12:00am (EDT)

ASSIGNED TO  
Brian Burch, Christopher Coles

SERVICE REASON  
Compliance

PRODUCTS & SERVICES

| Item                                                                                   | Qty  |
|----------------------------------------------------------------------------------------|------|
| Combos                                                                                 |      |
| All Lines and Leak Detectors                                                           | 3.00 |
| Expenses                                                                               |      |
| Fuel Surcharge                                                                         | 1.00 |
| Services                                                                               |      |
| Monitor System Inspection<br>Automatic Tank Gauging System / Monitor System Inspection | 1.00 |
| All Shear Valves                                                                       | 3.00 |
| Emergency Stop Inspection                                                              | 1.00 |

CONFIRMATION  
By signing this verification you are agreeing that we have performed and/or provided services and parts listed above.

Approver's Name  
N/A

Email

Signature Status  
Nobody available to sign