



Emergency Stop

| Equipment # | Location | Result |
|-------------|--------------------------|--------|
| 001 | Behind Counter | ● Pass |
| 002 | Outside Wall of Building | |

Leak Detector

| Equipment # | Grade | Pump Type | Result |
|-------------|---------|-------------------|--------|
| 004 | Regular | Mechanical (MLLD) | ● Pass |
| 005 | Premium | Mechanical (MLLD) | ● Pass |
| 006 | Diesel | Mechanical (MLLD) | ● Pass |

Overfill

| Equipment # | Grade | Overfill Type | Result |
|-------------|---------|--------------------|--------|
| 004 | Regular | Overfill Drop Tube | ● Pass |
| 005 | Premium | Overfill Drop Tube | ● Pass |
| 006 | Diesel | Overfill Drop Tube | ● Pass |

Precision Line Tightness Test

| Equipment # | Grade | Result |
|-------------|---------|--------|
| 004 | Regular | ● Pass |
| 005 | Premium | ● Pass |
| 006 | Diesel | ● Pass |

Shear Valve

| Form Name | Result |
|-------------|--------|
| Shear Valve | ● Pass |

Spill Bucket Test (Hydro / Vacuum)

| Equipment # | Grade | Spill Bucket Type | Wall Type | Result |
|-------------|---------|--------------------|-----------|--------|
| 004 | Regular | Spill Bucket: Fill | Double | ● Pass |
| 005 | Premium | Spill Bucket: Fill | Double | ● Pass |
| 006 | Diesel | Spill Bucket: Fill | Double | ● Pass |

UST / AST Monitor

| Form Name | Result |
|-------------------|--------|
| UST / AST Monitor | ● Pass |

Seth Boesel

EMERGENCY STOP SWITCH OPERATION INSPECTION

| | |
|--|---------------------------------------|
| Facility Name: 7-Eleven 40207 | Owner: 7-Eleven Stores, Inc |
| Address: 814 North Franklin & 9th Street | Address: |
| City, State, Zip Code: Watkins Glen NY 14891 | City, State, Zip Code: |
| Facility I.D. #: 8-060496 | Phone #: 6075354521 |
| Testing Company: Owl Services USA | Phone #: 610-278-7203 Date: 3/12/2026 |

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.

| E-stop Number or ID | 001 | 002 | | | | |
|--|---|---|--|--|--|--|
| Location | Behind Counter | Outside Wall of Building | | | | |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

A "No" to lines 3a-3d indicates a test failure.

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

Comments:



Testing was conducted in accordance with PEI/RP1200

Seth Boesel



Tester's Name (print) _____ Tester's Signature _____

001 Behind Counter

002 Outside Wall of Building

MECHANICAL AND ELECTRONIC LINE LEAK DETECTORS PERFORMANCE TESTS

| | | |
|--|-----------------------------|-----------------|
| Facility Name: 7-Eleven | Owner: 7-Eleven Stores, Inc | |
| Address: 814 North Franklin & 9th | Address: | |
| City, State, Zip Code: Watkins Glen NY 14891 | City, State, Zip Code: | |
| Facility I.D. #: 8-060496 | Phone #: 6075354521 | |
| Testing Company: Owl Services USA | Phone #: 800-646-3161 | Date: 3/12/2026 |

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 | 004 | 005 | 006 | | | |
| Product Stored | Regular | Premium | Diesel | | | |
| Leak Detector Manufacturer | Franklin | Vaporless | Vaporless | | | |
| Leak Detector Model | STP-MLD+G | 99LD-2200 | 99LD-2200 | | | |
| Type of Leak Detector | <input checked="" type="checkbox"/> MLLD <input type="checkbox"/> ELLD | <input checked="" type="checkbox"/> MLLD <input type="checkbox"/> ELLD | <input checked="" type="checkbox"/> MLLD <input type="checkbox"/> ELLD | <input type="checkbox"/> MLLD <input type="checkbox"/> ELLD | <input type="checkbox"/> MLLD <input type="checkbox"/> ELLD | <input type="checkbox"/> MLLD <input type="checkbox"/> ELLD |

MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

| | | | | | | |
|--|---|---|---|--|--|--|
| STP Full Operating Pressure | 30 | 30 | 36 | | | |
| Check Valve Holding Pressure | 29 | 29 | 35 | | | |
| Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 psig) | 60.57 | 60.57 | 45.42 | | | |
| 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) | 4 | 4 | 4 | | | |
| Metering Pressure (STP pressure when simulated leak rate 3 gph at 10 psig) | 12 | 18 | 18 | | | |
| Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped) | 4 | 4 | 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 <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 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 |

Comments: Testing was conducted in accordance with PEI/RP1200

Tester Signature: 

Tester Name: Seth Boesel

UST OVERFILL EQUIPMENT INSPECTION AUTOMATIC SHUTOFF DEVICE

| | |
|--|-----------------------------|
| Facility Name: 7-Eleven | Owner: 7-Eleven Stores, Inc |
| Address: 814 North Franklin & 9th Street | Address: |
| City, State, Zip Code: Watkins Glen NY 14891 | City, State, Zip Code: |
| Facility I.D. #: 8-060496 | Phone #: |
| Testing Company: Owl Services USA | Phone #: 800-646-3161 |
| | Date: 3/12/2026 |

This data sheet is for inspecting automatic shutoff devices. See PEI/RP1200 Section 7 for inspection procedures.

| Product Grade | Regular | Premium | Diesel | | | |
|----------------------------------|---------|---------|--------|--|--|--|
| Tank Number | 004 | 005 | 006 | | | |
| Tank Volume, gallons | 11807 | 6321 | 6321 | | | |
| Tank Diameter, inches | 120 | 120 | 120 | | | |
| Overfill Prevention Device Brand | OPW | OPW | OPW | | | |

AUTOMATIC SHUTOFF DEVICE INSPECTION

| | | | | | | |
|--|---|---|---|--|--|--|
| 1. Drop tube removed from tank? If No, test fails, no need to answer questions 2-5. | <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. Drop tube and float mechanisms free of debris? | <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. Float moves freely without binding and poppet moves into flow path? | <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 |
| 4. Bypass valve in the drop tube open and free of blockage (if present)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present |
| 5. Flapper adjusted to shut off flow at 95% capacity?* | <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" to any item in Lines 2-5 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 |
|---------------------|--|--|--|---|---|---|

Comments:

*Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.

Tester's Name (print) Seth Boesel Tester's Signature 

Testing was conducted in accordance with PEI/RP1200

7-Eleven
 814 North Franklin & 9th Street
 Watkins Glen
 NY 14891

Purpora Engineering
Petro-Tite Line Tightness Test Form

Work Visit # 172124
 UST Registration #
 8-060496

| 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 | | |
| 004 | 09:30 | Connected line tester to: Shear | | | | | | Material <u>OPW Flexworks 1.5"</u> Wall Type <u>Double</u> Line Length (feet) <u>75</u> Diameter (inches) <u>1.5</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(75 * 0.00136)$ $+ (0 * 0.006) + 0.05 = 0.152$ |
| Regular | 09:45 | Started line test | | 60 | | .06 | | |
| | 10:00 | Line Test Continued | 60 | 60 | .06 | .06 | 0 | |
| | 10:15 | Line Test Continued | 60 | 60 | .06 | .06 | 0 | |
| | 10:30 | Line Test Continued | 60 | 60 | .06 | .06 | 0 | |
| | 10:31 | Bleed Back | 60 | 0 | .06 | .1 | 0.04 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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:

| Line Identification | Meets Criteria (Yes/No) | Net Volume Change Per Hour | Date Tested |
|---------------------|-------------------------|----------------------------|-------------|
| 004 Regular | Yes | 0 | 3/12/2026 |
| | | | |
| | | | |

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

 ab32a810
 Certification # _____

Notes:

7-Eleven
 814 North Franklin & 9th Street
 Watkins Glen
 NY 14891

Purpora Engineering
Petro-Tite Line Tightness Test Form

Work Visit # 172124
 UST Registration #
 8-060496

| 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 | | |
| 005 | 09:31 | Connected line tester to: Shear | | | | | | Material <u>OPW Flexworks 1.5"</u> Wall Type <u>Double</u> Line Length (feet) <u>75</u> Diameter (inches) <u>1.5</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(75 * 0.00136)$ $+ (0 * 0.006) + 0.05 = 0.152$ |
| Premium | 09:46 | Started line test | | 60 | | .06 | | |
| | 10:01 | Line Test Continued | 60 | 60 | .06 | .06 | 0 | |
| | 10:16 | Line Test Continued | 60 | 60 | .06 | .06 | 0 | |
| | 10:31 | Line Test Continued | 60 | 60 | .06 | .06 | 0 | |
| | 10:32 | Bleed Back | 60 | 0 | .06 | .1 | 0.04 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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:

| Line Identification | Meets Criteria (Yes/No) | Net Volume Change Per Hour | Date Tested |
|---------------------|-------------------------|----------------------------|-------------|
| 005 Premium | Yes | 0 | 3/12/2026 |
| | | | |
| | | | |

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

ab32a810
 Certification # _____

Notes:

7-Eleven
 814 North Franklin & 9th Street
 Watkins Glen
 NY 14891

Purpora Engineering
Petro-Tite Line Tightness Test Form

Work Visit # 172124
 UST Registration #
 8-060496

| 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 | | |
| 006 | 09:32 | Connected line tester to: Shear | | | | | | Material <u>OPW Flexworks 1.5"</u> Wall Type <u>Double</u> Line Length (feet) <u>75</u> Diameter (inches) <u>1.5</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(75 * 0.00136)$ $+ (0 * 0.006) + 0.05 = 0.152$ |
| Diesel | 09:47 | Started line test | | 60 | | .06 | | |
| | 10:02 | Line Test Continued | 60 | 60 | .06 | .06 | 0 | |
| | 10:17 | Line Test Continued | 60 | 60 | .06 | .06 | 0 | |
| | 10:32 | Line Test Continued | 60 | 60 | .06 | .06 | 0 | |
| | 10:33 | Bleed Back | 60 | 0 | .06 | .1 | 0.04 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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:

| Line Identification | Meets Criteria (Yes/No) | Net Volume Change Per Hour | Date Tested |
|---------------------|-------------------------|----------------------------|-------------|
| 006 Diesel | Yes | 0 | 3/12/2026 |
| | | | |
| | | | |

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

 ab32a810
 Certification # _____

Notes:

SHEAR VALVE OPERATION INSPECTION

| | |
|--|-----------------------------|
| Facility Name: 7-Eleven | Owner: 7-Eleven Stores, Inc |
| Address: 814 North Franklin & 9th Street | Address |
| City, State, Zip Code: Watkins Glen NY 14891 | City, State, Zip Code: |
| Facility I.D. #: 8-060496 | Phone #: 6075354521 |
| 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 | Regular | Regular | Premium | Premium | Diesel | Diesel | | | |
|---|--|--|--|--|--|--|---|---|---|
| Dispenser ID# | 1/2 | 3/4 | 1/2 | 3/4 | 1/2 | 3/4 | | | |
| Shear Valve Type (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 <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 4. Does the lever arm snap shut the poppet valve? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <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 <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <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 <input type="checkbox"/> Fail | <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 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:

Tester's Name (print) Seth Boesel Tester's Signature  3/12/2026

Testing was conducted in accordance with PEI/RP1200

**SPILL BUCKET INTEGRITY TESTING HYDROSTATIC TEST METHOD
SINGLE- AND DOUBLE-WALLED VACUUM TEST METHOD**


| | | |
|--|-----------------------|-----------------------------|
| Facility Name: 7-Eleven | 40207 | Owner: 7-Eleven Stores, Inc |
| Address: 814 North Franklin & | | Address: |
| City, State, Zip Code: Watkins Glen NY 14891 | | City, State, Zip Code: |
| Facility I.D. #: 8-060496 | | Phone #: 6075354521 |
| Testing Company: Owl Services USA | Phone #: 800-646-3161 | Date: 3/12/2026 |

This procedure is to test the leak integrity of single- and double-walled spill buckets. See PEI/RP1200 Section 6.2 for hydrostatic test method, Section 6.3 for single-walled vacuum test method and Section 6.4 for double-walled vacuum test method.

| | | | | | | |
|--|---|---|---|---|---|---|
| Tank Number | 004 Primary | 005 Primary | 006 Primary | | | |
| Product Stored | Regular | Premium | Diesel | | | |
| Spill Bucket Capacity | 5 | 5 | 5 | | | |
| Manufacturer | OPW Double | OPW Double | OPW Double | | | |
| Construction | <input type="checkbox"/> Single-walled <input checked="" type="checkbox"/> Double-walled | <input type="checkbox"/> Single-walled <input checked="" type="checkbox"/> Double-walled | <input type="checkbox"/> Single-walled <input checked="" type="checkbox"/> Double-walled | <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled | <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled | <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled |
| Test Type | <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled | <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled | <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled | <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled | <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled | <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled |
| Spill Bucket Type | <input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor | <input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor | <input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor | <input type="checkbox"/> Product <input type="checkbox"/> Vapor | <input type="checkbox"/> Product <input type="checkbox"/> Vapor | <input type="checkbox"/> Product <input type="checkbox"/> Vapor |
| Liquid and debris removed from spill bucket?* | <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 |
| Visual Inspection (No water ingress, cracks, loose parts or separation of the bucket from the fill pipe.) | <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 |
| Tank riser cap included in test? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Drain valve included in test? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Spill Bucket Depth | 16 " | 16 " | 16 " | | | |
| Starting Level | 16 " | 16 " | 16 " | | | |
| Test Start Time | 10:00am | 10:01am | 09:45am | | | |
| Ending Level | 16 " | 16 " | 16 " | | | |
| Test End Time | 11:00am | 11:01am | 10:45am | | | |
| Test Period | 60 minute(s) | 60 minute(s) | 60 minute(s) | | | |
| Level Change | 0 " | 0 " | 0 " | | | |
| Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of less than 1/8 inch; Vacuum single-walled only: Maintain at least 26 inches water column; Vacuum double-walled: maintain at least 12 inches water column. | | | | | | |
| 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 |

Comments:⁰⁰⁴
005

006

*All liquids and debris must be disposed of properly.
Tester's Name (print) Seth Boesel Tester's Signature 

**AUTOMATIC TANK GAUGE
OPERATION INSPECTION**

| | | |
|--|-----------------------------|-----------------|
| Facility Name: 7-Eleven | Owner: 7-Eleven Stores, Inc | |
| Address: 814 North Franklin & 9th Street | Address: | |
| City, State, Zip Code: Watkins Glen NY 14891 | City, State, Zip Code: | |
| Facility I.D. #: 8-060496 | Phone #: 6075354521 | |
| Testing Company: Owl Services USA | Phone #: 800-646-3161 | Date: 3/12/2026 |

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 | 004 | 005 | 006 | |
|---|---|---|---|--|
| Product Stored | Regular | Premium | Diesel | |
| ATG Brand and Model | Veeder Root TLS-450 Plus | Veeder Root TLS-450 Plus | Veeder Root TLS-450 Plus | |
| 1. Tank Volume, gallons | 11807 | 6321 | 6321 | |
| 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. | 107 | 107 | 107 | |
| 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

| | | | | |
|---------------------|--|--|--|---|
| 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 |
|---------------------|--|--|--|---|

Comments:

Tester's Name (print) Seth Boesel

Tester's Signature



LIQUID SENSOR FUNCTIONALITY TESTING

| | | |
|--|-----------------------------|-----------------|
| Facility Name: 7-Eleven | Owner: 7-Eleven Stores, Inc | |
| Address: 814 North Franklin & 9th Street | Address: | |
| City, State, Zip Code: Watkins Glen NY 14891 | City, State, Zip Code: | |
| Facility I.D. #: 8-060496 | Phone #: 6075354521 | |
| Testing Company: Owl Services USA | Phone #: 800-646-3161 | Date: 3/12/2026 |

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 | 004 STP Sump | 005 STP Sump | 006 STP Sump | | | | |
|--|---|---|---|--|--|--|--|
| Product Stored | Regular | 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 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 |
| Test Liquid | <input checked="" type="checkbox"/> Water <input type="checkbox"/> Product | <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 |
| 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) Seth Boesel Tester's Signature 

LIQUID SENSOR FUNCTIONALITY TESTING

| | | |
|--|-----------------------------|-----------------|
| Facility Name: 7-Eleven | Owner: 7-Eleven Stores, Inc | |
| Address: 814 North Franklin & 9th Street | Address: | |
| City, State, Zip Code: Watkins Glen NY 14891 | City, State, Zip Code: | |
| Facility I.D. #: 8-060496 | Phone #: 6075354521 | |
| Testing Company: Owl Services USA | Phone #: 800-646-3161 | Date: 3/12/2026 |

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 | 004/005/006 Tank Interstitial | | | | | | |
| Product Stored | Regular / | | | | | | |
| Type of Sensor | <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 | <input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating |
| Test Liquid | <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 | <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 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 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 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 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 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 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) Seth Boesel Tester's Signature 

LIQUID SENSOR FUNCTIONALITY TESTING

| | | |
|--|-----------------------------|-----------------|
| Facility Name: 7-Eleven | Owner: 7-Eleven Stores, Inc | |
| Address: 814 North Franklin & 9th Street | Address: | |
| City, State, Zip Code: Watkins Glen NY 14891 | City, State, Zip Code: | |
| Facility I.D. #: 8-060496 | Phone #: 6075354521 | |
| Testing Company: Owl Services USA | Phone #: 800-646-3161 | Date: 3/12/2026 |

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, Ultra, | Regular, Plus, Premium, Ultra, | | | | | |
| 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.

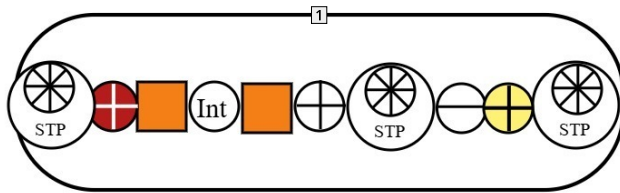
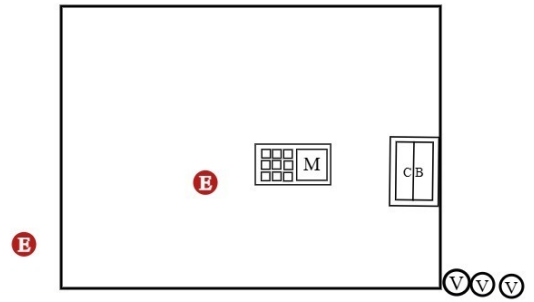
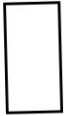
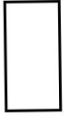
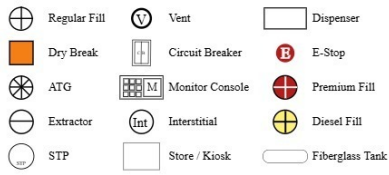
| Test Results | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail | Pass Fail |
|--------------|--|--|---|---|---|---|---|
| | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input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

Comments:

Tester's Name (print) Seth Boesel Tester's Signature 



Diagram - Site Diagram (v4)



1: Fiberglass Tank - 004 reg,005 prem,006 Diesel



Visit Verification

CUSTOMER
 7-Eleven Stores, Inc

LOCATION
 #40207
 814 North Franklin & 9th Street
 Watkins Glen, NY 14891

CONTACT
 7-Eleven Stores, Inc

SCHEDULED
 03/12/2026 12:00am (EDT)

ASSIGNED TO
 Seth Boesel

SERVICE REASON
 Compliance

PRODUCTS & SERVICES

| Item | Qty |
|--|------|
| Combos | |
| All Lines and Leak Detectors | 3.00 |
| Services | |
| Monitor System Inspection Automatic Tank Gauging System / Monitor System Inspection | 1.00 |
| Spill Buckets Spill Bucket Testing | 3.00 |
| All Shear Valves | 3.00 |
| Emergency Stop Inspection | 1.00 |
| Overfill Verification | 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
 Nsb

Email

Signature Status
 Captured

