




Annual Walkthrough Inspection				
Form Name				Result
Annual Walkthrough Inspection				Completed
CP: Tanks				
Equipment #	Grade			Result
001	Regular			● Pass
002	Ultra			● Pass
Leak Detector				
Equipment #	Grade	Pump Type		Result
002	Ultra	Mechanical (MLLD)		● Pass
001	Regular	Mechanical (MLLD)		● Pass
Overfill				
Equipment #	Grade	Overfill Type		Result
001	Regular	Overfill Drop Tube		● Pass
002	Ultra	Overfill Drop Tube		● Pass
Precision Line Tightness Test				
Equipment #	Grade			Result
002	Ultra			● Pass
001	Regular			● Fail
Shear Valve				
Form Name				Result
Shear Valve				● Pass
Spill Bucket Test (Hydro / Vacuum)				
Equipment #	Grade	Spill Bucket Type	Wall Type	Result
001	Regular	Spill Bucket: Fill	Single	● Pass
002	Ultra	Spill Bucket: Fill	Single	● Pass
UST / AST Monitor				
Form Name				Result
UST / AST Monitor				● Pass

Nicholas Christina

Seth Boesel

ANNUAL WALKTHROUGH INSPECTION

UST Facility I.D. #: 8-600628		
Facility Name: Alto Mart		
Facility Address: 1375 Hudson Avenue		
City: Rochester	State: NY	Zip: 14621
Telephone Number: 5852661588		
Person Performing Walkthrough Inspection	Print: Seth Boesel	
Sign: 		
Date of Inspection: 3/17/2026		

HANDHELD RELEASE DETECTION EQUIPMENT

Storage Tank Gauge Stick	
A tank gauge stick is present and accessible on site	<input checked="" type="checkbox"/> P <input type="checkbox"/> F
Stick is in good condition and is not cracked, faded, or otherwise damaged	<input checked="" type="checkbox"/> P <input type="checkbox"/> F
Gauging stick capable of measuring the full height of the tank to nearest 1/8 inch	<input checked="" type="checkbox"/> P <input type="checkbox"/> F

Handheld Notes / Comments

	Tank / Disp # 001	Tank / Disp # 1/2	Tank / Disp # 002	Tank / Disp # 3/4	Tank / Disp #
Type of Containment Inspected	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input checked="" type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input checked="" type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition
Containment sump manway / dispenser cover is present, is in good condition	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
Sump sensor is properly mounted within 1" of sump bottom	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA
Containment sump free from water, product, and debris	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
No visual leaks or weeps observed inside sump	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
Double-walled containment sump: No evidence of a release in interstice	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA
	Tank / Disp #	Tank / Disp #	Tank / Disp #	Tank / Disp #	Tank / Disp #
Type of Containment Inspected	<input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition
Containment sump manway / dispenser cover is present, is in good condition	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
Sump sensor is properly mounted within 1" of sump bottom	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA
Containment sump free from water, product, and debris	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
No visual leaks or weeps observed inside sump	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
Double-walled containment sump: No evidence of a release in interstice	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA

Comments For 001 Regular Sump - STP

Comments For 1/2 Multi-Product Dispenser Dispenser

Comments For 002 Ultra Sump - STP

Comments For 3/4 Multi-Product Dispenser Dispenser

Cathodic Protection Tank (Sacrificial/Galvanic System)

Site Name/Number: Alto Mart 8-600628	Date: 3/17/2026	Tester Name: Seth Boesel
UST Registration # 8-600628		Tester Certification #:
Address: 1375 Hudson Avenue Rochester NY 14621	Work/Visit# 172479	Overall Result Pass: <input checked="" type="checkbox"/> Fail: <input type="checkbox"/> Inconclusive: <input type="checkbox"/>

TANK INFORMATION

Equipment #: 001	Grade: Regular	Tank Size: 12000
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Structure to Soil Potentials vs. Cu/Cu SO4 (millivolts)	Structure Contact Point Tank Bottom				Remote Half Cell Continuity Location of Half Cell: <u>Grass by road</u>	
Reference Cell Location	Local Structure-to-Soil				Structure Tested	S/S Potential
	On	Instant Off	Off/Decayed	Pass/Fail		
STP sump	-917			Pass	ATG Riser	-638
Monitor riser	-1013			Pass	Tank Bottom	-787
Interstitial Riser	-883			Pass	Tank Interstitial	-696
Reference Cell Location	Remote Structure-to-Soil				Structure Tested	S/S Potential
	On	Instant Off	Off/Decayed	Pass/Fail		
Grass by road	-1032			Pass		
Grass by road	-1021			Pass		
Are the remote half-cell structure-to-soil potential readings at least 30' from the structure being tested?					Yes	
Are the remote half-cell structure-to-soil potential readings at least 10' away from each other?					Yes	
Is there a lead wire present? ^{No} Where is the lead wire located?						

Comments:

Cathodic Protection Tank (Sacrificial/Galvanic System)

Site Name/Number: Alto Mart 8-600628	Date: 3/17/2026	Tester Name: Seth Boesel
UST Registration # 8-600628		Tester Certification #:
Address: 1375 Hudson Avenue Rochester NY 14621	Work/Visit# 172479	Overall Result Pass: <input checked="" type="checkbox"/> Fail: <input type="checkbox"/> Inconclusive: <input type="checkbox"/>

TANK INFORMATION

Equipment #: 002	Grade: Ultra	Tank Size: 6000
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Structure to Soil Potentials vs. Cu/Cu SO4 (millivolts)	Structure Contact Point Tank Bottom				Remote Half Cell Continuity Location of Half Cell: Grass by road	
Reference Cell Location	Local Structure-to-Soil				Structure Tested	S/S Potential
	On	Instant Off	Off/Decayed	Pass/Fail		
STP sump	-1018			Pass	ATG Riser	-778
Monitor riser	-958			Pass	Tank Bottom	-754
Interstitial Riser	-972			Pass	Tank Interstitial	-548
Reference Cell Location	Remote Structure-to-Soil				Structure Tested	S/S Potential
	On	Instant Off	Off/Decayed	Pass/Fail		
Grass by road	-984			Pass		
Grass by road	-964			Pass		
Are the remote half-cell structure-to-soil potential readings at least 30' from the structure being tested?					Yes	
Are the remote half-cell structure-to-soil potential readings at least 10' away from each other?					Yes	
Is there a lead wire present? No Where is the lead wire located?						

Comments:

MECHANICAL AND ELECTRONIC LINE LEAK DETECTORS PERFORMANCE TESTS

Facility Name: Alto Mart	Owner: Super 104 Inc	
Address: 1375 Hudson Avenue	Address:	
City, State, Zip Code: Rochester NY 14621	City, State, Zip Code:	
Facility I.D. #: 8-600628	Phone #: 5852661588	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 3/17/2026

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	002	001				
Product Stored	Ultra	Regular				
Leak Detector Manufacturer	RedJacket	RedJacket				
Leak Detector Model	FX1V	FX2V				
Type of Leak Detector	<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	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD

MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

STP Full Operating Pressure	23	26				
Check Valve Holding Pressure	17	15				
Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 psig)	567.81	567.81				
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				
Metering Pressure (STP pressure when simulated leak rate 3 gph at 10 psig)	11	11				
Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped)	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 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 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 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 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: Alto Mart	Owner: Super 104 Inc
Address: 1375 Hudson Avenue	Address:
City, State, Zip Code: Rochester NY 14621	City, State, Zip Code:
Facility I.D. #: 8-600628	Phone #:
Testing Company: Owl Services USA	Phone #: 800-646-3161
	Date: 3/17/2026

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

Product Grade	Regular	Ultra				
Tank Number	001	002				
Tank Volume, gallons	12000	6000				
Tank Diameter, inches	96	96				
Overfill Prevention Device Brand	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 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 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 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 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 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 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
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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 

Alto Mart
 1375 Hudson Avenue
 Rochester
 NY 14621

Purpora Engineering
Petro-Tite Line Tightness Test Form

Work Visit # 172479
 UST Registration #
 8-600628

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		
002	09:40	Connected line tester to: Shear						Material <u>APT Polytech (light</u> Wall Type <u>Double</u> Line Length (feet) <u>100</u> Diameter (inches) <u>2</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(100 * 0.0012)$ $+ (0 * 0.006) + 0.05 = 0.17$
Ultra	09:50	Started line test		60		.1		
	10:00	Line Test Continued	60	60	.067	.067	0	
	10:10	Line Test Continued	60	60	.067	.067	0	
	10:20	Line Test Continued	60	60	.067	.067	0	
	10:21	Bleed Back	60	0	.067	.1	0.033	

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
002 Ultra	Yes	0	3/17/2026

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

 ab32a810
 Certification # _____

Notes:

Alto Mart
 1375 Hudson Avenue
 Rochester
 NY 14621

Purpora Engineering
 Petro-Tite Line Tightness Test Form

Work Visit # 172479
 UST Registration #
 8-600628

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		
001	09:46	Connected line tester to: Shear						Material <u>APT Polytech (light</u> Wall Type <u>Double</u> Line Length (feet) <u>100</u> Diameter (inches) <u>2</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(100 * 0.0012)$ $+ (0 * 0.006) + 0.05 = 0.17$
Regular	10:01	Started line test		60		.1		
	10:16	Line Test Continued	60	0	.05	.05	0	
	10:31	Line Test Continued	0	0	.05	.05	0	
	10:46	Line Test Continued	0	0	.05	.05	0	
	10:47	Bleed Back	0	0	.05	.1	0.05	

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
001 Regular	No	0	3/17/2026

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

ab32a810

Certification # _____

Notes:

SHEAR VALVE OPERATION INSPECTION

Facility Name: Alto Mart	Owner Super 104 Inc
Address: 1375 Hudson Avenue	Address
City, State, Zip Code: Rochester NY 14621	City, State, Zip Code:
Facility I.D. #: 8-600628	Phone #: 5852661588
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	Ultra	Regular	Ultra					
Dispenser ID#	1/2	1/2	3/4	3/4					
Shear Valve Type (Product/Vapor)	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 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. 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 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. 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 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
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 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
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 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

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 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
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Comments:

Tester's Name (print) Seth Boesel Tester's Signature  3/17/2026

Testing was conducted in accordance with PEI/RP1200

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

Facility Name: Alto Mart	8-600628	Owner: Super 104 Inc
Address: 1375 Hudson Avenue		Address:
City, State, Zip Code: Rochester NY 14621		City, State, Zip Code:
Facility I.D. #: 8-600628		Phone #: 5852661588
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 3/17/2026

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	001	002				
Product Stored	Regular	Ultra				
Spill Bucket Capacity	5	5				
Manufacturer	OPW 5 gallon	OPW 5 gallon				
Construction	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" 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	<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 type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" 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	<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 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 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 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 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 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 "				
Starting Level	16 "	16 "				
Test Start Time	10:00am	10:01am				
Ending Level	16 "	16 "				
Test End Time	11:00am	11:01am				
Test Period	60 minute(s)	60 minute(s)				
Level Change	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 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
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Comments:⁰⁰¹
002

*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: Alto Mart	Owner: Super 104 Inc		
Address: 1375 Hudson Avenue	Address:		
City, State, Zip Code: Rochester NY 14621	City, State, Zip Code:		
Facility I.D. #: 8-600628	Phone #: 5852661588		
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 3/17/2026	

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	001	002		
Product Stored	Regular	Ultra		
ATG Brand and Model	Franklin Fueling TS-1001	Franklin Fueling TS-1001		
1. Tank Volume, gallons	12000	6000		
2. Tank Diameter, inches	96	96		
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 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 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 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 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.	82	82		
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 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		
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 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 Pass Fail Pass Fail Pass Fail Pass Fail

Comments:

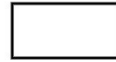
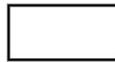
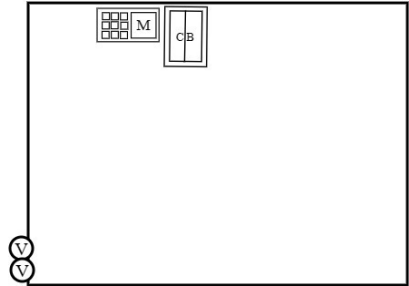
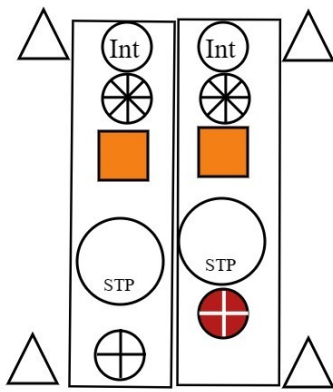
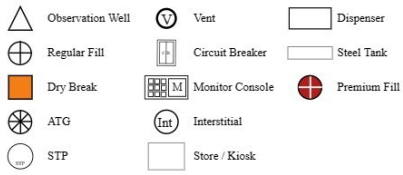
Tester's Name (print) Seth Boesel

Tester's Signature





Diagram - Site Diagram (v2)





Visit Verification

CUSTOMER
 Super 104 Inc

LOCATION
 #8-600628
 1375 Hudson Avenue
 Rochester, NY 14621

CONTACT
 Alto Mart

SCHEDULED
 03/17/2026 12:00am (EDT)

ASSIGNED TO
 Nicholas Christina, Seth Boesel

SERVICE REASON
 Compliance

PRODUCTS & SERVICES

Item	Qty
Combos	
All Lines and Leak Detectors	2.00
Expenses	
Fuel Surcharge	1.00
Miscellaneous Consumables Misc Consumables	1.00
Report Management & Data Storage Fee	1.00
Test Management and Admin Processing Auto schedule/compliance management /processing fee	1.00
Services	
Sacrificial Anode System	1.00
Monitor System Inspection Automatic Tank Gauging System / Monitor System Inspection	1.00
Spill Buckets Spill Bucket Testing	1.00
All Shear Valves	1.00
Overfill Verification	1.00
Annual Walkthrough 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
 Snsn

Email

Signature Status
 Captured



Crompco LLC, an OWL Services Affiliated Company
1815 Gallagher Rd
Plymouth Meeting, PA 19462

Super 104 Inc
Location #8-600628

1375 Hudson Avenue
Rochester, NY 14621
+1 585-266-1588

W-170178 Visit #172479 3/17/2026

A handwritten signature in black ink, appearing to be 'Crompco' or similar, written in a cursive style.