



Emergency Stop				
Equipment #	Location			Result
1	Under Counter			● Pass
2	Outside Wall of Building			
Federal Stage I Pressure Decay 2-inch				
Form Name				Result
Federal Stage I Pressure Decay 2-inch				● Fail
Leak Detector				
Equipment #	Grade	Pump Type		Result
005	Regular	Mechanical (MLLD)		● Pass
007	Premium	Mechanical (MLLD)		● Pass
Overfill				
Equipment #	Grade	Overfill Type		Result
006	Regular (drone)	Overfill Drop Tube		● Pass
007	Premium	Overfill Drop Tube		● Pass
005	Regular	Overfill Drop Tube		● Inconclusive
PV Valve				
Equipment #	Make	Model		Result
001,002,003	OPW	623V		● Pass
Precision Line Tightness Test				
Equipment #	Grade			Result
005	Regular			● Pass
007	Premium			● Pass
Shear Valve				
Form Name				Result
Shear Valve				● Pass
Spill Bucket Test (Hydro / Vacuum)				
Equipment #	Grade	Spill Bucket Type	Wall Type	Result
006	Regular (drone)	Spill Bucket: Fill	Double	● Pass
005	Regular	Spill Bucket: Fill	Double	● Pass
007	Premium	Spill Bucket: Fill	Double	● Pass
UST / AST Monitor				
Form Name				Result
UST / AST Monitor				● Pass

Nicholas Christina

Seth Boesel

**EMERGENCY STOP SWITCH  
OPERATION INSPECTION**

Facility Name: 7-Eleven	40133	Owner: 7-Eleven Stores, Inc
Address: 3930 Dewey Avenue		Address:
City, State, Zip Code: Rochester	NY	14624
City, State, Zip Code:		
Facility I.D. #: 8-065560	Phone #: 5856636850	
Testing Company: Owl Services USA	Phone #: 610-278-7203	Date: 2/24/2026

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	1	2				
Location	Under 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.

<b>Test Results</b>	<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
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Comments:



Testing was conducted in accordance with PEI/RP1200

Seth Boesel



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

1 Under Counter

2 Outside Wall of Building

Pressure Decay Test			
Stage 1 Type	Last Fuel Delivery	Is a swivel/rotatable or locking clamp style equipment installed on all gasoline fill ports?	Is a swivel/rotatable or locking clamp style equipment installed on all gasoline Stage 1 Vapor Adapters?
<input type="checkbox"/> Co-Axial <input checked="" type="checkbox"/> Dual Point <input type="checkbox"/> Combination  Are tanks manifolded in the vapor space? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date & Time <sup>1</sup>  <div style="border: 1px solid black; padding: 5px; width: fit-content;">02/17/2026 10:00am</div>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Pressure Decay Test Results**

Tank Number	005	006	007		Total
1. Product Grade	Regular	Regular	Premium		
2. Distance of Drop Tube from Tank Bottom ( <i>inches</i> )	2	2	2		
3. Actual Tank Capacity ( <i>gallons</i> )	9684	9684	9684		29052
4. Gasoline Volume ( <i>gallons</i> )	3909	3890	3765		11564
5. Ullage <sup>2</sup> ( <i>gallons</i> ) (Ullage = Line #4 – Lines #5)	5775	5794	5919		17488
<b>Start Time of Test</b>					02/24/2026 10:00am
6. Initial Pressure ( <i>inches H<sub>2</sub>O</i> )					2.00
7. Pressure After 1 Minute ( <i>inches H<sub>2</sub>O</i> )					2.00
8. Pressure After 2 Minutes ( <i>inches H<sub>2</sub>O</i> )					1.94
9. Pressure After 3 Minutes ( <i>inches H<sub>2</sub>O</i> )					1.81
10. Pressure After 4 Minutes ( <i>inches H<sub>2</sub>O</i> )					1.13
11. Pressure After 5 Minutes ( <i>inches H<sub>2</sub>O</i> )					.70
12. Allowable Pressure <sup>3</sup> ( <i>inches H<sub>2</sub>O</i> )					1.9435
<b>Result</b>					<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail

Comments

UST Registration # 8-065560

Pressure is dropping significantly, the vent piping is crooked and has been pushed by a snow plow. Will need the vent piping fixed to pass

## Confidential Business Information

**Location Phone #:** 5856636850

**Location PBS #:** 8-065560

<b>Tank #</b>	<b>Grade</b>	<b>Capacity</b>	<b>Install Date</b>
005	Regular	9684	6/1/1994
006	Regular (drone)	9684	6/1/1994
007	Premium	9684	6/1/1994

### Annual Gasoline Throughput

Regular: 652,584  
Plus: 48,671  
Premium: 37,216  
Ultra: 25,972

## MECHANICAL AND ELECTRONIC LINE LEAK DETECTORS PERFORMANCE TESTS

Facility Name: 7-Eleven	Owner: 7-Eleven Stores, Inc	
Address: 3930 Dewey Avenue	Address:	
City, State, Zip Code: Rochester NY 14624	City, State, Zip Code:	
Facility I.D. #: 8-065560	Phone #: 5856636850	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/24/2026

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	005	007				
Product Stored	Regular	Premium				
Leak Detector Manufacturer	RedJacket	RedJacket				
Leak Detector Model	FX1V	FX1V				
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	29	27				
Check Valve Holding Pressure	15	14				
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)	12	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
<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

Tester Signature: 

Tester Name: Seth Boesel



**Form 1**

**Pressure/Vacuum (P/V) Vent Valve Data Sheet**

Facility Name: 7-Eleven	40133	Test Date: 2/24/2026
Address: 3930 Dewey Avenue		Test Company: Owl Services USA
City: Rochester NY	14624	Tester Name: Seth Boesel

<b>P/V Valve Manufacturer:</b> OPW	<b>Model Number:</b> 623V	<b>Pass Fail</b> ✓
<b>Manufacturers Specified Positive Leak Rate (CFH):</b> +.05	<b>Manufacturers Specified Negative Leak Rate (CFH):</b> -.21	
Measured Positive Leak Rate (CFH): .03	Measured Negative Leak Rate (CFH): -.12	
Positive Cracking Pressure (in. H <sub>2</sub> O): 3.1	Negative Cracking Pressure (in. H <sub>2</sub> O): -6.8	

<b>P/V Valve Manufacturer:</b>	<b>Model Number:</b>	<b>Pass Fail</b>
<b>Manufacturers Specified Positive Leak Rate (CFH):</b>	<b>Manufacturers Specified Negative Leak Rate (CFH):</b>	
Measured Positive Leak Rate (CFH):	Measured Negative Leak Rate (CFH):	
Positive Cracking Pressure (in. H <sub>2</sub> O):	Negative Cracking Pressure (in. H <sub>2</sub> O):	

<b>P/V Valve Manufacturer:</b>	<b>Model Number:</b>	<b>Pass Fail</b>
<b>Manufacturers Specified Positive Leak Rate (CFH):</b>	<b>Manufacturers Specified Negative Leak Rate (CFH):</b>	
Measured Positive Leak Rate (CFH):	Measured Negative Leak Rate (CFH):	
Positive Cracking Pressure (in. H <sub>2</sub> O):	Negative Cracking Pressure (in. H <sub>2</sub> O):	

<b>P/V Valve Manufacturer:</b>	<b>Model Number:</b>	<b>Pass Fail</b>
<b>Manufacturers Specified Positive Leak Rate (CFH):</b>	<b>Manufacturers Specified Negative Leak Rate (CFH):</b>	
Measured Positive Leak Rate (CFH):	Measured Negative Leak Rate (CFH):	
Positive Cracking Pressure (in. H <sub>2</sub> O):	Negative Cracking Pressure (in. H <sub>2</sub> O):	

## Confidential Business Information

**Location Phone #:** 5856636850

**Location PBS #:** 8-065560

<b>Tank #</b>	<b>Grade</b>	<b>Capacity</b>	<b>Install Date</b>
005	Regular	9684	6/1/1994
006	Regular (drone)	9684	6/1/1994
007	Premium	9684	6/1/1994

### Annual Gasoline Throughput

Regular: 652,584  
Plus: 48,671  
Premium: 37,216  
Ultra: 25,972

7-Eleven  
 3930 Dewey Avenue  
 Rochester  
 NY 14624

**Purpora Engineering**  
**Petro-Tite Line Tightness Test Form**

Work Visit # 163011  
 UST Registration #  
 8-065560

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	09:10	Connected line tester to: Shear						<b>Material</b> <u>Fiberglass</u>  <b>Wall Type</b> <u>Double</u>  <b>Line Length (feet)</b> <u>120</u>  <b>Diameter (inches)</b> <u>2</u>  <b>Pressure/Suction</b> <u>Pressure</u>  <b>Allowable Bleedback</b>  $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$  $( 120 * 0 )$ $+ ( 0 * 0.006 ) + 0.05 = 0.05$
Regular	09:20	Started line test		60		.1		
	09:30	Line Test Continued	60	60	.053	.053	0	
	09:40	Line Test Continued	60	60	.053	.053	0	
	09:50	Line Test Continued	60	60	.053	.053	0	
	09:51	Bleed Back	60	0	.053	.1	0.047	

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 Regular	Yes	0	2/24/2026

**CONTRACTOR CERTIFICATION**

Technician:  
 Seth Boesel  
 \_\_\_\_\_  
 ab32a810  
 Certification # \_\_\_\_\_

Notes:

7-Eleven  
 3930 Dewey Avenue  
 Rochester  
 NY 14624

**Purpora Engineering**  
**Petro-Tite Line Tightness Test Form**

Work Visit # 163011  
 UST Registration #  
 8-065560

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		
007	09:11	Connected line tester to: Shear						<b>Material</b> <u>Fiberglass</u>  <b>Wall Type</b> <u>Double</u>  <b>Line Length (feet)</b> <sup>110</sup> _____  <b>Diameter (inches)</b> <sup>2</sup> _____  <b>Pressure/Suction</b> <u>Pressure</u>  <b>Allowable Bleedback</b>  $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$  $( 110 * 0 )$ $+ ( 0 * 0.006 ) + 0.05 = 0.05$
Premium	09:21	Started line test		60		.05		
	09:31	Line Test Continued	60	60	.05	.05	0	
	09:41	Line Test Continued	60	60	.05	.05	0	
	09:51	Line Test Continued	60	60	.05	.05	0	
	09:52	Bleed Back	60	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
007 Premium	Yes	0	2/24/2026

**CONTRACTOR CERTIFICATION**

Technician:  
 Seth Boesel

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ab32a810

Certification # \_\_\_\_\_

Notes:

## SHEAR VALVE OPERATION INSPECTION

Facility Name: 7-Eleven	Owner: 7-Eleven Stores, Inc
Address: 3930 Dewey Avenue	Address
City, State, Zip Code: Rochester NY 14624	City, State, Zip Code:
Facility I.D. #: 8-065560	Phone #: 5856636850
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	Premium	Regular	Premium	Regular	Premium	Regular	Premium	
Dispenser ID#	1/2	1/2	3/4	3/4	5/6	5/6	7/8	7/8	
Shear Valve Type (Product/Vapor)	Product	Product	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 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
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 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
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 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
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 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
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 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

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 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
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**Comments:**

Tester's Name (print) Seth Boesel Tester's Signature  2/24/2026

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	40133	Owner: 7-Eleven Stores, Inc
Address: 3930 Dewey Avenue		Address:
City, State, Zip Code: Rochester NY 14624		City, State, Zip Code:
Facility I.D. #: 8-065560		Phone #: 5856636850
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/24/2026

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	006 Primary	005 Primary	007 Primary			
Product Stored	Regular (drone)	Regular	Premium			
Spill Bucket Capacity	5	5	5			
Manufacturer	OPW 5 gallon	OPW 5 gallon	OPW 5 gallon			
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	10:00am	10:01am			
Ending Level	16 "	16 "	16 "			
Test End Time	11:00am	11:00am	11:01am			
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.						
<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**Comments:**<sup>006</sup>  
005  
  
007

\*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: 3930 Dewey Avenue	Address:	
City, State, Zip Code: Rochester NY 14624	City, State, Zip Code:	
Facility I.D. #: 8-065560	Phone #: 5856636850	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/24/2026

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	005	006	007	
Product Stored	Regular	Regular (drone)	Premium	
ATG Brand and Model	Veeder Root TLS-350	Veeder Root TLS-350	Veeder Root TLS-350	
1. Tank Volume, gallons	9684	9684	9684	
2. Tank Diameter, inches	92	92	92	
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.	82	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Inch level from the bottom when the water float first triggers an alarm.	2	2	2	
10. Inch level at which the water float alarm activates corresponds with value programmed in the gauge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Comments:**

Tester's Name (print) Seth Boesel

Tester's Signature



## LIQUID SENSOR FUNCTIONALITY TESTING

Facility Name: 7-Eleven	Owner: 7-Eleven Stores, Inc	
Address: 3930 Dewey Avenue	Address:	
City, State, Zip Code: Rochester NY 14624	City, State, Zip Code:	
Facility I.D. #: 8-065560	Phone #: 5856636850	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/24/2026

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	005 STP Sump	007 STP Sump					
Product Stored	Regular	Premium					
Type of Sensor	<input checked="" type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating
Test Liquid	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product
Is the ATG console clear of any active alarms regarding any leak sensors? If the sensor is in alarm and functioning, indicate why.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor alarm circuit operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has sensor been inspected and in good operating condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When placed in the test liquid, does the sensor trigger an alarm?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When an alarm is triggered, is the sensor properly identified on the ATG console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any "No" answers indicates a test failure.

<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Comments:**

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

## LIQUID SENSOR FUNCTIONALITY TESTING

Facility Name: 7-Eleven	Owner: 7-Eleven Stores, Inc	
Address: 3930 Dewey Avenue	Address:	
City, State, Zip Code: Rochester NY 14624	City, State, Zip Code:	
Facility I.D. #: 8-065560	Phone #: 5856636850	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/24/2026

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	005 Tank Interstitial	006 Tank Interstitial	007 Tank Interstitial				
Product Stored	Regular	Regular	Premium				
Type of Sensor	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input 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.

<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Comments:**

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

## LIQUID SENSOR FUNCTIONALITY TESTING

Facility Name: 7-Eleven	Owner: 7-Eleven Stores, Inc	
Address: 3930 Dewey Avenue	Address:	
City, State, Zip Code: Rochester NY 14624	City, State, Zip Code:	
Facility I.D. #: 8-065560	Phone #: 5856636850	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/24/2026

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	Dispenser 5/6	Dispenser 7/8			
Product Stored	Regular, Plus, Premium, Ultra	Regular, Plus, Premium, Ultra	Regular, Plus, Premium, Ultra	Regular, Plus, Premium, Ultra			
Type of Sensor	<input checked="" type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input checked="" type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input checked="" type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input checked="" 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 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
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 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
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 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
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 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
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 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
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 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

Any "No" answers indicates a test failure.

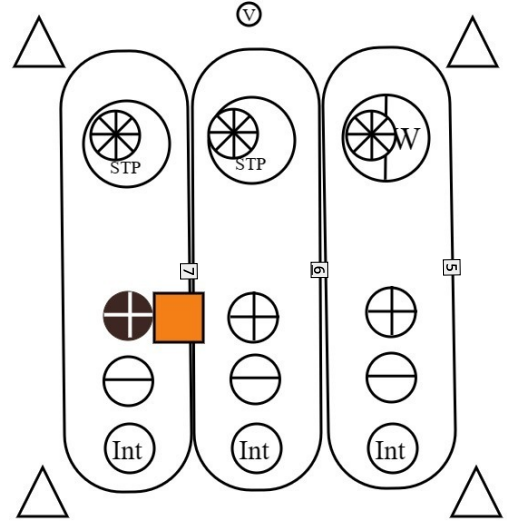
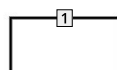
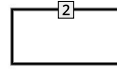
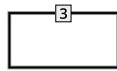
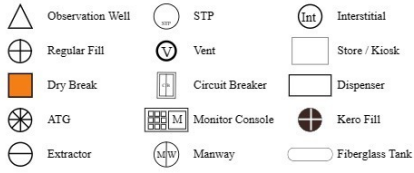
<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Comments:**

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



## Diagram - Site Diagram (v1)



1: Dispenser - 5/6

2: Dispenser - 3/4

3: Dispenser - 1/2

4: Dispenser - 7/8

5: Fiberglass Tank - Reg Siphon

6: Fiberglass Tank - Reg Master

7: Fiberglass Tank - Prem



## Visit Verification

CUSTOMER  
 7-Eleven Stores, Inc

LOCATION  
 #40133  
 3930 Dewey Avenue  
 Rochester, NY 14624

CONTACT  
 7-Eleven Stores, Inc

SCHEDULED  
 02/24/2026 12:00am (EST)

ASSIGNED TO  
 Nicholas Christina, Seth Boesel

SERVICE REASON  
 Compliance

### PRODUCTS & SERVICES

Item	Qty
<b>Combos</b>	
All Lines and Leak Detectors	2.00
Federal Stage I Pressure Decay, Pressure Relief Valve	1.00
<b>Products</b>	
Cap Vapor 4 in. [423]	2.00
Vent P/V Valve (623V2203) 2 in. thread-on [991]	1.00
<b>Services</b>	
Monitor System Inspection Automatic Tank Gauging System / Monitor System Inspection	1.00
Spill Buckets Spill Bucket Testing	3.00
All Shear Valves	2.00
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  
 Jehu

Email

Signature Status  
 Captured