



| Emergency Stop | | | | |
|---------------------------------------|-----------------|--------------------|-----------|----------------|
| Equipment # | Location | | | Result |
| 1 | Behind Counter | | | ● Pass |
| Federal Stage I Pressure Decay 2-inch | | | | |
| Form Name | | | | Result |
| Federal Stage I Pressure Decay 2-inch | | | | ● Pass |
| Leak Detector | | | | |
| Equipment # | Grade | Pump Type | | Result |
| 007 | Regular | Mechanical (MLLD) | | ● Pass |
| 008 | Regular (drone) | Mechanical (MLLD) | | ● Pass |
| 009B | Ultra | Mechanical (MLLD) | | ● Pass |
| 009A | Diesel | Mechanical (MLLD) | | ● Pass |
| Overfill | | | | |
| Equipment # | Grade | Overfill Type | | Result |
| 007 | Regular | Overfill Drop Tube | | ● Pass |
| 008 | Regular (drone) | Overfill Drop Tube | | ● Pass |
| 009A | Diesel | Overfill Drop Tube | | ● Pass |
| 009B | Ultra | Overfill Drop Tube | | ● Inconclusive |
| PV Valve | | | | |
| Equipment # | Make | Model | | Result |
| 007,008,009b | OPW | 623V | | ● Pass |
| Precision Line Tightness Test | | | | |
| Equipment # | Grade | | | Result |
| 007 | Regular | | | ● Pass |
| 009B | Ultra | | | ● Pass |
| 009A | Diesel | | | ● Pass |
| Shear Valve | | | | |
| Form Name | | | | Result |
| Shear Valve | | | | ● Pass |
| Spill Bucket Test (Hydro / Vacuum) | | | | |
| Equipment # | Grade | Spill Bucket Type | Wall Type | Result |
| 007 | Regular | Spill Bucket: Fill | Single | ● Pass |
| 008 | Regular (drone) | Spill Bucket: Fill | Single | ● Pass |
| 009A | Ultra | Spill Bucket: Fill | Single | ● Pass |
| 009B | Diesel | Spill Bucket: Fill | Single | ● Pass |
| UST / AST Monitor | | | | |
| Form Name | | | | Result |
| UST / AST Monitor | | | | ● Pass |



Nicholas Christina



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

7-Eleven Stores, Inc
Location #40248

828 Ridge Road
Webster, NY 14580
+1 585-671-1756

W-169821 Visit #172122 3/04/2026

A handwritten signature in black ink, appearing to read "Seth Boesel". The signature is fluid and cursive, with a large initial "S" and "B".

Seth Boesel

Comments:



Testing was conducted in accordance with PEI/RP1200

Seth Boesel



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

1 Behind Counter

| 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 ¹ <div style="border: 1px solid black; padding: 5px; width: fit-content;">02/25/2026 09:30am</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 | 007 | 008 | 009B | | Total |
|---|---------|---------|-------|--|--|
| 1. Product Grade | Regular | Regular | Ultra | | |
| 2. Distance of Drop Tube from Tank Bottom (<i>inches</i>) | 2 | 2 | 2 | | |
| 3. Actual Tank Capacity (<i>gallons</i>) | 14781 | 14781 | 6046 | | 35608 |
| 4. Gasoline Volume (<i>gallons</i>) | 8698 | 8827 | 3297 | | 20822 |
| 5. Ullage ² (<i>gallons</i>) (Ullage = Line #4 – Lines #5) | 6083 | 5954 | 2749 | | 14786 |
| Start Time of Test | | | | | 03/04/2026 09:30am |
| 6. Initial Pressure (<i>inches H₂O</i>) | | | | | 2.00 |
| 7. Pressure After 1 Minute (<i>inches H₂O</i>) | | | | | 2.00 |
| 8. Pressure After 2 Minutes (<i>inches H₂O</i>) | | | | | 1.99 |
| 9. Pressure After 3 Minutes (<i>inches H₂O</i>) | | | | | 1.98 |
| 10. Pressure After 4 Minutes (<i>inches H₂O</i>) | | | | | 1.97 |
| 11. Pressure After 5 Minutes (<i>inches H₂O</i>) | | | | | 1.95 |
| 12. Allowable Pressure ³ (<i>inches H₂O</i>) | | | | | 1.9334 |
| Result | | | | | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |

Comments

UST Registration # 8-071242

Confidential Business Information

Location Phone #: 5856711756

Location PBS #: 8-071242

| Tank # | Grade | Capacity | Install Date |
|---------------|-----------------|-----------------|---------------------|
| 007 | Regular | 14781 | 9/9/2008 |
| 008 | Regular (drone) | 14781 | 9/9/2008 |
| 009B | Ultra | 6046 | 9/9/2008 |
| | | | |
| | | | |
| | | | |

Annual Gasoline Throughput

Regular: 1,524,892
Plus: 69,219
Premium: 91,645
Diesel: 117,192

MECHANICAL AND ELECTRONIC LINE LEAK DETECTORS PERFORMANCE TESTS

| | | | | | |
|-----------------------------------|--|-------------------------|-----------------------------|------------------------|----------------|
| Facility Name: 7-Eleven | | | Owner: 7-Eleven Stores, Inc | | |
| Address: 828 Ridge Road | | 828 Ridge Road East & 5 | | Address: | |
| City, State, Zip Code: Webster | | NY 14580 | | City, State, Zip Code: | |
| Facility I.D. #: 8-071242 | | | Phone #: 5856711756 | | |
| Testing Company: Owl Services USA | | | Phone #: 800-646-3161 | | Date: 3/4/2026 |

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 | 007 | 008 | 009B | 009A | | |
| Product Stored | Regular | Regular | Ultra | Diesel | | |
| Leak Detector Manufacturer | FE Petro | Veeder | FE Petro | FE Petro | | |
| 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 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 |

MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

| | | | | | | |
|--|---|---|---|---|--|--|
| STP Full Operating Pressure | 29 | 35 | 29 | 33 | | |
| Check Valve Holding Pressure | 28 | 32 | 28 | 32 | | |
| Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 psig) | 567.81 | 567.81 | 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 | 4 | 4 | | |
| Metering Pressure (STP pressure when simulated leak rate 3 gph at 10 psig) | 13 | 11 | 12 | 11 | | |
| Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped) | 4 | 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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: 828 Ridge Road | | Address: | |
| City, State, Zip Code: Webster NY 14580 | | City, State, Zip Code: | |
| Facility I.D. #: 8-071242 | | Phone #: | |
| Testing Company: Owl Services USA | | Phone #: 800-646-3161 | Date: 3/4/2026 |

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

| Product Grade | Regular | Regular (drone) | Diesel | Ultra | | |
|----------------------------------|---------|-----------------|--------------|-------|--|--|
| Tank Number | 007 | 008 | 009A | 009B | | |
| Tank Volume, gallons | 14781 | 14781 | 8749 | 6046 | | |
| Tank Diameter, inches | 92 | 92 | 92 | 92 | | |
| Overfill Prevention Device Brand | OPW | OPW | Emco Wheaton | 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 checked="" 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 checked="" 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 

Form 1

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

| | | |
|-------------------------|-------|--------------------------------|
| Facility Name: 7-Eleven | 40248 | Test Date: 3/4/2026 |
| Address: 828 Ridge Road | | Test Company: Owl Services USA |
| City: Webster NY | 14580 | Tester Name: Seth Boesel |

| | | |
|---|---|-----------------------|
| P/V Valve Manufacturer: OPW | Model Number: 623V | Pass Fail ✓ |
| Manufacturers Specified Positive Leak Rate (CFH): +.05 | Manufacturers Specified Negative Leak Rate (CFH): -.21 | |
| Measured Positive Leak Rate (CFH): .03 | Measured Negative Leak Rate (CFH): -.13 | |
| Positive Cracking Pressure (in. H ₂ O): 3.2 | Negative Cracking Pressure (in. H ₂ O): -6.8 | |

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

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

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

Confidential Business Information

Location Phone #: 5856711756

Location PBS #: 8-071242

| Tank # | Grade | Capacity | Install Date |
|--------|-----------------|----------|--------------|
| 007 | Regular | 14781 | 9/9/2008 |
| 008 | Regular (drone) | 14781 | 9/9/2008 |
| 009B | Ultra | 6046 | 9/9/2008 |
| | | | |

Annual Gasoline Throughput

Regular: 1,524,892
Plus: 69,219
Premium: 91,645
Diesel: 117,192

7-Eleven
 828 Ridge Road
 Webster
 NY 14580

Purpora Engineering
 Petro-Tite Line Tightness Test Form

Work Visit # 172122
 UST Registration #
 8-071242

| 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 | 09:15 | Connected line tester to: Shear | | | | | | Material <u>Fiberglass</u> Wall Type <u>Double</u> Line Length (feet) ²⁰⁰ Diameter (inches) ² Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(200 * 0) + (0 * 0.006) + 0.05 = 0.05$ |
| Regular | 09:25 | Started line test | | 60 | | .1 | | |
| | 09:35 | Line Test Continued | 60 | 60 | .067 | .067 | 0 | |
| | 09:45 | Line Test Continued | 60 | 60 | .067 | .067 | 0 | |
| | 09:55 | Line Test Continued | 60 | 60 | .067 | .067 | 0 | |
| | 09:56 | 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 |
|---------------------|-------------------------|----------------------------|-------------|
| 007 Regular | Yes | 0 | 3/4/2026 |
| | | | |
| | | | |

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

ab32a810
 Certification # _____

Notes:

7-Eleven
 828 Ridge Road
 Webster
 NY 14580

Purpora Engineering
 Petro-Tite Line Tightness Test Form

Work Visit # 172122
 UST Registration #
 8-071242

| 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 | | |
| 009A | 09:17 | Connected line tester to: Shear | | | | | | Material <u>Fiberglass</u> Wall Type <u>Double</u> Line Length (feet) <u>75</u> Diameter (inches) <u>2</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(75 \quad * \quad 0 \quad)$ $+ (0 \quad * \quad 0.006) + 0.05 = 0.05$ |
| Diesel | 09:27 | Started line test | | 60 | | .1 | | |
| | 09:37 | Line Test Continued | 60 | 60 | .06 | .06 | 0 | |
| | 09:47 | Line Test Continued | 60 | 60 | .06 | .06 | 0 | |
| | 09:57 | Line Test Continued | 60 | 60 | .06 | .06 | 0 | |
| | 09:58 | 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 |
|---------------------|-------------------------|----------------------------|-------------|
| 009A Diesel | Yes | 0 | 3/4/2026 |
| | | | |
| | | | |

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

ab32a810

Certification # _____

Notes:

SHEAR VALVE OPERATION INSPECTION

| | |
|---|-----------------------------|
| Facility Name: 7-Eleven | Owner: 7-Eleven Stores, Inc |
| Address: 828 Ridge Road | Address |
| City, State, Zip Code: Webster NY 14580 | City, State, Zip Code: |
| Facility I.D. #: 8-071242 | Phone #: 5856711756 |
| 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 | Diesel | Regular | Premium |
|---|--|--|--|--|--|--|--|--|--|
| Dispenser ID# | 1/2 | 1/2 | 3/4 | 3/4 | 5/6 | 5/6 | 7/8 | 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 | Pass | Pass | Pass | Pass | Pass | Pass | Pass | Pass | Pass |
|--------------|---|---|---|---|---|---|---|---|---|
| | <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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |

Comments:

Tester's Name (print) Seth Boesel Tester's Signature  3/4/2026

Testing was conducted in accordance with PEI/RP1200

SHEAR VALVE OPERATION INSPECTION

| | |
|---|-----------------------------|
| Facility Name: 7-Eleven | Owner: 7-Eleven Stores, Inc |
| Address: 828 Ridge Road | Address |
| City, State, Zip Code: Webster NY 14580 | City, State, Zip Code: |
| Facility I.D. #: 8-071242 | Phone #: 5856711756 |
| 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 | Diesel | | | | |
|---|--|--|--|--|--|---|---|---|---|
| Dispenser ID# | 9/10 | 9/10 | 11/12 | 11/12 | 11/12 | | | | |
| Shear Valve Type (Product/Vapor) | 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 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 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 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 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 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 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  3/4/2026

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 | 40248 | Owner: 7-Eleven Stores, Inc |
| Address: 828 Ridge Road | | Address: |
| City, State, Zip Code: Webster NY 14580 | | City, State, Zip Code: |
| Facility I.D. #: 8-071242 | | Phone #: 5856711756 |
| Testing Company: Owl Services USA | Phone #: 800-646-3161 | Date: 3/4/2026 |

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 | 007 | 008 | 009A | 009B | | |
|---|--|--|--|--|---|---|
| Product Stored | Regular | Regular (drone) | Ultra | Diesel | | |
| Spill Bucket Capacity | 5 | 5 | 5 | 5 | | |
| Manufacturer | Fairfield 5 gallon | Fairfield 5 gallon | Fairfield 5 gallon | Fairfield 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 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 |
| 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 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 |
| 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 checked="" 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 checked="" 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 checked="" 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 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 |
| 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 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 |
| Spill Bucket Depth | 16 " | 16 " | 16 " | 16 " | | |
| Starting Level | 16 " | 16 " | 16 " | 16 " | | |
| Test Start Time | 09:00am | 09:01am | 09:02am | 09:03am | | |
| Ending Level | 16 " | 16 " | 16 " | 16 " | | |
| Test End Time | 10:00am | 10:01am | 10:02am | 10:03am | | |
| Test Period | 60 minute(s) | 60 minute(s) | 60 minute(s) | 60 minute(s) | | |
| Level Change | 0 " | 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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
|---------------------|--|--|--|--|---|---|

Comments:⁰⁰⁷
008

009A

009B

*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: 828 Ridge Road | Address: | | |
| City, State, Zip Code: Webster NY 14580 | City, State, Zip Code: | | |
| Facility I.D. #: 8-071242 | Phone #: 5856711756 | | |
| Testing Company: Owl Services USA | Phone #: 800-646-3161 | Date: 3/4/2026 | |

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 | 007 | 008 | 009A | 009B |
|---|---|---|---|---|
| Product Stored | Regular | Regular (drone) | Diesel | Ultra |
| ATG Brand and Model | Veeder Root TLS-450 Plus | Veeder Root TLS-450 Plus | Veeder Root TLS-450 Plus | Veeder Root TLS-450 Plus |
| 1. Tank Volume, gallons | 14781 | 14781 | 8749 | 6046 |
| 2. Tank Diameter, inches | 92 | 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Inch level from bottom of probe when 90% alarm is triggered. | 82 | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Inch level from the bottom when the water float first triggers an alarm. | 2 | 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 checked="" 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 checked="" 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: 828 Ridge Road | Address: | |
| City, State, Zip Code: Webster NY 14580 | City, State, Zip Code: | |
| Facility I.D. #: 8-071242 | Phone #: 5856711756 | |
| Testing Company: Owl Services USA | Phone #: 800-646-3161 | Date: 3/4/2026 |

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 | 007 STP Sump | 008 STP Sump | 009A STP Sump | 009B STP Sump | | | |
|--|---|---|---|---|--|--|--|
| Product Stored | Regular | Regular | Diesel | Ultra | | | |
| 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 checked="" 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.

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

Comments:

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

LIQUID SENSOR FUNCTIONALITY TESTING

| | | |
|---|-----------------------------|----------------|
| Facility Name: 7-Eleven | Owner: 7-Eleven Stores, Inc | |
| Address: 828 Ridge Road | Address: | |
| City, State, Zip Code: Webster NY 14580 | City, State, Zip Code: | |
| Facility I.D. #: 8-071242 | Phone #: 5856711756 | |
| Testing Company: Owl Services USA | Phone #: 800-646-3161 | Date: 3/4/2026 |

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 | 007 Tank Interstitial | 008 Tank Interstitial | 009A Tank Interstitial | 009B Tank Interstitial | | | |
|--|---|---|---|---|--|--|--|
| Product Stored | Regular | Regular | Diesel | 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 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 |
| 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.

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

Comments:

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

LIQUID SENSOR FUNCTIONALITY TESTING

| | | |
|---|-----------------------------|----------------|
| Facility Name: 7-Eleven | Owner: 7-Eleven Stores, Inc | |
| Address: 828 Ridge Road | Address: | |
| City, State, Zip Code: Webster NY 14580 | City, State, Zip Code: | |
| Facility I.D. #: 8-071242 | Phone #: 5856711756 | |
| Testing Company: Owl Services USA | Phone #: 800-646-3161 | Date: 3/4/2026 |

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 | Dispenser 9/10 | Dispenser 11/12 | |
|--|--|--|--|--|--|--|---|
| Product Stored | Regular, Plus, Premium, Ultra | Regular, Plus, Premium, Ultra | Regular, Plus, Premium, Ultra | Regular, Plus, Premium, Ultra | 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 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 checked="" 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 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 |
| 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 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 |
| 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 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 |
| 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 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 |
| 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 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 |
| 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 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 |

Any "No" answers indicates a test failure.

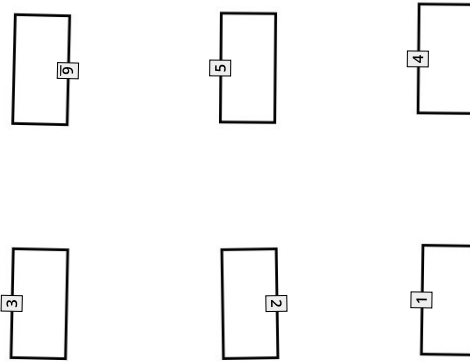
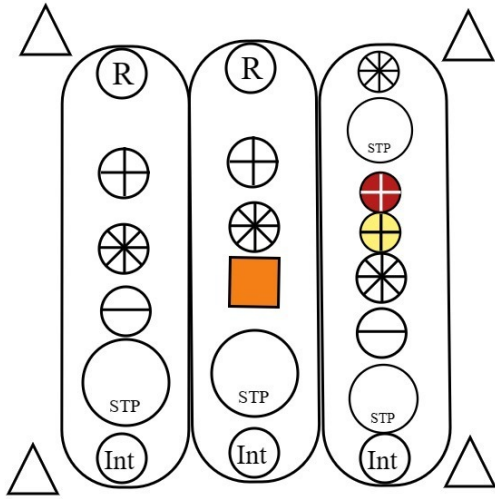
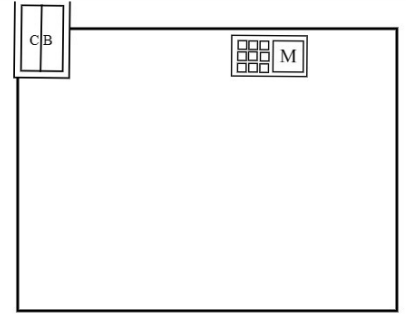
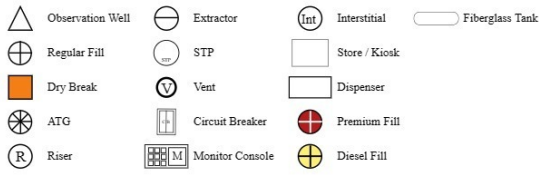
| | | | | | | | |
|---------------------|--|--|--|--|--|--|---|
| Test Results | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | 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



Diagram - Site Diagram (v1)



| |
|-------------------------------|
| 1: Dispenser - 1/2 |
| 2: Dispenser - 5/6 |
| 3: Dispenser - 9/10 |
| 4: Dispenser - 3/4 |
| 5: Dispenser - 7/8 w/diesel |
| 6: Dispenser - 11/12 w/diesel |



Visit Verification

CUSTOMER
 7-Eleven Stores, Inc

LOCATION
 #40248
 828 Ridge Road
 828 Ridge Road East & 5 Mile
 Webster, NY 14580

CONTACT
 7-Eleven Stores, Inc

SCHEDULED
 03/04/2026 12:00am (EST)

ASSIGNED TO
 Nicholas Christina, Seth Boesel

SERVICE REASON
 Compliance

PRODUCTS & SERVICES

| Item | Qty |
|--|------|
| Combos | |
| All Lines and Leak Detectors | 4.00 |
| Federal Stage I Pressure Decay, Pressure Relief Valve | 1.00 |
| Services | |
| Monitor System Inspection Automatic Tank Gauging System / Monitor System Inspection | 1.00 |
| Spill Buckets Spill Bucket Testing | 4.00 |
| 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
 Beb

Email

Signature Status
 Captured