

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



Seth Boesel



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

7-Eleven Stores, Inc  
Location #40151

40 North Main Street  
Honeoye Falls, NY 14472  
+1 585-624-5772

W-160697 Visit #162961 2/06/2026

Nicholas Christina

**EMERGENCY STOP SWITCH  
OPERATION INSPECTION**

Facility Name: 7-Eleven	40151	Owner: 7-Eleven Stores, Inc
Address: 40 North Main Street		Address:
City, State, Zip Code: Honeoye Falls	NY 14472	City, State, Zip Code:
Facility I.D. #: 8-097330		Phone #: 5856245772
Testing Company: Owl Services USA	Phone #: 610-278-7203	Date: 2/6/2026

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	2	1				
Location	Outside Wall of Building	Under Counter				
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 Fail	Pass Fail	Pass Fail	Pass Fail
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**Comments:**



Testing was conducted in accordance with PEI/RP1200

Seth Boesel



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

2      Outside Wall of Building

1      Under 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date & Time <sup>1</sup>  <div style="border: 1px solid black; padding: 5px; width: fit-content;">02/03/2026 09:00am</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	004				<b>Total</b>
1. Product Grade	Regular				
2. Distance of Drop Tube from Tank Bottom ( <i>inches</i> )	2				
3. Actual Tank Capacity ( <i>gallons</i> )	19930				
4. Gasoline Volume ( <i>gallons</i> )	10992				
5. Ullage <sup>2</sup> ( <i>gallons</i> ) (Ullage = Line #4 – Lines #5)	8938				
<b>Start Time of Test</b>	02/10/2026 09:00am				
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> )	1.99				
9. Pressure After 3 Minutes ( <i>inches H<sub>2</sub>O</i> )	1.98				
10. Pressure After 4 Minutes ( <i>inches H<sub>2</sub>O</i> )	1.96				
11. Pressure After 5 Minutes ( <i>inches H<sub>2</sub>O</i> )	1.96				
12. Allowable Pressure <sup>3</sup> ( <i>inches H<sub>2</sub>O</i> )	1.891				
<b>Result</b>	<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

UST Registration #

8-097330

## Confidential Business Information

**Location Phone #:** 5856245772

**Location PBS #:** 8-097330

Tank #	Grade	Capacity	Install Date
004	Regular	19930	12/1/1982

### Annual Gasoline Throughput

Regular: 655,675  
Plus: 32,768  
Premium: 62,784  
Diesel: 32,919

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date & Time <sup>1</sup>  <div style="border: 1px solid black; padding: 5px; width: fit-content;">02/03/2026 09:10am</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				<b>Total</b>
1. Product Grade	Premium				
2. Distance of Drop Tube from Tank Bottom ( <i>inches</i> )	2				
3. Actual Tank Capacity ( <i>gallons</i> )	8039				
4. Gasoline Volume ( <i>gallons</i> )	3073				
5. Ullage <sup>2</sup> ( <i>gallons</i> ) (Ullage = Line #4 – Lines #5)	4966				
<b>Start Time of Test</b>	02/10/2026 09:10am				
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> )	1.98				
9. Pressure After 3 Minutes ( <i>inches H<sub>2</sub>O</i> )	1.95				
10. Pressure After 4 Minutes ( <i>inches H<sub>2</sub>O</i> )	1.95				
11. Pressure After 5 Minutes ( <i>inches H<sub>2</sub>O</i> )	1.93				
12. Allowable Pressure <sup>3</sup> ( <i>inches H<sub>2</sub>O</i> )	1.8081				
<b>Result</b>	<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

UST Registration #

8-097330

## Confidential Business Information

**Location Phone #:** 5856245772

**Location PBS #:** 8-097330

Tank #	Grade	Capacity	Install Date
005	Premium	8039	12/1/1982

### Annual Gasoline Throughput

Regular: 655,675  
Plus: 32,768  
Premium: 62,784  
Diesel: 32,919

## MECHANICAL AND ELECTRONIC LINE LEAK DETECTORS PERFORMANCE TESTS

Facility Name: 7-Eleven	Owner: 7-Eleven Stores, Inc	
Address: 40 North Main Street	Address:	
City, State, Zip Code: Honeoye Falls NY 14472	City, State, Zip Code:	
Facility I.D. #: 8-097330	Phone #: 5856245772	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/6/2026

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

Line Number	004	005	006			
Product Stored	Regular	Premium	Diesel			
Leak Detector Manufacturer	Vaporless	Vaporless	Vaporless			
Leak Detector Model	LD2000	LD2000	LD2000			
Type of Leak Detector	<input checked="" type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input checked="" type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input checked="" type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD

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

STP Full Operating Pressure	30	32	35			
Check Valve Holding Pressure	29	30	33			
Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 psig)	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			
Metering Pressure (STP pressure when simulated leak rate 3 gph at 10 psig)	15	18	12			
Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped)	5	4	4			
Does the STP pressure remain at or below the metering pressure for at least 60 seconds when the simulated leak is induced?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the leak detector reset (trip) when the line pressure is bled off to zero psig?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the STP properly cycle on/off under normal fuel system operation conditions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

Tester Signature: 

Tester Name: Seth Boesel

### UST OVERFILL EQUIPMENT INSPECTION AUTOMATIC SHUTOFF DEVICE

Facility Name: 7-Eleven	Owner: 7-Eleven Stores, Inc
Address: 40 North Main Street	Address:
City, State, Zip Code: Honeoye Falls NY 14472	City, State, Zip Code:
Facility I.D. #: 8-097330	Phone #:
Testing Company: Owl Services USA	Phone #: 800-646-3161
	Date: 2/6/2026

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

Product Grade	Regular	Premium	Diesel			
Tank Number	004	005	006			
Tank Volume, gallons	19930	8039	11897			
Tank Diameter, inches	120	120	120			
Overfill Prevention Device Brand	OPW	OPW	OPW			

#### AUTOMATIC SHUTOFF DEVICE INSPECTION


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

A "No" to any item in Lines 2-5 indicates a test failure.

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

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

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

**Form 1**

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

Facility Name: 7-Eleven	40151	Test Date: 2/6/2026
Address: 40 North Main Street		Test Company: Owl Services USA
City: Honeoye Falls NY	14472	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): -.13	
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 #:** 5856245772

**Location PBS #:** 8-097330

Tank #	Grade	Capacity	Install Date
004	Regular	19930	12/1/1982

### Annual Gasoline Throughput

Regular: 655,675  
Plus: 32,768  
Premium: 62,784  
Diesel: 32,919

**Form 1**

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

Facility Name: 7-Eleven	40151	Test Date: 2/6/2026
Address: 40 North Main Street		Test Company: Owl Services USA
City: Honeoye Falls NY	14472	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): -.16	
Positive Cracking Pressure (in. H <sub>2</sub> O): 3.1	Negative Cracking Pressure (in. H <sub>2</sub> O): -6.5	

<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 #:** 5856245772

**Location PBS #:** 8-097330

Tank #	Grade	Capacity	Install Date
005	Premium	8039	12/1/1982

## Annual Gasoline Throughput

Regular: 655,675  
Plus: 32,768  
Premium: 62,784  
Diesel: 32,919

7-Eleven  
 40 North Main Street  
 Honeoye Falls  
 NY 14472

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

Work Visit # 162961  
 UST Registration #  
 8-097330

IDENTIFY EACH LINE AS TESTED	TIME (MILITARY)	LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC.	PRESSURE		VOLUME			REMARKS
			PSI		READING		NET CHANGE	SIZE, LENGTH & TYPE OF LINE, #FLEX CONNECTORS, CONCLUSIONS
			BEFORE	AFTER	BEFORE	AFTER		
004	09:30	Connected line tester to: Shear						<b>Material</b> <u>OPW Flexworks 1.5"</u>  <b>Wall Type</b> <u>Double</u>  <b>Line Length (feet)</b> <u>100</u>  <b>Diameter (inches)</b> <u>1.5</u>  <b>Pressure/Suction</b> <u>Pressure</u>  <b>Allowable Bleedback</b>  $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$  $( 100 * 0.00136 )$ $+ ( 0 * 0.006 ) + 0.05 = 0.186$
Regular	09:40	Started line test		60		.1		
	09:50	Line Test Continued	60	60	.06	.06	0	
	10:00	Line Test Continued	60	60	.06	.06	0	
	10:10	Line Test Continued	60	60	.06	.06	0	
	10:11	Bleed Back	60	0	.06	.1	0.04	

Tests were made on the above line systems in accordance with test procedures prescribed for as detailed on attached test charts with the results as follows:

Line Identification	Meets Criteria (Yes/No)	Net Volume Change Per Hour	Date Tested
004 Regular	Yes	0	2/6/2026

**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: 40 North Main Street	Address
City, State, Zip Code: Honeoye Falls NY 14472	City, State, Zip Code:
Facility I.D. #: 8-097330	Phone #: 5856245772
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	Diesel	Regular	Premium	Regular	Premium	Diesel	
Dispenser ID#	1/2	1/2	1/2	3/4	3/4	5/6	5/6	5/6	
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  2/6/2026

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	40151	Owner: 7-Eleven Stores, Inc
Address: 40 North Main Street	Address:	
City, State, Zip Code: Honeoye Falls NY 14472	City, State, Zip Code:	
Facility I.D. #: 8-097330	Phone #: 5856245772	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/6/2026

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

Tank Number	004 Primary	005 Primary	006 Primary			
Product Stored	Regular	Premium	Diesel			
Spill Bucket Capacity	5	5	5			
Manufacturer	OPW Double	OPW Double	OPW Double			
Construction	<input type="checkbox"/> Single-walled <input checked="" type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input checked="" type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input checked="" type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Test Type	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Spill Bucket Type	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor
Liquid and debris removed from spill bucket?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No water ingress, cracks, loose parts or separation of the bucket from the fill pipe.)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Tank riser cap included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Drain valve included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Spill Bucket Depth	16 "	16 "	16 "			
Starting Level	16 "	16 "	16 "			
Test Start Time	09:30am	09:31am	09:32am			
Ending Level	16 "	16 "	16 "			
Test End Time	10:30am	10:31am	10:32am			
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>004</sup>  
005  
  
006

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

**AUTOMATIC TANK GAUGE  
OPERATION INSPECTION**

Facility Name: 7-Eleven	Owner: 7-Eleven Stores, Inc	
Address: 40 North Main Street	Address:	
City, State, Zip Code: Honeoye Falls NY 14472	City, State, Zip Code:	
Facility I.D. #: 8-097330	Phone #: 5856245772	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/6/2026

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

Tank Number	004	005	006	
Product Stored	Regular	Premium	Diesel	
ATG Brand and Model	Veeder Root TLS-350	Veeder Root TLS-350	Veeder Root TLS-350	
1. Tank Volume, gallons	19930	8039	11897	
2. Tank Diameter, inches	120	120	120	
3. The ATG probe was removed from the tank and inspected for damage and residual buildup.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Float moves freely on the stem without binding?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Fuel float level agrees with the value programmed into the console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Water float level agrees with the value programmed into the console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Inch level from bottom of probe when 90% alarm is triggered.	107	107	107	
8. Inch level at which the overfill alarm activates corresponds with value programmed in the gauge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Inch level from the bottom when the water float first triggers an alarm.	2	2	2	
10. Inch level at which the water float alarm activates corresponds with value programmed in the gauge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<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: 40 North Main Street	Address:	
City, State, Zip Code: Honeoye Falls NY 14472	City, State, Zip Code:	
Facility I.D. #: 8-097330	Phone #: 5856245772	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/6/2026

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

Sensor Location	004 STP Sump	005 STP Sump	006 STP Sump				
Product Stored	Regular	Premium	Diesel				
Type of Sensor	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating
Test Liquid	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product
Is the ATG console clear of any active alarms regarding any leak sensors? If the sensor is in alarm and functioning, indicate why.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor alarm circuit operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has sensor been inspected and in good operating condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When placed in the test liquid, does the sensor trigger an alarm?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When an alarm is triggered, is the sensor properly identified on the ATG console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any "No" answers indicates a test failure.

Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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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: 40 North Main Street	Address:	
City, State, Zip Code: Honeoye Falls NY 14472	City, State, Zip Code:	
Facility I.D. #: 8-097330	Phone #: 5856245772	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/6/2026

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

Sensor Location	004 Tank Interstitial	005 Tank Interstitial	006 Tank Interstitial				
Product Stored	Regular	Premium	Diesel				
Type of Sensor	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating
Test Liquid	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product
Is the ATG console clear of any active alarms regarding any leak sensors? If the sensor is in alarm and functioning, indicate why.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor alarm circuit operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has sensor been inspected and in good operating condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When placed in the test liquid, does the sensor trigger an alarm?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When an alarm is triggered, is the sensor properly identified on the ATG console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any "No" answers indicates a test failure.

Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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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: 40 North Main Street	Address:	
City, State, Zip Code: Honeoye Falls NY 14472	City, State, Zip Code:	
Facility I.D. #: 8-097330	Phone #: 5856245772	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/6/2026

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				
Product Stored	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 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

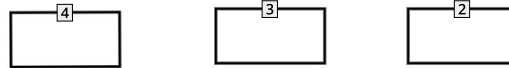
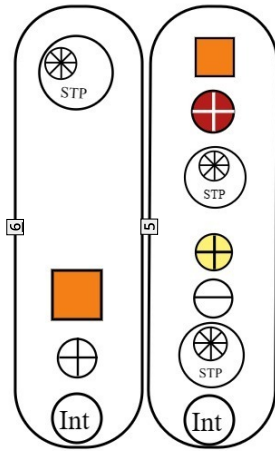
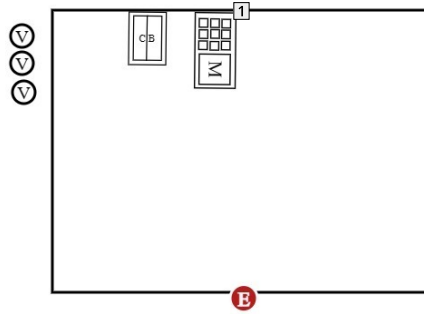
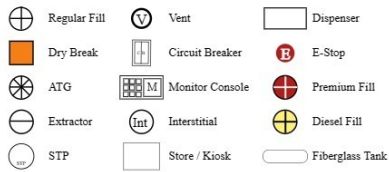
Any "No" answers indicates a test failure.

<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 

## Diagram - Site Diagram (v1)



1: Store / Kiosk - 7-ELEVEN

2: Dispenser - 1/2 w/diesel

3: Dispenser - 3/4

4: Dispenser - 5/6 w/diesel

5: Fiberglass Tank - 005 Prem/006 Diesel

6: Fiberglass Tank - 004 Reg

## Visit Verification

CUSTOMER  
7-Eleven Stores, Inc

LOCATION  
#40151  
40 North Main Street  
Honeoye Falls, NY 14472

CONTACT  
7-Eleven Stores, Inc

SCHEDULED  
02/06/2026 12:00am (EST)

ASSIGNED TO  
Seth Boesel, Nicholas Christina

SERVICE REASON  
Compliance

### PRODUCTS & SERVICES

Item	Qty
<b>Combos</b>	
All Lines and Leak Detectors	3.00
Federal Stage I Pressure Decay, Pressure Relief Valve	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	3.00
Emergency Stop Inspection	1.00
Overfill Verification	1.00
Additional Pressure Decay Test	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  
Ndb

Email

Signature Status  
Captured

