

Annual Walkthrough Inspection			
Form Name			Result
Annual Walkthrough Inspection			Completed
Emergency Stop			
Equipment #	Location		Result
1	Behind Counter		● Pass
Leak Detector			
Equipment #	Grade	Pump Type	Result
004 (7-10)	Regular	Mechanical (MLLD)	● Pass
001	Premium	Mechanical (MLLD)	● Pass
005	Diesel	Mechanical (MLLD)	● Pass
003 (1-6)	Regular	Mechanical (MLLD)	● Pass
Precision Line Tightness Test			
Equipment #	Grade		Result
001	Premium		● Pass
004 (7-10)	Regular		● Pass
005	Diesel		● Pass
003 (1-6)	Regular		● Pass
Shear Valve			
Form Name			Result
Shear Valve			● Pass
UST / AST Monitor			
Form Name			Result
UST / AST Monitor			● Pass




Nicholas Christina



Seth Boesel

ANNUAL WALKTHROUGH INSPECTION

8-141526		
UST Facility I.D. #:		
Mobil Service Station (82911)		
Facility Name:		
NYTW Mile Post 366		
Facility Address:		
City: West Henrietta	State: NY	Zip: 14586-0000
5853346540		
Telephone Number:		
Person Performing Walkthrough Inspection	Print: Seth Boesel	
Sign: 		
2/11/2026		
Date of Inspection:		

HANDHELD RELEASE DETECTION EQUIPMENT

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

Handheld Notes / Comments

	Tank / Disp # 001	Tank / Disp # 002	Tank / Disp # 003	Tank / Disp # 004	Tank / Disp # 005
Type of Containment Inspected	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition
Containment sump manway / dispenser cover is present, is in good condition	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F
Sump sensor is properly mounted within 1" of sump bottom	<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA
Containment sump free from water, product, and debris	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F
No visual leaks or weeps observed inside sump	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input checked="" type="checkbox"/> P <input type="checkbox"/> F
Double-walled containment sump: No evidence of a release in interstice	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA
	Tank / Disp # 11/12	Tank / Disp #	Tank / Disp #	Tank / Disp #	Tank / Disp #
Type of Containment Inspected	<input type="checkbox"/> Tank <input checked="" type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition
Containment sump manway / dispenser cover is present, is in good condition	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
Sump sensor is properly mounted within 1" of sump bottom	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA
Containment sump free from water, product, and debris	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
No visual leaks or weeps observed inside sump	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
Double-walled containment sump: No evidence of a release in interstice	<input type="checkbox"/> P <input type="checkbox"/> F <input checked="" type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA

Comments For 001 Premium Sump - STP Comments For 11/12 Diesel Dispenser

Comments For 002 Regular (drone) Sump - Siphon

Comments For 003 Regular Sump - STP

Comments For 004 Regular Sump - STP

Comments For 005 Diesel Sump - STP

Comments:



Testing was conducted in accordance with PEI/RP1200

Seth Boesel



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

1 Behind Counter

MECHANICAL AND ELECTRONIC LINE LEAK DETECTORS PERFORMANCE TESTS

Facility Name: Mobil Service Station (82911)	Owner: Cross America Partners, LP	
Address: NYTW Mile Post 366 I-90 East	Address:	
City, State, Zip Code: West Henrietta NY 14586-0000	City, State, Zip Code:	
Facility I.D. #: 8-141526	Phone #: 5853346540	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/11/2026

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 (7-10)	001	005	003 (1-6)		
Product Stored	Regular	Premium	Diesel	Regular		
Leak Detector Manufacturer	FE Petro	FE Petro	FE Petro	FE Petro		
Leak Detector Model	STP-MLD	STP-MLD	STP-MLD-D	STP-MLD		
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	32	31	34	35		
Check Valve Holding Pressure	31	26	28	30		
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)	12	12	13	15		
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

Purpora Engineering
Petro-Tite Line Tightness Test Form

IDENTIFY EACH LINE AS TESTED	TIME (MILITARY)	LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC.	PRESSURE		VOLUME			REMARKS
			PSI		READING		NET CHANGE	SIZE, LENGTH & TYPE OF LINE, #FLEX CONNECTORS, CONCLUSIONS
			BEFORE	AFTER	BEFORE	AFTER		
001	12:30	Connected line tester to: Shear						Material <u>Fiberglass</u> Wall Type <u>Single</u> Line Length (feet) <u>175.00</u> Diameter (inches) <u>3</u> Pressure/Suction <u>Pressure</u> <p style="text-align: center;">Allowable Bleedback</p> $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(\ 175 \ * \ 0.00045 \)$ $+ (\ 6 \ * \ 0.006) + 0.05 = 0.1648$
Premium	12:40	Started line test		60		.1		
	12:50	Line Test Continued	60	60	.01	.01	0	
	13:00	Line Test Continued	60	60	.01	.01	0	
	13:10	Line Test Continued	60	60	.01	.01	0	
	13:11	Bleed Back	60	0	.01	.1	0.09	

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

Line Identification	Meets Criteria (Yes/No)	Net Volume Change Per Hour	Date Tested
001 Premium	Yes	0	2/11/2026

CONTRACTOR CERTIFICATION

Technician:

Seth Boesel

ab32a810

Certification # _____

Notes:

Purpora Engineering
Petro-Tite Line Tightness Test Form

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 (7-10)	14:10	Connected line tester to: Shear						Material <u>Fiberglass</u> Wall Type <u>Single</u> Line Length (feet) <u>160.00</u> Diameter (inches) <u>3</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(160 * 0.00045)$ $+ (3 * 0.006) + 0.05 = 0.14$
Regular	14:20	Started line test		60		.1		
	14:30	Line Test Continued	60	60	.02	.02	0	
	14:40	Line Test Continued	60	60	.02	.02	0	
	14:50	Line Test Continued	60	60	.02	.02	0	
	14:51	Bleed Back	60	0	.02	.1	0.08	

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 (7-10) Regular	Yes	0	2/11/2026

CONTRACTOR CERTIFICATION

Technician:
Seth Boesel

ab32a810
 Certification # _____

Notes:

Purpora Engineering
Petro-Tite Line Tightness Test Form

IDENTIFY EACH LINE AS TESTED	TIME (MILITARY)	LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC.	PRESSURE		VOLUME			REMARKS
			PSI		READING		NET CHANGE	SIZE, LENGTH & TYPE OF LINE, #FLEX CONNECTORS, CONCLUSIONS
			BEFORE	AFTER	BEFORE	AFTER		
005	15:00	Connected line tester to: Shear						Material <u>Fiberglass</u> Wall Type <u>Single</u> Line Length (feet) <u>50.00</u> Diameter (inches) <u>3</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(50. \quad * \quad 0.00045 \quad)$ $+ (2 \quad * \quad 0.006) + 0.05 = 0.0845$
Diesel	15:10	Started line test		60		.1		
	15:20	Line Test Continued	60	60	.04	.04	0	
	15:30	Line Test Continued	60	60	.04	.04	0	
	15:40	Line Test Continued	60	60	.04	.04	0	
	15:41	Bleed Back	60	0	.04	.1	0.06	

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

Line Identification	Meets Criteria (Yes/No)	Net Volume Change Per Hour	Date Tested
005 Diesel	Yes	0	2/11/2026

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

 ab32a810
 Certification # _____

Notes:

Purpora Engineering
Petro-Tite Line Tightness Test Form

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		
003 (1-6)	12:00	Connected line tester to: Shear						Material <u>Fiberglass</u> Wall Type <u>Single</u> Line Length (feet) <u>150.00</u> Diameter (inches) <u>3</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(150 * 0.00045)$ $+ (4 * 0.006) + 0.05 = 0.1415$
Regular	12:10	Started line test		60		.2		
	12:20	Line Test Continued	60	60	.07	.07	0	
	12:30	Line Test Continued	60	60	.07	.07	0	
	12:40	Line Test Continued	60	60	.07	.07	0	
	12:41	Bleed Back	60	0	.07	.2	0.13	

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
003 (1-6) Regular	Yes	0	2/11/2026

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

 ab32a810
 Certification # _____

Notes:

SHEAR VALVE OPERATION INSPECTION

Facility Name: Mobil Service Station (82911)	Owner Cross America Partners, LP
Address: NYTW Mile Post 366	Address
City, State, Zip Code: West Henrietta NY 14586-0000	City, State, Zip Code:
Facility I.D. #: 8-141526	Phone #: 5853346540
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	Premium	Regular	Premium	Regular	Premium	Regular	Premium	Regular	Premium
Dispenser ID#	1/2	1/2	3/4	3/4	5/6	5/6	7/8	7/8	9/10
Shear Valve Type (Product/Vapor)	Product	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	<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
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Comments:

Tester's Name (print) Seth Boesel Tester's Signature  2/11/2026

Testing was conducted in accordance with PEI/RP1200

SHEAR VALVE OPERATION INSPECTION

Facility Name: Mobil Service Station (82911)	Owner Cross America Partners, LP
Address: NYTW Mile Post 366	Address
City, State, Zip Code: West Henrietta NY 14586-0000	City, State, Zip Code:
Facility I.D. #: 8-141526	Phone #: 5853346540
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	Diesel							
Dispenser ID#	9/10	11/12							
Shear Valve Type (Product/Vapor)	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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 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	<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 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	<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 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	<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 type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Comments:

Tester's Name (print) Seth Boesel Tester's Signature  2/11/2026

Testing was conducted in accordance with PEI/RP1200

**AUTOMATIC TANK GAUGE
OPERATION INSPECTION**

Facility Name: Mobil Service Station (82911)	Owner: Cross America Partners, LP		
Address: NYTW Mile Post 366	Address:		
City, State, Zip Code: West Henrietta NY 14586-0000	City, State, Zip Code:		
Facility I.D. #: 8-141526	Phone #: 5853346540		
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/11/2026	

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

Tank Number	001	002	003	004
Product Stored	Premium	Regular (drone)	Regular	Regular
ATG Brand and Model	Veeder Root TLS-350	Veeder Root TLS-350	Veeder Root TLS-350	Veeder Root TLS-350
1. Tank Volume, gallons	11627	11627	11627	11627
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	83	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
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Comments:

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

**AUTOMATIC TANK GAUGE
OPERATION INSPECTION**

Facility Name: Mobil Service Station (82911)	Owner: Cross America Partners, LP		
Address: NYTW Mile Post 366	Address:		
City, State, Zip Code: West Henrietta NY 14586-0000	City, State, Zip Code:		
Facility I.D. #: 8-141526	Phone #: 5853346540		
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/11/2026	

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

Tank Number	005			
Product Stored	Diesel			
ATG Brand and Model	Veeder Root TLS-350			
1. Tank Volume, gallons	6000			
2. Tank Diameter, inches	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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Float moves freely on the stem without binding?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Fuel float level agrees with the value programmed into the console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Water float level agrees with the value programmed into the console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Inch level from bottom of probe when 90% alarm is triggered.	82			
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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Inch level from the bottom when the water float first triggers an alarm.	2			
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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Test Results Pass Fail Pass Fail Pass Fail Pass Fail

Comments:

Tester's Name (print) Peth Boesel

Tester's Signature



LIQUID SENSOR FUNCTIONALITY TESTING

Facility Name: Mobil Service Station (82911)			Owner: Cross America Partners, LP				
Address: NYTW Mile Post 366			Address:				
City, State, Zip Code: West Henrietta NY 14586-0000			City, State, Zip Code:				
Facility I.D. #: 8-141526			Phone #: 5853346540				
Testing Company: Owl Services USA			Phone #: 800-646-3161			Date: 2/11/2026	

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	001 STP Sump	002 STP Sump	003 STP Sump	004 STP Sump	005 STP Sump		
Product Stored	Premium	Regular	Regular	Regular	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 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
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 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 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 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 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 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 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 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: Mobil Service Station (82911)	Owner: Cross America Partners, LP	
Address: NYTW Mile Post 366	Address:	
City, State, Zip Code: West Henrietta NY 14586-0000	City, State, Zip Code:	
Facility I.D. #: 8-141526	Phone #: 5853346540	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/11/2026

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	001 Tank Interstitial	002 Tank Interstitial	003 Tank Interstitial	004 Tank Interstitial	005 Tank Interstitial		
Product Stored	Premium	Regular	Regular	Regular	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 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
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 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 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 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 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 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 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 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 

Images





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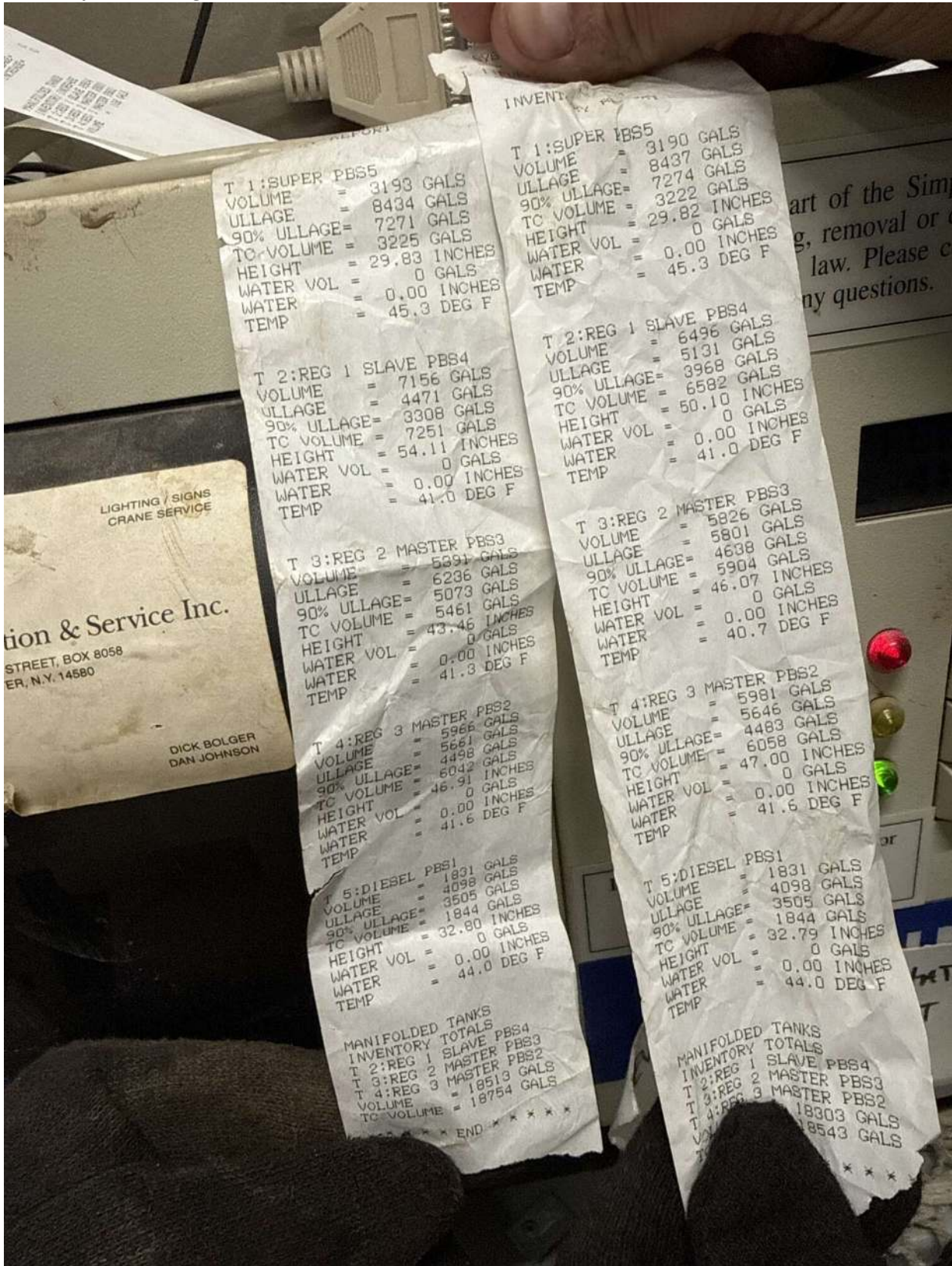
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LIGHTING / SIGNS
 CRANE SERVICE

tion & Service Inc.
 STREET, BOX 8058
 ER, N.Y. 14580

DICK BOLGER
 DAN JOHNSON

INVENTORY REPORT

T 1: SUPER PBS5
 VOLUME = 3193 GALS
 ULLAGE = 8434 GALS
 90% ULLAGE = 7271 GALS
 TC VOLUME = 3225 GALS
 HEIGHT = 29.83 INCHES
 WATER VOL = 0 GALS
 WATER = 0.00 INCHES
 TEMP = 45.3 DEG F

T 2: REG 1 SLAVE PBS4
 VOLUME = 7156 GALS
 ULLAGE = 4471 GALS
 90% ULLAGE = 3308 GALS
 TC VOLUME = 7251 GALS
 HEIGHT = 54.11 INCHES
 WATER VOL = 0 GALS
 WATER = 0.00 INCHES
 TEMP = 41.0 DEG F

T 3: REG 2 MASTER PBS3
 VOLUME = 5391 GALS
 ULLAGE = 6236 GALS
 90% ULLAGE = 5073 GALS
 TC VOLUME = 5461 GALS
 HEIGHT = 43.46 INCHES
 WATER VOL = 0 GALS
 WATER = 0.00 INCHES
 TEMP = 41.3 DEG F

T 4: REG 3 MASTER PBS2
 VOLUME = 5966 GALS
 ULLAGE = 5661 GALS
 90% ULLAGE = 4498 GALS
 TC VOLUME = 6042 GALS
 HEIGHT = 46.91 INCHES
 WATER VOL = 0 GALS
 WATER = 0.00 INCHES
 TEMP = 41.6 DEG F

T 5: DIESEL PBS1
 VOLUME = 1831 GALS
 ULLAGE = 4098 GALS
 90% ULLAGE = 3505 GALS
 TC VOLUME = 1844 GALS
 HEIGHT = 32.80 INCHES
 WATER VOL = 0 GALS
 WATER = 0.00 INCHES
 TEMP = 44.0 DEG F

MANIFOLDED TANKS
 INVENTORY TOTALS
 T 2: REG 1 SLAVE PBS4
 T 3: REG 2 MASTER PBS3
 T 4: REG 3 MASTER PBS2
 VOLUME = 18513 GALS
 TC VOLUME = 18754 GALS

*** END ***

T 1: SUPER PBS5
 VOLUME = 3190 GALS
 ULLAGE = 8437 GALS
 90% ULLAGE = 7274 GALS
 TC VOLUME = 3222 GALS
 HEIGHT = 29.82 INCHES
 WATER VOL = 0 GALS
 WATER = 0.00 INCHES
 TEMP = 45.3 DEG F

T 2: REG 1 SLAVE PBS4
 VOLUME = 6496 GALS
 ULLAGE = 5131 GALS
 90% ULLAGE = 3968 GALS
 TC VOLUME = 6582 GALS
 HEIGHT = 50.10 INCHES
 WATER VOL = 0 GALS
 WATER = 0.00 INCHES
 TEMP = 41.0 DEG F

T 3: REG 2 MASTER PBS3
 VOLUME = 5826 GALS
 ULLAGE = 5801 GALS
 90% ULLAGE = 4638 GALS
 TC VOLUME = 5904 GALS
 HEIGHT = 46.07 INCHES
 WATER VOL = 0 GALS
 WATER = 0.00 INCHES
 TEMP = 40.7 DEG F

T 4: REG 3 MASTER PBS2
 VOLUME = 5981 GALS
 ULLAGE = 5646 GALS
 90% ULLAGE = 4483 GALS
 TC VOLUME = 6058 GALS
 HEIGHT = 47.00 INCHES
 WATER VOL = 0 GALS
 WATER = 0.00 INCHES
 TEMP = 41.6 DEG F

T 5: DIESEL PBS1
 VOLUME = 1831 GALS
 ULLAGE = 4098 GALS
 90% ULLAGE = 3505 GALS
 TC VOLUME = 1844 GALS
 HEIGHT = 32.79 INCHES
 WATER VOL = 0 GALS
 WATER = 0.00 INCHES
 TEMP = 44.0 DEG F

MANIFOLDED TANKS
 INVENTORY TOTALS
 T 2: REG 1 SLAVE PBS4
 T 3: REG 2 MASTER PBS3
 T 4: REG 3 MASTER PBS2
 VOLUME = 18303 GALS
 TC VOLUME = 18543 GALS

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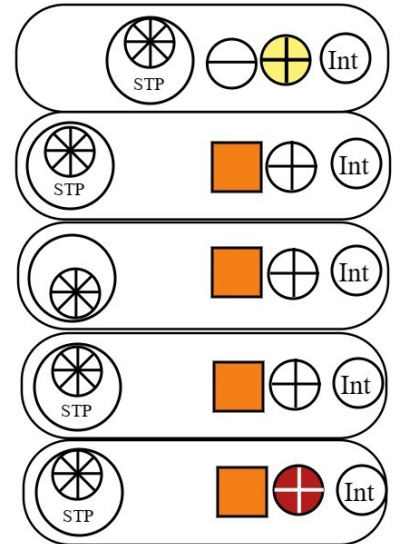
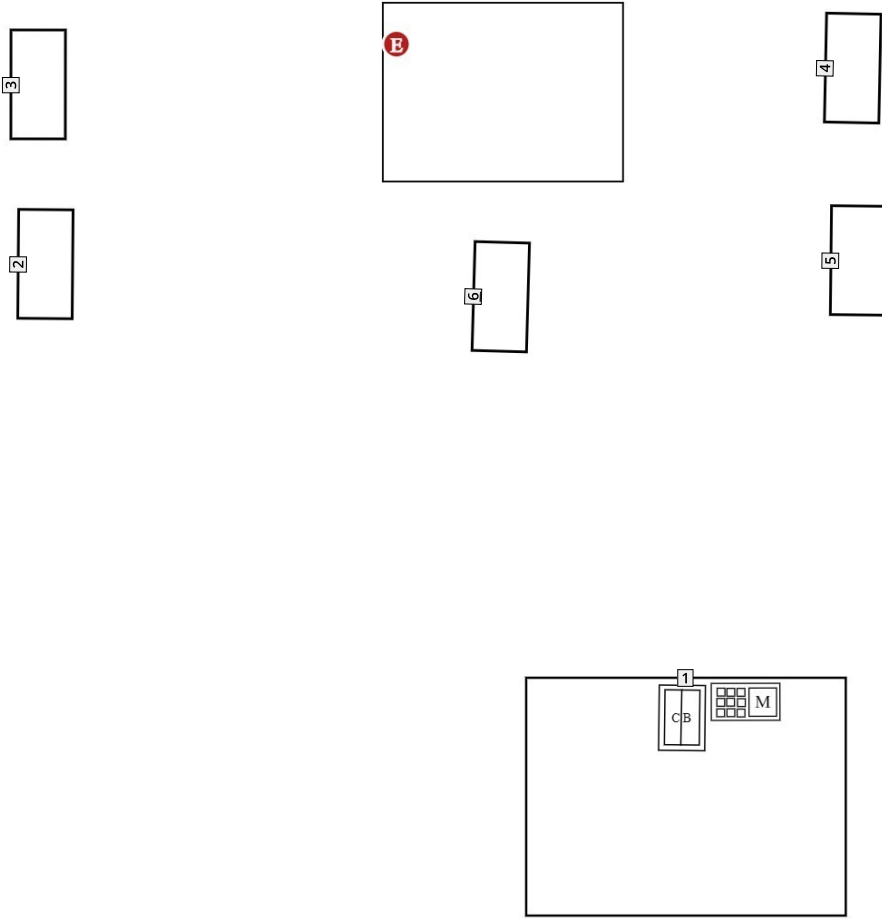
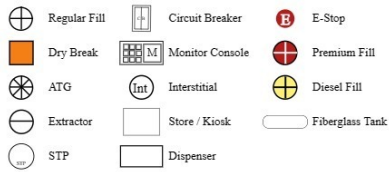


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Diagram - Site Diagram (v1)



1: Store / Kiosk - Basement
2: Dispenser - 9/10
3: Dispenser - 7/8
4: Dispenser - 1/2
5: Dispenser - 3/4
6: Dispenser - 5/6



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

Cross America Partners, LP
 Location #NY0006

NYTW Mile Post 366
 West Henrietta, NY 14586-0000
 +1 585-334-6540

W-164355 Visit #166639
 2/11/2026
 CW# 261102.002

Visit Verification

CUSTOMER
 Cross America Partners, LP

LOCATION
 #NY0006
 NYTW Mile Post 366
 I-90 East
 West Henrietta, NY 14586-0000

CONTACT
 Cross America Partners, LP

SCHEDULED
 02/11/2026 12:00am (EST)

ASSIGNED TO
 Nicholas Christina, Seth Boesel

SERVICE REASON
 Compliance

PRODUCTS & SERVICES

Item	Qty
Combos	
All Lines and Leak Detectors	4.00
Expenses	
Fuel Surcharge	1.00
Services	
Monitor System Inspection Automatic Tank Gauging System / Monitor System Inspection	1.00
All Shear Valves	1.00
Emergency Stop Inspection	1.00
Annual Walkthrough Inspection	1.00

CONFIRMATION

By signing this verification you are agreeing that we have performed and/or provided services and parts listed above.

Approver's Name
 Bdb

Email

Signature Status
 Captured