11000 N. MoPac Expressway, Suite 500
Austin, Texas 78759
Phone: (512) 451-6334
Fax: (512) 459-1459

Date Printed and Mailed: 2/26/2026

DEC-AVON
REGION 8
6274 EAST AVON-LIMA ROAD
AVON, NY 14414

Test Date: 2/18/2026
Order Number: 8616876

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility:

SUNOCO - SAP# 80000822
MILE 397 NYS THRUWAY
PBS # 8-141550
EAST PEMBROKE, NY 14056

Testing conducted in accordance with paragraph 613-2.3(d)(2) of NYCRR. Technician is a certified Vacutect tank tester and/or a certified TLD-1 line tester in accordance with company protocol. Technician address on file at Tanknology corporate office: 11000 N. MoPac Expressway, Suite 500, Austin, TX 78759

Testing performed:

- Annual Sump Inspection
- IMPACT VALVE
- LEAK DETECTOR
- Line Tightness Test
- MONITOR CERTIFICATION
- OVERFILL OPERABILITY

Sincerely,

Dawn Kohlmeyer

Dawn Kohlmeyer
Manager, Field Reporting

Product Line Tightness Test

Work Order: 8616876 **Date:** 2/18/2026
Site Name/ID: SUNOCO - SAP# 80000822 / 80000822
Address: MILE 397 NYS THRUWAY PBS # 8-141550
City: EAST PEMBROKE **State:** NY **Zip:** 14056

Tank Information	Tank # 2 Line # 1	Tank # 3 Line # 1	Tank # 5 Line # 1	Tank # 6 Line # 1	Tank # 6 Line # 2	Tank # Line #
Test Method	TLD-1	TLD-1	TLD-1	TLD-1	TLD-1	
Customer Tank ID	T1:REG 87 MSTR	REG 87 SAT	ULTRA 93	DIESEL	DIESEL	
Product Name	REGULAR	REGULAR	ULTRA	Diesel	Diesel	
Delivery Type	Pressure	Pressure	Pressure	Pressure	Pressure	
Test Pressure (psi)	55	55	55	55	55	
Test Start Time	11:00	11:00	11:00	11:00	11:00	
Test End Time	11:30	11:30	11:30	11:30	11:30	
Final Leak Rate (gph)	0.00	0.00	0.00	0.00	0.00	
Test Result(P/F/I)	Pass	Pass	Pass	Pass	Pass	
Test was performed per 3rd party certifications as specified in 40 CFR parts 280 and 281	Yes	Yes	Yes	Yes	Yes	

Technician Comments: LINES TESTED TIGHT

Technician Name: Peter Gudmundson **Certification #:** 171142 exp: 12/20/2027

Technician Signature:

Environmental Compliance for Petroleum Systems

Tanknology

LDT 5000 Field Test Apparatus
Line Leak Detector Test

Work Order: 8616876 Date: 2/18/2026
Site Name / ID: SUNOCO - SAP# 80000822 / 80000822
Address: MILE 397 NYS THRUWAY PBS # 8-141550
City: EAST PEMBROKE State: NY Zip: 14056

Tank ID	002	004	005	001		
Product	REGULAR	REGULAR	ULTRA	Diesel		
Product Line	1	1	1	1		
Tested From	11	11	11	11		
Existing/New	Existing	Existing	Existing	Existing		
Mechanical/Electronic	Mechanical	Mechanical	Mechanical	Mechanical		
Manufacturer/Model	Red Jacket FX1V	FE Petro MLD	FE Petro MLD	Red Jacket FX1DV		
Serial No.	309194981	0060156	09080167	30309 7461		
Pump Operating Pressure (psi)	30.00	32.00	30.00	32.00		
Calibrated Leak (ml/min)	189.0	189.0	189.0	189.0		
Calibrated Leak (gph)	3.00	3.00	3.00	3.00		
Holding PSI *N/A for Electronic LD's	30.00	32.00	30.00	32.00		
Resiliency (ml) *N/A for Electronic LD's	250.00	225.00	200.00	125.00		
Metering PSI *N/A for Electronic LD's	10	18	10	12		
Opening Time (sec) *N/A for Electronic LD's	5	3	4	2		
Test Results	Pass	Pass	Pass	Pass		

Technician Comments:

Technician Name: Peter Gudmundson **Certification #:** 171137

Technician Signature: **Expire Date:** 12/30/2027

Environmental Compliance for Petroleum Systems

Impact Valve Inspection

Impact Valve Operational Inspection

Work Order: 8616876 Date: 2/18/2026
Site Name/ID: SUNOCO - SAP# 80000822
Address: MILE 397 NYS THRUWAY PBS # 8-141550
City: EAST PEMBROKE State: NY Zip: 14056

How Inspected: Line Test ☐ NFPA 30A ☐ PEI RP1200 ☑ Other ☐

Dispenser Number	Grade	Secure Mount?	Valve Lock?	Pass/ Fail	Comments
1/2	87	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
1/2	93	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
3/4	87	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
3/4	93	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
5/6	87	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
5/6	93	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
7/8	87	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
7/8	93	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
9/10	87	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
9/10	93	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
11/12	40	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
11/12	87	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
11/12	93	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
13/	40	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	

Technician Comments:

Technician Name: Peter Gudmundson

Signature:

Environmental Compliance for Petroleum Systems

MONITORING SYSTEM CERTIFICATION

This form is used to document testing and servicing of tank and piping leak monitoring equipment. If required by applicable law, a copy of the completed form must be provided by the Testing Contractor or owner to the governing UST agency as required by regulation.

A. General Information

Facility Name: SUNOCO - SAP# 80000822 Bldg. No.:

Site Address: MILE 397 NYS THRUWAYPBS # 8-141550 City: EAST PEMBROKE State: NY Zip: 14056

Facility Contact Person: MANAGER Contact Phone No.: 585-762-8410

Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 2/18/2026

B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: 002 - REGULAR

- [x] In-Tank Gauging Probe. Model: 846390-109
- [x] Annular Space or Vault Sensor. Model: 794380-301
- [x] Piping Sump / Trench Sensor(s). Model: 794380-352
- [ ] Fill Sump Sensor(s). Model:
- [x] Mechanical Line Leak Detector. Model: Red Jacket FX1V
- [ ] Electronic Line Leak Detector. Model:
- [ ] Tank Overfill / High-Level Sensor. Model:
- [ ] Other (specify equipment type and model in Section E on Page 2).

Tank ID: 003 - REGULAR

- [x] In-Tank Gauging Probe. Model: 846390-109
- [x] Annular Space or Vault Sensor. Model: 794380-301
- [x] Piping Sump / Trench Sensor(s). Model: 794380-352
- [ ] Fill Sump Sensor(s). Model:
- [ ] Mechanical Line Leak Detector. Model:
- [ ] Electronic Line Leak Detector. Model:
- [ ] Tank Overfill / High-Level Sensor. Model:
- [ ] Other (specify equipment type and model in Section E on Page 2).

Tank ID: 004 - REGULAR

- [x] In-Tank Gauging Probe. Model: 846390-109
- [x] Annular Space or Vault Sensor. Model: 794380-301
- [x] Piping Sump / Trench Sensor(s). Model: 794380-352
- [ ] Fill Sump Sensor(s). Model:
- [x] Mechanical Line Leak Detector. Model: FE Petro MLD
- [ ] Electronic Line Leak Detector. Model:
- [ ] Tank Overfill / High-Level Sensor. Model:
- [ ] Other (specify equipment type and model in Section E on Page 2).

Tank ID: 005 - ULTRA

- [x] In-Tank Gauging Probe. Model: 846390-109
- [x] Annular Space or Vault Sensor. Model: 794380-301
- [x] Piping Sump / Trench Sensor(s). Model: 794380-352
- [ ] Fill Sump Sensor(s). Model:
- [x] Mechanical Line Leak Detector. Model: FE Petro MLD
- [ ] Electronic Line Leak Detector. Model:
- [ ] Tank Overfill / High-Level Sensor. Model:
- [ ] Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1/2

- [x] Dispenser Containment Sensor(s). Model: 794380-322
- [x] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7/8

- [x] Dispenser Containment Sensor(s). Model: 794380-322
- [x] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4

- [x] Dispenser Containment Sensor(s). Model: 794380-322
- [x] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 9/10

- [x] Dispenser Containment Sensor(s). Model: 794380-322
- [x] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5/6

- [x] Dispenser Containment Sensor(s). Model: 794380-322
- [x] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 11/12

- [x] Dispenser Containment Sensor(s). Model: 794380-322
- [x] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: [x] System set-up [x] Alarm history report

Technician Name (print): Peter Gudmundson Signature: 

Certification No.: C29648 License. No.:

Testing Company Name: Tanknology Phone No.: (800) 800-4633

Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 2/18/2026

MONITORING SYSTEM CERTIFICATION

This form is used to document testing and servicing of tank and piping leak monitoring equipment. If required by applicable law, a copy of the completed form must be provided by the Testing Contractor or owner to the governing UST agency as required by regulation.

A. General Information

Facility Name: SUNOCO - SAP# 80000822 Bldg. No.:

Site Address: MILE 397 NYS THRUWAYPBS # 8-141550 City: EAST PEMBROKE State: NY Zip: 14056

Facility Contact Person: MANAGER Contact Phone No.: 585-762-8410

Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 2/18/2026

B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: 001 - Diesel ☑ In-Tank Gauging Probe. Model: 846390-109 ☑ Annular Space or Vault Sensor. Model: 794380-301 ☑ Piping Sump / Trench Sensor(s). Model: 794380-322 ☐ Fill Sump Sensor(s). Model: ☑ Mechanical Line Leak Detector. Model: Red Jacket FX1DV ☐ Electronic Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).	**Tank ID:** ☐ In-Tank Gauging Probe. Model: ☐ Annular Space or Vault Sensor. Model: ☐ Piping Sump / Trench Sensor(s). Model: ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Electronic Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID: ☐ In-Tank Gauging Probe. Model: ☐ Annular Space or Vault Sensor. Model: ☐ Piping Sump / Trench Sensor(s). Model: ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Electronic Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).	**Tank ID:** ☐ In-Tank Gauging Probe. Model: ☐ Annular Space or Vault Sensor. Model: ☐ Piping Sump / Trench Sensor(s). Model: ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☐ Electronic Line Leak Detector. Model: ☐ Tank Overfill / High-Level Sensor. Model: ☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: 13 ☑ Dispenser Containment Sensor(s). Model: 794380-322 ☑ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID:** ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID:** ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).	**Dispenser ID:** ☐ Dispenser Containment Sensor(s). Model: ☐ Shear Valve(s). ☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ☑ System set-up ☑ Alarm history report

Technician Name (print): Peter Gudmundson Signature:

Certification No.: C29648 License. No.:

Testing Company Name: Tanknology Phone No.: (800) 800-4633

Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 2/18/2026

D. Results of Testing/Servicing

Software Version Installed: 129.02

Complete the following checklist:

☑ Yes	☐ No* ☐ N/A	Is the **visual** alarm on the console operational?
☑ Yes	☐ No* ☐ N/A	Is the **audible** alarm on the console operational?
☐ Yes	☑ No	Is the external **visual** overfill alarm (light unit) present?
☐ Yes	☐ No* ☑ N/A	Is the external **visual** overfill alarm operating properly?
☐ Yes	☑ No	Is the external **audible** overfill alarm present?
☐ Yes	☐ No* ☑ N/A	Is the external **audible** overfill alarm operating properly?
%	☑ N/A	At what percent of tank(s) capacity is the external alarm programmed to trigger? *If different % between tanks, clarify in section E.*
☑ Yes	☐ No* ☐ N/A	Were all sensors visually inspected, functionally tested, and confirmed operational?
☑ Yes	☐ No* ☐ N/A	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☑ Yes	☐ No* ☐ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ☑ Sump/Trench Sensors; ☑ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☑ Yes; ☐ No
☐ Yes*	☑ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☑ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☑ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☑ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

Backup Battery reading, if applicable (Required for VR TLS 300/350):3.6

F. In-Tank Gauging / SIR Equipment:

☐ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

☑ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☑ Yes	☐ No*	Was accuracy of system product level readings tested?
☑ Yes	☐ No*	Was accuracy of system water level readings tested?
☑ Yes	☐ No*	Were all probes reinstalled properly?
☑ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section G, below, describe how and when these deficiencies were or will be corrected.

G. Comments:

DID OVERALL MONITOR SYSTEM TESTING PASS (Check One)? YES☑ NO ☐ INCONCLUSIVE ☐

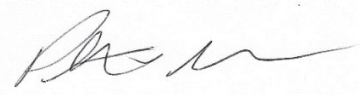
Tanknology

Overfill Prevention Equipment Inspection
OPW 61 and 71 Series Overfill Prevention Device Inspection

Date:	2/18/2026
Customer Name:	NYS THRUWAY AUTHORITY
Location #:	SUNOCO - SAP# 80000822
Location Address:	MILE 397 NYS THRUWAY PBS # 8-141550 ,EAST PEMBROKE ,NY , 14056
OPW Model Number:	71SO

		002	004	003	005
PART 1) Proper height setting calculation					
Maximum Tank Volume per: Tank Chart	**A** gallons	14976.000	14976.000	14976.000	10369.000
Max shut off requirement for Flapper is 95%	**B** 95%	0.95	0.95	0.95	0.95
Multiply Maximum tank volume by 95%	**C** gallons	14227.200	14227.200	14227.200	9850.550
Use tank chart to determine height of calculated volume	**D** inches	106.250	106.250	106.250	106.250
Measure top of fill riser threads, or face seal adapter when used, to tank top	**E** inches	46.250	43.000	49.000	52.250
Tank diameter **From Chart**	**F** inches	117.750	117.750	117.750	117.750
Upper Tube in tank (G) **F - D = G**	**G** inches	11.500	11.500	11.500	11.500
Subtract 2 inches from upper tube in tank **G - 2"= H**	**H** inches	9.500	9.500	9.500	9.500
Calculated minimum upper tube length (I) **H + E = I**	**I** inches	55.750	52.500	58.500	61.750
Actual measured upper tube length (Without fill adapter) (J)	**J** inches	57.000	54.000	62.000	63.000
PART 2) Device certification criteria evaluation					
Criteria 1 Does the overfill prevention device meet the 95% requirement?		Yes	Yes	Yes	Yes
Criteria 1a If the final shutoff volume is installed greater than 95%, is there at least 250 gallons of ullage above the overfill device activation point to ensure that none of the tank top fittings are exposed to product, meeting the criteria established in EPA 280.20iic and per OPW installation guidelines.		NA	NA	NA	NA
Criteria 2 Is the Actual measured upper tube length 6.5 inches or more than the fill riser? **(J must be 6.5" or more than E)**		Yes	Yes	Yes	Yes
Criteria 3 Does the overfill prevention device function as required? **(Inspect the device for damage, contamination, freedom of movement, weakening due to wear and corrosion)**		Yes	Yes	Yes	Yes
PART 3) Device Certification PASS / FAIL Technician certifies that the device is operationally compliant.		Pass	Pass	Pass	Pass

Comments:

Signature of Technician: 

Peter Gudmundson

Date: 2/18/2026

WO: MA2- 8616876

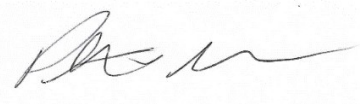
Tanknology

Overfill Prevention Equipment Inspection
OPW 61 and 71 Series Overfill Prevention Device Inspection

Date:	2/18/2026
Customer Name:	NYS THRUWAY AUTHORITY
Location #:	SUNOCO - SAP# 80000822
Location Address:	MILE 397 NYS THRUWAY PBS # 8-141550 ,EAST PEMBROKE ,NY , 14056
OPW Model Number:	71SO

		001	001		
PART 1) Proper height setting calculation					
Maximum Tank Volume per: Tank Chart	**A** gallons	14976.000	14976.000		
Max shut off requirement for Flapper is 95%	**B** 95%	0.95	0.95	0.95	0.95
Multiply Maximum tank volume by 95%	**C** gallons	14227.200	14227.200		
Use tank chart to determine height of calculated volume	**D** inches	106.250	106.250		
Measure top of fill riser threads, or face seal adapter when used, to tank top	**E** inches	38.250	38.500		
Tank diameter **From Chart**	**F** inches	117.750	117.750		
Upper Tube in tank (G) **F - D = G**	**G** inches	11.500	11.500		
Subtract 2 inches from upper tube in tank **G - 2"= H**	**H** inches	9.500	9.500		
Calculated minimum upper tube length (I) **H + E = I**	**I** inches	47.750	48.000		
Actual measured upper tube length (Without fill adapter) (J)	**J** inches	49.500	51.000		
PART 2) Device certification criteria evaluation					
Criteria 1 Does the overfill prevention device meet the 95% requirement?		Yes	Yes		
Criteria 1a If the final shutoff volume is installed greater than 95%, is there at least 250 gallons of ullage above the overfill device activation point to ensure that none of the tank top fittings are exposed to product, meeting the criteria established in EPA 280.20iic and per OPW installation guidelines.		NA	NA		
Criteria 2 Is the Actual measured upper tube length 6.5 inches or more than the fill riser? **(J must be 6.5" or more than E)**		Yes	Yes		
Criteria 3 Does the overfill prevention device function as required? **(Inspect the device for damage, contamination, freedom of movement, weakening due to wear and corrosion)**		Yes	Yes		
PART 3) Device Certification PASS / FAIL Technician certifies that the device is operationally compliant.		Pass	Pass		

Comments:

Signature of Technician: 

Peter Gudmundson

Date: 2/18/2026

WO: MA2- 8616876

ANNUAL CONTAINMENT SUMP INSPECTION

➢ This form may be utilized to document the inspection of containment sumps.

Date of Inspection: 2/18/2026

UST Facility			Person Conducting Test	
Facility Name SUNOCO - SAP# 80000822	Facility ID # 8-141550		Tester's Name pgudmundson	
Physical Address MILE 397 NYS THRUWAY PBS # 8-141550			Company Tanknology Inc.	
City EAST PEMBROKE	County GENESEE	State NY	Certification # 171142	Expiration Date 12/20/2027
UST Owner NYS THRUWAY AUTHORITY			Tester's Signature	Date 2/18/2026

Containment Sump Inspection

Sump Material of Construction	☑ Fiberglass Reinforced Plastic	☐ Thermoplastic	☐ Steel	☐ Composite

Containment Sump Inspection Procedure

1. Clean-out and properly dispose of all debris, soil and/or fluids from the containment sump.
2. Visually examine the containment sump to ensure there are no cracks, holes, deteriorated seals, deformation or other indications that the sump is not liquid tight.
3. If the sump appears to be liquid tight and no water was in the sump, the inspection result is "pass" and no further action is required.
4. If the sump appears to be liquid tight but water was present within the sump, the inspection result is "fail".
5. If there is visual evidence that the sump is not liquid tight, then repair or replacement (see note below) of the sump is required.

Inspection Results for the Year 2026

Sump ID (product stored for STP or dispenser number)	STP:T1:REG 87 MSTR REGULAR - 1	STP:REG 87 SAT REGULAR - 1	STP:REG 87 SIPHON REGULAR - 1	STP:ULTRA 93 ULTRA - 1
Sump lid/gasket in good condition (yes/no)	Y	Y	Y	Y
Sump is dry (yes/no)	Y	Y	Y	Y
All penetration fittings in good condition (yes/no)	Y	Y	Y	Y
Sump walls/bottom in good condition (yes/no)	Y	Y	Y	Y
Are there any leaks from pipe components (yes/no)	N	N	N	N
Inspection Result (Pass/Fail)	Pass	Pass	Pass	Pass

Comments:

WO: 8616876

ANNUAL CONTAINMENT SUMP INSPECTION

➢ This form may be utilized to document the inspection of containment sumps.

Date of Inspection: 2/18/2026

UST Facility			Person Conducting Test	
Facility Name SUNOCO - SAP# 80000822	Facility ID # 8-141550		Tester's Name pgudmundson	
Physical Address MILE 397 NYS THRUWAY PBS # 8-141550			Company Tanknology Inc.	
City EAST PEMBROKE	County GENESEE	State NY	Certification # 171142	Expiration Date 12/20/2027
UST Owner NYS THRUWAY AUTHORITY			Tester's Signature	Date 2/18/2026

Containment Sump Inspection

Sump Material of Construction	☑ Fiberglass Reinforced Plastic	☐ Thermoplastic	☐ Steel	☐ Composite

Containment Sump Inspection Procedure

1. Clean-out and properly dispose of all debris, soil and/or fluids from the containment sump.
2. Visually examine the containment sump to ensure there are no cracks, holes, deteriorated seals, deformation or other indications that the sump is not liquid tight.
3. If the sump appears to be liquid tight and no water was in the sump, the inspection result is "pass" and no further action is required.
4. If the sump appears to be liquid tight but water was present within the sump, the inspection result is "fail".
5. If there is visual evidence that the sump is not liquid tight, then repair or replacement (see note below) of the sump is required.

Inspection Results for the Year 2026

Sump ID (product stored for STP or dispenser number)	STP:DIESEL Diesel - 1	UDC 11/12	UDC 1/2	UDC 13/
Sump lid/gasket in good condition (yes/no)	Y	NA	NA	NA
Sump is dry (yes/no)	Y	Y	Y	Y
All penetration fittings in good condition (yes/no)	Y	Y	Y	Y
Sump walls/bottom in good condition (yes/no)	Y	Y	Y	Y
Are there any leaks from pipe components (yes/no)	N	N	N	N
Inspection Result (Pass/Fail)	Pass	Pass	Pass	Pass

Comments:

WO: 8616876

ANNUAL CONTAINMENT SUMP INSPECTION

➢ This form may be utilized to document the inspection of containment sumps.

Date of Inspection: 2/18/2026

UST Facility			Person Conducting Test	
Facility Name SUNOCO - SAP# 80000822	Facility ID # 8-141550		Tester's Name pgudmundson	
Physical Address MILE 397 NYS THRUWAY PBS # 8-141550			Company Tanknology Inc.	
City EAST PEMBROKE	County GENESEE	State NY	Certification # 171142	Expiration Date 12/20/2027
UST Owner NYS THRUWAY AUTHORITY			Tester's Signature	Date 2/18/2026

Containment Sump Inspection

Sump Material of Construction	☑ Fiberglass Reinforced Plastic	☐ Thermoplastic	☐ Steel	☐ Composite

Containment Sump Inspection Procedure

1. Clean-out and properly dispose of all debris, soil and/or fluids from the containment sump.
2. Visually examine the containment sump to ensure there are no cracks, holes, deteriorated seals, deformation or other indications that the sump is not liquid tight.
3. If the sump appears to be liquid tight and no water was in the sump, the inspection result is "pass" and no further action is required.
4. If the sump appears to be liquid tight but water was present within the sump, the inspection result is "fail".
5. If there is visual evidence that the sump is not liquid tight, then repair or replacement (see note below) of the sump is required.

Inspection Results for the Year 2026

Sump ID (product stored for STP or dispenser number)	UDC 3/4	UDC 5/6	UDC 7/8	UDC 9/10
Sump lid/gasket in good condition (yes/no)	NA	NA	NA	NA
Sump is dry (yes/no)	Y	Y	Y	Y
All penetration fittings in good condition (yes/no)	Y	Y	Y	Y
Sump walls/bottom in good condition (yes/no)	Y	Y	Y	Y
Are there any leaks from pipe components (yes/no)	N	N	N	N
Inspection Result (Pass/Fail)	Pass	Pass	Pass	Pass

Comments:

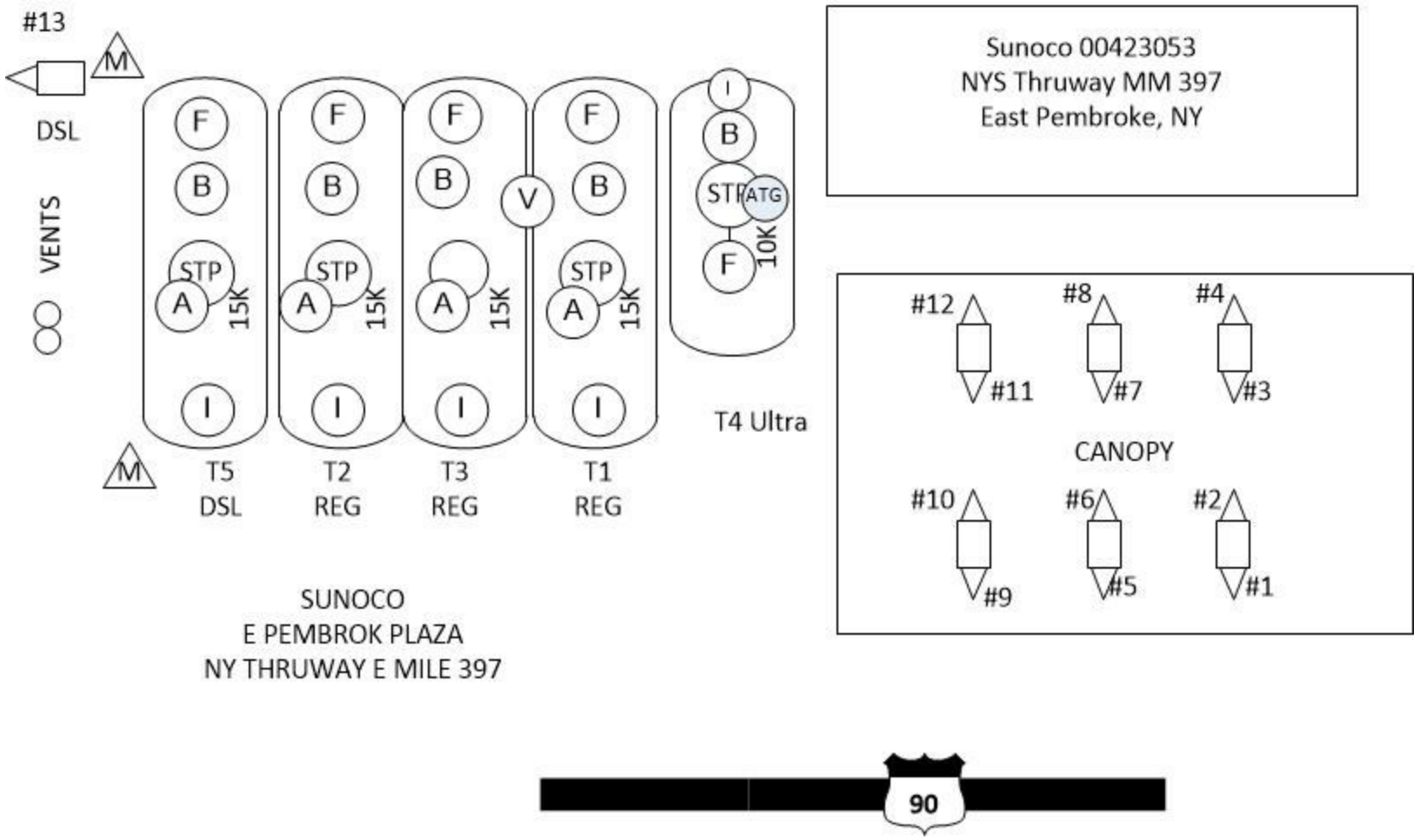
WO: 8616876

Site Diagram

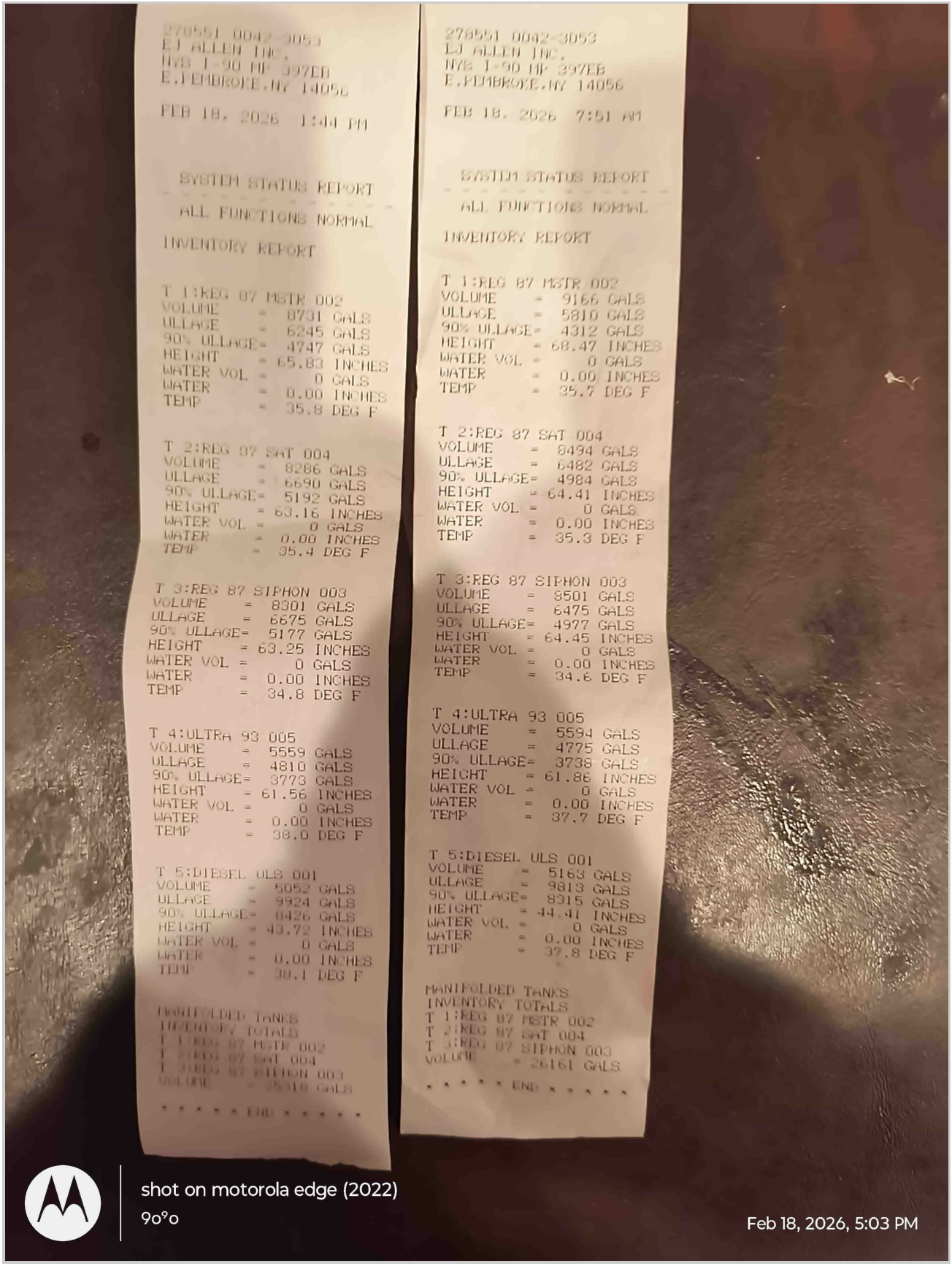
(This site diagram is for reference only and is not drawn to scale)

Work Order:	8616876
Site ID / Name:	80000822 / SUNOCO - SAP# 80000822
Address:	MILE 397 NYS THRUWAY PBS # 8-141550
City:	EAST PEMBROKE

State: NY Zip: 14056

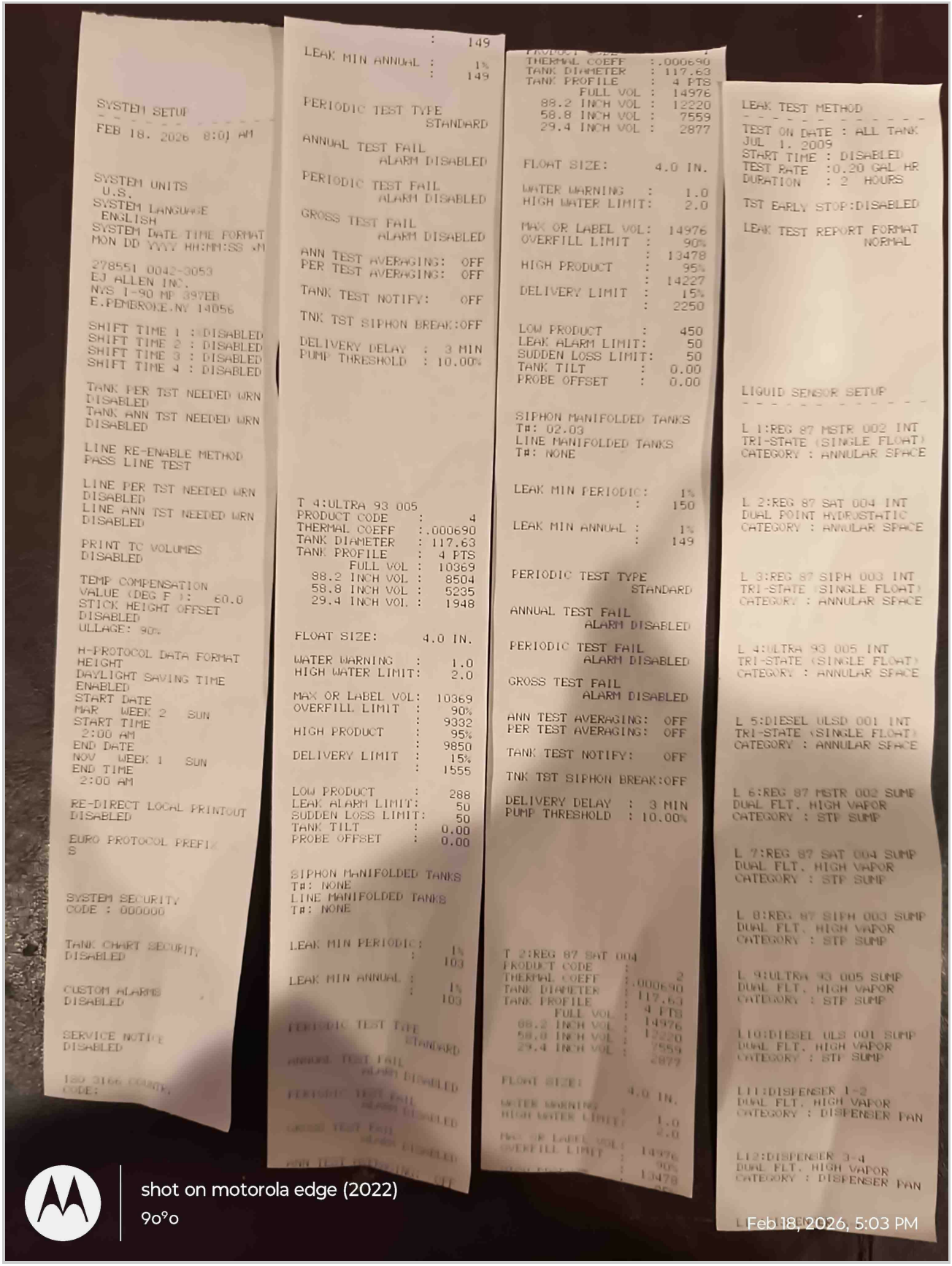


W.O.# MA2-8616876



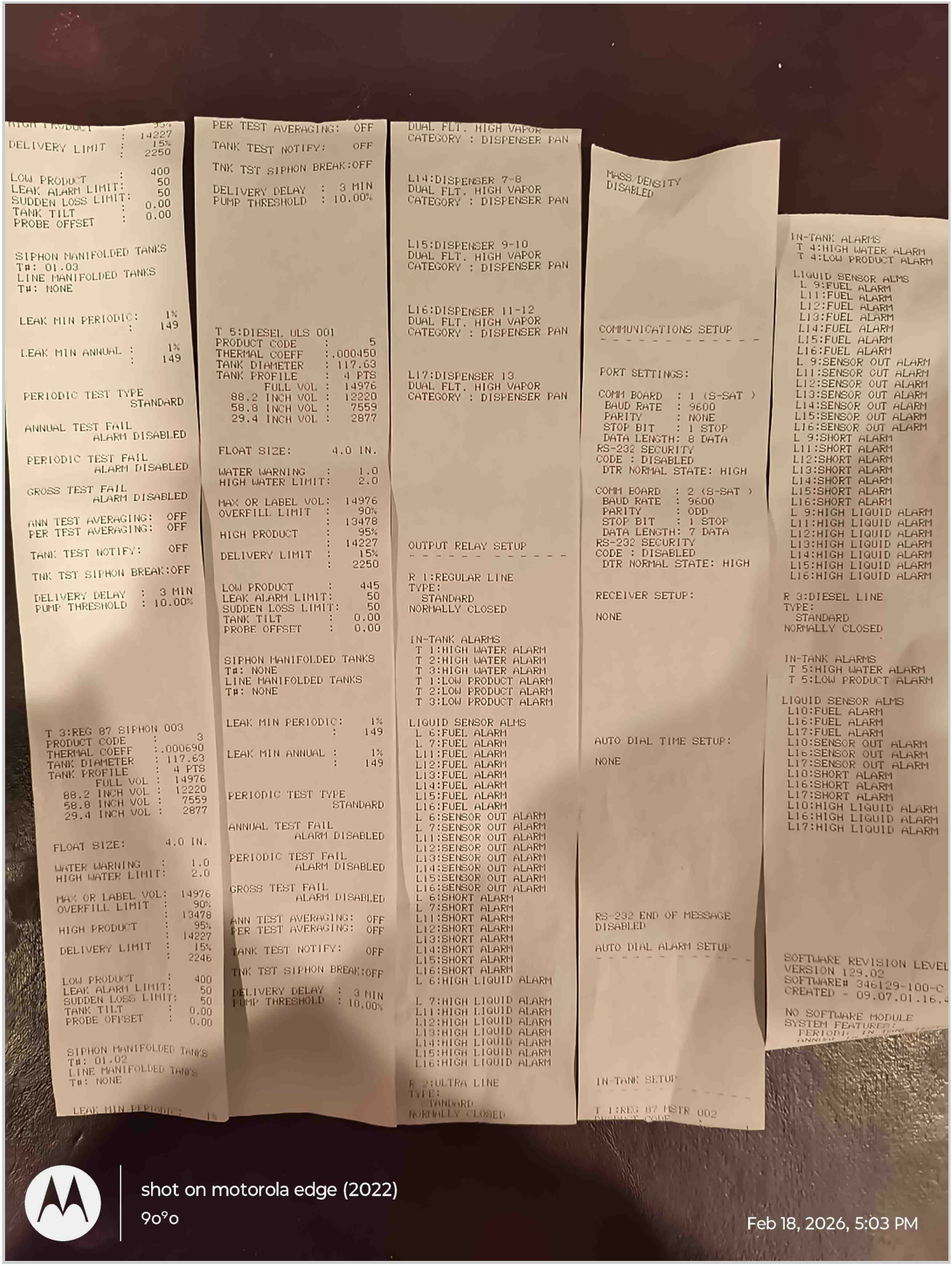
Inventory

W.O.# MA2-8616876



Setup

W.O.# MA2-8616876



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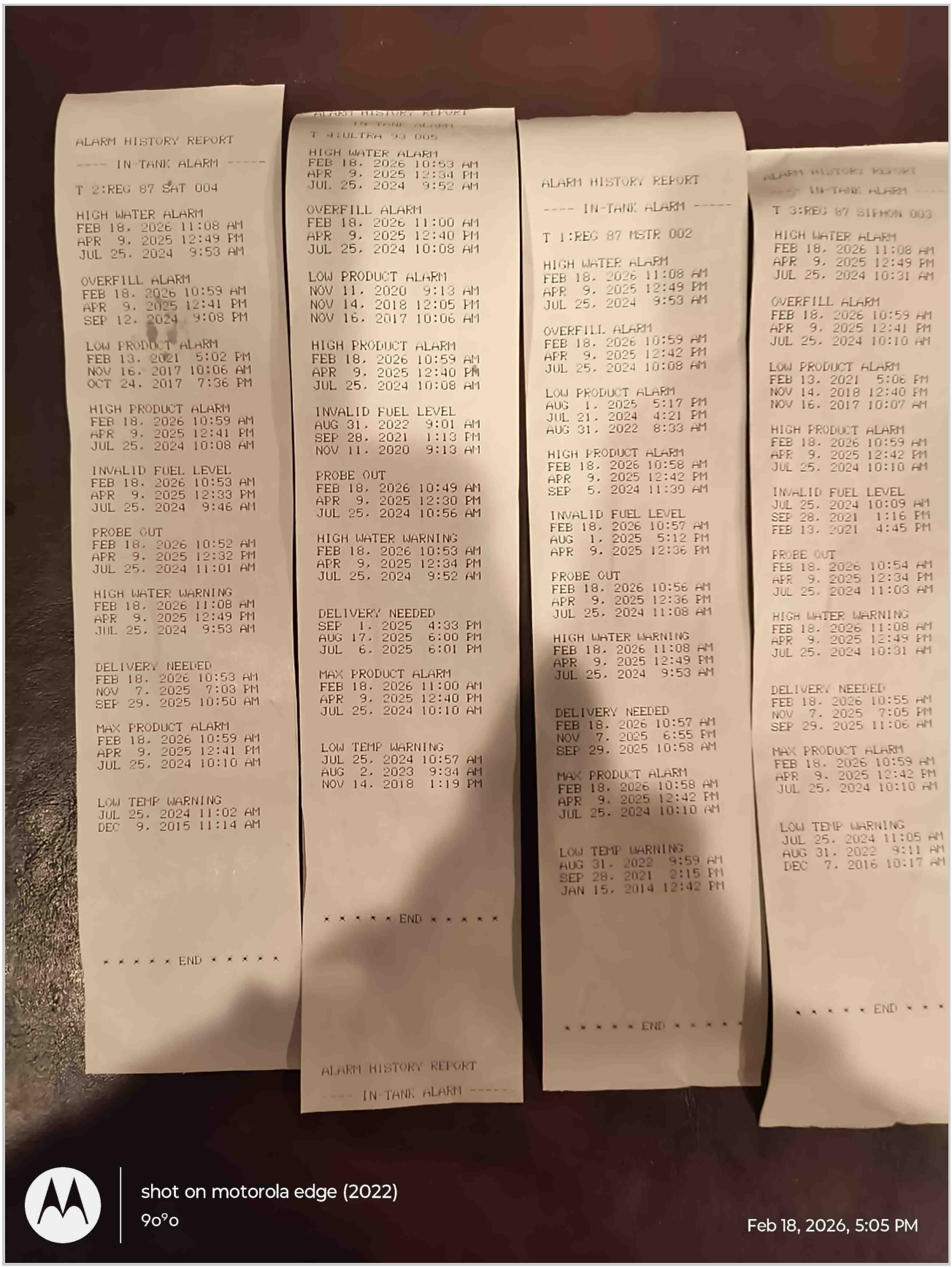
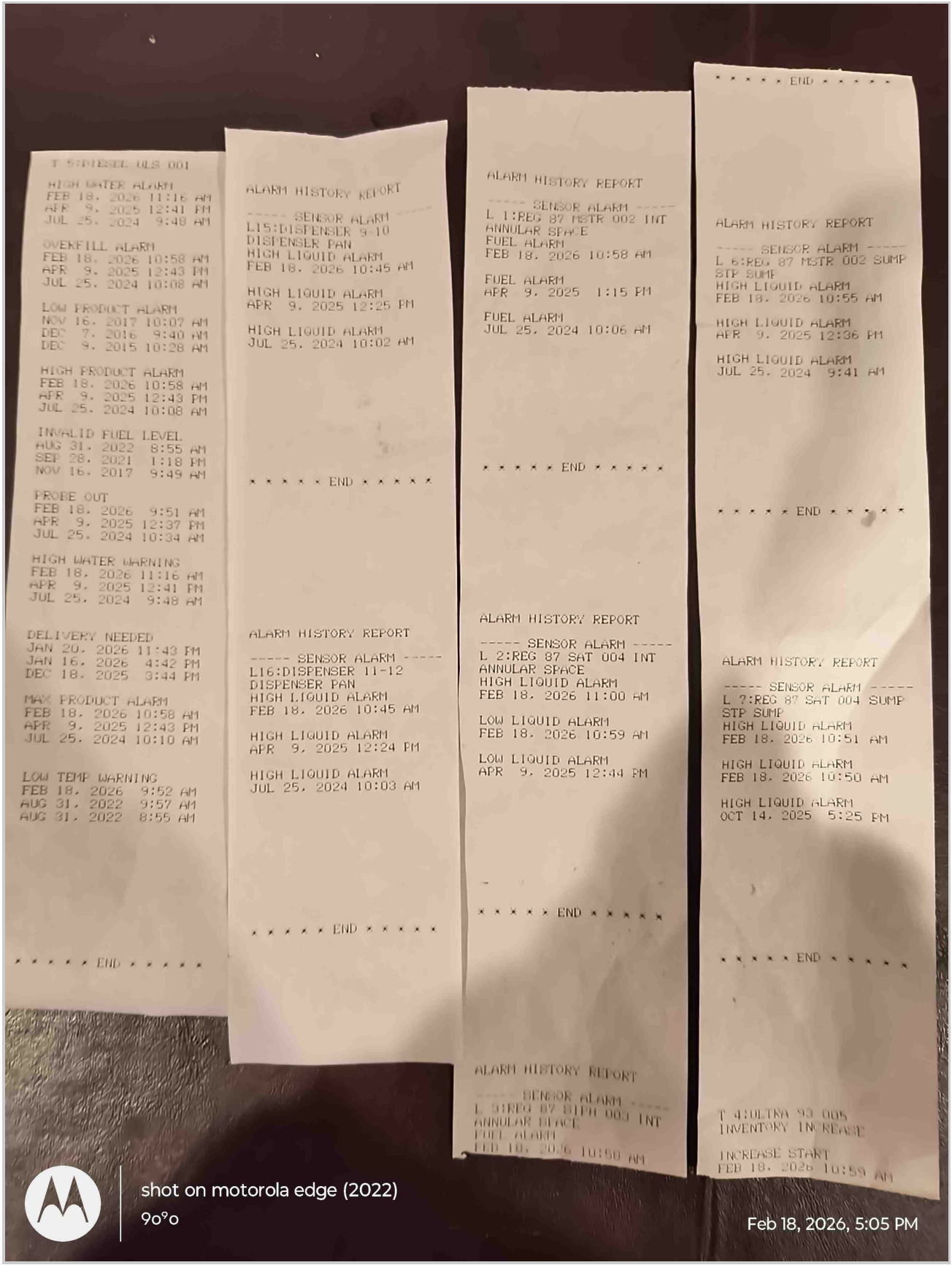


Alarm history

W.O.# MA2-8616876



W.O.# MA2-8616876