



P.O. Box 275  
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585-591-4041 Fax 585-591-3351  
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***"We Keep Your Fuel Moving!"***

### **New Install Letter**

Wednesday April 22, 2026

Regarding Site #8-426571  
Quicklee's #35  
3108 East Avenue  
Brighton, NY 14618

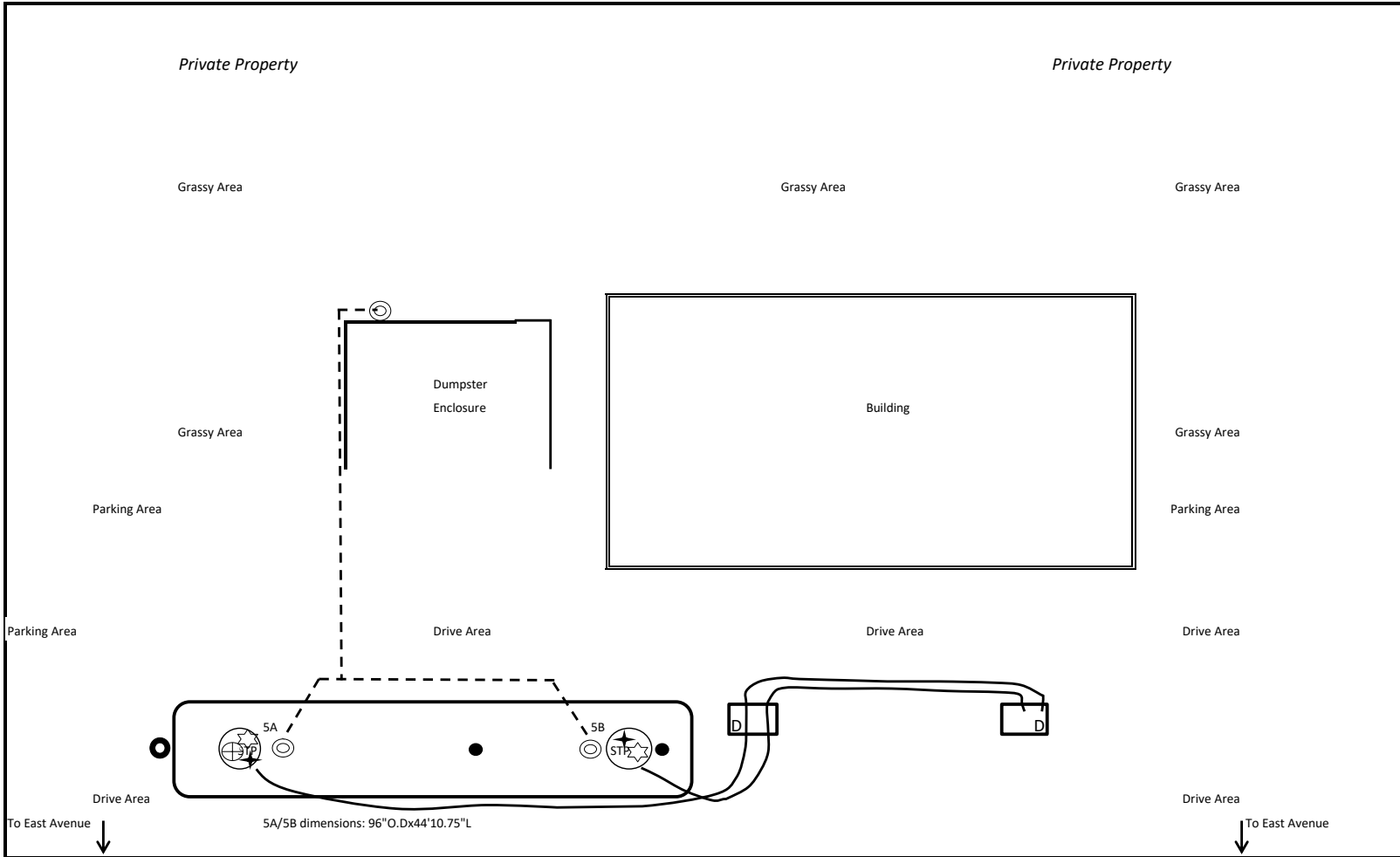
This letter is to certify that the underground storage tank system upgrades have been installed. The product lines are OPW FlexWorks double walled piping. The vent lines are OPW FRP vent piping. The spill buckets were upgraded to the OPW Edge double walled buckets. And the dispenser sumps were upgraded to the OPW Loop System. These were all completed in compliance with the manufacturer's specifications and with New York State Standards for New and Substantially Modified Petroleum Storage Facilities, 6 NYCRR Part 613.

Sincerely

A handwritten signature in black ink, appearing to read 'Dawn Chamberlain', written over a circular stamp or seal.

Dawn Chamberlain  
Project and Safety Manager

**Contractor:**  
**C.A. Norris, LLC \* PO Box 275 \* Attica, NY 14011 \* 585.591.4041**



PBS#: 8-426571  
 Customer: Pemm LLC  
 Site name: Quicklee's 35  
 Address: 3108 East Avenue  
 City: Brighton  
 State: New York  
 Zip Code: 14618  
 Original diagram drawn by: Dawn Riedel  
 Original diagram date: 4/27/2026  
 Diagram revised by:  
 Diagram revised date:  
 Revised Reason:  
 Meet new DEC requirements  
 Original not legible  
 New facilities added  
 Substantial Modification

**Legend**

- ☆ Check Valve
- ✦ Tank Monitor Probe
- D Dispenser Sump
- DW / SW Double Wall / Single Wall
- Fill
- ⊕ Interstitial Sensor
- Line, Product
- - - - Line, Vent
- ⊙ Observation Well
- ⊙(TS) Transition Sump- not applicable
- ⊙(STP) Submersible Turbine Pump
- ⊙(UST) Underground Storage Tank
- Vapor Recovery, Stage 1
- ⊙ Vent

Tank # / Install Date	Piping Install Date	Capacity (gal) / Material	Product Stored	Internal Protection	External Protection	Secondary Containment	Leak Detection Method	Product Line Material / Type	Product Line External Protection	Product Line Secondary Containment	Product Line Leak Detection	Vent Line Material / Type	Tank Location Aboveground or Underground	Dispenser Type: Pressure Suction Gravity
5A/3-17-26	4/22/2026	12K / FRP	gas/eth	none	fiberglass	DW	IEM/ATG	Flex	Jacketed	DW	IEM/PPLD	FRP / SW	UST	pressure
5B/3-17-26	4/27/2026	46,134 / FRP	gas/eth	none	fiberglass	DW	IEM/ATG	Flex	Jacketed	DW	IEM/PPLD	FRP / SW	UST	pressure

N  
  
 mark N for North

Latitude 43.12783 Longitude -77.528064

Note: As Built Diagram is an accurate representation of build, is complete, and the system has been installed in accordance with 6 NYCRR Part 613.  
 The information provided on the diagram is true to the best of our knowledge and belief. An updated diagram will be given for any new or substantially modified facilities.

Approximate Scale: 1/8 inch = 1 feet



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**VENT LINE AIR TEST**

<b>Facility Name:</b>	Quicklee's 35	<b>Owner:</b>	Pemm LLC
<b>Address:</b>	3108 East Avenue	<b>Address:</b>	
<b>City,State,Zip Code:</b>	Brighton, NY 14618	<b>City,State,Zip Code:</b>	
<b>Testing Company:</b>	C.A. Norris, LLC	<b>Contact #:</b>	
<b>Phone #:</b>	585-591-4041	<b>Facility ID/PBS #:</b>	8-426571
<b>Fax #:</b>	585-591-3351	<b>Date:</b>	4/22/2026

This data sheet is for testing the integrity of vent lines.

Tank Number	5A	5B				
Tank Material	fiberglass	fiberglass				
Tank Capacity*, gallons	12,000	3,000				
Test Start Time	9:45 AM	9:45 AM				
Initial Pressure (PSI)	10	10				
Test Duration- 1 hour minimum	1hr	1hr				
Test End Time	10:45 AM	10:45 AM				
Test End Pressure	10	10				
Test Results- Enter Pass or Fail	Pass	Pass				

\*Total tank capacity, including all compartments in a multi-compartment tank

**Comments:**

PA Certification # if applicable: \_\_\_\_\_

Digital

Tester's Name (print): Dawn Chamberlain

Signature: *Dawn Chamberlain*



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**SPILL BUCKET INTEGRITY: HYDROSTATIC TEST METHOD / VACUUM TEST METHOD**

<b>Facility Name:</b>	Quicklee's 35	<b>Owner:</b>	Pemm LLC
<b>Address:</b>	3108 East Avenue	<b>Address:</b>	
<b>City,State,Zip Code:</b>	Brighton, NY 14618	<b>City,State,Zip Code:</b>	
<b>Testing Company:</b>	C.A. Norris, LLC	<b>Contact #:</b>	
<b>Phone #:</b>	585-591-4041	<b>Facility ID/PBS #:</b>	8-426571
<b>Fax #:</b>	585-591-3351	<b>Date:</b>	4/22/2026

This data sheet is to test the integrity of a single and double wall spill bucket.

Tank number	RUL vapor	RUL	PUL vapor	PUL		
Product Stored	RUL vapor	RUL	PUL	PUL		
Spill Bucket Capacity	5 gallon	5 gallon	5 gallon	5 gallon		
Manufacturer	OPW	OPW	OPW	OPW		
Wall Construction: <b>enter in Single or Double</b>	Double	Double	Double	Double		
Spill bucket type: <b>enter in Product or Vapor</b>	Vapor	Product	Vapor	Product		
Test Method Type: <b>enter in Hydrostatic or Vacuum</b>	Hydro	Hydro	Hydro	Hydro		
Sump free from liquid and debris or was removed from sump? <b>enter Yes or No</b>	Yes	Yes	Yes	Yes		
Visual Inspection (No cracks, loose parts, or separation of the containment sump) <b>enter Pass or Fail</b> . If fail, enter repair description with any measurements in comments, take pictures, call Spill Hotline, and record spill number	Pass	Pass	Pass	Pass		
Tank riser cap included in test? <b>enter Yes, No, or N/A</b>	Yes	Yes	Yes	Yes		
Is drain valve included in test? <b>enter Yes, No, or N/A</b>	N/A	Yes	N/A	Yes		
Initial Water Level, in inches	8.75	8.75	8	8		
Initial Time <b>**5 MINUTES SETTLE TIME**</b>	Yes	Yes	Yes	Yes		
Test Start Water Level, in inches or Apply 15 in WC (water column)	8.75	8.75	8	8		
Test Start Time	10:00 AM	10:00 AM	10:00 AM	10:00 AM		
Test End Water Level, in inches or Inches WC Reading	8.75	8.75	8	8		
Test End Time	11:00	11:00	11:00	11:00		
Test Period (minimum test time: 1 hour for water, 1 minute for vacuum)	1hr	1hr	1hr	1hr		
Water Level Change, in inches or WC inches Reading	0	0	0	0		

\* All liquids and debris must be disposed of properly

**Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of less than 1/8 inch; Vacuum singlewalled only; maintain at least 26 WC inches; Vacuum doublewalled: maintain at least 12 WC inches.**

<b>Test Results: enter Pass or Fail</b>	Pass	Pass	Pass	Pass		
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**Comments: (Please note if there is any product found if it was either removed, filtered, and returned to the tank or if it was barreled for proper disposal)**

PA Certification # if applicable:

Tester's Name (print):

Dawn Chamberlain

Digital

Signature: *Dawn Chamberlain*



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**TANK CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD**

<b>Facility Name:</b>	Quicklee's 35	<b>Owner:</b>	Pemm LLC
<b>Address:</b>	3108 East Avenue	<b>Address:</b>	
<b>City,State,Zip Code:</b>	Brighton, NY 14618	<b>City,State,Zip Code:</b>	
<b>Testing Company:</b>	C.A. Norris, LLC	<b>Contact #:</b>	
<b>Phone #:</b>	585-591-4041	<b>Facility ID/PBS #:</b>	8-426571
<b>Fax #:</b>	585-591-3351	<b>Date:</b>	4/22/2026

**This data sheet is for testing the leak integrity of the tank underground containment sumps.**

Containment Sump ID	RUL	PUL				
Containment Sump Material	fiberglass	fiberglass				
Sump free from liquid and debris? <b>enter Yes or No.</b> If NO, please comment below what type of liquid was removed and the amount or what type of debris was removed	Yes	Yes				
Visual Inspection (No cracks, loose parts, or separation of the containment sump) <b>enter Pass or Fail.</b> If fail, enter repair description with any measurements in comments, take pictures, call Spill Hotline, and record spill number	Pass	Pass				
Containment Sump Depth	30	34.5				
Height from Bottom to Top of Highest Penetration, in inches	11	9				
Initial Water Level, in inches	14.5	14.75				
Initial Time***15 MINUTES SETTLE TIME***	Yes	Yes				
Test Start Water Level, in inches	14.5	14.75				
Test Start Time	1:45 PM	11:00 AM				
Test End Water Level, in inches	14.5	14.75				
Test End Time	2:45 PM	12:00 PM				
Test Period (minimum test time: 1 hour)	1hr	1hr				
Water Level Change, in inches	0	0				

**Pass/Fail Criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.**

<b>Test Results: enter Pass or Fail</b>	Pass	Pass				
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**Comments: (Please note if there is any product found if it was either removed, filtered, and returned to the tank or if it was barreled for proper disposal)**

PA Certification # if applicable:	_____	Digital
Tester's Name (print):	Bryan Wood	Signature: <i>Bryan Wood</i>



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**DISPENSER CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD**

<b>Facility Name:</b>	Quicklee's 35	<b>Owner:</b>	Pemm LLC
<b>Address:</b>	3108 East Avenue	<b>Address:</b>	
<b>City,State,Zip Code:</b>	Brighton, NY 14618	<b>City,State,Zip Code:</b>	
<b>Testing Company:</b>	C.A. Norris, LLC	<b>Contact #:</b>	
<b>Phone #:</b>	585-591-4041	<b>Facility ID/PBS #:</b>	8-426571
<b>Fax #:</b>	585-591-3351	<b>Date:</b>	4/22/2026

**This data sheet is for testing the leak integrity of the dispenser underground containment sumps.**

Containment Sump ID	1/2	3/4				
Containment Sump Material	poly	poly				
Sump free from liquid and debris? <b>enter Yes or No.</b> If NO, please comment below what type of liquid was removed and the amount or what type of debris was removed	Yes	Yes				
Visual Inspection (No cracks, loose parts, or separation of the containment sump) <b>enter Pass or Fail.</b> If fail, enter repair description with any measurements in comments, take pictures, call Spill Hotline and record spill number	Pass	Pass				
Containment Sump Depth	17	17				
Height from Bottom to Top of Highest Penetration, in inches	4	4				
Initial Water Level, in inches	11	12				
***15 MINUTES SETTLE TIME***	Yes	Yes				
Test Start Water Level, in inches	11	12				
Test Start Time	10:00 AM	10:00 AM				
Test End Water Level, in inches	11	12				
Test End Time	11:00 AM	11:00 AM				
Test Period (minimum test time: 1 hour)	1hr	1hr				
Water Level Change, in inches	0	0				

**Pass/Fail Criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.**

<b>Test Results, enter Pass or Fail</b>	Pass	Pass				
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**Comments: (Please note if there is any product found if it was either removed, filtered, and returned to the tank or if it was barreled for proper disposal)**

PA Certification # if applicable: \_\_\_\_\_ Digital

Tester's Name (print): Dawn Chamberlain Signature: *Dawn Chamberlain*



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**PIPING SECONDARY AIR TESTING**

<b>Facility Name:</b>	Quicklee's 35	<b>Owner:</b>	Pemm LLC
<b>Address:</b>	3108 East Avenue	<b>Address:</b>	
<b>City,State,Zip Code:</b>	Brighton, NY 14618	<b>City,State,Zip Code:</b>	
<b>Testing Company:</b>	C.A. Norris, LLC	<b>Contact #:</b>	
<b>Phone #:</b>	585-591-4041	<b>Facility ID/PBS #:</b>	8-426571
<b>Fax #:</b>	585-591-3351	<b>Date:</b>	4/22/2026

**This data sheet is for testing the integrity of the interstitial space of double-walled piping.**

Tank Number	5A	5B			
Piping Run Length in feet	80	40			
Piping Material	flex	flex			
Product Stored	RUL	PUL			
Test Start Time	9:45 AM	9:45 AM			
Initial Test Pressure, PSIG (Test procedure specifies 5 psig minimum)	6	6			
Test End Time	10:45 AM	10:45 AM			
Final Test Pressure, psig	6	6			
Pressure Change (No reduction in pressure allowed to pass)	0	0			
<b>Test Results- Enter in Pass or Fail</b>	Pass	Pass			

**Comments:**

PA Certification # if applicable: \_\_\_\_\_

Tester's Name (print): Dawn Chamberlain

Digital

Signature: *Dawn Chamberlain*



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**PIPING PRIMARY AIR TESTING**

<b>Facility Name:</b>	Quicklee's 35	<b>Owner:</b>	Pemm LLC
<b>Address:</b>	3108 East Avenue	<b>Address:</b>	
<b>City,State,Zip Code:</b>	Brighton, NY 14618	<b>City,State,Zip Code:</b>	
<b>Testing Company:</b>	C.A. Norris, LLC	<b>Contact #:</b>	
<b>Phone #:</b>	585-591-4041	<b>Facility ID/PBS #:</b>	8-426571
<b>Fax #:</b>	585-591-3351	<b>Date:</b>	4/22/2026

**This data sheet is for testing the integrity of the primary pipe of double-walled piping.**

Tank Number	5A	5B			
Piping Run Length in feet	80	40			
Piping Material	flex	flex			
Product Stored	RUL	PUL			
Test Start Time	9:45 AM	9:45 AM			
Initial Test Pressure, PSIG (Test procedure specifies 50 psig minimum)	51	50			
Test End Time	10:45 AM	10:45 AM			
Final Test Pressure, psig	51	50			
Pressure Change (No reduction in pressure allowed to pass)	0	0			
<b>Test Results- Enter in Pass or Fail</b>	Pass	Pass			

**Comments:**

PA Certification # if applicable: \_\_\_\_\_

Digital

Tester's Name (print): Dawn Chamberlain

Signature: *Dawn Chamberlain*