



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

Date Printed and Mailed: 3/23/2026

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

Test Date: 3/18/2026  
Order Number: 8618135

Dear Regulator,

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

FIRST STUDENT # F020059  
75 KANE DR  
PBS# 8-439223  
ROCHESTER, NY 14622

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,

A handwritten signature in black ink that reads 'Dawn Kohlmeier'.

Dawn Kohlmeier  
Manager, Field Reporting



# Product Line Tightness Test

Work Order: 8618135 Date: 3/18/2026  
Site Name/ID: FIRST STUDENT # F020059 / F020059  
Address: 75 KANE DR PBS# 8-439223  
City: ROCHESTER State: NY Zip: 14622

Tank Information	Tank # 1 Line # 1	Tank # Line #	Tank # Line #	Tank # Line #	Tank # Line #	Tank # Line #
Test Method	TLD-1					
Customer Tank ID	T-1 DIESEL					
Product Name	Diesel					
Delivery Type	Pressure					
Test Pressure (psi)	60					
Test Start Time	10:20					
Test End Time	11:20					
Final Leak Rate (gph)	0.00					
Test Result(P/F/I)	Pass					
Test was performed per 3rd party certifications as specified in 40 CFR parts 280 and 281	Yes					

Technician Comments:

Technician Name: Samuel LoGiudice Certification #: 167542 exp: 3/8/2027  
Technician Signature:




LDT 5000 Field Test Apparatus  
Line Leak Detector Test

Work Order: 8618135 Date: 3/18/2026  
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Address: 75 KANE DR PBS# 8-439223  
City: ROCHESTER State: NY Zip: 14622

Tank ID	T-1 DIESEL					
Product	Diesel					
Product Line	1					
Tested From	1					
Existing/New	Existing					
Mechanical/Electronic	Mechanical					
Manufacturer/Model	Red Jacket FX1DV					
Serial No.	5966					
Pump Operating Pressure (psi)	40.00					
Calibrated Leak (ml/min)	189.0					
Calibrated Leak (gph)	3.00					
Holding PSI <i>*N/A for Electronic LD's</i>	30.00					
Resiliency (ml) <i>*N/A for Electronic LD's</i>	125.00					
Metering PSI <i>*N/A for Electronic LD's</i>	18					
Opening Time (sec) <i>*N/A for Electronic LD's</i>	5					
Test Results	Pass					

Technician Comments:

Technician Name: Samuel LoGiudice Certification #: 167537  
Technician Signature:  Expire Date: 3/3/2027



# 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: FIRST STUDENT # F020059 Bldg. No.: \_\_\_\_\_  
 Site Address: 75 KANE DRPBS# 8-439223 City: ROCHESTER State: NY Zip: 14622  
 Facility Contact Person: CHUCK HUMMEL Contact Phone No.: 585-342-7665  
 Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 3/18/2026

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

<p><b>Tank ID:</b> <u>T-1 DIESEL - Diesel</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>mag</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794390-420</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket FX1DV</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p><b>Tank ID:</b> _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p><b>Tank ID:</b> _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p><b>Tank ID:</b> _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p><b>Dispenser ID:</b> <u>1</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p><b>Dispenser ID:</b> <u>2</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

\*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): Samuel LoGiudice Signature: 

Certification No.: C29748 License No.: \_\_\_\_\_

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

Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 3/18/2026

**D. Results of Testing/Serviceing**

Software Version Installed: 420.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the <b>visual</b> alarm on the console operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the <b>audible</b> alarm on the console operational?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Is the external <b>visual</b> overfill alarm (light unit) present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Is the external <b>visual</b> overfill alarm operating properly?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Is the external <b>audible</b> overfill alarm present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Is the external <b>audible</b> overfill alarm operating properly?
%	<input checked="" type="checkbox"/> N/A	At what percent of tank(s) capacity is the external alarm programmed to trigger? <i>If different % between tanks, clarify in section E.</i>
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> 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?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> 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? <i>(Check all that apply)</i> <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection? <input type="checkbox"/> Yes; <input type="checkbox"/> No
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> 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.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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:**

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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

Date: 3/18/2026  
 Customer Name: MANSFIELD OIL CO.  
 Location #: FIRST STUDENT # F020059  
 Location Address: 75 KANE DR PBS# 8-439223 ,ROCHESTER ,NY , 14622  
 OPW Model Number: \_\_\_\_\_

T-1 DIESEL				
A gallons	12033.000			
B 95%	0.95	0.95	0.95	0.95
C gallons	11431.350			
D inches	86.500			
E inches	34.625			
F inches	94.875			
G inches	8.375			
H inches	6.375			
I inches	41.000			
J inches	47.875			

**PART 1) Proper height setting calculation**

Maximum Tank Volume per: Tank Chart  
 Max shut off requirement for Flapper is 95%  
 Multiply Maximum tank volume by 95%  
 Use tank chart to determine height of calculated volume  
 Measure top of fill riser threads, or face seal adapter when used, to tank top  
 Tank diameter **From Chart**  
 Upper Tube in tank (G) **F - D = G**  
 Subtract 2 inches from upper tube in tank **G - 2"= H**  
 Calculated minimum upper tube length (I) **H + E = I**  
 Actual measured upper tube length (Without fill adapter) (J)

**PART 2) Device certification criteria evaluation**

Criteria 1	Does the overfill prevention device meet the 95% requirement?	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			
Criteria 2	Is the Actual measured upper tube length 6.5 inches or more than the fill riser? ( <b>J must be 6.5" or more than E</b> )	Yes			
Criteria 3	Does the overfill prevention device function as required? ( <b>Inspect the device for damage, contamination, freedom of movement, weakening due to wear and corrosion</b> )	Yes			

**PART 3) Device Certification PASS / FAIL**

Technician certifies that the device is operationally compliant.

Pass				
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Comments:

Signature of Technician:   
 \_\_\_\_\_  
 Samuel LoGiudice

Date: 3/18/2026

# ANNUAL CONTAINMENT SUMP INSPECTION

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

Date of Inspection  
3/18/2026

UST Facility			Person Conducting Test	
Facility Name FIRST STUDENT # F020059	Facility ID # 8-439223	Tester's Name slogiudice		
Physical Address 75 KANE DR PBS# 8-439223			Company Tanknology Inc.	
City ROCHESTER	County MONROE	State NY	Certification # 167542	Expiration Date 3/8/2027
UST Owner MANSFIELD OIL CO.			Tester's Signature 	Date 3/18/2026

## Containment Sump Inspection

Sump Material of Construction	<input type="checkbox"/> Fiberglass Reinforced Plastic <input checked="" type="checkbox"/> Thermoplastic <input type="checkbox"/> Steel <input type="checkbox"/> Composite			
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### 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:T-1 DIESEL Diesel - 1	UDC 1/	UDC 2/	
Sump lid/gasket in good condition (yes/no)	Y	Y	Y	
Sump is dry (yes/no)	Y	Y	Y	
All penetration fittings in good condition (yes/no)	Y	Y	Y	
Sump walls/bottom in good condition (yes/no)	Y	Y	Y	
Are there any leaks from pipe components (yes/no)	N	N	N	
Inspection Result (Pass/Fail)	Pass	Pass	Pass	

Comments:



# Site Diagram

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

Work Order: 8618135  
Site ID / Name: F020059 / FIRST STUDENT # F020059  
Address: 75 KANE DR PBS# 8-439223  
City: ROCHESTER State: NY Zip: 14622

