



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

Cross America Partners, LP
 Location #NY0004

1469 Lake Avenue
 Rochester, NY 14615-3051
 +1 585-254-1824

W-164350 Visit #166634
 2/19/2026
 CW# 260220.001

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
002	Regular	Mechanical (MLLD)	● Pass
003	Premium	Mechanical (MLLD)	● Pass
001	Diesel	Mechanical (MLLD)	● Pass
Precision Line Tightness Test			
Equipment #	Grade		Result
002	Regular		● Pass
003	Premium		● Pass
001	Diesel		● 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

8-486426		
UST Facility I.D. #:		
Mobil Service Station (83473)		
Facility Name:		
1469 Lake Avenue		
Facility Address:		
City: Rochester	State: NY	Zip: 14615-3051
5852541824		
Telephone Number:		
Person Performing Walkthrough Inspection	Print: Seth Boesel	
Sign: 		
2/19/2026		
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 # 1/2	Tank / Disp # 002	Tank / Disp # 003	Tank / Disp # 3/4
Type of Containment Inspected	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input checked="" 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 type="checkbox"/> Tank <input checked="" 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 # 004	Tank / Disp # 5/6	Tank / Disp # 7/8	Tank / Disp #	Tank / Disp #
Type of Containment Inspected	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<input type="checkbox"/> Tank <input checked="" type="checkbox"/> Dispenser <input type="checkbox"/> Transition	<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
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 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 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 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 checked="" type="checkbox"/> P <input type="checkbox"/> F	<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
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 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 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 type="checkbox"/> NA	<input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> NA

Comments For 001 Diesel Sump - STP Comments For 004 Regular (drone) Sump - Siphon

Comments For 1/2 Regular / Premium / Dispenser Comments For 5/6 Regular / Premium Dispenser

Comments For 002 Regular Sump - Siphon Comments For 7/8 Regular / Premium Dispenser

Comments For 003 Premium Sump - STP

Comments For 3/4 Regular / Premium Dispenser

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 (83473)	Owner: Cross America Partners, LP	
Address: 1469 Lake Avenue	Address:	
City, State, Zip Code: Rochester NY 14615-3051	City, State, Zip Code:	
Facility I.D. #: 8-486426	Phone #: 5852541824	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/20/2026

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	002	003	001			
Product Stored	Regular	Premium	Diesel			
Leak Detector Manufacturer	RedJacket	RedJacket	RedJacket			
Leak Detector Model	FX1V	FX1V	FX1DV			
Type of Leak Detector	<input checked="" type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input checked="" type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input checked="" type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD

MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

STP Full Operating Pressure	27	26	30			
Check Valve Holding Pressure	18	20	18			
Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 psig)	567.81	567.81	567.81			
Step Through Time in Seconds (time the MLLD hesitates at metering pressure before going to full operating pressure as measured from 0 psig with no leak induced on the line)	4	4	4			
Metering Pressure (STP pressure when simulated leak rate 3 gph at 10 psig)	15	13	15			
Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped)	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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the leak detector reset (trip) when the line pressure is bled off to zero psig?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the STP properly cycle on/off under normal fuel system operation conditions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

ELLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

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

Comments: Testing was conducted in accordance with PEI/RP1200

Tester Signature: 

Tester Name: Seth Boesel

Mobil Service Station (83473)

1469 Lake Avenue

Rochester

NY 14615-3051

Purpora Engineering
Petro-Tite Line Tightness Test Form

Work Visit # 166634

UST Registration #

8-486426

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		
002	15:00	Connected line tester to: Shear						Material <u>APT Polytech (light</u> Wall Type <u>Double</u> Line Length (feet) <u>140</u> Diameter (inches) <u>2</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(140 * 0.0012)$ $+ (0 * 0.006) + 0.05 = 0.218$
Regular	15:10	Started line test		60		.1		
	15:20	Line Test Continued	60	60	.05	.05	0	
	15:30	Line Test Continued	60	60	.05	.05	0	
	15:40	Line Test Continued	60	60	.05	.05	0	
	15:41	Bleed Back	60	0	.05	.1	0.05	

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
002 Regular	Yes	0	2/19/2026

CONTRACTOR CERTIFICATION

Technician:

Seth Boesel

ab32a810

Certification # _____

Notes:

Mobil Service Station (83473)

1469 Lake Avenue

Rochester

NY 14615-3051

Purpora Engineering
Petro-Tite Line Tightness Test Form

Work Visit # 166634

UST Registration #

8-486426

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	15:01	Connected line tester to: Shear						Material <u>APT Polytech (light</u> Wall Type <u>Double</u> Line Length (feet) <u>130</u> Diameter (inches) <u>2</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(130 * 0.0012)$ $+ (0 * 0.006) + 0.05 = 0.206$
Premium	15:11	Started line test		60		.1		
	15:21	Line Test Continued	60	60	.06	.06	0	
	15:31	Line Test Continued	60	60	.06	.06	0	
	15:41	Line Test Continued	60	60	.06	.06	0	
	15:42	Bleed Back	60	0	.06	.1	0.04	

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

Line Identification	Meets Criteria (Yes/No)	Net Volume Change Per Hour	Date Tested
003 Premium	Yes	0	2/19/2026

CONTRACTOR CERTIFICATION

Technician:

Seth Boesel

ab32a810

Certification # _____

Notes:

Mobil Service Station (83473)

1469 Lake Avenue

Rochester

NY 14615-3051

Purpora Engineering
Petro-Tite Line Tightness Test Form

Work Visit # 166634

UST Registration #

8-486426

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	15:02	Connected line tester to: Shear						Material <u>APT Polytech (light</u> Wall Type <u>Double</u> Line Length (feet) <u>100</u> Diameter (inches) <u>2</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(100 * 0.0012) + (0 * 0.006) + 0.05 = 0.17$
Diesel	15:12	Started line test		60		60		
	15:22	Line Test Continued	60	60	.083	.083	0	
	15:32	Line Test Continued	60	60	.083	.083	0	
	15:42	Line Test Continued	60	60	.083	.083	0	
	15:43	Bleed Back	60	0	.083	.1	0.017	

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 Diesel	Yes	0	2/19/2026

CONTRACTOR CERTIFICATION

Technician:

Seth Boesel

ab32a810

Certification # _____

Notes:

SHEAR VALVE OPERATION INSPECTION

Facility Name: Mobil Service Station (83473)	Owner: Cross America Partners, LP
Address: 1469 Lake Avenue	Address
City, State, Zip Code: Rochester NY 14615-3051	City, State, Zip Code:
Facility I.D. #: 8-486426	Phone #: 5852541824
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	Diesel	Premium	Regular	Premium	Regular	Premium	Regular	Premium	Regular
Dispenser ID#	1/2	1/2	1/2	3/4	3/4	5/6	5/6	7/8	7/8
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  2/19/2026

Testing was conducted in accordance with PEI/RP1200

**AUTOMATIC TANK GAUGE
OPERATION INSPECTION**

Facility Name: Mobil Service Station (83473)		Owner: Cross America Partners, LP		
Address: 1469 Lake Avenue		Address:		
City, State, Zip Code: Rochester NY 14615-3051		City, State, Zip Code:		
Facility I.D. #: 8-486426		Phone #: 5852541824		
Testing Company: Owl Services USA		Phone #: 800-646-3161	Date: 2/19/2026	
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	Diesel	Regular	Premium	Regular (drone)
ATG Brand and Model	Veeder Root TLS-450 Plus	Veeder Root TLS-450 Plus	Veeder Root TLS-450 Plus	Veeder Root TLS-450 Plus
1. Tank Volume, gallons	9816	11308	5467	10972
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	82	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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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
Comments:				

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

LIQUID SENSOR FUNCTIONALITY TESTING

Facility Name: Mobil Service Station (83473)		Owner: Cross America Partners, LP	
Address: 1469 Lake Avenue		Address:	
City, State, Zip Code: Rochester NY 14615-3051		City, State, Zip Code:	
Facility I.D. #: 8-486426		Phone #: 5852541824	
Testing Company: Owl Services USA		Phone #: 800-646-3161	Date: 2/19/2026

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 Siphon Sump	002 Tank Top		
Product Stored	Diesel	Regular	Premium	Regular	Regular		
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 (83473)	Owner: Cross America Partners, LP	
Address: 1469 Lake Avenue	Address:	
City, State, Zip Code: Rochester NY 14615-3051	City, State, Zip Code:	
Facility I.D. #: 8-486426	Phone #: 5852541824	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/19/2026

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			
Product Stored	Diesel	Regular	Premium	Regular			
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 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 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 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 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 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 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 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 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 (83473)	Owner: Cross America Partners, LP	
Address: 1469 Lake Avenue	Address:	
City, State, Zip Code: Rochester NY 14615-3051	City, State, Zip Code:	
Facility I.D. #: 8-486426	Phone #: 5852541824	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/19/2026

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

Sensor Location	Dispenser 2/1	Dispenser 4/3	Dispenser 6/5	Dispenser 8/7			
Product Stored	Regular, Plus, Premium, Diesel	Regular, Plus, Premium	Regular, Plus, Premium	Regular, Plus, Premium			
Type of Sensor	<input type="checkbox"/> Discriminat- ing <input checked="" type="checkbox"/> Non- discriminating	<input type="checkbox"/> Discriminat- ing <input checked="" type="checkbox"/> Non- discriminating	<input type="checkbox"/> Discriminat- ing <input checked="" type="checkbox"/> Non- discriminating	<input type="checkbox"/> Discriminat- ing <input checked="" type="checkbox"/> Non- discriminating	<input type="checkbox"/> Discriminat- ing <input type="checkbox"/> Non- discriminating	<input type="checkbox"/> Discriminat- ing <input type="checkbox"/> Non- discriminating	<input type="checkbox"/> Discriminat- ing <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 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 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 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 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 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 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 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 



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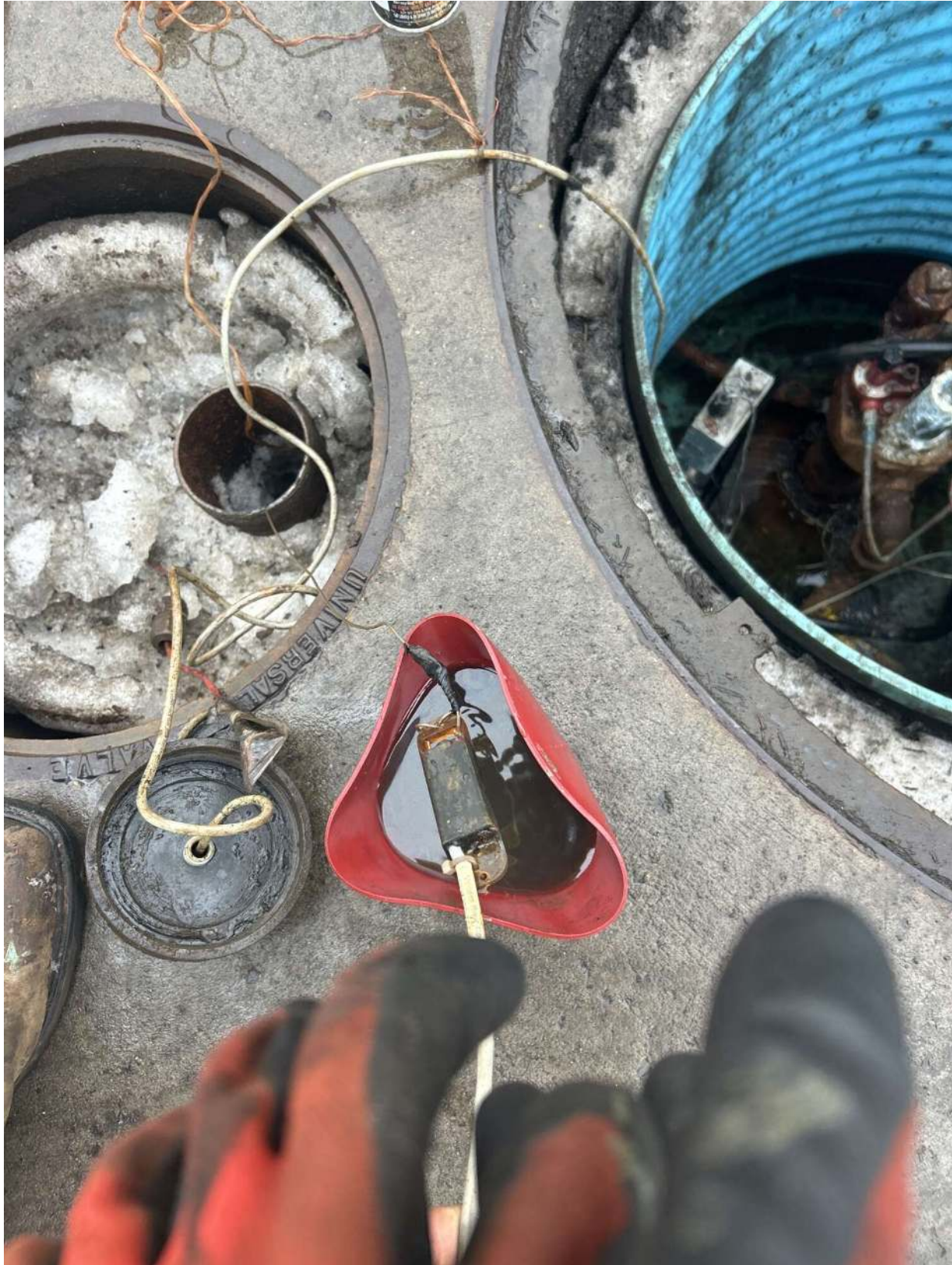


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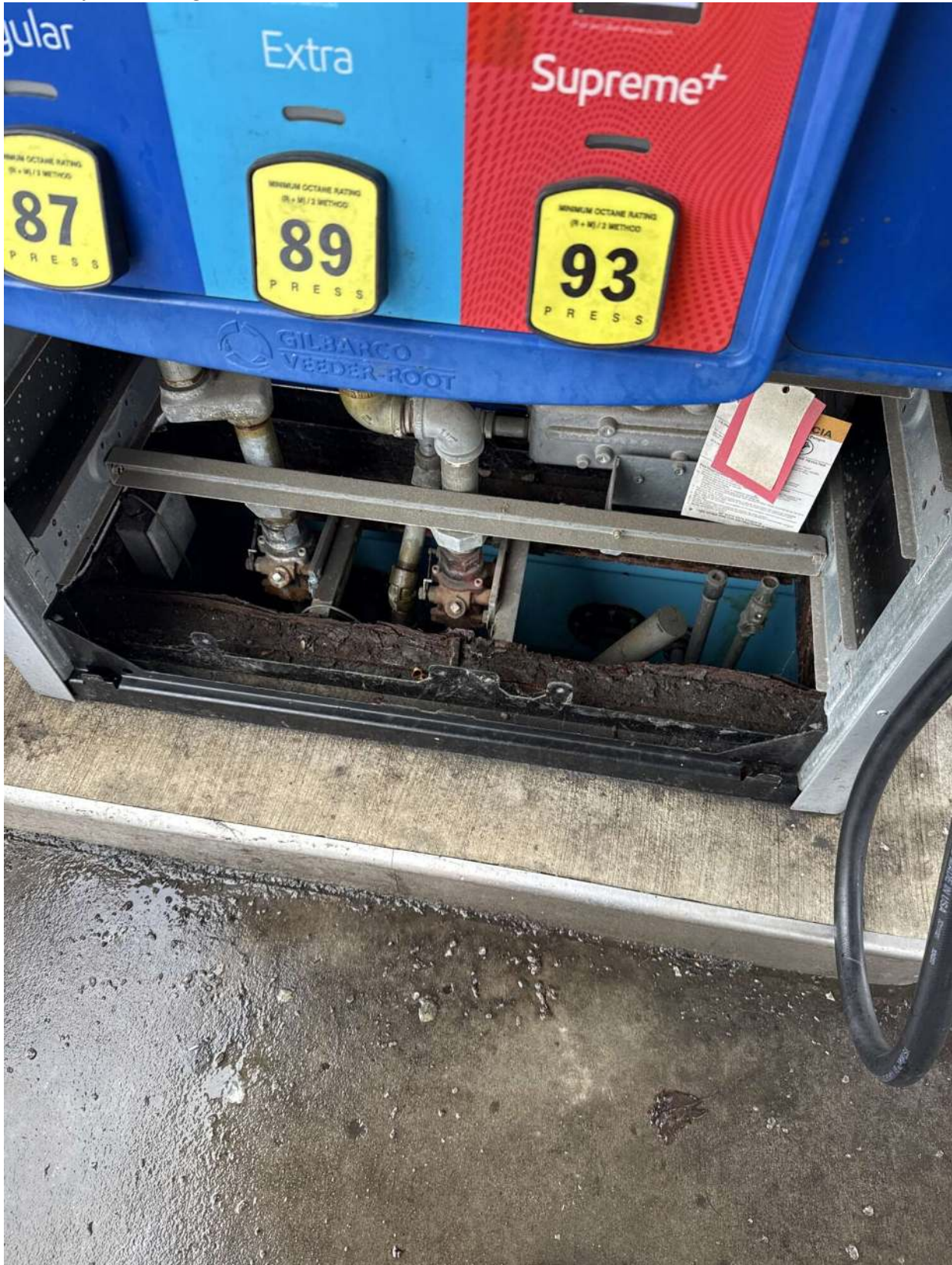
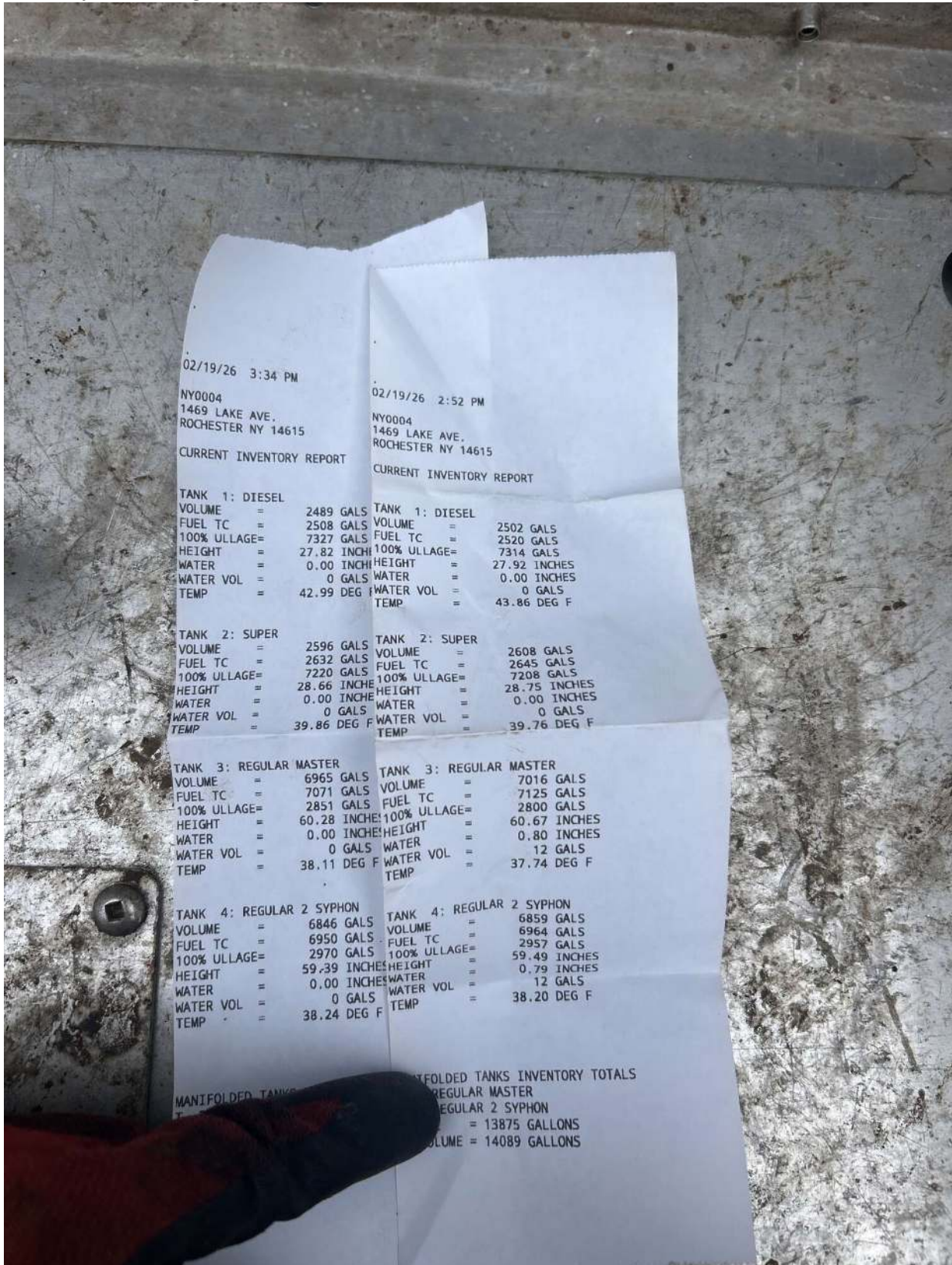


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02/19/26 3:34 PM

NY0004
1469 LAKE AVE.
ROCHESTER NY 14615

CURRENT INVENTORY REPORT

TANK 1: DIESEL
VOLUME = 2489 GALS
FUEL TC = 2508 GALS
100% ULLAGE = 7327 GALS
HEIGHT = 27.82 INCH
WATER = 0.00 INCH
WATER VOL = 0 GALS
TEMP = 42.99 DEG F

TANK 2: SUPER
VOLUME = 2596 GALS
FUEL TC = 2632 GALS
100% ULLAGE = 7220 GALS
HEIGHT = 28.66 INCH
WATER = 0.00 INCH
WATER VOL = 0 GALS
TEMP = 39.86 DEG F

TANK 3: REGULAR MASTER
VOLUME = 6965 GALS
FUEL TC = 7071 GALS
100% ULLAGE = 2851 GALS
HEIGHT = 60.28 INCH
WATER = 0.00 INCH
WATER VOL = 0 GALS
TEMP = 38.11 DEG F

TANK 4: REGULAR 2 SYPHON
VOLUME = 6846 GALS
FUEL TC = 6950 GALS
100% ULLAGE = 2970 GALS
HEIGHT = 59.39 INCH
WATER = 0.00 INCH
WATER VOL = 0 GALS
TEMP = 38.24 DEG F

02/19/26 2:52 PM

NY0004
1469 LAKE AVE.
ROCHESTER NY 14615

CURRENT INVENTORY REPORT

TANK 1: DIESEL
VOLUME = 2502 GALS
FUEL TC = 2520 GALS
100% ULLAGE = 7314 GALS
HEIGHT = 27.92 INCHES
WATER = 0.00 INCHES
WATER VOL = 0 GALS
TEMP = 43.86 DEG F

TANK 2: SUPER
VOLUME = 2608 GALS
FUEL TC = 2645 GALS
100% ULLAGE = 7208 GALS
HEIGHT = 28.75 INCHES
WATER = 0.00 INCHES
WATER VOL = 0 GALS
TEMP = 39.76 DEG F

TANK 3: REGULAR MASTER
VOLUME = 7016 GALS
FUEL TC = 7125 GALS
100% ULLAGE = 2800 GALS
HEIGHT = 60.67 INCHES
WATER = 0.80 INCHES
WATER VOL = 12 GALS
TEMP = 37.74 DEG F

TANK 4: REGULAR 2 SYPHON
VOLUME = 6859 GALS
FUEL TC = 6964 GALS
100% ULLAGE = 2957 GALS
HEIGHT = 59.49 INCHES
WATER = 0.79 INCHES
WATER VOL = 12 GALS
TEMP = 38.20 DEG F

MANIFOLDED TANKS
REGULAR MASTER
REGULAR 2 SYPHON
= 13875 GALLONS
VOLUME = 14089 GALLONS



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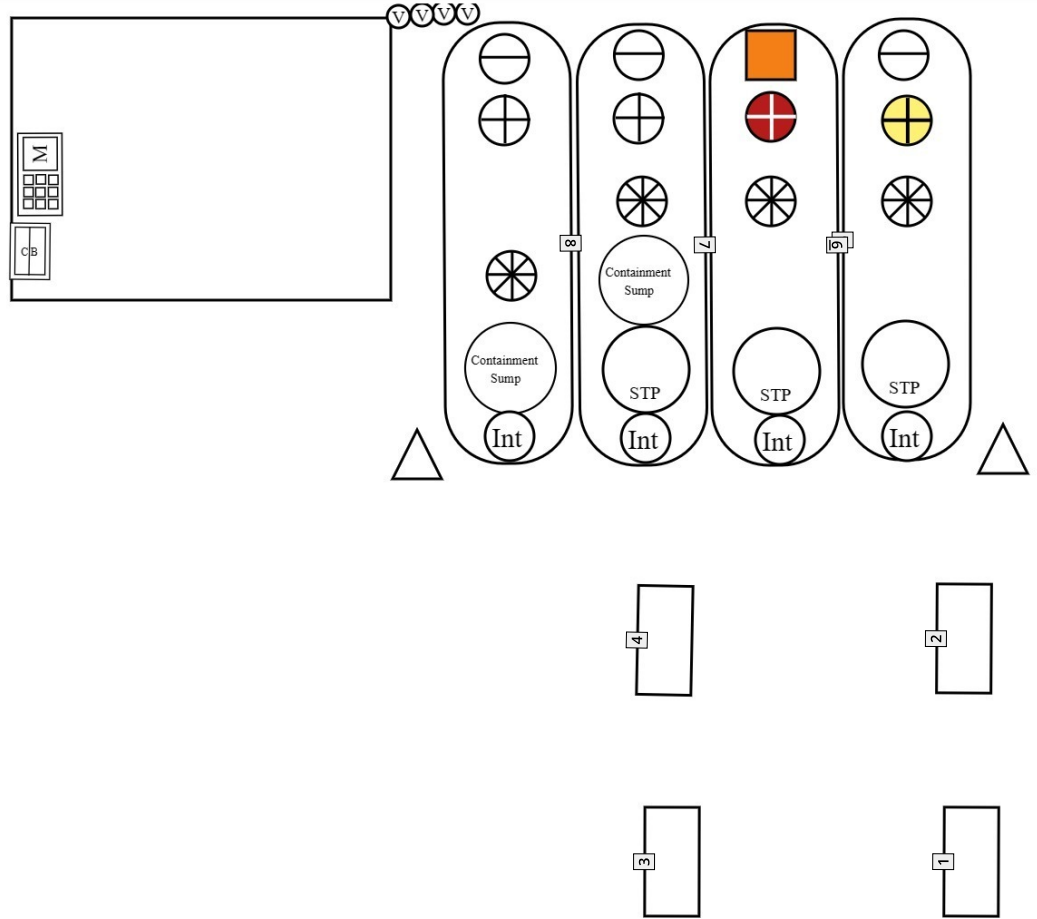
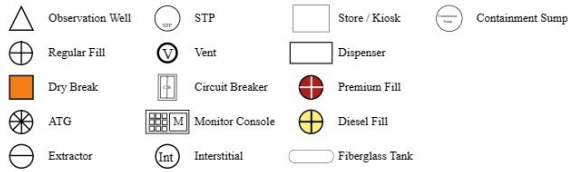


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Diagram - Site Diagram (v1)



1: Dispenser - 1/2 w/diesel

2: Dispenser - 3/4

3: Dispenser - 5/6

4: Dispenser - 7/8

5: Fiberglass Tank - T-1 Diesel

6: Fiberglass Tank - T-2 Premium

7: Fiberglass Tank - T-3 Regular Master

8: Fiberglass Tank - T-4 Regular siphon



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

Cross America Partners, LP
 Location #NY0004

1469 Lake Avenue
 Rochester, NY 14615-3051
 +1 585-254-1824

W-164350 Visit #166634
 2/19/2026
 CW# 260220.001

Visit Verification

CUSTOMER
 Cross America Partners, LP

LOCATION
 #NY0004
 1469 Lake Avenue
 Rochester, NY 14615-3051

CONTACT
 Cross America Partners, LP

SCHEDULED
 02/19/2026 12:00am (EST)

ASSIGNED TO
 Nicholas Christina, Seth Boesel

SERVICE REASON
 Compliance

PRODUCTS & SERVICES

Item	Qty
Combos	
All Lines and Leak Detectors	3.00
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
 Jah

Email

Signature Status
 Captured