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

Date Printed and Mailed: 3/5/2026

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

Test Date: 2/23/2026
Order Number: 8617827

Dear Regulator,

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

SUNOCO - SAP# 80008131
1429 STATE ROAD 332
PBS#8-600267
FARMINGTON, NY 14425

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: 8617827 **Date:** 2/23/2026
Site Name/ID: SUNOCO - SAP# 80008131 / 80008131
Address: 1429 STATE ROAD 332 PBS#8-600267
City: FARMINGTON **State:** NY **Zip:** 14425

Tank Information	Tank # 5 Line # 1	Tank # 1 Line # 1	Tank # 2 Line # 1	Tank # 4 Line # 1	Tank # Line #	Tank # Line #
Test Method	TLD-1	TLD-1	TLD-1	TLD-1		
Customer Tank ID	5 NYSDEC 005	1 NYSDEC 001	3 NYSDEC 003	4 NYSDEC 004		
Product Name	SUPER 90	REGULAR	PREMIUM	Diesel		
Delivery Type	Pressure	Pressure	Pressure	Pressure		
Test Pressure (psi)	55	55	55	55		
Test Start Time	11:30	13:00	13:00	12:00		
Test End Time	12:00	13:30	13:30	12:30		
Final Leak Rate (gph)	0.00	0.00	0.00	0.00		
Test Result(P/F/I)	Pass	Pass	Pass	Pass		
Test was performed per 3rd party certifications as specified in 40 CFR parts 280 and 281	Yes	Yes	Yes	Yes		

Technician Comments: LINES TESTED TIGHT

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

Technician Signature:

Tanknology

LDT 5000 Field Test Apparatus
Line Leak Detector Test

Work Order: 8617827 Date: 2/23/2026
Site Name / ID: SUNOCO - SAP# 80008131 / 80008131
Address: 1429 STATE ROAD 332 PBS#8-600267
City: FARMINGTON State: NY Zip: 14425

Tank ID	NYSDEC 005	NYSDEC 001	NYSDEC 003	NYSDEC 004		
Product	SUPER 90	REGULAR	PREMIUM	Diesel		
Product Line	1	1	1	1		
Tested From	13	11	11	11		
Existing/New	Existing	Existing	Existing	Existing		
Mechanical/Electronic	Electronic	Electronic	Electronic	Electronic		
Manufacturer/Model	Veeder Root PLLD	Veeder Root PLLD	Veeder Root PLLD	Veeder Root DPLLD		
Serial No.	156893	410938	384742	315047		
Pump Operating Pressure (psi)	30.00	35.00	30.00	30.00		
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						
Resiliency (ml) *N/A for Electronic LD's						
Metering PSI *N/A for Electronic LD's						
Opening Time (sec) *N/A for Electronic LD's						
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: 8617827 Date: 2/23/2026
Site Name/ID: SUNOCO - SAP# 80008131
Address: 1429 STATE ROAD 332 PBS#8-600267
City: FARMINGTON State: NY Zip: 14425

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

Dispenser Number	Grade	Secure Mount?	Valve Lock?	Pass/ Fail	Comments
1/2	40	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
1/2	87	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
1/2	93	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
3/4	40	☑	☑	☑ 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	40	☑	☑	☑ 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/	91	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	

Technician Comments:

Technician Name: Peter Gudmundson

Signature:

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# 80008131 Bldg. No.:

Site Address: 1429 STATE ROAD 332PBS#8-600267 City: FARMINGTON State: NY Zip: 14425

Facility Contact Person: Contact Phone No.: 585-398-2676

Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 2/23/2026

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

Tank ID: NYSDEC 001 - REGULAR	**Tank ID:** NYSDEC 002 - REGULAR
☑ In-Tank Gauging Probe. Model: 846390-107	☑ In-Tank Gauging Probe. Model: 846390-107
☑ Annular Space or Vault Sensor. Model: 794380-303	☑ Annular Space or Vault Sensor. Model: 794380-303
☑ Piping Sump / Trench Sensor(s). Model: 794380-208	☑ Piping Sump / Trench Sensor(s). Model: 794380-208
☐ Fill Sump Sensor(s). Model:	☐ Fill Sump Sensor(s). Model:
☐ Mechanical Line Leak Detector. Model:	☐ Mechanical Line Leak Detector. Model:
☑ Electronic Line Leak Detector. Model: Veeder Root PLLD -	☐ Electronic Line Leak Detector. Model:
☐ Tank Overfill / High-Level Sensor. Model:	☐ Tank Overfill / High-Level Sensor. Model:
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID: NYSDEC 003 - PREMIUM	**Tank ID:** NYSDEC 004 - Diesel
☑ In-Tank Gauging Probe. Model: 846390-107	☑ In-Tank Gauging Probe. Model: 846390-107
☑ Annular Space or Vault Sensor. Model: 794380-303	☑ Annular Space or Vault Sensor. Model: 794380-303
☑ Piping Sump / Trench Sensor(s). Model: 794380-208	☑ Piping Sump / Trench Sensor(s). Model: 794380-208
☐ Fill Sump Sensor(s). Model:	☐ Fill Sump Sensor(s). Model:
☐ Mechanical Line Leak Detector. Model:	☐ Mechanical Line Leak Detector. Model:
☑ Electronic Line Leak Detector. Model: Veeder Root PLLD -	☑ Electronic Line Leak Detector. Model: Veeder Root DPLLD
☐ Tank Overfill / High-Level Sensor. Model:	☐ Tank Overfill / High-Level Sensor. Model:
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: 1/2	**Dispenser ID:** 7/8
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☑ Shear Valve(s).	☑ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 3/4	**Dispenser ID:** 9/10
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☑ Shear Valve(s).	☑ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 5/6	**Dispenser ID:** 11/12
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☑ Shear Valve(s).	☑ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(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: 2/23/2026

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# 80008131 Bldg. No.:

Site Address: 1429 STATE ROAD 332PBS#8-600267 City: FARMINGTON State: NY Zip: 14425

Facility Contact Person: Contact Phone No.: 585-398-2676

Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 2/23/2026

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

Tank ID: NYSDEC 005 - SUPER 90 ☑ In-Tank Gauging Probe. Model: 846390-107 ☑ Annular Space or Vault Sensor. Model: 794380-303 ☑ Piping Sump / Trench Sensor(s). Model: 794380-208 ☐ Fill Sump Sensor(s). Model: ☐ Mechanical Line Leak Detector. Model: ☑ Electronic Line Leak Detector. Model: Veeder Root PLLD - ☐ 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: ☑ 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: 2/23/2026

D. Results of Testing/Servicing

Software Version Installed: 121.00

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 ☐

EMCO WHEATON RETAIL
Wilson, North Carolina 27893
Telephone: 252.243.0150
Web: www.emcoretail.com

A1100 Overfill Prevention Valve Calculation Sheet

This calculation sheet is to document the dimensions needed for proper installation and should be used only with the instructions. This sheet assumes 95% maximum fill based on NFPA30 guidelines. Length measurements are in inches. Contact the local Authority Having Jurisdiction (AHJ) to determine all regulatory requirements regarding fill capacity.

TANK: Tank 1 - Overfill NYSDEC 001 REGULAR Flapper Valve PRIMARY

Test Date: 2/23/2026
Testing Company: Tanknology, Inc.

Company:
Site: 8-600267
Address:1429 STATE ROAD 332 PBS#8-600267 ,FARMINGTON ,NY

Overfill Valve Height Inspection

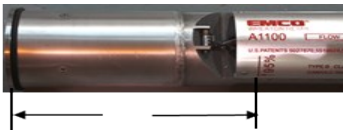
1. Tank Diameter is TD	97.00
2. Tank Capacity is TC	11627.00
3. Desired Shutoff Percentage (Note NFPA Guidelines)	0.95
4. Shutoff Tank CapacityTC@ shutoff % = TC x 0.95	11045.65
5. Tank Level from Stick Chart for Shutoff Capacity (95%)	82.38
6. Tank B DimensionB = TD - TL @ 95%	14.62
7. Distance from top seal surface (1) to the top (inside) of the tank (2) is A **CAUTION: If tank has a manway make sure to account for the manway height.**	65.50
8. **Calculated Minimum** Length of OPV top tube to (95% mark) on the A1100 is C See Picture. Measure C distance from the 95% line on valve and cut top tube	80.12
9. **Actual Measured** Length of OPV top tube to (95% mark) on the A1100 (measure)	84.00
10. **Result** of Valve height Inspection (if Actual is >= Calculated PASS)	Pass
11. **Inspect** the device for corrosion, damage, and confirm proper operation? P/F	Pass

comments:

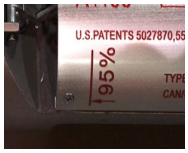
Drop Tube Tank Bottom Clearance Inspection

1. Distance from the top seal surface to the tank bottom	162.50
2. Distance from the top of drop tube to the highest point of bottom tube cut	159.00
3. **Actual** Maximum tube distance from tank bottom	3.50

comments:

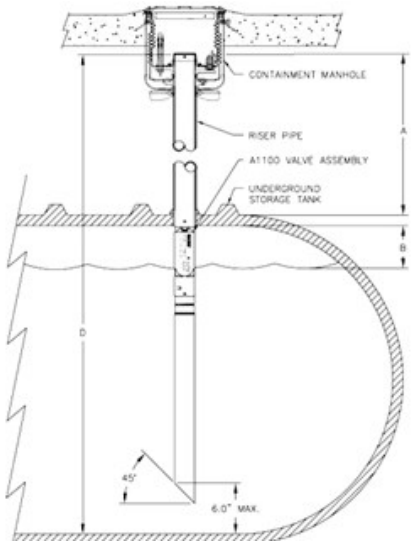


"C"

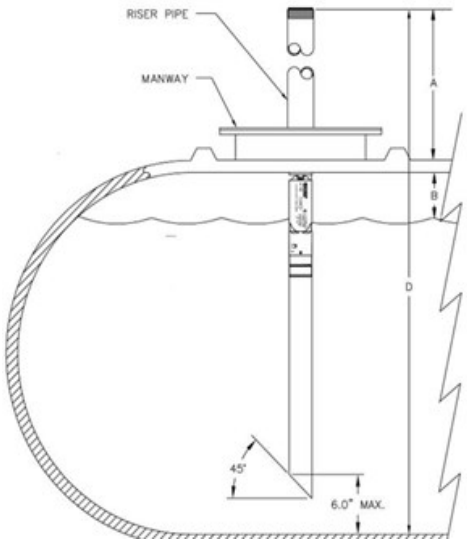


1. The sealing surface refers to the location of the OPV collar sealing point. It may be the riser pipe or the seal surface built in to some spill buckets.
2. If the tank uses a manway, be sure to use the tank top for measurement and not the top of the manway as shown in the diagram.

Riser Pipe with Spill Containment Manhole



Manway Style Tank



WO: 8617827

EMCO WHEATON RETAIL
Wilson, North Carolina 27893
Telephone: 252.243.0150
Web: www.emcoretail.com

A1100 Overfill Prevention Valve Calculation Sheet

This calculation sheet is to document the dimensions needed for proper installation and should be used only with the instructions. This sheet assumes 95% maximum fill based on NFPA30 guidelines. Length measurements are in inches. Contact the local Authority Having Jurisdiction (AHJ) to determine all regulatory requirements regarding fill capacity.

TANK: Tank 3 - Overfill NYSDEC 002 REGULAR Flapper Valve PRIMARY

Test Date: 2/23/2026
Testing Company: Tanknology, Inc.

Company:
Site: 8-600267
Address:1429 STATE ROAD 332 PBS#8-600267 ,FARMINGTON ,NY

Overfill Valve Height Inspection

1. Tank Diameter is TD	97.50
2. Tank Capacity is TC	9728.00
3. Desired Shutoff Percentage (Note NFPA Guidelines)	0.95
4. Shutoff Tank CapacityTC@ shutoff % = TC x 0.95	9241.60
5. Tank Level from Stick Chart for Shutoff Capacity (95%)	82.38
6. Tank B DimensionB = TD - TL @ 95%	15.12
7. Distance from top seal surface (1) to the top (inside) of the tank (2) is A **CAUTION: If tank has a manway make sure to account for the manway height.**	61.00
8. **Calculated Minimum** Length of OPV top tube to (95% mark) on the A1100 is C See Picture. Measure C distance from the 95% line on valve and cut top tube	76.12
9. **Actual Measured** Length of OPV top tube to (95% mark) on the A1100 (measure)	78.75
10. **Result** of Valve height Inspection (if Actual is >= Calculated PASS)	Pass
11. **Inspect** the device for corrosion, damage, and confirm proper operation? P/F	Pass

comments:

Drop Tube Tank Bottom Clearance Inspection

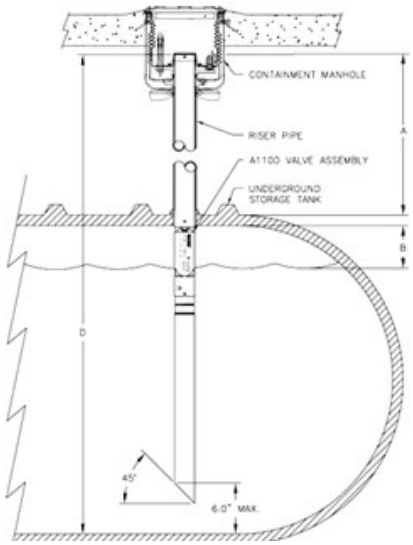
1. Distance from the top seal surface to the tank bottom	158.00
2. Distance from the top of drop tube to the highest point of bottom tube cut	153.50
3. **Actual** Maximum tube distance from tank bottom	4.50

comments:

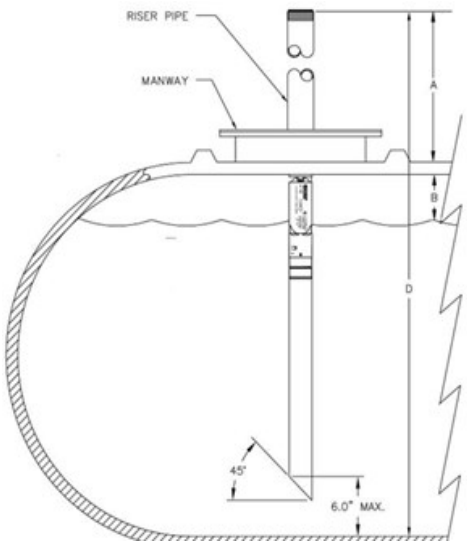
"C"

1. The sealing surface refers to the location of the OPV collar sealing point. It may be the riser pipe or the seal surface built in to some spill buckets.
2. If the tank uses a manway, be sure to use the tank top for measurement and not the top of the manway as shown in the diagram.

Riser Pipe with Spill Containment Manhole



Manway Style Tank



WO: 8617827

Tanknology

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

Date:	2/23/2026
Customer Name:	SUNOCO LLC
Location #:	SUNOCO - SAP# 80008131
Location Address:	1429 STATE ROAD 332 PBS#8-600267 ,FARMINGTON ,NY , 14425
OPW Model Number:	71SO

		NYSDEC 003	NYSDEC 004	NYSDEC 005	
PART 1) Proper height setting calculation					
Maximum Tank Volume per: Tank Chart	**A** gallons	9728.000	9728.000	7829.000	
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	9241.600	9241.600	7437.550	
Use tank chart to determine height of calculated volume	**D** inches	82.375	82.375	82.375	
Measure top of fill riser threads, or face seal adapter when used, to tank top	**E** inches	62.500	58.750	54.250	
Tank diameter **From Chart**	**F** inches	97.250	97.000	97.250	
Upper Tube in tank (G) **F - D = G**	**G** inches	14.875	14.625	14.875	
Subtract 2 inches from upper tube in tank **G - 2"= H**	**H** inches	12.875	12.625	12.875	
Calculated minimum upper tube length (I) **H + E = I**	**I** inches	75.375	71.375	67.125	
Actual measured upper tube length (Without fill adapter) (J)	**J** inches	78.250	74.500	69.750	
PART 2) Device certification criteria evaluation					
Criteria 1 — Does the overfill prevention device meet the 95% requirement?		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	
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	
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	
PART 3) Device Certification PASS / FAIL — Technician certifies that the device is operationally compliant.		Pass	Pass	Pass	

Comments:

Signature of Technician: _____ Date: 2/23/2026

Peter Gudmundson

WO: MA2- 8617827

ANNUAL CONTAINMENT SUMP INSPECTION

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

Date of Inspection: 2/23/2026

UST Facility			Person Conducting Test	
Facility Name SUNOCO - SAP# 80008131	Facility ID # 8-600267		Tester's Name pgudmundson	
Physical Address 1429 STATE ROAD 332 PBS#8-600267			Company Tanknology Inc.	
City FARMINGTON	County ONTARIO	State NY	Certification # 171142	Expiration Date 12/20/2027
UST Owner SUNOCO LLC			Tester's Signature	Date 2/23/2026

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)	FIL:1 NYSDEC 001 REGULAR - 1	FIL:3 NYSDEC 003 PREMIUM - 1	FIL:2 NYSDEC 002 REGULAR - 1	FIL:4 NYSDEC 004 Diesel - 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: 8617827

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Inspection Results for the Year 2026

Sump ID (product stored for STP or dispenser number)	FIL:5 NYSDEC 005 SUPER 90 - 1	STP:1 NYSDEC 001 REGULAR - 1	STP:2 NYSDEC 002 REGULAR - 1	STP:3 NYSDEC 003 PREMIUM - 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: 8617827

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Inspection Results for the Year 2026

Sump ID (product stored for STP or dispenser number)	STP:4 NYSDEC 004 Diesel - 1	STP:5 NYSDEC 005 SUPER 90 - 1	UDC 11/12	UDC 1/2
Sump lid/gasket in good condition (yes/no)	Y	Y	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)	Y	N	N	N
Inspection Result (Pass/Fail)	Pass	Pass	Pass	Pass

Comments:

WO: 8617827

ANNUAL CONTAINMENT SUMP INSPECTION

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Date of Inspection: 2/23/2026

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Inspection Results for the Year 2026

Sump ID (product stored for STP or dispenser number)	UDC 13/	UDC 3/4	UDC 5/6	UDC 7/8
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: 8617827

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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 9/10			
Sump lid/gasket in good condition (yes/no)	NA			
Sump is dry (yes/no)	Y			
All penetration fittings in good condition (yes/no)	Y			
Sump walls/bottom in good condition (yes/no)	Y			
Are there any leaks from pipe components (yes/no)	N			
Inspection Result (Pass/Fail)	Pass			

Comments:

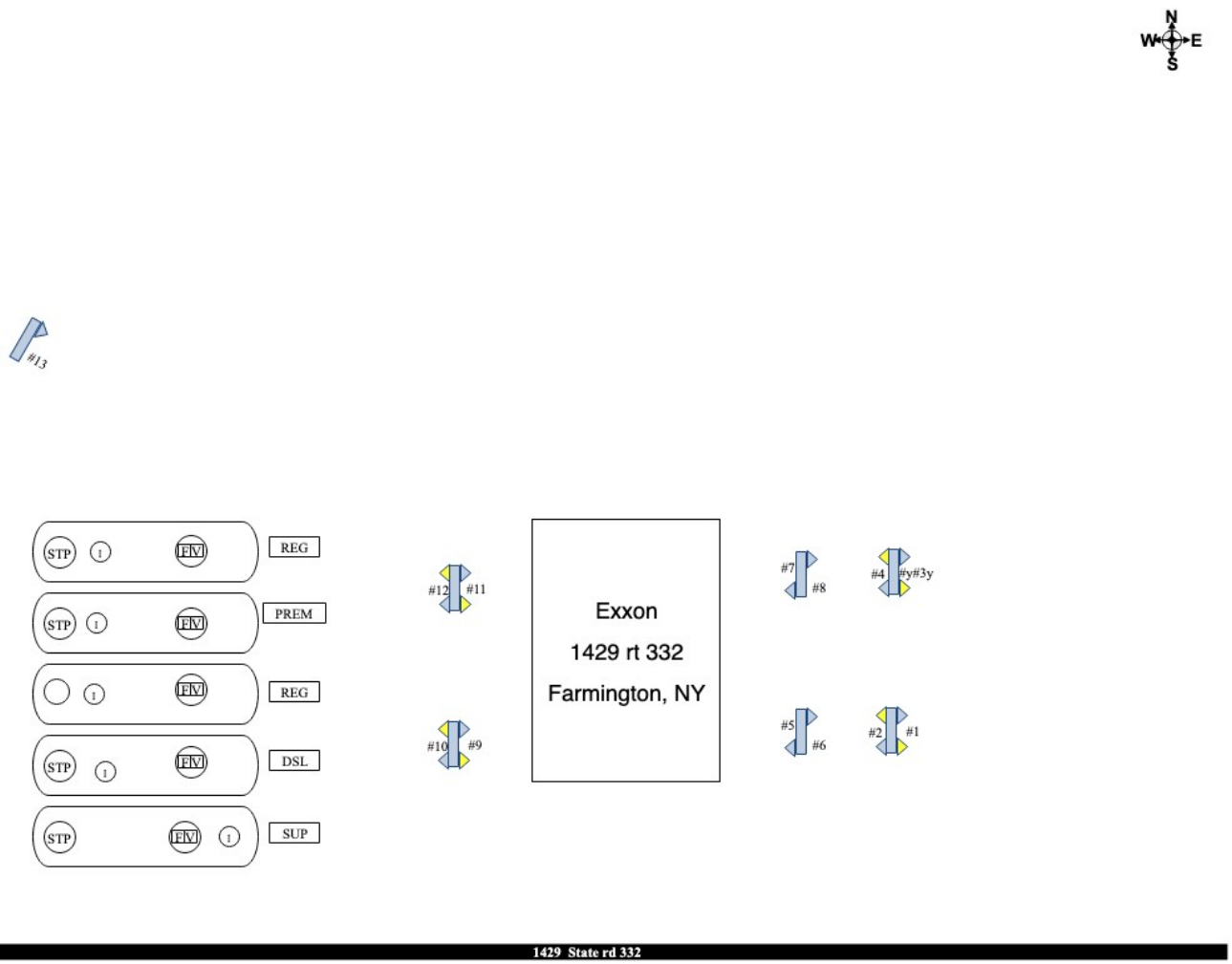
WO: 8617827

Site Diagram

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

Work Order:	8617827
Site ID / Name:	80008131 / SUNOCO - SAP# 80008131
Address:	1429 STATE ROAD 332 PBS#8-600267
City:	FARMINGTON

State: NY Zip: 14425



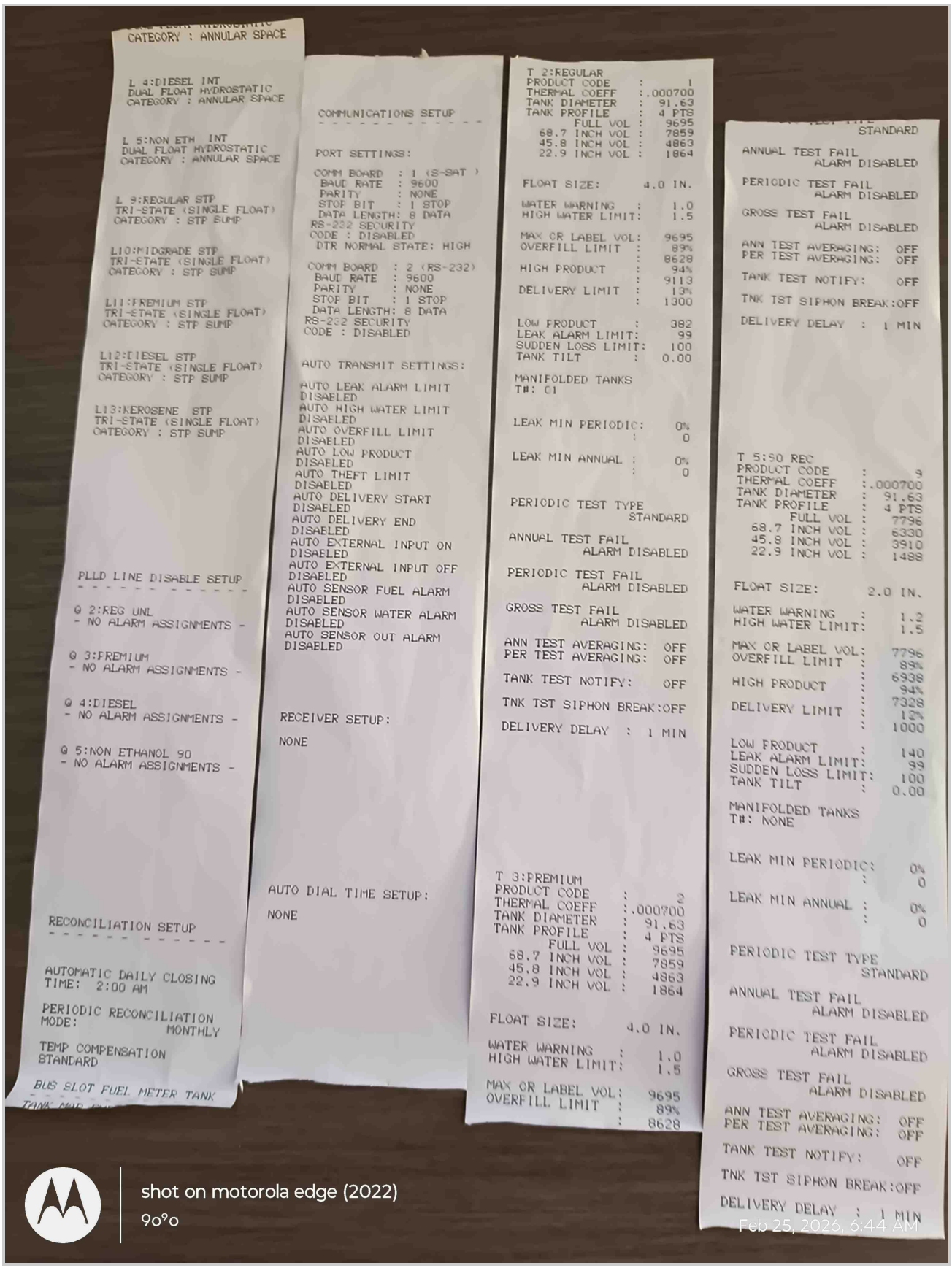
W.O.# MA2-8617827

In entory

W.O.# MA2-8617827

Setup

W.O.# MA2-8617827



W.O.# MA2-8617827

Alarm history

W.O.# MA2-8617827

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