



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

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

Dawn Kohlmeier
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:



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 <i>*N/A for Electronic LD's</i>						
Resiliency (ml) <i>*N/A for Electronic LD's</i>						
Metering PSI <i>*N/A for Electronic LD's</i>						
Opening Time (sec) <i>*N/A for Electronic LD's</i>						
Test Results	Pass	Pass	Pass	Pass		

Technician Comments:

Technician Name: Peter Gudmundson Certification #: 171137
Technician Signature: Expire Date: 12/30/2027



Impact Valve Inspection

Impact Valve Operational Inspection

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

Date: 2/23/2026
 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
1/2	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
1/2	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
3/4	40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
3/4	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
3/4	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
5/6	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
5/6	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
7/8	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
7/8	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
9/10	40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
9/10	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
9/10	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
11/12	40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
11/12	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
11/12	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
13/	91	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> 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:

<p>Tank ID: <u>NYSDEC 001 - REGULAR</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794380-303</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 type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <u>Veeder Root PLLD -</u></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>Tank ID: <u>NYSDEC 002 - REGULAR</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794380-303</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 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>Tank ID: <u>NYSDEC 003 - PREMIUM</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794380-303</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 type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <u>Veeder Root PLLD -</u></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>Tank ID: <u>NYSDEC 004 - Diesel</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794380-303</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 type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <u>Veeder Root DPLLD</u></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>Dispenser ID: <u>1/2</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>Dispenser ID: <u>7/8</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>Dispenser ID: <u>3/4</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>Dispenser ID: <u>9/10</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>Dispenser ID: <u>5/6</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>Dispenser ID: <u>11/12</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>

*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:

<p>Tank ID: <u>NYSDEC 005 - SUPER 90</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794380-303</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 type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <u>Veeder Root PLLD -</u></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>Tank ID: _____</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>Tank ID: _____</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>Tank ID: _____</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>Dispenser ID: <u>13</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>Dispenser ID: _____</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>Dispenser ID: _____</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>Dispenser ID: _____</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>Dispenser ID: _____</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>Dispenser ID: _____</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>

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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/Serviceing

Software Version Installed: 121.00

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the visual alarm on the console operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the audible alarm on the console operational?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Is the external visual overfill alarm (light unit) present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Is the external visual overfill alarm operating properly?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Is the external audible overfill alarm present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Is the external audible 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

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

Overfill Valve Height Inspection

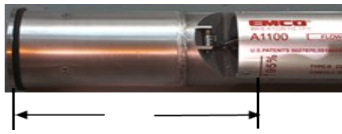
1. Tank Diameter is TD	<u>97.00</u>
2. Tank Capacity is TC	<u>11627.00</u>
3. Desired Shutoff Percentage (Note NFPA Guidelines)	<u>0.95</u>
4. Shutoff Tank Capacity $TC @ \text{shutoff \%} = TC \times 0.95$	<u>11045.65</u>
5. Tank Level from Stick Chart for Shutoff Capacity (95%)	<u>82.38</u>
6. Tank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

comments:

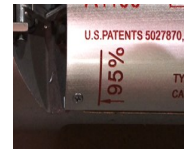
Drop Tube Tank Bottom Clearance Inspection

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

comments:

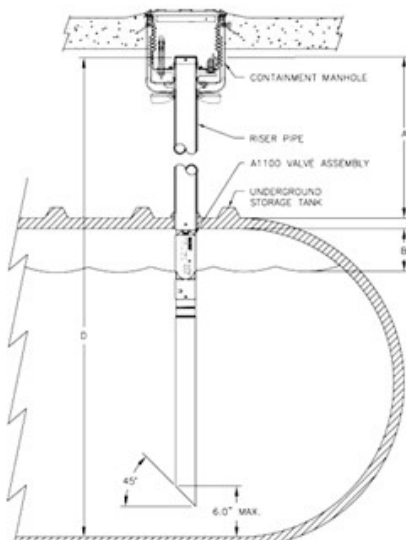


"C"

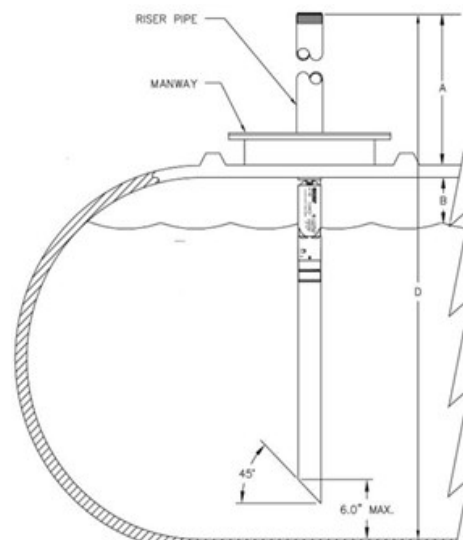


1. The sealing surface refers to the location of the OPV collar sealing point. It may be the riser pipe or the seal surface built in to some spill buckets.
2. If the tank uses a manway, be sure to use the tank top for measurement and not the top of the manway as shown in the diagram.

Riser Pipe with Spill Containment Manhole



Manway Style Tank



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

Overfill Valve Height Inspection

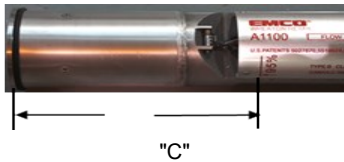
1. Tank Diameter is TD	<u>97.50</u>
2. Tank Capacity is TC	<u>9728.00</u>
3. Desired Shutoff Percentage (Note NFPA Guidelines)	<u>0.95</u>
4. Shutoff Tank Capacity TC@ shutoff % = TC x 0.95	<u>9241.60</u>
5. Tank Level from Stick Chart for Shutoff Capacity (95%)	<u>82.38</u>
6. Tank B Dimension B = TD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

comments:

Drop Tube Tank Bottom Clearance Inspection

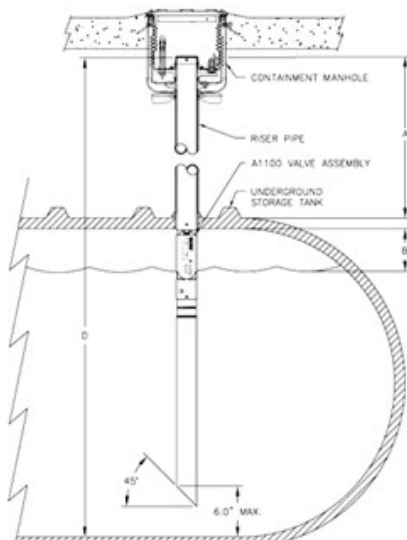
1. Distance from the top seal surface to the tank bottom	<u>158.00</u>
2. Distance from the top of drop tube to the highest point of bottom tube cut	<u>153.50</u>
3. Actual Maximum tube distance from tank bottom	<u>4.50</u>

comments:

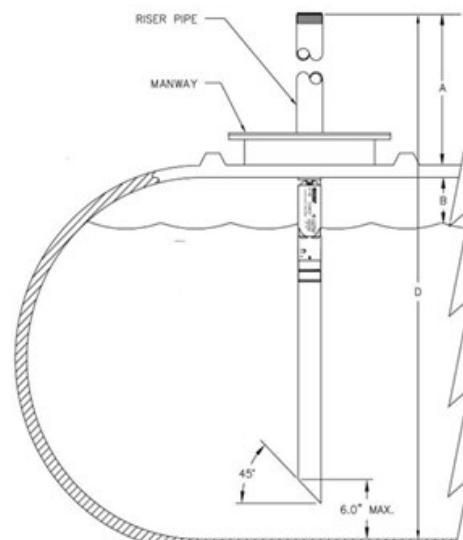


1. The sealing surface refers to the location of the OPV collar sealing point. It may be the riser pipe or the seal surface built in to some spill buckets.
2. If the tank uses a manway, be sure to use the tank top for measurement and not the top of the manway as shown in the diagram.

Riser Pipe with Spill Containment Manhole



Manway Style Tank



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
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	
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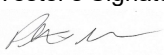
Comments:

Signature of Technician:
 Peter Gudmundson

Date: 2/23/2026

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	<input type="checkbox"/> Fiberglass Reinforced Plastic <input checked="" type="checkbox"/> Thermoplastic <input type="checkbox"/> Steel <input type="checkbox"/> 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

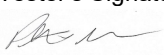
Sump ID (product stored for STP or dispenser number)	FIL:1 NYSDEC 001 REGULAR - 1	FIL:3 NYSDEC 003 PREMIUM - 1	FIL:2 NYSDEC 002 REGULAR - 1	FIL:4 NYSDEC 004 Diesel - 1
Sump lid/gasket in good condition (yes/no)	Y	Y	Y	Y
Sump is dry (yes/no)	Y	Y	Y	Y
All penetration fittings in good condition (yes/no)	Y	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:

ANNUAL CONTAINMENT SUMP INSPECTION

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2/23/2026

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UST Owner SUNOCO LLC			Tester's Signature 	Date 2/23/2026

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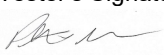
Sump ID (product stored for STP or dispenser number)	FIL:5 NYSDEC 005 SUPER 90 - 1	STP:1 NYSDEC 001 REGULAR - 1	STP:2 NYSDEC 002 REGULAR - 1	STP:3 NYSDEC 003 PREMIUM - 1
Sump lid/gasket in good condition (yes/no)	Y	Y	Y	Y
Sump is dry (yes/no)	Y	Y	Y	Y
All penetration fittings in good condition (yes/no)	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:

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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

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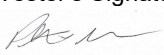
Sump ID (product stored for STP or dispenser number)	STP:4 NYSDEC 004 Diesel - 1	STP:5 NYSDEC 005 SUPER 90 - 1	UDC 11/12	UDC 1/2
Sump lid/gasket in good condition (yes/no)	Y	Y	NA	NA
Sump is dry (yes/no)	Y	Y	Y	Y
All penetration fittings in good condition (yes/no)	Y	Y	Y	Y
Sump walls/bottom in good condition (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:

ANNUAL CONTAINMENT SUMP INSPECTION

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2/23/2026

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Facility Name SUNOCO - SAP# 80008131	Facility ID # 8-600267	Tester's Name pgudmundson		
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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	<input type="checkbox"/> Fiberglass Reinforced Plastic <input checked="" type="checkbox"/> Thermoplastic <input type="checkbox"/> Steel <input type="checkbox"/> Composite			
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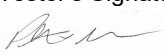
Sump ID (product stored for STP or dispenser number)	UDC 13/	UDC 3/4	UDC 5/6	UDC 7/8
Sump lid/gasket in good condition (yes/no)	NA	NA	NA	NA
Sump is dry (yes/no)	Y	Y	Y	Y
All penetration fittings in good condition (yes/no)	Y	Y	Y	Y
Sump walls/bottom in good condition (yes/no)	Y	Y	Y	Y
Are there any leaks from pipe components (yes/no)	N	N	N	N
Inspection Result (Pass/Fail)	Pass	Pass	Pass	Pass

Comments:

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UST Owner SUNOCO LLC			Tester's Signature 	Date 2/23/2026

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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:



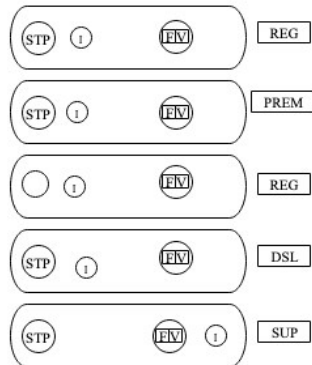
Site Diagram

(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



VENTS



Exxon
1429 rt 332
Farmington, NY



1429 State rd 332



166300 7733
1429 RT323
FARMINGTON NY
716 398 2676
FEB 23, 2026 2:43 PM

SYSTEM STATUS REPORT

T 5:SUDDEN LOSS ALARM

INVENTORY REPORT

T 1:113 RUL A
VOLUME = 4306 GALS
ULLAGE = 7288 GALS
90% ULLAGE = 6129 GALS
HEIGHT = 36.56 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 40.5 DEG F

T 2:REGULAR
VOLUME = 3796 GALS
ULLAGE = 5899 GALS
90% ULLAGE = 4929 GALS
HEIGHT = 38.04 INCHES
WATER VOL = 10 GALS
WATER = 0.76 INCHES
TEMP = 39.9 DEG F

T 3:PREMIUM
VOLUME = 2693 GALS
ULLAGE = 7002 GALS
90% ULLAGE = 6032 GALS
HEIGHT = 29.68 INCHES
WATER VOL = 10 GALS
WATER = 0.77 INCHES
TEMP = 39.5 DEG F

T 4:126 DSL A
VOLUME = 2964 GALS
ULLAGE = 6731 GALS
90% ULLAGE = 5761 GALS
HEIGHT = 31.78 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 43.2 DEG F

T 5:90 REC
VOLUME = 1953 GALS
ULLAGE = 5843 GALS
90% ULLAGE = 5063 GALS
HEIGHT = 27.69 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 45.8 DEG F

MANIFOLDED TANKS
INVENTORY TOTALS

shot on motorola edge (2022)

90°

166300 7733
1429 RT323
FARMINGTON NY
716 398 2676
FEB 23, 2026 9:47 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:113 RUL A
VOLUME = 4652 GALS
ULLAGE = 6942 GALS
90% ULLAGE = 5782 GALS
HEIGHT = 38.69 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 40.4 DEG F

T 2:REGULAR
VOLUME = 3997 GALS
ULLAGE = 5698 GALS
90% ULLAGE = 4728 GALS
HEIGHT = 39.52 INCHES
WATER VOL = 10 GALS
WATER = 0.77 INCHES
TEMP = 39.8 DEG F

T 3:PREMIUM
VOLUME = 2743 GALS
ULLAGE = 6952 GALS
90% ULLAGE = 5982 GALS
HEIGHT = 30.07 INCHES
WATER VOL = 10 GALS
WATER = 0.77 INCHES
TEMP = 39.5 DEG F

T 4:126 DSL A
VOLUME = 3117 GALS
ULLAGE = 6578 GALS
90% ULLAGE = 5608 GALS
HEIGHT = 32.95 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 43.1 DEG F

T 5:90 REC
VOLUME = 1972 GALS
ULLAGE = 5824 GALS
90% ULLAGE = 5044 GALS
HEIGHT = 27.88 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 45.8 DEG F

MANIFOLDED TANKS
INVENTORY TOTALS

T 1:113 RUL A
T 2:REGULAR
VOLUME = 8649 GALS

***** END *****



SYSTEM SETUP
FEB 23, 2026 9:47 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE TIME FORMAT
MON DD YYYY HH:MM:SS AM

166300 7733
1429 RT323
FARMINGTON NV
716 598 2676

SHIFT TIME 1 : 5:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TO VOLUMES
DISABLED

TEMP COMPENSATION
VALUE (DEG F) : 60.0
STICK HEIGHT OFFSET
DISABLED

H-PROTOCOL DATA FORMAT
HEIGHT
PRECISION TEST DURATION
HOURS : 12
0.20 GPH LINE TEST
AUTO-CONFIRM: DISABLED
0.10 GPH LINE TEST
AUTO-CONFIRM: DISABLED
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 3 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 2 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
3

SYSTEM SECURITY
CODE : 000000

RS-232 END OF MESSAGE
DISABLED

AUTO DIAL ALARM SETUP

IN-TANK SETUP

T 1:113 RUL A
PRODUCT CODE : 1
THERMAL COEFF : .000700
TANK DIAMETER : 91.63
TANK PROFILE : 4 PTS
FULL VOL : 11594
68.7 INCH VOL : 9387
45.8 INCH VOL : 5816
22.9 INCH VOL : 2240

FLOAT SIZE: 4.0 IN.
WATER WARNING : 1.0
HIGH WATER LIMIT : 1.5
MAX OR LABEL VOL : 11594
OVERFILL LIMIT : 89%
HIGH PRODUCT : 10318
DELIVERY LIMIT : 25%
3000

LOW PRODUCT : 462
LEAK ALARM LIMIT : 99
SUDDEN LOSS LIMIT : 100
TANK TILT : 0.00

MANIFOLDED TANKS
TR: 02

LEAK MIN PERIODIC: 0%
LEAK MIN ANNUAL : 0%
PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN

HIGH PRODUCT : 94%
DELIVERY LIMIT : 15%
1500

LOW PRODUCT : 382
LEAK ALARM LIMIT : 99
SUDDEN LOSS LIMIT : 100
TANK TILT : 0.00

MANIFOLDED TANKS
TR: NONE

LEAK MIN PERIODIC: 0%
LEAK MIN ANNUAL : 0%

PERIODIC TEST TYPE

HIGH PRODUCT : 94%
DELIVERY LIMIT : 15%
1500

LOW PRODUCT : 382
LEAK ALARM LIMIT : 99
SUDDEN LOSS LIMIT : 100
TANK TILT : 0.00

MANIFOLDED TANKS
TR: NONE

LEAK MIN PERIODIC: 0%
LEAK MIN ANNUAL : 0%

PERIODIC TEST TYPE

Q 4:DIESEL
TYP:2.0/3.0IN FIBERGLASS
2.0IN DIA LEN:350 FEET
3.0IN DIA LEN: 0 FEET
0.20 GPH TEST: DISABLED
0.10 GPH TEST: DISABLED
SHUTDOWN RATE: 3.0 GPH
LOW PRESSURE SHUTOFF:YES
LOW PRESSURE : 10 PSI

T 4:126 DSL A
DISPENSE MODE:
STANDARD
SENSOR: HIGH PRESSURE
PRESSURE OFFSET: 0.0PSI

Q 5:NON ETHANOL 90
TYP:2.0/3.0IN FIBERGLASS
2.0IN DIA LEN:150 FEET
3.0IN DIA LEN: 0 FEET
0.20 GPH TEST: DISABLED
0.10 GPH TEST: DISABLED
SHUTDOWN RATE: 3.0 GPH
LOW PRESSURE SHUTOFF:YES
LOW PRESSURE : 0 PSI

T 5:90 REC
DISPENSE MODE:
STANDARD
SENSOR: HIGH PRESSURE
PRESSURE OFFSET: 0.0PSI

LINE LEAK LOCKOUT SETUP
LOCKOUT SCHEDULE
DAILY
START TIME: DISABLED
STOP TIME : DISABLED

L 1:REGULAR INT
DUAL FLOAT HYDROSTATIC
CATEGORY : ANNULAR SPACE

L 2:REGULAR 2 INT
DUAL FLOAT HYDROSTATIC
CATEGORY : ANNULAR SPACE

L 3:PREMIUM INT
DUAL FLOAT HYDROSTATIC

Q 2:REG UNL
TYP:2.0/3.0IN FIBERGLASS
2.0IN DIA LEN:350 FEET
3.0IN DIA LEN: 0 FEET
0.20 GPH TEST: DISABLED
0.10 GPH TEST: DISABLED
SHUTDOWN RATE: 3.0 GPH
LOW PRESSURE SHUTOFF:YES
LOW PRESSURE : 5 PSI

T 1:113 RUL A
DISPENSE MODE:
STANDARD
SENSOR: HIGH PRESSURE
PRESSURE OFFSET: 0.0PSI

Q 3:PREMIUM
TYP:2.0/3.0IN FIBERGLASS
2.0IN DIA LEN:350 FEET
3.0IN DIA LEN: 0 FEET
0.20 GPH TEST: MANUAL
0.10 GPH TEST: DISABLED
SHUTDOWN RATE: 3.0 GPH
LOW PRESSURE SHUTOFF:YES
LOW PRESSURE : 10 PSI

T 3:PREMIUM
DISPENSE MODE:
STANDARD
SENSOR: HIGH PRESSURE
PRESSURE OFFSET: 0.0PSI

PREASURE LINE LEAK SETUP



shot on motorola edge (2022)

90°

Feb 25, 2026, 6:44 AM

Setup

L 4: DIESEL INT
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

 L 5: NON ETH INT
 DUAL FLOAT HYDROSTATIC
 CATEGORY : ANNULAR SPACE

 L 9: REGULAR STP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

 L10: MIDGRADE STP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

 L11: PREMIUM STP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

 L12: DIESEL STP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

 L13: KEROSENE STP
 TRI-STATE (SINGLE FLOAT)
 CATEGORY : STP SUMP

 PLLD LINE DISABLE SETUP

 Q 2: REG UNL
 - NO ALARM ASSIGNMENTS -

 Q 3: PREMIUM
 - NO ALARM ASSIGNMENTS -

 Q 4: DIESEL
 - NO ALARM ASSIGNMENTS -

 Q 5: NON ETHANOL 90
 - NO ALARM ASSIGNMENTS -

 RECONCILIATION SETUP

 AUTOMATIC DAILY CLOSING
 TIME: 2:00 AM

 PERIODIC RECONCILIATION
 MODE: MONTHLY

 TEMP COMPENSATION
 STANDARD

 BUS SLOT FUEL METER TANK
 TANK #1

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (S-SAT)
 BAUD RATE : 9600
 PARITY : NONE
 STOP BIT : 1 STOP
 DATA LENGTH: 8 DATA
 RS-232 SECURITY
 CODE : DISABLED
 DTR NORMAL STATE: HIGH

 COMM BOARD : 2 (RS-232)
 BAUD RATE : 9600
 PARITY : NONE
 STOP BIT : 1 STOP
 DATA LENGTH: 8 DATA
 RS-232 SECURITY
 CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
 DISABLED
 AUTO HIGH WATER LIMIT
 DISABLED
 AUTO OVERFILL LIMIT
 DISABLED
 AUTO LOW PRODUCT
 DISABLED
 AUTO THEFT LIMIT
 DISABLED
 AUTO DELIVERY START
 DISABLED
 AUTO DELIVERY END
 DISABLED
 AUTO EXTERNAL INPUT ON
 DISABLED
 AUTO EXTERNAL INPUT OFF
 DISABLED
 AUTO SENSOR FUEL ALARM
 DISABLED
 AUTO SENSOR WATER ALARM
 DISABLED
 AUTO SENSOR OUT ALARM
 DISABLED

RECEIVER SETUP:

NONE

AUTO DIAL TIME SETUP:

NONE

T 2: REGULAR
 PRODUCT CODE : 1
 THERMAL COEFF : .000700
 TANK DIAMETER : 91.63
 TANK PROFILE : 4 PTS
 FULL VOL : 9695
 68.7 INCH VOL : 7859
 45.8 INCH VOL : 4863
 22.9 INCH VOL : 1864

FLOAT SIZE: 4.0 IN.
 WATER WARNING : 1.0
 HIGH WATER LIMIT: 1.5
 MAX OR LABEL VOL: 9695
 OVERFILL LIMIT : 89%
 8628
 HIGH PRODUCT : 94%
 DELIVERY LIMIT : 13%
 1300

LOW PRODUCT : 382
 LEAK ALARM LIMIT: 99
 SUDDEN LOSS LIMIT: 100
 TANK TILT : 0.00

MANIFOLDED TANKS
 T#: C1

LEAK MIN PERIODIC: 0%
 : 0
 LEAK MIN ANNUAL : 0%
 : 0

PERIODIC TEST TYPE
 STANDARD
 ANNUAL TEST FAIL
 ALARM DISABLED

PERIODIC TEST FAIL
 ALARM DISABLED
 GROSS TEST FAIL
 ALARM DISABLED

ANN TEST AVERAGING: OFF
 PER TEST AVERAGING: OFF
 TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK: OFF
 DELIVERY DELAY : 1 MIN

T 3: PREMIUM
 PRODUCT CODE : 2
 THERMAL COEFF : .000700
 TANK DIAMETER : 91.63
 TANK PROFILE : 4 PTS
 FULL VOL : 9695
 68.7 INCH VOL : 7859
 45.8 INCH VOL : 4863
 22.9 INCH VOL : 1864

FLOAT SIZE: 4.0 IN.
 WATER WARNING : 1.0
 HIGH WATER LIMIT: 1.5
 MAX OR LABEL VOL: 9695
 OVERFILL LIMIT : 89%
 8628

LOW PRODUCT : 382
 LEAK ALARM LIMIT: 99
 SUDDEN LOSS LIMIT: 100
 TANK TILT : 0.00

MANIFOLDED TANKS
 T#: NONE

LEAK MIN PERIODIC: 0%
 : 0
 LEAK MIN ANNUAL : 0%
 : 0

PERIODIC TEST TYPE
 STANDARD
 ANNUAL TEST FAIL
 ALARM DISABLED

PERIODIC TEST FAIL
 ALARM DISABLED
 GROSS TEST FAIL
 ALARM DISABLED

ANN TEST AVERAGING: OFF
 PER TEST AVERAGING: OFF
 TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK: OFF
 DELIVERY DELAY : 1 MIN

PERIODIC TEST TYPE STANDARD

ANNUAL TEST FAIL
 ALARM DISABLED
 PERIODIC TEST FAIL
 ALARM DISABLED
 GROSS TEST FAIL
 ALARM DISABLED
 ANN TEST AVERAGING: OFF
 PER TEST AVERAGING: OFF
 TANK TEST NOTIFY: OFF
 TNK TST SIPHON BREAK: OFF
 DELIVERY DELAY : 1 MIN

T 5: 50 REC
 PRODUCT CODE : 9
 THERMAL COEFF : .000700
 TANK DIAMETER : 91.63
 TANK PROFILE : 4 PTS
 FULL VOL : 7796
 68.7 INCH VOL : 6330
 45.8 INCH VOL : 3910
 22.9 INCH VOL : 1488

FLOAT SIZE: 2.0 IN.
 WATER WARNING : 1.2
 HIGH WATER LIMIT: 1.5
 MAX OR LABEL VOL: 7796
 OVERFILL LIMIT : 89%
 6330
 HIGH PRODUCT : 94%
 DELIVERY LIMIT : 12%
 7328
 1000

LOW PRODUCT : 140
 LEAK ALARM LIMIT: 99
 SUDDEN LOSS LIMIT: 100
 TANK TILT : 0.00

MANIFOLDED TANKS
 T#: NONE

LEAK MIN PERIODIC: 0%
 : 0
 LEAK MIN ANNUAL : 0%
 : 0

PERIODIC TEST TYPE
 STANDARD
 ANNUAL TEST FAIL
 ALARM DISABLED

PERIODIC TEST FAIL
 ALARM DISABLED
 GROSS TEST FAIL
 ALARM DISABLED

ANN TEST AVERAGING: OFF
 PER TEST AVERAGING: OFF
 TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK: OFF
 DELIVERY DELAY : 1 MIN



shot on motorola edge (2022)
90°

Feb 25, 2026, 6:44 AM



shot on motorola edge (2022)
90°

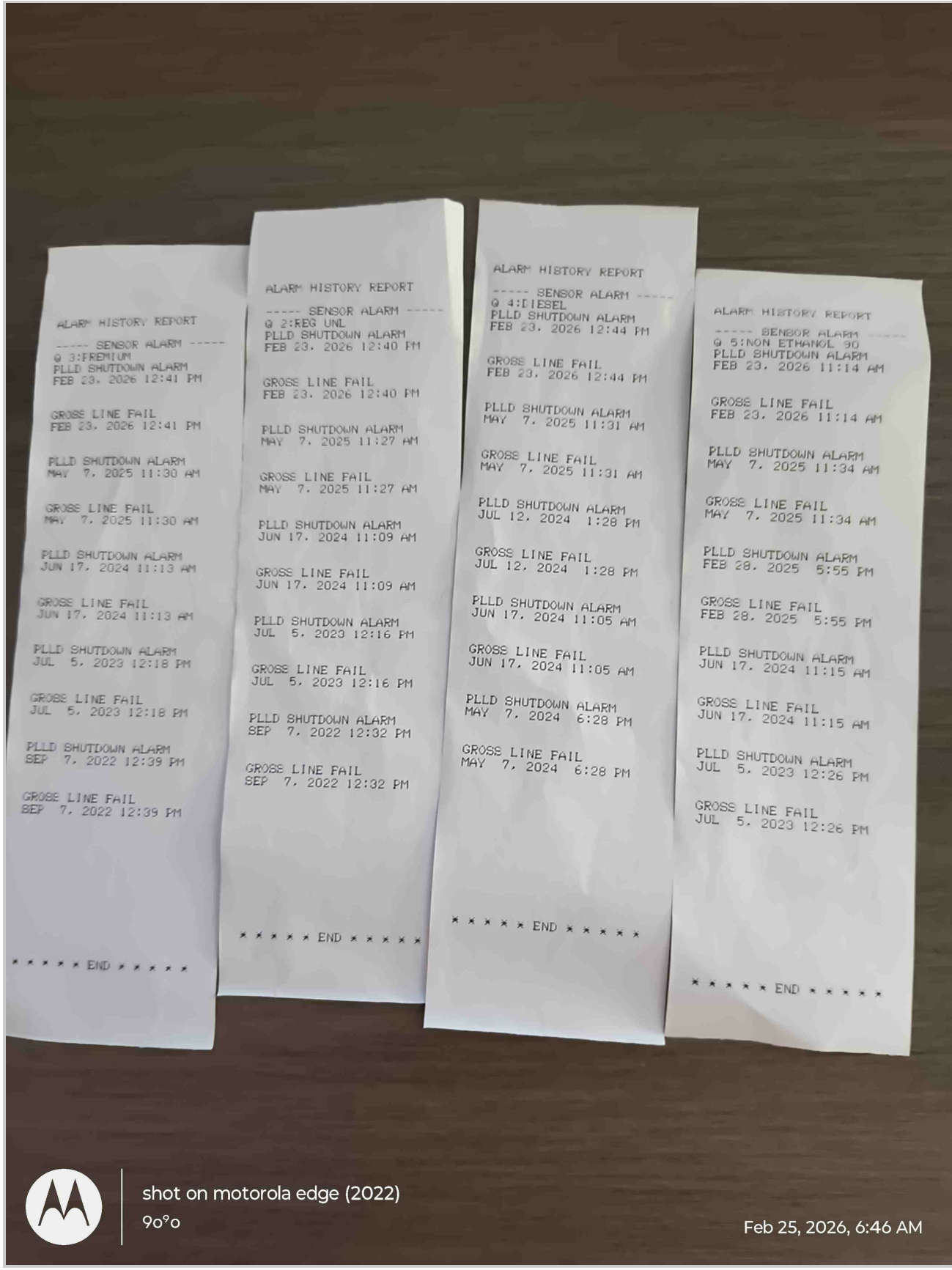
Feb 25, 2026, 6:46 AM

Alarm history



shot on motorola edge (2022)
90°

Feb 25, 2026, 6:46 AM



ALARM HISTORY REPORT
 ----- SENSOR ALARM -----
 Q 3:PREMIUM
 PLLD SHUTDOWN ALARM
 FEB 23. 2026 12:41 PM

GROSS LINE FAIL
 FEB 23. 2026 12:41 PM

PLLD SHUTDOWN ALARM
 MAY 7. 2025 11:30 AM

GROSS LINE FAIL
 MAY 7. 2025 11:30 AM

PLLD SHUTDOWN ALARM
 JUN 17. 2024 11:13 AM

GROSS LINE FAIL
 JUN 17. 2024 11:13 AM

PLLD SHUTDOWN ALARM
 JUL 5. 2023 12:18 PM

GROSS LINE FAIL
 JUL 5. 2023 12:18 PM

PLLD SHUTDOWN ALARM
 SEP 7. 2022 12:39 PM

GROSS LINE FAIL
 SEP 7. 2022 12:39 PM

***** END *****

ALARM HISTORY REPORT
 ----- SENSOR ALARM -----
 Q 2:REG UNL
 PLLD SHUTDOWN ALARM
 FEB 23. 2026 12:40 PM

GROSS LINE FAIL
 FEB 23. 2026 12:40 PM

PLLD SHUTDOWN ALARM
 MAY 7. 2025 11:27 AM

GROSS LINE FAIL
 MAY 7. 2025 11:27 AM

PLLD SHUTDOWN ALARM
 JUN 17. 2024 11:09 AM

GROSS LINE FAIL
 JUN 17. 2024 11:09 AM

PLLD SHUTDOWN ALARM
 JUL 5. 2023 12:16 PM

GROSS LINE FAIL
 JUL 5. 2023 12:16 PM

PLLD SHUTDOWN ALARM
 SEP 7. 2022 12:32 PM

GROSS LINE FAIL
 SEP 7. 2022 12:32 PM

***** END *****

ALARM HISTORY REPORT
 ----- SENSOR ALARM -----
 Q 4:DIESEL
 PLLD SHUTDOWN ALARM
 FEB 23. 2026 12:44 PM

GROSS LINE FAIL
 FEB 23. 2026 12:44 PM

PLLD SHUTDOWN ALARM
 MAY 7. 2025 11:31 AM

GROSS LINE FAIL
 MAY 7. 2025 11:31 AM

PLLD SHUTDOWN ALARM
 JUL 12. 2024 1:28 PM

GROSS LINE FAIL
 JUL 12. 2024 1:28 PM

PLLD SHUTDOWN ALARM
 JUN 17. 2024 11:05 AM

GROSS LINE FAIL
 JUN 17. 2024 11:05 AM

PLLD SHUTDOWN ALARM
 MAY 7. 2024 6:28 PM

GROSS LINE FAIL
 MAY 7. 2024 6:28 PM

***** END *****

ALARM HISTORY REPORT
 ----- SENSOR ALARM -----
 Q 5:NON ETHANOL 90
 PLLD SHUTDOWN ALARM
 FEB 23. 2026 11:14 AM

GROSS LINE FAIL
 FEB 23. 2026 11:14 AM

PLLD SHUTDOWN ALARM
 MAY 7. 2025 11:34 AM

GROSS LINE FAIL
 MAY 7. 2025 11:34 AM

PLLD SHUTDOWN ALARM
 FEB 28. 2025 5:55 PM

GROSS LINE FAIL
 FEB 28. 2025 5:55 PM

PLLD SHUTDOWN ALARM
 JUN 17. 2024 11:15 AM

GROSS LINE FAIL
 JUN 17. 2024 11:15 AM

PLLD SHUTDOWN ALARM
 JUL 5. 2023 12:26 PM

GROSS LINE FAIL
 JUL 5. 2023 12:26 PM

***** END *****

