



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

Date Printed and Mailed: 3/24/2026

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

Test Date: 3/16/2026  
Order Number: 8618190

Dear Regulator,

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

SUNOCO - SAP# 80016144  
1581 Titus Ave  
PBS# 8-600738  
Irondequoit, NY 14622

Testing conducted in accordance with paragraph 613-2.3(d)(2) of NYCRR. Technician is a certified Vacutect tank tester and/or a certified TLD-1 line tester in accordance with company protocol. Technician address on file at Tanknology corporate office: 11000 N. MoPac Expressway, Suite 500, Austin, TX 78759

Testing performed:  
Annual Sump Inspection  
IMPACT VALVE  
LEAK DETECTOR  
Line Tightness Test  
MONITOR CERTIFICATION  
OVERFILL OPERABILITY

Sincerely,

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

Dawn Kohlmeier  
Manager, Field Reporting

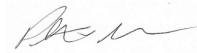


# Product Line Tightness Test

**Work Order:** 8618190 **Date:** 3/16/2026  
**Site Name/ID:** SUNOCO - SAP# 80016144 / 80016144  
**Address:** 1581 Titus Ave PBS# 8-600738  
**City:** Irondequoit **State:** NY **Zip:** 14622

Tank Information	Tank # 1 Line # 1	Tank # 2 Line # 1	Tank # Line #	Tank # Line #	Tank # Line #	Tank # Line #
Test Method	TLD-1	TLD-1				
Customer Tank ID	T1	T2				
Product Name	UNLEADED	SUPER				
Delivery Type	Pressure	Pressure				
Test Pressure (psi)	50	55				
Test Start Time	10:45	10:45				
Test End Time	11:45	11:45				
Final Leak Rate (gph)	0.00	0.00				
Test Result(P/F/I)	Pass	Pass				
Test was performed per 3rd party certifications as specified in 40 CFR parts 280 and 281	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: 8618190 Date: 3/16/2026  
Site Name / ID: SUNOCO - SAP# 80016144 / 80016144  
Address: 1581 Titus Ave PBS# 8-600738  
City: Irondequoit State: NY Zip: 14622

Tank ID	T1	T2				
Product	UNLEADED	SUPER				
Product Line	1	1				
Tested From	1	1				
Existing/New	Existing	Existing				
Mechanical/Electronic	Mechanical	Mechanical				
Manufacturer/Model	Red Jacket FX1V	Red Jacket FX1V				
Serial No.	UNREADABLE	UNREADABLE				
Pump Operating Pressure (psi)	25.00	25.00				
Calibrated Leak (ml/min)	189.0	189.0				
Calibrated Leak (gph)	3.00	3.00				
Holding PSI <i>*N/A for Electronic LD's</i>	15.00	12.00				
Resiliency (ml) <i>*N/A for Electronic LD's</i>	100.00	60.00				
Metering PSI <i>*N/A for Electronic LD's</i>	10	10				
Opening Time (sec) <i>*N/A for Electronic LD's</i>	4	3				
Test Results	Pass	Pass				

Technician Comments:

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



# MONITORING SYSTEM CERTIFICATION

This form is used to document testing and servicing of tank and piping leak monitoring equipment. If required by applicable law, a copy of the completed form must be provided by the Testing Contractor or owner to the governing UST agency as required by regulation.

**A. General Information**


Facility Name: SUNOCO - SAP# 80016144 Bldg. No.: \_\_\_\_\_  
 Site Address: 1581 Titus AvePBS# 8-600738 City: Irondequoit State: NY Zip: 14622  
 Facility Contact Person: \_\_\_\_\_ Contact Phone No.: 585-266-2812  
 Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 3/16/2026

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

<p><b>Tank ID:</b> <u>T1 - UNLEADED</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>847390-109</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794390-409</u></p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket FX1V</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p><b>Tank ID:</b> _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p><b>Tank ID:</b> <u>T2 - SUPER</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>847390-109</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794390-409</u></p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket FX1V</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p><b>Tank ID:</b> _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p><b>Dispenser ID:</b> <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><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p><b>Dispenser ID:</b> <u>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><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

\*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

**C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):**  System set-up  Alarm history report

Technician Name (print): 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: 3/16/2026

**D. Results of Testing/Serviceing**

Software Version Installed: 409.05

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the <b>visual</b> alarm on the console operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the <b>audible</b> alarm on the console operational?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Is the external <b>visual</b> overfill alarm (light unit) present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Is the external <b>visual</b> overfill alarm operating properly?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Is the external <b>audible</b> overfill alarm present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Is the external <b>audible</b> overfill alarm operating properly?
%	<input checked="" type="checkbox"/> N/A	At what percent of tank(s) capacity is the external alarm programmed to trigger? <i>If different % between tanks, clarify in section E.</i>
<input type="checkbox"/> Yes	<input checked="" 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 <input type="checkbox"/> N/A	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 <input type="checkbox"/> N/A	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* <input type="checkbox"/> N/A	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No* <input type="checkbox"/> N/A	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):2.6  
Both interstitial sensors need replacement. None in stock

**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

### Store Information

Site Name: SUNOCO - SAP# 80016144  
 Address: 1581 Titus Ave PBS# 8-600738  
Irondequoit NY 14622  
 Phone: 266-2812

### Testing Company

Name: TANKNOLOGY INC.  
 Address: 11000 N.MoPac Expressway, #500  
AUSTIN, TX 78759  
 Phone: 1-(800)-800-4633

Tank ID (product stored)	Tank 1 - Overfill T1 UNLEADED Flapper Valve PRIMARY	Tank 2 - Overfill T2 SUPER Flapper Valve PRIMARY	
Measure Dimension "Z" Actual Depth in Tank Upper drop tube flange to edge of upper tube adapter. Measurements must be taken inside the droptube.	39.25	39.75	
Measure Dimension "A" Drop tube seal surface to bottom of the tank	118.50	119.00	
Enter Dimension "B" Inch Level at 95% Volume from Tank Chart	81.25	81.25	
95% Shutoff Level Offset (4.5")	4.5	4.5	
Calculated Minimum Overfill Limit: "C" = A - B - 4.5	32.75	33.25	
Overfill Protection Criteria Met (95% or less capacity of the tank) if "Z" is greater than or equal to "C" & passed functionality inspection of overfill device.	Pass	Pass	

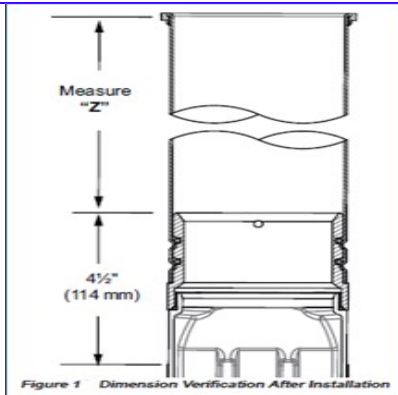
Comments:

Tester: Peter Gudmundson

Tester Id:           

Signature: 

Test Date: 3/16/2026



To find 95% Tank Volume and Measurement From Tank Chart

Actual Tank Capacity

Gallons

X

.95

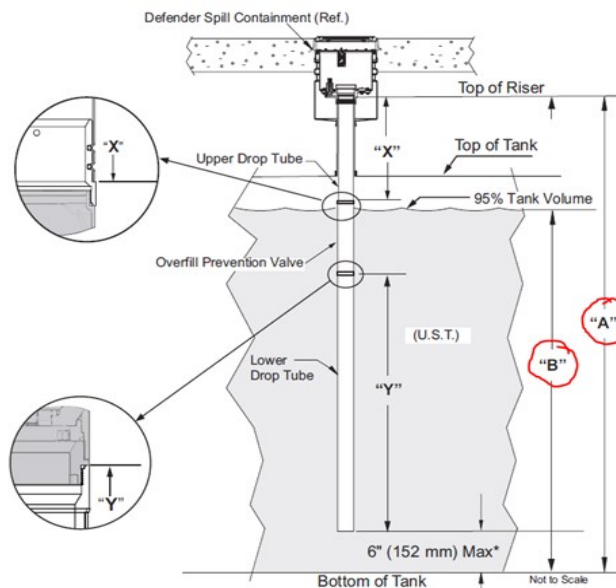
=

Gallons (95% Tank Volume)

95% Volume Height

= **B**

### Determining Drop Tube Lengths



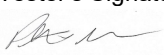
\* If local codes require this distance to be smaller, subtract less than 6" (152mm)

Installation Overview and Drop Tube Calculation

# ANNUAL CONTAINMENT SUMP INSPECTION

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

Date of Inspection  
3/16/2026

UST Facility			Person Conducting Test	
Facility Name SUNOCO - SAP# 80016144	Facility ID # 8-600738	Tester's Name pgudmundson		
Physical Address 1581 Titus Ave PBS# 8-600738			Company Tanknology Inc.	
City Irondequoit	County MONROE	State NY	Certification # 171142	Expiration Date 12/20/2027
UST Owner Sunoco, Inc.			Tester's Signature 	Date 3/16/2026

## Containment Sump Inspection

Sump Material of Construction	<input checked="" type="checkbox"/> Fiberglass Reinforced Plastic <input 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

Sump ID (product stored for STP or dispenser number)	STP:T1 UNLEADED - 1	STP:T2 SUPER - 1		
Sump lid/gasket in good condition (yes/no)	Y	Y		
Sump is dry (yes/no)	Y	Y		
All penetration fittings in good condition (yes/no)	Y	Y		
Sump walls/bottom in good condition (yes/no)	Y	Y		
Are there any leaks from pipe components (yes/no)	N	N		
Inspection Result (Pass/Fail)	Pass	Pass		

Comments:

198730 WILSON FARMS  
1581 TITUS AVE  
IRONDEQUOIT NY

MAR 16, 2026 12:48 PM

SYSTEM STATUS REPORT  
L 1: SENSOR OUT ALARM

INVENTORY REPORT

T 1: UNLEADED

VOLUME	=	3676	GALS
UILLAGE	=	6019	GALS
90% UILLAGE	=	5049	GALS
HEIGHT	=	37.11	INCHES
WATER VOL	=	0	GALS
WATER	=	0.00	INCHES
TEMP	=	40.1	DEG F

T 2: SUPER

VOLUME	=	3546	GALS
UILLAGE	=	2351	GALS
90% UILLAGE	=	1761	GALS
HEIGHT	=	52.68	INCHES
WATER VOL	=	0	GALS
WATER	=	0.00	INCHES
TEMP	=	42.1	DEG F

\*\*\*\*\* END \*\*\*\*\*

198730 WILSON FARMS  
1581 TITUS AVE  
IRONDEQUOIT NY

MAR 16, 2026 9:46 AM

SYSTEM STATUS REPORT  
ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1: UNLEADED

VOLUME	=	3812	GALS
UILLAGE	=	5883	GALS
90% UILLAGE	=	4913	GALS
HEIGHT	=	39.11	INCHES
WATER VOL	=	0	GALS
WATER	=	0.00	INCHES
TEMP	=	39.9	DEG F

T 2: SUPER

VOLUME	=	3567	GALS
UILLAGE	=	2330	GALS
90% UILLAGE	=	1740	GALS
HEIGHT	=	52.94	INCHES
WATER VOL	=	0	GALS
WATER	=	0.00	INCHES
TEMP	=	42.0	DEG F

\*\*\*\*\* END \*\*\*\*\*



shot on motorola edge (2022)  
90°

Mar 17, 2026, 7:31 AM

Inventory

ALARM HISTORY REPORT  
 ----- IN-TANK ALARM -----  
 T 2: SUPER  
 HIGH WATER ALARM  
 MAR 16, 2026 11:00 AM  
 JUN 17, 2025 9:06 AM  
 JUL 23, 2024 11:14 AM  
 OVERFILL ALARM  
 MAR 16, 2026 10:56 AM  
 JUN 17, 2025 9:02 AM  
 OCT 27, 2024 8:15 AM  
 LOW PRODUCT ALARM  
 OCT 11, 2021 9:59 AM  
 OCT 22, 2019 2:25 PM  
 JUN 5, 2019 10:41 AM  
 HIGH PRODUCT ALARM  
 MAR 16, 2026 10:56 AM  
 JUN 17, 2025 9:01 AM  
 OCT 27, 2024 8:22 AM  
 INVALID FUEL LEVEL  
 JUN 17, 2025 9:00 AM  
 OCT 11, 2021 9:59 AM  
 OCT 26, 2018 9:01 AM  
 PROBE OUT  
 MAR 16, 2026 10:53 AM  
 JUN 17, 2025 9:08 AM  
 JUN 17, 2025 8:59 AM  
 HIGH WATER WARNING  
 MAR 16, 2026 11:00 AM  
 JUN 17, 2025 9:06 AM  
 JUL 23, 2024 11:14 AM  
 DELIVERY NEEDED  
 OCT 26, 2018 9:02 AM  
 FEB 3, 2009 12:23 PM  
 MAX PRODUCT ALARM  
 JUN 17, 2025 9:01 AM  
 JUL 23, 2024 11:09 AM  
 AUG 7, 2023 12:55 PM  
 LOW TEMP WARNING  
 JUL 23, 2024 11:56 AM

ALARM HISTORY REPORT  
 ----- IN-TANK ALARM -----  
 T 1: UNLEADED  
 HIGH WATER ALARM  
 MAR 16, 2026 10:58 AM  
 JUN 17, 2025 9:05 AM  
 JUL 23, 2024 11:13 AM  
 OVERFILL ALARM  
 MAR 16, 2026 11:02 AM  
 NOV 28, 2025 6:35 AM  
 AUG 20, 2025 5:41 AM  
 LOW PRODUCT ALARM  
 MAR 16, 2026 10:51 AM  
 MAR 2, 2026 8:59 PM  
 FEB 10, 2026 11:19 AM  
 HIGH PRODUCT ALARM  
 MAR 16, 2026 10:53 AM  
 JUN 17, 2025 9:01 AM  
 JUL 23, 2024 11:08 AM  
 INVALID FUEL LEVEL  
 MAR 16, 2026 10:51 AM  
 JUL 23, 2024 11:03 AM  
 MAY 4, 2024 7:38 PM  
 PROBE OUT  
 MAR 16, 2026 10:51 AM  
 JUN 17, 2025 9:10 AM  
 JUN 17, 2025 8:58 AM  
 HIGH WATER WARNING  
 MAR 16, 2026 10:58 AM  
 JUN 17, 2025 9:05 AM  
 JUL 23, 2024 11:13 AM  
 DELIVERY NEEDED  
 MAR 16, 2026 10:51 AM  
 MAR 2, 2026 8:59 PM  
 FEB 10, 2026 11:19 AM  
 MAX PRODUCT ALARM  
 MAR 16, 2026 10:53 AM  
 JUN 17, 2025 9:01 AM  
 JUL 23, 2024 11:08 AM  
 LOW TEMP WARNING  
 JUL 23, 2024 11:55 AM

ALARM HISTORY REPORT  
 ----- SENSOR ALARM -----  
 L 1: UNLEADED INT.  
 ANNULAR SPACE  
 SENSOR OUT ALARM  
 MAR 16, 2026 11:16 AM  
 SENSOR OUT ALARM  
 MAR 16, 2026 11:11 AM  
 SENSOR OUT ALARM  
 MAR 16, 2026 11:11 AM  
 \* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT  
 ----- SENSOR ALARM -----  
 L 2: SUPER INT.  
 ANNULAR SPACE  
 FUEL ALARM  
 JUN 17, 2025 9:12 AM  
 FUEL ALARM  
 JUL 23, 2024 11:11 AM  
 FUEL ALARM  
 AUG 7, 2023 12:58 PM  
 \* \* \* \* \* END \* \* \* \* \*



shot on motorola edge (2022)  
90°

Mar 17, 2026, 7:31 AM

Setup

```

PORT SETTINGS:
COMM BOARD : 2 (RS-232)
BAUD RATE : 9600
PARITY : NONE
STOP BIT : 2 STOP
DATA LENGTH: 8 DATA

AUTO TRANSMIT SETTINGS:
AUTO LEAK ALARM LIMIT : DISABLED
AUTO HIGH WATER LIMIT : DISABLED
AUTO OVERFILL LIMIT : DISABLED
AUTO LOW PRODUCT : DISABLED
TRANSMIT : DISABLED
AUTO THEFT LIMIT : DISABLED
AUTO DELIVERY START : TRANSMIT
AUTO DELIVERY END : TRANSMIT
TRANSMIT : 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

AUTO DELAY TIME : 5 SEC

RS-232 SECURITY
CODE : 000000

RS-232 END OF MESSAGE
DISABLED

IN-TANK SETUP
T 1:UNLEADED
PRODUCT CODE : 1
THERMAL COEFF : .000700
TANK DIAMETER : 91.63
TANK PROFILE : 4 PTS
FULL VOL : 9695
68.7 INCH VOL : 7855
45.8 INCH VOL : 4874
22.9 INCH VOL : 1865

FLOAT SIZE: 4.0 IN. 8496
WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 9910
OVERFILL LIMIT : 90%
HIGH PRODUCT : 8919
DELIVERY LIMIT : 20%
LOW PRODUCT : 1982
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 2.00

MANIFOLDED TANKS
T#: NONE

DELIVERY DELAY : 1 MIN

LIQUID SENSOR SETUP
L 1:UNLEADED INT.
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:SUPER INT.
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

EXTERNAL INPUT SETUP
NONE

OUTPUT RELAY SETUP

SOFTWARE REVISION LEVEL
VERSION 419.05
SOFTWARE# 346419-100-F
CREATED - 00.02.25.12.40
NO SOFTWARE MODULE

```

```

SYSTEM SETUP
-----
MAR 16. 2026 9:46 AM

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

198730 WILSON FARMS
1581 TITUS AVE
IRONDEQUIT NY

SHIFT TIME 1 : 4:00 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 PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
DISABLED

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

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
DISABLED
RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

SYSTEM SECURITY
CODE : 000000

COMMUNICATIONS SETUP

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shot on motorola edge (2022) 90°

Mar 17, 2026, 7:32 AM

# Alarm history