



11000 N. MoPac Expressway, Suite 500
Austin, Texas 78759
Phone: (512) 451-6334
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Date Printed and Mailed: 3/23/2026

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

Test Date: 3/20/2026
Order Number: 8617184

Dear Regulator,

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

XPO LOGISTICS - XRC
300 INTERNATIONAL BOULEVARD
PBS 8-600766
ROCHESTER, NY 14624

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
SPILL BUCKET TEST

Sincerely,

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

Dawn Kohlmeier
Manager, Field Reporting




Product Line Tightness Test

Work Order: 8617184 **Date:** 3/20/2026
Site Name/ID: XPO LOGISTICS - XRC / XRC
Address: 300 INTERNATIONAL BOULEVARD PBS 8-600766
City: ROCHESTER **State:** NY **Zip:** 14624

Tank Information	Tank # 1 Line # 1	Tank # Line #	Tank # Line #	Tank # Line #	Tank # Line #	Tank # Line #
Test Method	TLD-1					
Customer Tank ID						
Product Name	Diesel					
Delivery Type	Pressure					
Test Pressure (psi)	60					
Test Start Time	09:30					
Test End Time	10:00					
Final Leak Rate (gph)	0.00					
Test Result(P/F/I)	Pass					
Test was performed per 3rd party certifications as specified in 40 CFR parts 280 and 281	Yes					

Technician Comments:

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

Technician Signature: 




LDT 5000 Field Test Apparatus
Line Leak Detector Test

Work Order: 8617184 Date: 3/20/2026
Site Name / ID: XPO LOGISTICS - XRC / XRC
Address: 300 INTERNATIONAL BOULEVARD PBS 8-600766
City: ROCHESTER State: NY Zip: 14624

Tank ID	1				
Product	Diesel				
Product Line	1				
Tested From	1				
Existing/New	Existing				
Mechanical/Electronic	Mechanical				
Manufacturer/Model	Vaporless LD-3000				
Serial No.	Unreadable				
Pump Operating Pressure (psi)	42.00				
Calibrated Leak (ml/min)	189.0				
Calibrated Leak (gph)	3.00				
Holding PSI <i>*N/A for Electronic LD's</i>	38.00				
Resiliency (ml) <i>*N/A for Electronic LD's</i>	210.00				
Metering PSI <i>*N/A for Electronic LD's</i>	12				
Opening Time (sec) <i>*N/A for Electronic LD's</i>	5				
Test Results	Pass				

Technician Comments:

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

MONITORING SYSTEM CERTIFICATION

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

A. General Information


Facility Name: XPO LOGISTICS - XRC Bldg. No.: _____
 Site Address: 300 INTERNATIONAL BOULEVARDPBS 8-600766 City: ROCHESTER State: NY Zip: 14624
 Facility Contact Person: PATRICK BARRETT Contact Phone No.: 585-328-4940
 Make/Model of Monitoring System: Veeder Root TLS-450 Date of Testing/Servicing: 3/20/2026

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

<p>Tank ID: <u>1 - Diesel</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>mag</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794390-409</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Vaporless LD-3000</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>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>1</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>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: <u>2</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>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>

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

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

Technician Name (print): Samuel LoGiudice Signature: 

Certification No.: C29748 License No.: _____

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

Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 3/20/2026

D. Results of Testing/Serviceing

Software Version Installed: _____

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 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	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):

Both sumps full of water. Unable to test sump sensor, and probe.

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

Both sumps full of water. Unable to test sump sensor, and probe


DID OVERALL MONITOR SYSTEM TESTING PASS (Check One)? YES NO
INCONCLUSIVE

Customer Name: XPO LOGISTICS - XRC Location #: XRC City: ROCHESTER State: NY Zip: 14624

SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Fill Riser Containment Sumps <input checked="" type="checkbox"/>		Test Date: 3/20/2026	
Fill Riser Containment Sumps are Present, but were Not Tested <input type="checkbox"/>			
	Spill Box # Tank 1 Diesel - Fill 1 - Remote		
Double Wall:	N		
Bucket Diameter (in inches):	12.00		
Bucket Depth (in inches):	13.00		
Test Method Developed By:	Industry Standard		
Test Method Used By:	Vacuum on primary		
Test Equipment Used:	VACUUM TEST		
Equipment Resolution:	0.1 gph		
Wait time between applying pressure/vacuum/water and starting test	0 min	min	min
Test Start Time:	09:40:00		
Initial Reading (R _I):	30.00 in. H2O		
Test End Time:	09:41:00		
Final Reading (R _F):	28.00 in. H2O		
Test Duration:	1 min		
Change in Reading (R _F - R _I):	-2.00 in. H2O		
Pass/Fail Threshold or Criteria:	+/- 4.00	+/-	+/-
Test Result:	Pass		


Comments — (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Technician Name: Samuel LoGiudice Test Date: 3/20/2026
 Technician Signature:  Certification #: 167540

ANNUAL CONTAINMENT SUMP INSPECTION

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

Date of Inspection
3/20/2026

UST Facility			Person Conducting Test	
Facility Name XPO LOGISTICS - XRC	Facility ID # 8-600766	Tester's Name slogiudice		
Physical Address 300 INTERNATIONAL BOULEVARD PBS 8-600766			Company Tanknology Inc.	
City ROCHESTER	County MONROE	State NY	Certification # 167542	Expiration Date 3/8/2027
UST Owner XPO LOGISTICS FREIGHT, INC.			Tester's Signature 	Date 3/20/2026

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
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Containment Sump Inspection Procedure

1. Clean-out and properly dispose of all debris, soil and/or fluids from the containment sump.
2. Visually examine the containment sump to ensure there are no cracks, holes, deteriorated seals, deformation or other indications that the sump is not liquid tight.
3. If the sump appears to be liquid tight and no water was in the sump, the inspection result is "pass" and no further action is required.
4. If the sump appears to be liquid tight but water was present within the sump, the inspection result is "fail".
5. If there is visual evidence that the sump is not liquid tight, then repair or replacement (see note below) of the sump is required.

Inspection Results for the Year 2026

Sump ID (product stored for STP or dispenser number)	FIL:1 Diesel - 1	STP:1 Diesel - 1	UDC 1/	UDC 2/
Sump lid/gasket in good condition (yes/no)	Y	Y	Y	Y
Sump is dry (yes/no)	N	N	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:

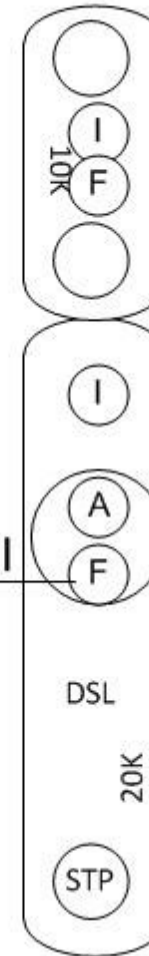
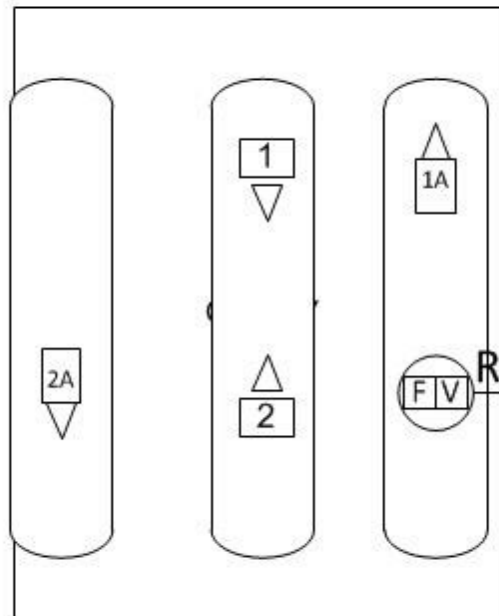
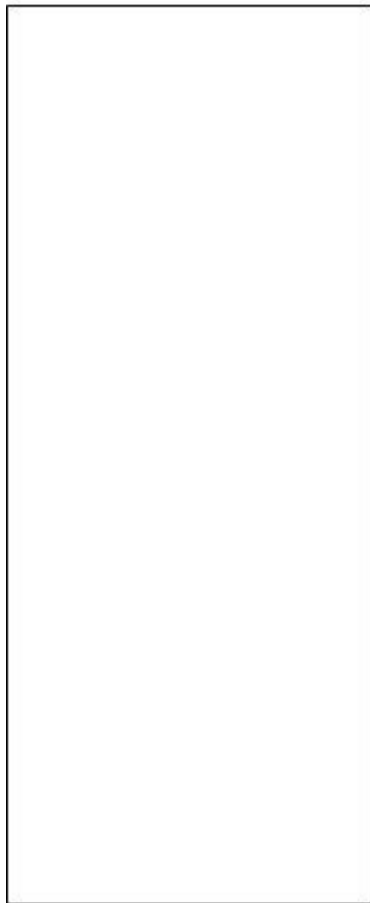


Site Diagram

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

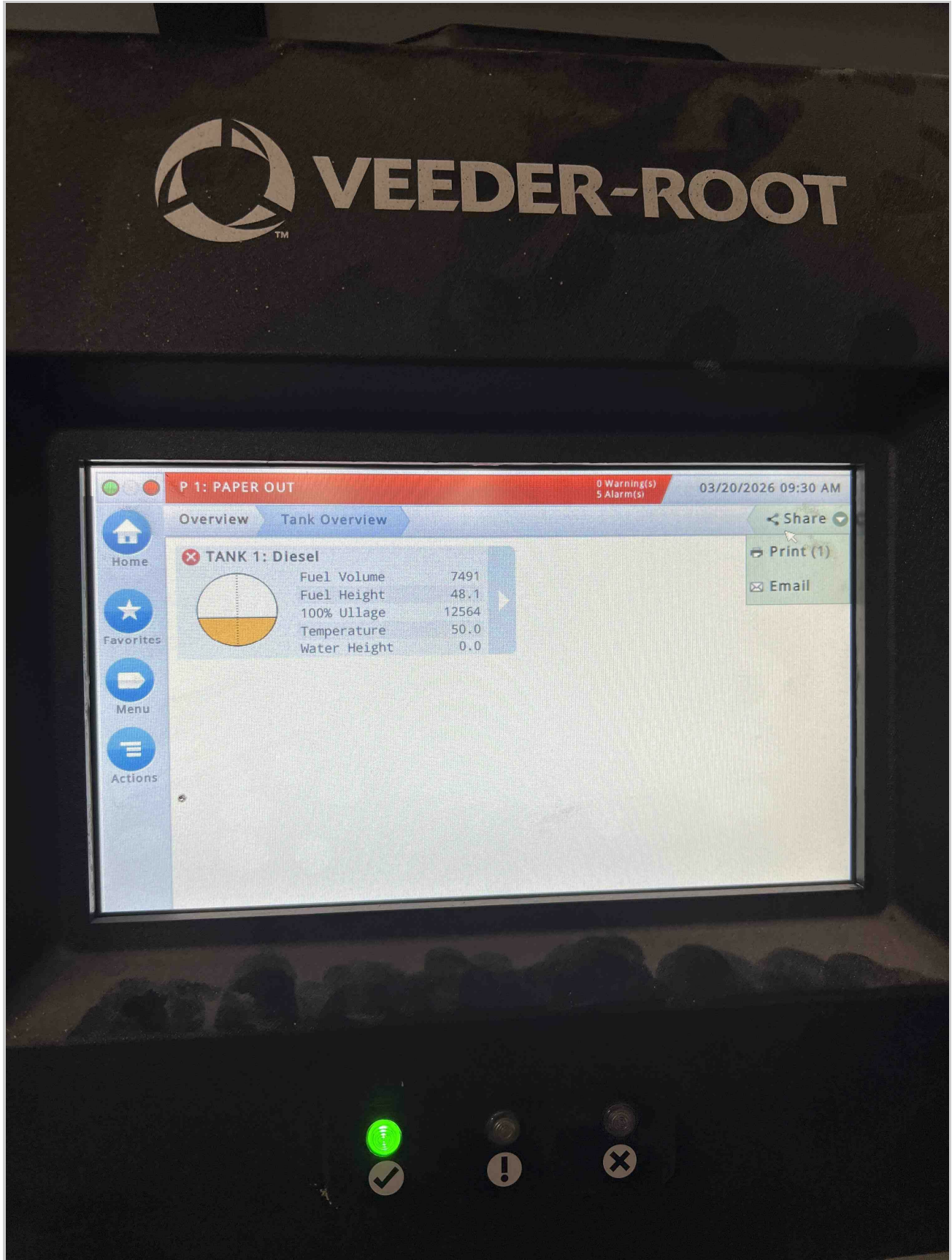
Work Order: 8617184
Site ID / Name: XRC / XPO LOGISTICS - XRC
Address: 300 INTERNATIONAL BOULEVARD PBS 8-600766
City: ROCHESTER

State: NY Zip: 14624



WATER/OIL SEPERATOR





Atg



T 1: SUDDEN LOSS ALARM 0 Warning(s) 5 Alarm(s) 03/20/2026 09:30 AM

Overview **Sensor Overview** Share

LIQUID SENSOR 1: PROBE SUMP

	Status	FUEL ALARM
	Model	Tri-State(Single Float)
	Category	STP Sump

LIQUID SENSOR 2: STP SUMP

	Status	FUEL ALARM
	Model	Tri-State(Single Float)
	Category	STP Sump

LIQUID SENSOR 3: INT

	Status	NORMAL
	Model	Tri-State(Single Float)
	Category	Annular Space

