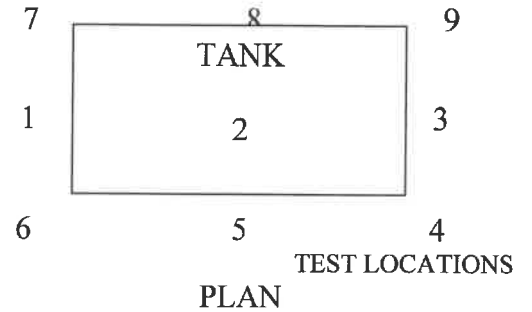


**CORROSION PROTECTION TESTING FORM
UNDERGROUND STORAGE TANK (UST)**

FACILITY NAME: Coldiron Church St.
 ADDRESS: _____
759 E. Church St.
Elmira, NY 14901

UST FACILITY I.D. 8-601323
 TEST DATE: April 20, 2026

TESTING COMPANY NAME: _____
Beavers Petroleum Equipment Co., Inc.
 PHONE #: 607-739-1790
 EQUIPMENT USED TO TEST: MCM RE-5
Electrode Fluke 12 B DVM



NOTE: MINIMUM TEST LOCATIONS (1,2,3)

TANK # 001

RESULTS	PASS	PRODUCT	Regular	SIZE	6,000
TEST LOCATIONS	1	2	3		
READING (-VOLT)	-1.157	-1.148	-1.139		
CORROSION PROTECTION: TANK (PASS OR FAIL OR N/A) CIRCLE PIPING (PASS OR FAIL OR N/A) CIRCLE					

TANK # 002

RESULTS	PASS	PRODUCT	Regular	SIZE	6,000
TEST LOCATIONS	1	2	3		
READING (-VOLT)	-1.190	-1.213	-1.103		
CORROSION PROTECTION: TANK (PASS OR FAIL OR N/A) CIRCLE PIPING (PASS OR FAIL OR N/A) CIRCLE					

TANK # 003

RESULTS	PASS	PRODUCT	Premium	SIZE	6,000
TEST LOCATIONS	1	2	3		
READING (-VOLT)	-1.118	-1.108	-1.137		
CORROSION PROTECTION: TANK (PASS OR FAIL OR N/A) CIRCLE PIPING (PASS OR FAIL OR N/A) CIRCLE					

COMMENTS/RECOMMENDATIONS:

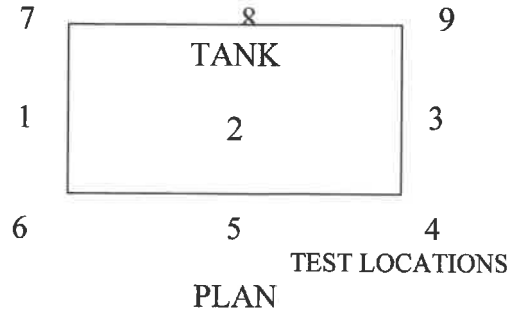
NAME OF TESTER (PRINT): Kevin Beavers
 SIGNATURE: [Signature]
 DATE: 4/20/26

**CORROSION PROTECTION TESTING FORM
UNDERGROUND STORAGE TANK (UST)**

FACILITY NAME: Coldiron Church St.
 ADDRESS: _____
759 E. Church St.
Elmira, NY 14901

UST FACILITY I.D. 8-601323
 TEST DATE: April 20, 2026

TESTING COMPANY NAME: _____
Beavers Petroleum Equipment Co., Inc.
 PHONE #: 607-739-1790
 EQUIPMENT USED TO TEST: MCM RE-5
Electrode Fluke 12 B DVM



NOTE: MINIMUM TEST LOCATIONS (1,2,3)

TANK # 004

RESULTS	PRODUCT		SIZE
PASS	Diesel		6,000
TEST LOCATIONS	1	2	3
READING (-VOLT)	-1.093	-1.199	-1.179
CORROSION PROTECTION: TANK (PASS OR FAIL OR N/A) CIRCLE PIPING (PASS OR FAIL OR N/A) CIRCLE			

TANK # 005

RESULTS	PRODUCT		SIZE
PASS	No-Lead		2,000
TEST LOCATIONS	1	2	3
READING (-VOLT)	-0.949	-0.965	-0.981
CORROSION PROTECTION: TANK (PASS OR FAIL OR N/A) CIRCLE PIPING (PASS OR FAIL OR N/A) CIRCLE			

TANK #

RESULTS	PRODUCT		SIZE
TEST LOCATIONS	1	2	3
READING (-VOLT)			
CORROSION PROTECTION: TANK (PASS OR FAIL OR N/A) CIRCLE PIPING (PASS OR FAIL OR N/A) CIRCLE			

COMMENTS/RECOMMENDATIONS:

NAME OF TESTER (PRINT): Kevin Beavers
 SIGNATURE: [Signature]
 DATE: 4/20/26

Site Name Coldiron CITGO Church St
Site Address 759 E Church St Elmira, NY 14901
Phone Number
Owner Coldiron Energy
Operator Pump make & Type Wayne/Gilbarco
Facility ID 8-601323 Cover over lines Concrete/Blacktop
 Burial Depth 2.5ft-3ft

Petrotite Line Test Form

PROD TYPE	TIME MILITARY	LOG TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC	PRESSURE psi OR kPa		VOLUME READING		NET CHANGE	REMARKS SIZE, LENGTH & TYPE OF LINE, # FLEX CONNECTORS, CONCLUSIONS, REPAIRS AND COMMENTS
			BEFORE	AFTER	BEFORE	AFTER		
DIESEL	10:00 AM	Beginning		60				Bleedback Calculations 1.5" Environ 60ft 1 hr min leak rate .006 PASS 1 flex
	10:10 AM		51	0.04300	0.04000	0.00300		
	10:20 AM		58	0.04000	0.03800	0.00200		
	10:30 AM		59	0.03800	0.03700	0.00100		
	10:40 AM		60	0.03700	0.03700	0.00000		
	10:40 AM		60	0	0.03700	0.07200	-0.03500	
UNLEADED	11:00 AM	Beginning		50				LINE TEST RESULTS PASS Bleedback Calculations 1.5" Environ 150ft 1hr leak rate .004 PASS 1 flex
	11:10 AM		44	0.03500	0.03100	0.00400		
	11:20 AM		48	0.02500	0.02400	0.00100		
	11:30 AM		49	0.02100	0.02000	0.00100		
	11:40 AM		50	0.01800	0.01800	0.00000		
	11:40 AM		50	0	0.01800	0.05100	-0.03300	
SUPER	11:00 AM	Bleedback/removefuel		50				LINE TEST RESULTS PASS Bleedback Calculations 1.5" Environ 150ft 1hr leak rate .006 PASS 1 Flex
	11:10 AM		39	0.03100	0.02500	0.00600		
	11:20 AM		42	0.02400	0.02100	0.00300		
	11:30 AM		44	0.02000	0.01800	0.00200		
	11:40 AM		48	0.05100	0.04900	0.00200		
	11:50 AM		49	0.04900	0.04800	0.00100		
12:00pm	50	50	0.04800	0.04800	0.00000			
12:00pm	50	0	0.04800	0.09200	-0.04400			
					0.00000		LINE TEST RESULTS PASS Bleedback Calculations	
							LINE TEST RESULTS	



APPENDIX C-5

**UST OVERFILL EQUIPMENT INSPECTION
AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE**

Facility Name: Coldiron Fuel-CITCO	Owner: Coldiron Energy LLC
Address: 759 E. Church St	Address: 128 Empire Dr.
City, State, Zip Code: Elmira, NY 14901	City, State, Zip Code: Horseheads, NY 14845
Facility I.D. #: 8-601323	Phone #:
Testing Company: Beavers Petroleum Equip. Co	Phone #: _____ Date: 4/20/26

This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200, Section 7 for inspection procedures.

Product Grade	Reg(Unleaded)	Reg(Unleaded)	Prem(Unleaded)	Diesel		
Tank Number	001	002	003	004		
Tank Volume, gallons	6,000	6,000	6,000	6,000		
Tank Diameter, inches	96"	96"	96"	96"		
Overfill Prevention Device Brand	Franklin Fuel	Franklin Fuel	Franklin Fuel	Franklin Fuel		
Type	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve

AUTOMATIC SHUTOFF DEVICE INSPECTION

1. Drop tube removed from tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Drop tube and float mechanisms are free of debris?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Float moves freely without binding and poppet moves into flow path?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Bypass valve in the drop tube is open and free of blockage (if present)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present
5. Flapper is adjusted to shut off flow at 95% capacity?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

BALL FLOAT VALVE INSPECTION

1. Tank top fittings are vapor-tight and leak-free?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ball float cage free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ball is free of holes and cracks and moves freely in cage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Vent hole in pipe is open and near top of tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Ball float pipe is proper length to restrict flow at 90% capacity?***	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.

** Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity.

Comments:

Tester's Name Kevin Beavers

Tester's Signature 

APPENDIX C-3

**SPILL BUCKET INTEGRITY TESTING HYDROSTATIC TEST METHOD
SINGLE- AND DOUBLE-WALLED VACUUM TEST METHOD**

Facility Name: Coldiron Fuel-CITCO	Owner: Coldiron Energy LLC
Address: 759 E. Chruch St	Address: 128 Empira Dr.
City, State, Zip Code: Elmira, NY 14901	City, State, Zip Code: Horseheads, NY 14845
Facility I.D. #: 8-601323	Phone #:
Testing Company: Beavers Petroleum Equip. Co	Phone #: _____ Date: 4/20/26

This procedure is to test the leak integrity of single- and double-walled spill buckets. See PEI/RP1200 Section 6.2 for hydrostatic test method, Section 6.3 for single-walled vacuum test method and Section 6.4 for double-walled vacuum test method.

Tank Number	001	002	003	004	005	
Product Stored	Reg(Unleaded)	Reg(Unleaded)	Prem(Unleaded)	Diesel	No-Lead	
Spill Bucket Capacity	5 gal	5 gal	5gal	5gal	5gal	
Manufacturer	EBW	EBW	EBW	EBW	EBW	
Construction	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Test Type	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Spill Bucket Type	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor
Liquid and debris removed from spill bucket?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Tank riser cap included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Drain valve included in test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Starting Level	10"	10"	10"	9"	9"	
Test Start Time	11:00am	11:00am	11:00am	11:00am	11:00am	
Ending Level	10"	10"	10"	9"	9"	
Test End Time	12:30pm	12:00pm	12:00pm	12:00pm	12:00pm	
Test Period	1hr	1hr	1hr	1hr	1hr	
Level Change	0	0	0	0	0	

Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of less than 1/8 inch; Vacuum single-walled only: Maintain at least 26 inches water column; Vacuum double-walled: maintain at least 12 inches water column.

Test Results:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Comments:

*All liquids and debris must be disposed of properly.

Tester's Name (print) **Kevin Beavers**

Tester's Signature 