



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

Date Printed and Mailed: 2/20/2026

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

Test Date: 2/3/2026
Order Number: 8615903

Dear Regulator,

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

SUNOCO - SAP# 80005836
504 1/2 Franklin Street
PBS # 8-601585
Watkins Glen, NY 14891

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: 8615903 Date: 2/3/2026
Site Name/ID: SUNOCO - SAP# 80005836 / 80005836
Address: 504 1/2 Franklin Street PBS # 8-601585
City: Watkins Glen State: NY Zip: 14891

Tank Information	Tank # 1 Line # 1	Tank # 3 Line # 1	Tank # Line #	Tank # Line #	Tank # Line #	Tank # Line #
Test Method	TLD-1	TLD-1				
Customer Tank ID	NYS 001	NYS 002B				
Product Name	RUL	PREMIUM				
Delivery Type	Pressure	Pressure				
Test Pressure (psi)	60	60				
Test Start Time	12:20	12:20				
Test End Time	13:20	13:20				
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: Samuel LoGiudice Certification #: 167542 exp: 3/8/2027
Technician Signature: 




LDT 5000 Field Test Apparatus
Line Leak Detector Test

Work Order: 8615903 Date: 2/3/2026
Site Name / ID: SUNOCO - SAP# 80005836 / 80005836
Address: 504 1/2 Franklin Street PBS # 8-601585
City: Watkins Glen State: NY Zip: 14891

Tank ID	NYS 001	NYS 002B				
Product	RUL	PREMIUM				
Product Line	1	1				
Tested From	3	3				
Existing/New	Existing	Existing				
Mechanical/Electronic	Mechanical	Mechanical				
Manufacturer/Model	Vaporless LD-2000	Vaporless LD-2000				
Serial No.	21011919	21021318				
Pump Operating Pressure (psi)	33.00	33.00				
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>	33.00	30.00				
Resiliency (ml) <i>*N/A for Electronic LD's</i>	85.00	85.00				
Metering PSI <i>*N/A for Electronic LD's</i>	12	19				
Opening Time (sec) <i>*N/A for Electronic LD's</i>	2	4				
Test Results	Pass	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: SUNOCO - SAP# 80005836 Bldg. No.: _____
 Site Address: 504 1/2 Franklin Street PBS # 8-601585 City: Watkins Glen State: NY Zip: 14891
 Facility Contact Person: _____ Contact Phone No.: 607-535-4064
 Make/Model of Monitoring System: Incon TS-1001 Date of Testing/Servicing: 2/3/2026

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

<p>Tank ID: <u>NYS 001 - RUL</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>TSP-LL2</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>optic</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>FMP-ULS</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-2000</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: <u>NYS 002A - RUL</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>TSP-LL2</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>optic</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>FMP-ULS</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>NYS 002B - PREMIUM</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>TSP-LL2</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>optic</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>FMP-ULS</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-2000</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>Dispenser ID: <u>1/2</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>TSP-ULS</u></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: <u>3/4</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>TSP-ULS</u></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>

*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.: 167535 License No.: _____
 Testing Company Name: Tanknology Phone No.: (800) 800-4633
 Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 2/3/2026

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 <input type="checkbox"/> N/A	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 <input type="checkbox"/> N/A	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):

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 NYS 001 RUL Flapper Valve PRIMARY

Test Date: 2/3/2026
Testing Company: Tanknology, Inc.

Company:
Site: 8-601585
Address: 504 1/2 Franklin Street PBS # 8-601585, Watkins Glen, NY

Overfill Valve Height Inspection

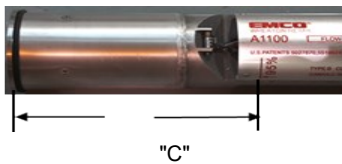
1. Tank Diameter is TD	<u>89.75</u>
2. Tank Capacity is TC	<u>14785.00</u>
3. Desired Shutoff Percentage (Note NFPA Guidelines)	<u>0.95</u>
4. Shutoff Tank Capacity TC@ shutoff % = TC x 0.95	<u>14045.75</u>
5. Tank Level from Stick Chart for Shutoff Capacity (95%)	<u>80.25</u>
6. Tank B Dimension B = TD - TL @ 95%	<u>9.50</u>
7. Distance from top seal surface (1) to the top (inside) of the tank (2) is A	<u>48.75</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>58.25</u>
9. Actual Measured Length of OPV top tube to (95% mark) on the A1100 (measure)	<u>68.00</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

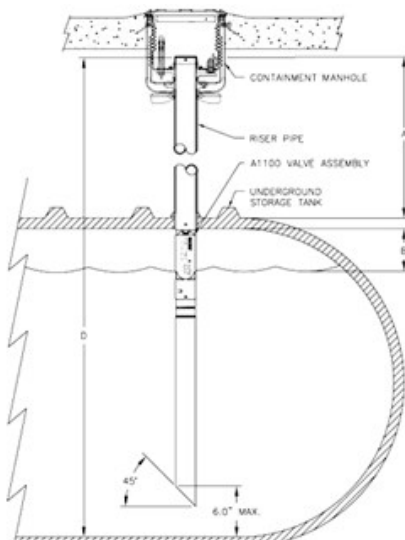
1. Distance from the top seal surface to the tank bottom	<u>144.00</u>
2. Distance from the top of drop tube to the highest point of bottom tube cut	<u>141.00</u>
3. Actual Maximum tube distance from tank bottom	<u>3.00</u>

comments:

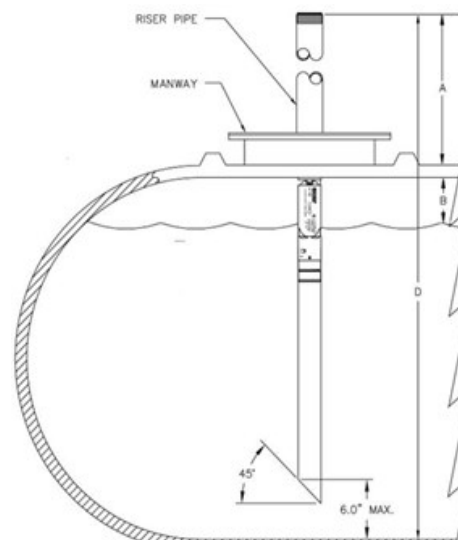


1. The sealing surface refers to the location of the OPV collar sealing point. It may be the riser pipe or the seal surface built in to some spill buckets.
2. If the tank uses a manway, be sure to use the tank top for measurement and not the top of the manway as shown in the diagram.

Riser Pipe with Spill Containment Manhole



Manway Style Tank



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 2 - Overfill NYS 002A RUL Flapper Valve PRIMARY

Test Date: 2/3/2026
Testing Company: Tanknology, Inc.

Company:
Site: 8-601585
Address: 504 1/2 Franklin Street PBS # 8-601585, Watkins Glen, NY

Overfill Valve Height Inspection

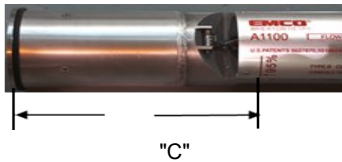
- | | |
|--|----------------|
| 1. Tank Diameter is TD | <u>89.75</u> |
| 2. Tank Capacity is TC | <u>9753.00</u> |
| 3. Desired Shutoff Percentage (Note NFPA Guidelines) | <u>0.95</u> |
| 4. Shutoff Tank Capacity TC @ shutoff % = TC x 0.95 | <u>9265.35</u> |
| 5. Tank Level from Stick Chart for Shutoff Capacity (95%) | <u>80.25</u> |
| 6. Tank B Dimension B = TD - TL @ 95% | <u>9.50</u> |
| 7. Distance from top seal surface (1) to the top (inside) of the tank (2) is A | <u>48.75</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>58.25</u> |
| 9. Actual Measured Length of OPV top tube to (95% mark) on the A1100 (measure) | <u>58.25</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

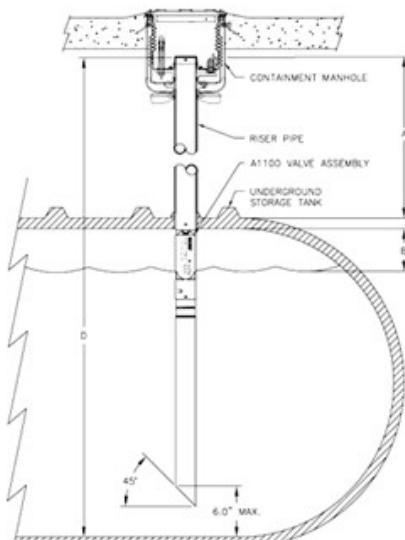
- | | |
|---|---------------|
| 1. Distance from the top seal surface to the tank bottom | <u>138.00</u> |
| 2. Distance from the top of drop tube to the highest point of bottom tube cut | <u>132.50</u> |
| 3. Actual Maximum tube distance from tank bottom | <u>5.50</u> |

comments:

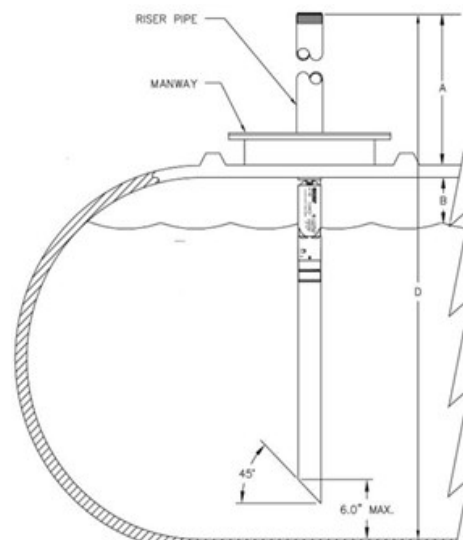


- The sealing surface refers to the location of the OPV collar sealing point. It may be the riser pipe or the seal surface built in to some spill buckets.
- If the tank uses a manway, be sure to use the tank top for measurement and not the top of the manway as shown in the diagram.

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 NYS 002B PREMIUM Flapper Valve PRIMARY

Test Date: 2/3/2026 Company:
Testing Company: Tanknology, Site: 8-601585
Inc. Address: 504 1/2 Franklin Street PBS # 8-601585, Watkins
Glen, NY

Overfill Valve Height Inspection

- | | |
|--|----------------|
| 1. Tank Diameter is TD | <u>89.75</u> |
| 2. Tank Capacity is TC | <u>4706.00</u> |
| 3. Desired Shutoff Percentage (Note NFPA Guidelines) | <u>0.95</u> |
| 4. Shutoff Tank Capacity TC @ shutoff % = TC x 0.95 | <u>4470.70</u> |
| 5. Tank Level from Stick Chart for Shutoff Capacity (95%) | <u>80.25</u> |
| 6. Tank B Dimension B = TD - TL @ 95% | <u>9.50</u> |
| 7. Distance from top seal surface (1) to the top (inside) of the tank (2) is A | <u>51.00</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>60.50</u> |
| 9. Actual Measured Length of OPV top tube to (95% mark) on the A1100 (measure) | <u>61.00</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>139.50</u> |
| 2. Distance from the top of drop tube to the highest point of bottom tube cut | <u>133.50</u> |
| 3. Actual Maximum tube distance from tank bottom | <u>6.00</u> |

comments:

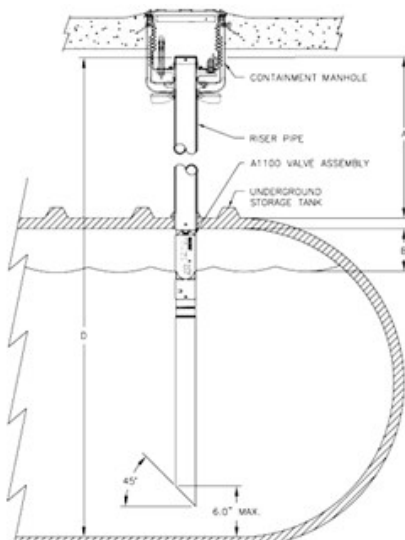


"C"

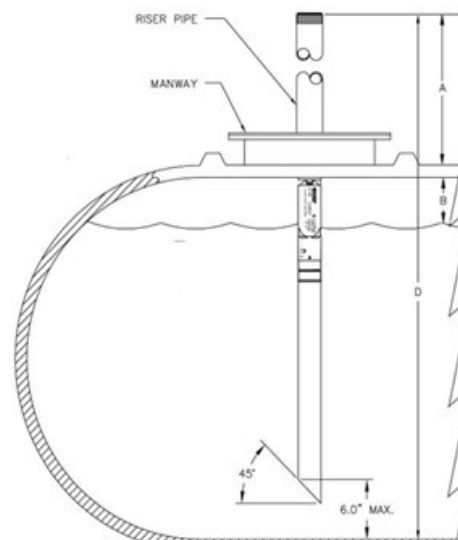


- The sealing surface refers to the location of the OPV collar sealing point. It may be the riser pipe or the seal surface built in to some spill buckets.
- If the tank uses a manway, be sure to use the tank top for measurement and not the top of the manway as shown in the diagram.

Riser Pipe with Spill Containment Manhole



Manway Style Tank



ANNUAL CONTAINMENT SUMP INSPECTION

➤ This form may be utilized to document the inspection of containment sumps. Date of Inspection
2/3/2026

UST Facility			Person Conducting Test	
Facility Name SUNOCO - SAP# 80005836		Facility ID # 8-601585	Tester's Name slogiudice	
Physical Address 504 1/2 Franklin Street PBS # 8-601585			Company Tanknology Inc.	
City Watkins Glen	County SCHUYLER	State NY	Certification # 167542	Expiration Date 3/8/2027
UST Owner Sunoco, Inc.			Tester's Signature 	Date 2/3/2026

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 2026

Sump ID (product stored for STP or dispenser number)	STP:NYS 001 RUL - 1	STP:NYS 002A RUL - 1	STP:NYS 002B PREMIUM - 1	UDC 1/2
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

➤ This form may be utilized to document the inspection of containment sumps. Date of Inspection
2/3/2026

UST Facility			Person Conducting Test	
Facility Name SUNOCO - SAP# 80005836	Facility ID # 8-601585	Tester's Name slogiudice		
Physical Address 504 1/2 Franklin Street PBS # 8-601585			Company Tanknology Inc.	
City Watkins Glen	County SCHUYLER	State NY	Certification # 167542	Expiration Date 3/8/2027
UST Owner Sunoco, Inc.			Tester's Signature 	Date 2/3/2026

Containment Sump Inspection

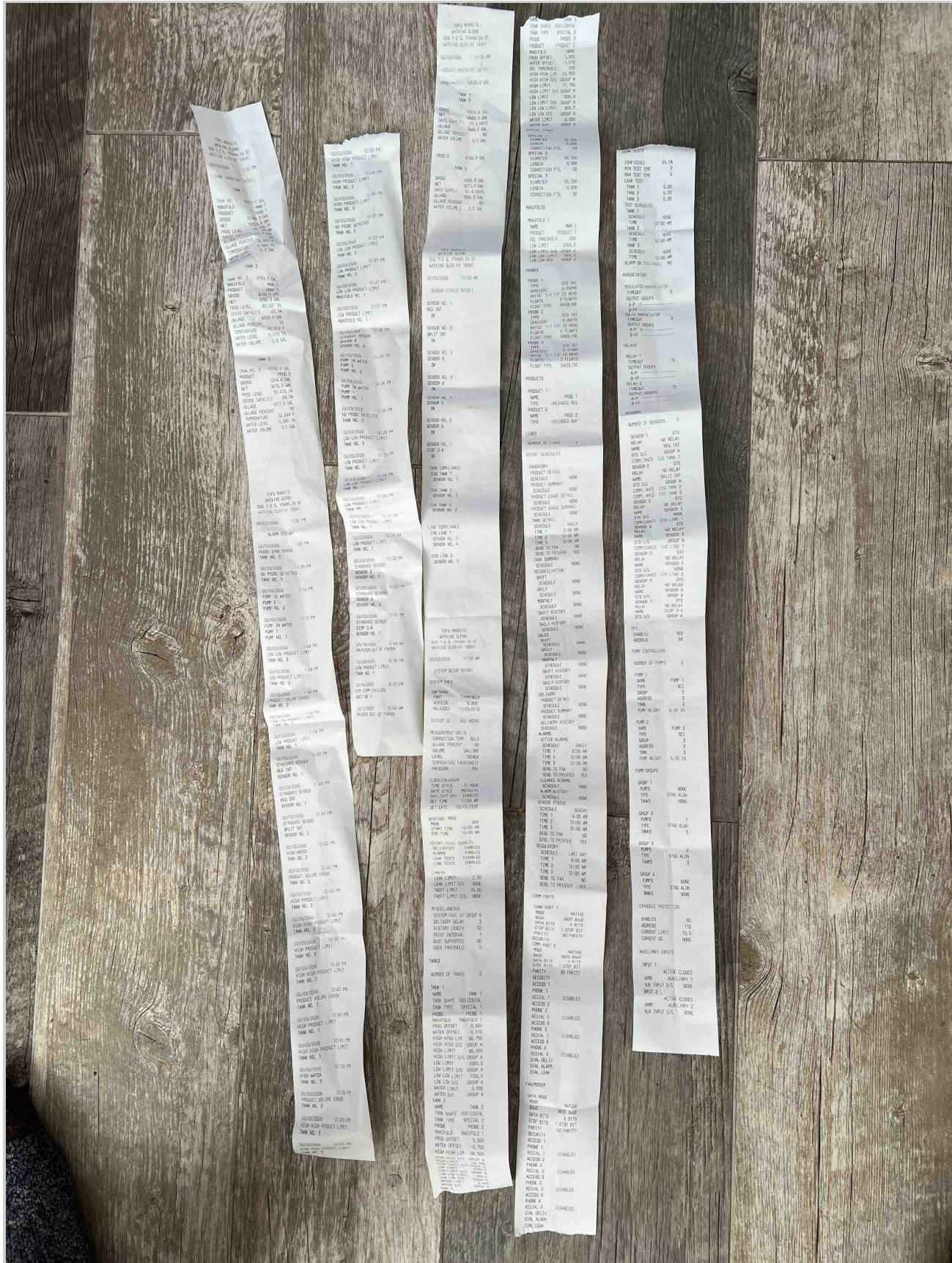
Sump Material of Construction	<input checked="" type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Thermoplastic <input type="checkbox"/> Steel <input type="checkbox"/> Composite
-------------------------------	--

- 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 2026

Sump ID (product stored for STP or dispenser number)	UDC 3/4			
Sump lid/gasket in good condition (yes/no)	Y			
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:



TANK POINTS

02/02/2008 11:59 AM
TANK NO. 1
HIGH PROJECT LIMIT
TANK NO. 1

02/02/2008 11:59 AM
TANK NO. 2
HIGH PROJECT LIMIT
TANK NO. 2

02/02/2008 11:59 AM
TANK NO. 3
HIGH PROJECT LIMIT
TANK NO. 3

02/02/2008 11:59 AM
TANK NO. 4
HIGH PROJECT LIMIT
TANK NO. 4

TANK SHAPE

02/02/2008 11:59 AM
TANK NO. 1
TANK SHAPE HORIZONTAL
TANK TYPE SPECIAL 1

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TANK NO. 2
TANK SHAPE HORIZONTAL
TANK TYPE SPECIAL 1

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TANK NO. 3
TANK SHAPE HORIZONTAL
TANK TYPE SPECIAL 1

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TANK NO. 4
TANK SHAPE HORIZONTAL
TANK TYPE SPECIAL 1

SENSOR STATUS REPORT

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SENSOR NO. 1
SENSOR STATUS REPORT

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SENSOR NO. 2
SENSOR STATUS REPORT

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SENSOR NO. 3
SENSOR STATUS REPORT

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SENSOR NO. 4
SENSOR STATUS REPORT

RELAYS

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RELAY 1
RELAY STATUS

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RELAY 2
RELAY STATUS

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RELAY 3
RELAY STATUS

02/02/2008 11:59 AM
RELAY 4
RELAY STATUS

ALARMS

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ALARM 1
ALARM STATUS

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ALARM 2
ALARM STATUS

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ALARM 3
ALARM STATUS

02/02/2008 11:59 AM
ALARM 4
ALARM STATUS

SYSTEM PARAMETERS

02/02/2008 11:59 AM
SYSTEM PARAMETER 1
SYSTEM STATUS

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SYSTEM PARAMETER 2
SYSTEM STATUS

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SYSTEM PARAMETER 3
SYSTEM STATUS

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SYSTEM PARAMETER 4
SYSTEM STATUS

COMMUNICATIONS

02/02/2008 11:59 AM
COMMUNICATIONS 1
COMMUNICATIONS STATUS

02/02/2008 11:59 AM
COMMUNICATIONS 2
COMMUNICATIONS STATUS

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COMMUNICATIONS 3
COMMUNICATIONS STATUS

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COMMUNICATIONS 4
COMMUNICATIONS STATUS

DIAGNOSTICS

02/02/2008 11:59 AM
DIAGNOSTICS 1
DIAGNOSTICS STATUS

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DIAGNOSTICS 2
DIAGNOSTICS STATUS

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DIAGNOSTICS 3
DIAGNOSTICS STATUS

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DIAGNOSTICS 4
DIAGNOSTICS STATUS

LOGS

02/02/2008 11:59 AM
LOG 1
LOG STATUS

02/02/2008 11:59 AM
LOG 2
LOG STATUS

02/02/2008 11:59 AM
LOG 3
LOG STATUS

02/02/2008 11:59 AM
LOG 4
LOG STATUS

REPORTS

02/02/2008 11:59 AM
REPORT 1
REPORT STATUS

02/02/2008 11:59 AM
REPORT 2
REPORT STATUS

02/02/2008 11:59 AM
REPORT 3
REPORT STATUS

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REPORT 4
REPORT STATUS

CONFIGURATION

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CONFIGURATION 1
CONFIGURATION STATUS

02/02/2008 11:59 AM
CONFIGURATION 2
CONFIGURATION STATUS

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CONFIGURATION 3
CONFIGURATION STATUS

02/02/2008 11:59 AM
CONFIGURATION 4
CONFIGURATION STATUS