



Emergency Stop

Equipment #	Location	Result
1	Behind Counter	● Pass
2	Circuit Breaker Box	
3	Outside Wall of Building	

Leak Detector

Equipment #	Grade	Pump Type	Result
1	Regular	Electronic (ELLD)	● Pass
2a	Premium	Electronic (ELLD)	● Pass
2b	Ethanol-Free Gasoline Plus	Electronic (ELLD)	● Pass
3a	Diesel	Electronic (ELLD)	● Pass
3b	Kerosene	Electronic (ELLD)	● Pass

Precision Line Tightness Test

Equipment #	Grade	Result
1	Regular	● Pass
2A	Premium	● Pass
2B	Ethanol-Free Gasoline Plus	● Pass
3A	Diesel	● Pass
3B	Kerosene	● Pass

Shear Valve

Form Name	Result
Shear Valve	● Pass

Spill Bucket Test (Hydro / Vacuum)

Equipment #	Grade	Spill Bucket Type	Wall Type	Result
1a	Regular	Spill Bucket: Fill	Double	● Pass
1b	Regular	Spill Bucket: Fill	Double	● Pass
2a	Premium	Spill Bucket: Fill	Double	● Pass
2b	Ethanol-Free Gasoline Plus	Spill Bucket: Fill	Double	● Pass
3a	Diesel	Spill Bucket: Fill	Double	● Pass
3b	Kerosene	Spill Bucket: Fill	Double	● Pass

UST / AST Monitor

Form Name	Result
UST / AST Monitor	● Pass



Nicholas Christina



Seth Boesel

**EMERGENCY STOP SWITCH
OPERATION INSPECTION**

Facility Name: Speedway		45158		Owner: 7-Eleven Stores, Inc	
Address: 7535 West Ridge Road			Address:		
City, State, Zip Code: Brockport		NY		14430	
City, State, Zip Code:					
Facility I.D. #: 8-601813			Phone #: 5853959533		
Testing Company: Owl Services USA			Phone #: 610-278-7203		Date: 2/24/2026
This procedure is to verify the operation of all emergency stop switches/buttons (E-stops). Each E-stop must disconnect power to dispensers, submersible turbine pumps (STPs) and all non-intrinsically safe electrical equipment in classified areas. Test each E-stop separately. See PEI/RP1200 Section 11 for the inspection procedure.					
E-stop Number or ID	1	2	3		
Location	Behind Counter	Circuit Breaker Box	Outside Wall of Building		
1. E-stops labeled and located where easily accessible?	<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
2. System fully powered and in normal operating condition?	<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. After activating E-stop, power disconnected from:					
3a. All dispensing devices on all islands?	<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
3b. All STPs for all fuel grades?	<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
3c. All power, control and signal circuits associated with the dispensing devices and the STPs?	<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
3d. All other non-intrinsically safe electrical equipment in classified areas surrounding fuel dispensing devices?	<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. All intrinsically safe electrical equipment remains energized after E-stop activation?	<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
5. After testing, E-stop has been reset and power reestablished to normal operating condition?	<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 lines 3a-3d 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	Pass <input type="checkbox"/> Fail	Pass <input type="checkbox"/> Fail

Comments:



Testing was conducted in accordance with PEI/RP1200

Seth Boesel



Tester's Name (print) _____ Tester's Signature _____

- 1 Behind Counter

- 2 Circuit Breaker Box

- 3 Outside Wall of Building

MECHANICAL AND ELECTRONIC LINE LEAK DETECTORS PERFORMANCE TESTS

Facility Name: Speedway	Owner: 7-Eleven Stores, Inc	
Address: 7535 West Ridge Road	Address:	
City, State, Zip Code: Brockport NY 14430	City, State, Zip Code:	
Facility I.D. #: 8-601813	Phone #: 5853959533	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/24/2026

This data sheet can be used to test mechanical line leak detectors (MLLD) and electronic line leak detectors (ELLD) with submersible turbine pump (STP) systems. See PEI/RP1200 Sections 9.1 and 9.2 for test procedures.

Line Number	1	2a	2b	3a	3b	
Product Stored	Regular	Premium	Ethanol-	Diesel	Kerosene	
Leak Detector Manufacturer	Franklin	Franklin	Franklin	Franklin	Franklin	
Leak Detector Model	INCON LSU	INCON LSU	INCON LSU	INCON LSU	INCON LSU	
Type of Leak Detector	<input type="checkbox"/> MLLD <input checked="" type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input checked="" type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input checked="" type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input checked="" type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input checked="" type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD

MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

STP Full Operating Pressure						
Check Valve Holding Pressure						
Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 psig)						
Step Through Time in Seconds (time the MLLD hesitates at metering pressure before going to full operating pressure as measured from 0 psig with no leak induced on the line)						
Metering Pressure (STP pressure when simulated leak rate 3 gph at 10 psig)						
Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped)						
Does the STP pressure remain at or below the metering pressure for at least 60 seconds when the simulated leak is induced?	<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
Does the leak detector reset (trip) when the line pressure is bled off to zero psig?	<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
Does the STP properly cycle on/off under normal fuel system operation conditions?	<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" answer to either of the above questions indicates the MLLD fails the test.

ELLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)

STP Full Operating Pressure	32	34	32	38	32	
How many test cycles are observed before alarm/shutdown occurs?	4	4	4	4	4	
Does the simulated leak cause an alarm?	<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
A "No" answer to the above question indicates the ELLD fails the test.						
Does the simulated leak cause an STP shutdown?	<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
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

Comments: Testing was conducted in accordance with PEI/RP1200

Tester Signature: 

Tester Name: Seth Boesel

Speedway
 7535 West Ridge Road
 Brockport
 NY 14430

Purpora Engineering
 Petro-Tite Line Tightness Test Form

Work Visit # 163012
 UST Registration #
 8-601813

IDENTIFY EACH LINE AS TESTED	TIME (MILITARY)	LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC.	PRESSURE		VOLUME			REMARKS
			PSI		READING		NET CHANGE	SIZE, LENGTH & TYPE OF LINE, #FLEX CONNECTORS, CONCLUSIONS
			BEFORE	AFTER	BEFORE	AFTER		
2A	15:01	Connected line tester to: Shear						Material <u>Fiberglass</u> Wall Type <u>Double</u> Line Length (feet) ²⁰⁰ Diameter (inches) ² Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(200 * 0)$ $+ (6 * 0.006) + 0.05 = 0.086$
Premium	15:11	Started line test		60		.1		
	15:21	Line Test Continued	60	60	.062	.062	0	
	15:31	Line Test Continued	60	60	.062	.062	0	
	15:41	Line Test Continued	60	60	.062	.062	0	
	15:42	Bleed Back	60	0	.062	.1	0.038	

Tests were made on the above line systems in accordance with test procedures prescribed for as detailed on attached test charts with the results as follows:

Line Identification	Meets Criteria (Yes/No)	Net Volume Change Per Hour	Date Tested
2A Premium	Yes	0	2/24/2026

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

 ab32a810
 Certification # _____

Notes:

Speedway
 7535 West Ridge Road
 Brockport
 NY 14430

Purpora Engineering
 Petro-Tite Line Tightness Test Form

Work Visit # 163012
 UST Registration #
 8-601813

IDENTIFY EACH LINE AS TESTED	TIME (MILITARY)	LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC.	PRESSURE		VOLUME			REMARKS
			PSI		READING		NET CHANGE	SIZE, LENGTH & TYPE OF LINE, #FLEX CONNECTORS, CONCLUSIONS
			BEFORE	AFTER	BEFORE	AFTER		
2B	15:02	Connected line tester to: Shear						Material <u>Fiberglass</u> Wall Type <u>Double</u> Line Length (feet) ²⁰⁰ Diameter (inches) ² Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(200 * 0)$ $+ (2 * 0.006) + 0.05 = 0.062$
Ethanol-	15:12	Started line test		60		.1		
	15:22	Line Test Continued	60	60	.05	.05	0	
	15:32	Line Test Continued	60	60	.05	.05	0	
	15:42	Line Test Continued	60	60	.05	.05	0	
	15:43	Bleed Back	60	0	.05	.1	0.05	

Tests were made on the above line systems in accordance with test procedures prescribed for as detailed on attached test charts with the results as follows:

Line Identification	Meets Criteria (Yes/No)	Net Volume Change Per Hour	Date Tested
2B Ethanol-	Yes	0	2/24/2026

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

 ab32a810
 Certification # _____

Notes:

Speedway
 7535 West Ridge Road
 Brockport
 NY 14430

Purpora Engineering
 Petro-Tite Line Tightness Test Form

Work Visit # 163012
 UST Registration #
 8-601813

IDENTIFY EACH LINE AS TESTED	TIME (MILITARY)	LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC.	PRESSURE		VOLUME			REMARKS
			PSI		READING		NET CHANGE	SIZE, LENGTH & TYPE OF LINE, #FLEX CONNECTORS, CONCLUSIONS
			BEFORE	AFTER	BEFORE	AFTER		
3A	15:03	Connected line tester to: Shear						Material <u>Fiberglass</u> Wall Type <u>Double</u> Line Length (feet) <u>200</u> Diameter (inches) <u>2</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(200 * 0)$ $+ (2 * 0.006) + 0.05 = 0.062$
Diesel	15:13	Started line test		60		.1		
	15:23	Line Test Continued	60	60	.055	.055	0	
	15:33	Line Test Continued	60	60	.055	.055	0	
	15:43	Line Test Continued	60	60	.055	.055	0	
	15:44	Bleed Back	60	0	.055	.1	0.045	

Tests were made on the above line systems in accordance with test procedures prescribed for as detailed on attached test charts with the results as follows:

Line Identification	Meets Criteria (Yes/No)	Net Volume Change Per Hour	Date Tested
3A Diesel	Yes	0	2/24/2026

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

 ab32a810
 Certification # _____

Notes:

Speedway
 7535 West Ridge Road
 Brockport
 NY 14430

Purpora Engineering
 Petro-Tite Line Tightness Test Form

Work Visit # 163012
 UST Registration #
 8-601813

IDENTIFY EACH LINE AS TESTED	TIME (MILITARY)	LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC.	PRESSURE		VOLUME			REMARKS
			PSI		READING		NET CHANGE	SIZE, LENGTH & TYPE OF LINE, #FLEX CONNECTORS, CONCLUSIONS
			BEFORE	AFTER	BEFORE	AFTER		
3B	15:50	Connected line tester to: Shear						Material <u>Fiberglass</u> Wall Type <u>Double</u> Line Length (feet) <u>20</u> Diameter (inches) <u>2</u> Pressure/Suction <u>Pressure</u> Allowable Bleedback $(PL \times Ba) + (FC \times Bb(.006)) + B(.05) = N$ $(20 \quad * \quad 0 \quad)$ $+ (1 \quad * \quad 0.006) + 0.05 = 0.056$
Kerosene	16:00	Started line test		60		.1		
	16:10	Line Test Continued	60	60	.07	.07	0	
	16:20	Line Test Continued	60	60	.07	.07	0	
	16:30	Line Test Continued	60	60	.07	.07	0	
	16:31	Bleed Back	60	0	.07	.1	0.03	

Tests were made on the above line systems in accordance with test procedures prescribed for as detailed on attached test charts with the results as follows:

Line Identification	Meets Criteria (Yes/No)	Net Volume Change Per Hour	Date Tested
3B Kerosene	Yes	0	2/24/2026

CONTRACTOR CERTIFICATION

Technician:
 Seth Boesel

 ab32a810
 Certification # _____

Notes:

SHEAR VALVE OPERATION INSPECTION

Facility Name: Speedway	Owner: 7-Eleven Stores, Inc
Address: 7535 West Ridge Road	Address
City, State, Zip Code: Brockport NY 14430	City, State, Zip Code:
Facility I.D. #: 8-601813	Phone #: 5853959533
Testing Company: Owl Services USA	Phone #: 610-278-7203

This data sheet is for inspecting shear valves located inside dispensers. See PEI/RP1200 Section 10 for the inspection procedure.

Product Grade	Diesel	Ethanol-	Premium	Regular	Premium	Regular	Premium	Regular	Premium
Dispenser ID#	1/2	1/2	1/2	1/2	3/4	3/4	5/6	5/6	7/8
Shear Valve Type (Product/Vapor)	Product	Product	Product	Product	Product	Product	Product	Product	Product
1. Is the shear valve rigidly anchored to the dispenser box frame or dispenser island?	<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 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
2. Is the shear section positioned between 1/2 inch above or below the top surface of the dispenser island?	<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 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
3. Is the lever arm free to move?	<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 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
4. Does the lever arm snap shut the poppet valve?	<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 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
5. Can any product be dispensed when the product shear valve is closed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA

A "No" to Lines 1-4 or a "Yes" for Line 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 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
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Comments:

Tester's Name (print) Seth Boesel Tester's Signature  2/24/2026

Testing was conducted in accordance with PEI/RP1200

SHEAR VALVE OPERATION INSPECTION

Facility Name: Speedway	Owner: 7-Eleven Stores, Inc
Address: 7535 West Ridge Road	Address
City, State, Zip Code: Brockport NY 14430	City, State, Zip Code:
Facility I.D. #: 8-601813	Phone #: 5853959533
Testing Company: Owl Services USA	Phone #: 610-278-7203

This data sheet is for inspecting shear valves located inside dispensers. See PEI/RP1200 Section 10 for the inspection procedure.

Product Grade	Regular	Premium	Regular	Diesel	Ethanol-	Premium	Regular	Kerosene	
Dispenser ID#	7/8	9/10	9/10	11/12	11/12	11/12	11/12	13	
Shear Valve Type (Product/Vapor)	Product	Product	Product	Product	Product	Product	Product	Product	
1. Is the shear valve rigidly anchored to the dispenser box frame or dispenser island?	<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 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
2. Is the shear section positioned between 1/2 inch above or below the top surface of the dispenser island?	<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 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
3. Is the lever arm free to move?	<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 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
4. Does the lever arm snap shut the poppet valve?	<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 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
5. Can any product be dispensed when the product shear valve is closed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

A "No" to Lines 1-4 or a "Yes" for Line 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 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:

Tester's Name (print) Seth Boesel Tester's Signature  2/24/2026

Testing was conducted in accordance with PEI/RP1200

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

Facility Name: Speedway	45158	Owner: 7-Eleven Stores, Inc
Address: 7535 West Ridge Road		Address:
City, State, Zip Code: Brockport NY 14430		City, State, Zip Code:
Facility I.D. #: 8-601813		Phone #: 5853959533
Testing Company: Owl Services USA		Phone #: 800-646-3161
		Date: 2/24/2026

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	1a Primary	1b Primary	2a Primary	2b Primary	3a Primary	3b Primary
Product Stored	Regular	Regular	Premium	Ethanol-Free	Diesel	Kerosene
Spill Bucket Capacity	5	5	5	5	5	5
Manufacturer	OPW 5 gallon	OPW 5 gallon	OPW 5 gallon	OPW 5 gallon	OPW 5 gallon	OPW 5 gallon
Construction	<input type="checkbox"/> Single-walled <input checked="" type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input checked="" type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input checked="" type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input checked="" type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input checked="" type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input checked="" type="checkbox"/> Double-walled
Test Type	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No water ingress, 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Drain valve 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Spill Bucket Depth	16 "	16 "	16 "	16 "	16 "	16 "
Starting Level	16 "	16 "	16 "	16 "	16 "	16 "
Test Start Time	02:00pm	02:01pm	02:02pm	02:03pm	02:04pm	02:05pm
Ending Level	16 "	16 "	16 "	16 "	16 "	16 "
Test End Time	03:00pm	03:01pm	03:02pm	03:03pm	03:04pm	03:05pm
Test Period	60 minute(s)	60 minute(s)	60 minute(s)	60 minute(s)	60 minute(s)	60 minute(s)
Level Change	0 "	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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments:^{1a}
 1b _____
 2a _____
 2b _____
 3a _____
 3b _____

*All liquids and debris must be disposed of properly.

Tester's Name (print) Seth Boesel Tester's Signature 

**AUTOMATIC TANK GAUGE
OPERATION INSPECTION**

Facility Name: Speedway	Owner: 7-Eleven Stores, Inc
Address: 7535 West Ridge Road	Address:
City, State, Zip Code: Brockport NY 14430	City, State, Zip Code:
Facility I.D. #: 8-601813	Phone #: 5853959533
Testing Company: Owl Services USA	Phone #: 800-646-3161 Date: 2/24/2026

This procedure is to determine whether the automatic tank gauge (ATG) is operating properly. See PEI/RP1200 Section 8.2 for the inspection procedure. This procedure is applicable to tank level monitor probes that touch the bottom of the tank when in place.

Tank Number	1	2A	2B	3A
Product Stored	Regular	Premium	Ethanol-Free	Diesel
ATG Brand and Model	Franklin Fueling TS-550	Franklin Fueling TS-550	Franklin Fueling TS-550	Franklin Fueling TS-550
1. Tank Volume, gallons	20000	8000	7000	6000
2. Tank Diameter, inches	120	92	92	92
3. The ATG probe was removed from the tank and inspected for damage and residual buildup.	<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
4. Float moves freely on the stem without binding?	<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
5. Fuel float level agrees with the value programmed into the console?	<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
6. Water float level agrees with the value programmed into the console?	<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
7. Inch level from bottom of probe when 90% alarm is triggered.	82	82	82	82
8. Inch level at which the overfill alarm activates corresponds with value programmed in the gauge?	<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
9. Inch level from the bottom when the water float first triggers an alarm.	2	2	2	2
10. Inch level at which the water float alarm activates corresponds with value programmed in the gauge?	<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

If any answers in Lines 3, 4, 5, or 6 are "No," the system has failed the test.

If internal ATG battery backup is present, was it functional per manufacturer's specifications. Yes No None

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
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Comments:

Tester's Name (print) Seth Boesel

Tester's Signature



**AUTOMATIC TANK GAUGE
OPERATION INSPECTION**

Facility Name: Speedway	Owner: 7-Eleven Stores, Inc		
Address: 7535 West Ridge Road	Address:		
City, State, Zip Code: Brockport NY 14430	City, State, Zip Code:		
Facility I.D. #: 8-601813	Phone #: 5853959533		
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/24/2026	

This procedure is to determine whether the automatic tank gauge (ATG) is operating properly. See PEI/RP1200 Section 8.2 for the inspection procedure. This procedure is applicable to tank level monitor probes that touch the bottom of the tank when in place.

Tank Number	3B			
Product Stored	Kerosene			
ATG Brand and Model	Franklin Fueling TS-550			
1. Tank Volume, gallons	6000			
2. Tank Diameter, inches	92			
3. The ATG probe was removed from the tank and inspected for damage and residual buildup.	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Float moves freely on the stem without binding?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Fuel float level agrees with the value programmed into the console?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Water float level agrees with the value programmed into the console?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Inch level from bottom of probe when 90% alarm is triggered.	82			
8. Inch level at which the overfill alarm activates corresponds with value programmed in the gauge?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Inch level from the bottom when the water float first triggers an alarm.	2			
10. Inch level at which the water float alarm activates corresponds with value programmed in the gauge?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any answers in Lines 3, 4, 5, or 6 are "No," the system has failed the test.

If internal ATG battery backup is present, was it functional per manufacturer's specifications. Yes No None

Test Results Pass Fail Pass Fail Pass Fail Pass Fail

Comments:

Tester's Name (print) Peth Boesel

Tester's Signature



LIQUID SENSOR FUNCTIONALITY TESTING

Facility Name: Speedway	Owner: 7-Eleven Stores, Inc	
Address: 7535 West Ridge Road	Address:	
City, State, Zip Code: Brockport NY 14430	City, State, Zip Code:	
Facility I.D. #: 8-601813	Phone #: 5853959533	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/24/2026

This procedure is to determine whether liquid sensors located in the interstitial space of UST systems are able to detect the presence of water and fuel. See PEI/ RP1200 Section 8.3 for the test procedure.

Sensor Location	1 STP Sump	2A STP Sump	2B STP Sump	3A STP Sump	3B STP Sump		
Product Stored	Regular	Premium	Ethanol-	Diesel	Kerosene		
Type of Sensor	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating
Test Liquid	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product
Is the ATG console clear of any active alarms regarding any leak sensors? If the sensor is in alarm and functioning, indicate why.	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor alarm circuit operational?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has sensor been inspected and in good operating condition?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
When placed in the test liquid, does the sensor trigger an alarm?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
When an alarm is triggered, is the sensor properly identified on the ATG console?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any "No" answers 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 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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Comments:

Tester's Name (print) Seth Boesel Tester's Signature 

LIQUID SENSOR FUNCTIONALITY TESTING

Facility Name: Speedway	Owner: 7-Eleven Stores, Inc	
Address: 7535 West Ridge Road	Address:	
City, State, Zip Code: Brockport NY 14430	City, State, Zip Code:	
Facility I.D. #: 8-601813	Phone #: 5853959533	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/24/2026

This procedure is to determine whether liquid sensors located in the interstitial space of UST systems are able to detect the presence of water and fuel. See PEI/ RP1200 Section 8.3 for the test procedure.

Sensor Location	1 Tank Interstitial	Dies/Kero INT Tank Interstitial	Pre/ETH Free Tank Interstitial				
Product Stored	Regular	Diesel /	Premium /				
Type of Sensor	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input type="checkbox"/> Non-discriminating
Test Liquid	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product	<input type="checkbox"/> Water <input type="checkbox"/> Product
Is the ATG console clear of any active alarms regarding any leak sensors? If the sensor is in alarm and functioning, indicate why.	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor alarm circuit operational?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has sensor been inspected and in good operating condition?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When placed in the test liquid, does the sensor trigger an alarm?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When an alarm is triggered, is the sensor properly identified on the ATG console?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any "No" answers 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 type="checkbox"/> Pass <input type="checkbox"/> Fail	<input 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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Comments:

Tester's Name (print) Seth Boesel Tester's Signature 

LIQUID SENSOR FUNCTIONALITY TESTING

Facility Name: Speedway	Owner: 7-Eleven Stores, Inc	
Address: 7535 West Ridge Road	Address:	
City, State, Zip Code: Brockport NY 14430	City, State, Zip Code:	
Facility I.D. #: 8-601813	Phone #: 5853959533	
Testing Company: Owl Services USA	Phone #: 800-646-3161	Date: 2/24/2026

This procedure is to determine whether liquid sensors located in the interstitial space of UST systems are able to detect the presence of water and fuel. See PEI/ RP1200 Section 8.3 for the test procedure.

Sensor Location	Dispenser 1/2	Dispenser 3/4	Dispenser 5/6	Dispenser 7/8	Dispenser 9/10	Dispenser 11/12	Dispenser 13
Product Stored	Regular, Plus, Premium, Diesel,	Regular, Plus, Premium	Regular, Plus, Premium	Regular, Plus, Premium	Regular, Plus, Premium	Regular, Plus, Premium, Ethanol-	Kerosene
Type of Sensor	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating
Test Liquid	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Product
Is the ATG console clear of any active alarms regarding any leak sensors? If the sensor is in alarm and functioning, indicate why.	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor alarm circuit operational?	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has sensor been inspected and in good operating condition?	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
When placed in the test liquid, does the sensor trigger an alarm?	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
When an alarm is triggered, is the sensor properly identified on the ATG console?	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Any "No" answers indicates a test failure.

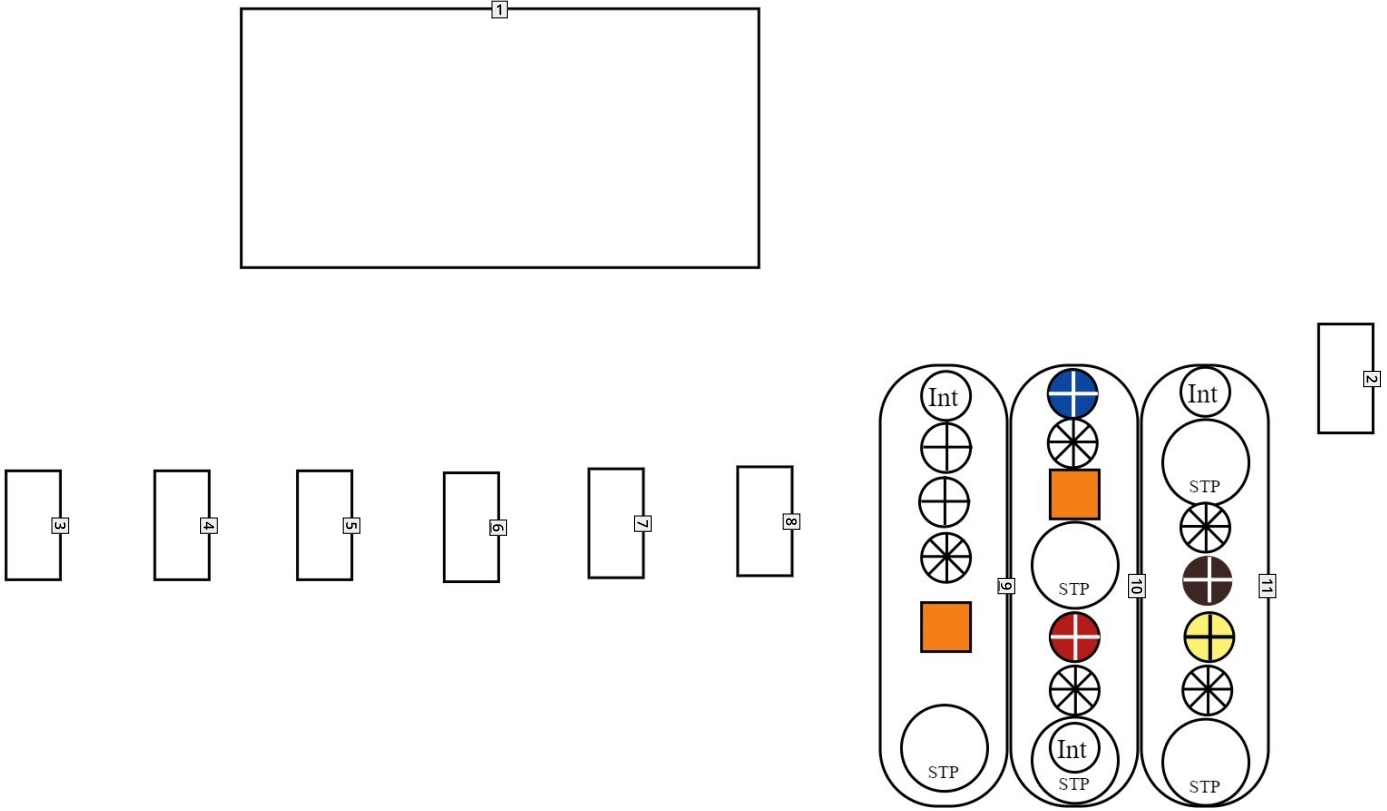
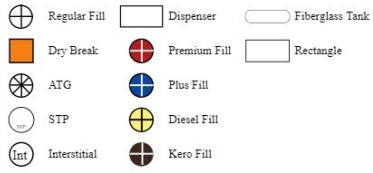
Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input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

Tester's Name (print) Seth Boesel Tester's Signature 



Diagram - Site Diagram (v1)



1: Rectangle - SPEEDWAY
2: Dispenser - KERO
3: Dispenser - 11/12
4: Dispenser - 9/10
5: Dispenser - 7/8
6: Dispenser - 5/6

7: Dispenser - 3/4
8: Dispenser - 1/2
9: Fiberglass Tank - REGULAR
10: Fiberglass Tank - PREM/PLUS
11: Fiberglass Tank - KERO/DIESEL



Visit Verification

CUSTOMER
 7-Eleven Stores, Inc

LOCATION
 #45158
 7535 West Ridge Road
 Brockport, NY 14430

CONTACT
 7-Eleven Stores, Inc

SCHEDULED
 02/24/2026 12:00am (EST)

ASSIGNED TO
 Nicholas Christina, Seth Boesel

SERVICE REASON
 Compliance

PRODUCTS & SERVICES

Item	Qty
Combos	
All Lines and Leak Detectors	5.00
Services	
Monitor System Inspection Automatic Tank Gauging System / Monitor System Inspection	1.00
Spill Buckets Spill Bucket Testing	6.00
All Shear Valves	5.00
Emergency Stop Inspection	1.00

CONFIRMATION

By signing this verification you are agreeing that we have performed and/or provided services and parts listed above.

Approver's Name
 Ndbbd

Email

Signature Status
 Captured