

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

Test Date	4/22/202	24	Owner Nar	me		National	Oil & Gas I	NC
Location Name:	Junction Food	l Mart	Owner Add	dress		2829	E IN-124	
Location Address:	900 IN-52	24	Owner City	//State:		Bluffto	on, Indiana	
Location City/State:	Lagro, Indi	ana	Owner Zip	:		4	6714	
Location Phone:	(260)782-2	596						
Location Contact:	Michael Str	eet						
This procedure is to	test the leak integrity o	f single- and	double-walled	d spill buckets.	. See PEI/F	RP1200 Section	on 6.2 for l	nydrostatic test
			method					"
Tank Number	4							
Product Stored	Kerosene							
Spill Bucket Capacity	5 gallons							
Manufacturer	OPW							
Construction	Composite							
Test Type	Hydrostatic							
Spill Bucket Type	Single walled							
Liquid and debris removed from spill bucket?	Yes							
Visual Inspection	Yes							
Riser Cap included in inspection?	Yes							
Drain valve included in test?	N/A							
Starting Level	10"							
Test Start time	1:45pm							
Ending level	10"							
Test ending time	2:45pm							
Test period	1 hour							
Level Change	0							
	t pass vision inspection east 26 inches water co						-	d only: Maintain
Test Results:	Pass							
Comments:								
The same of the sa	nald J. Wright	,		COLUMN TWO IS NOT THE OWNER, THE	ald J. W <sup>*</sup> rig			
Certified In:			Certified Insta UST Num		ature	UC1135	40	

C Store Services LLC / Phone: 260-227-1306 / Email: cstoreservicesllc@gmail.com



## UST Overfill Equipmet Testing Overfill prevention valve and ball float

Test Date		4/22/2024	Owner Name		National Oi	& Gas				
Location Name:		Junction Food Mart	Owner Address		2829 E, IN-124					
Location Addres	55:	900 IN 524	Owner City/Sta	te:	Bluffton, Indiana					
Location City/St	ate:	Lagro, Indiana	Owner Zip:		46714					
Location Phone:		(260)782-2596								
Location Contac	:t:	Michael Street								
This data shee	t is for inspection	on automatic shutoff devi	ces and ball float val-	ves. See PEI/RP12	200 Section 7 for in	spection procedures				
Product										
Grade	Kerosene		- 1		I					
Tank	_				_					
Number	4		- 1		1					
Tank		_			_					
Volume	1000									
(Gallons)						1				
Tank										
Diameter	63"	1			1					
Inches					-					
	Emco									
Overfill	Emco									
device brand					-					
Туре	A1100		- 1		I .					
Thop Tulie					T					
removed from	Yes									
Drop tube and										
float free from	Yes	- 1								
debris i		_								
Float and poppet move freely?	Yes		1							
Sypass valve open					_					
and free of	Yes									
blockaje?	(0.072)									
Flapper set to	Yes									
shut off at 95%?	162									

Citione Services LLC / Phone: 260-227-1306 / Email: estorcscrvicesife@pmail.com

ank fitting vapor tight and leak fixe?  Ball float cage fixe of debiss?  Ball float cage of the lose and unoves fixed?  N/A  Vent lose in pipe open and near top of tank?  Ball float set to restriction at 900%  Test Results  Pass  Comments: Overfill prevention valve			Ban	l Float Inspection		
free of debris?  N/A  Salt free of holes of mores freely?  N/A  Vent hole in pipe open and rear top of tank?  Built float set to restrict flow at 90%?  Fest Results  Pass		N/A				
nd noves freely?  Vent fole in pipe spen and sear top of dunit?  Build floatest to restrict tow at 90%?  Test Results  Pass		N/A				
open and near top of tank!  Bell filastset to restrict flow at 90%?  Test Results  Pass		N/A				
restriction at N/A 90%?  Test Results Pass	en and near	N/A				
	trict flow at	N/A				
		A "I	vo" on any of the pr	revious 5 lines indicates	a test failure.	
Comments: Overfill prevention valve	t Results	Pass				
** If a ball fl						
	facturer's suggested procedure for •• If a ball float is found to fai nufacturer's suggested procedure I	s found to fai	l in ins	pection, another	metho	method of overfill must b

UST Number: UC113540



## UST Overfill Equipmet Testing Overfill prevention valve and ball float

Test Date			6/10/2024	Owner Nar	Owner Name		National Oil 8	Gas Inc.		
Location Name:		Jur	ction Food Mart	Owner Add	Owner Address		2829 IN 124			
Location Addres	is:		900 IN 524	Owner City/State:		Bluffton, Indiana				
Location City/St	ate:		Lagro, Indiana Owne				46714			
Location Phone:		(	260)782-2596							
Location Contac	t:	1	Michael Street							
This data shee	t is for in	spection au	tomatic shutoff devices	and ball floa	t valves. See	PEI/RP120	0 Section 7 for in	spection procedures.		
Product Grade	Unle	aded	Premium		Diesel					
Tank Number	:	1	2		3					
Tank Volume (Gallons)	80	100	6000		4000					
Tank Diameter (Inches)	96	5"	96"		96"					
Overfill device brand	EM	ico	EMCO		EMCO					
Туре	A1:	100	A1100		A1100					
=										
Drop Tube removed from tank?	Ye	es	Yes		Yes					
Drop tube and float free from debris?	Ye	es	Yes		Yes					
Float and poppet move freely?	Ye	es	Yes	·	Yes					
Bypass valve open and free of blockage?	Ye	es	Yes		Yes		·			
Flapper set to shut off at 95%?	Ye	es	Yes		Ye	es				

C Store Services LLC / Phone: 260-227-1306 / Email: cstoreservicesllc@gmail.com

		Ball Float Inspe	ection	
Tank fitting vapor- tight and leak free?	N/A	N/A	N/A	
Ball float cage free of debris?	N/A	N/A	N/A	
Ball free of holes and moves freely?	N/A	N/A	N/A	
Vent hole in pipe open and near top of tank?	N/A	N/A	N/A	
Ball float set to restrict flow at 90%?	N/A	N/A	N/A	
	А	"No" on any of the previous 5 lin	es indicates a test failure	e.
Test Results	Pass	Pass	Pass	

Renald J. Wright
Certified Installers Signature

UC113540

UST Number:

Ronald J. Wright
Certified Installers Name (Print)

Walkthrough Inspection Form Facility Name. TurcTIa 16371 Facility Address: Year: 2024 Facility City: Contact Name (print): TOSH ColCI-S Contact Number Instructions: No later than October 13, 2018, owners and operators of underground storage tank (UST) systems shall complete this form on a monthly and an annual basis. The form shall be maintained for one year (based upon the date of the annual walkthrough inspections) and shall be made available to BUSTR within one business day of a request. Spill prevention equipment at UST systems receiving deliveries at intervals greater than 36-days may be checked prior to each delivery. Parts of this form may not apply to containment sumps installed prior to March of 2005. See paragraph (E)(4) of rule 1301:7-9-06 of the Ohio Administrative Code for further information If the task does not apply, check 'not applicable' (N/A). Monthly Walkthrough Inspections: Each Det month, place a check in the corresponding box to affirm the task was completed. 1-Visually check spill prevention equipment for damage. Remove liquid and debris. 2-Check for and remove obstructions in the 3-Check the fill cap to-make sure it is securely on the fill pipe. 4-Make sure the release detection. equipment is operating with no alarms or other unusual operating conditions present 5 Ensure records of release detection testing are reviewed and current. ... 6-For double walled spill prevention equipment with interstitial monitoring, check for a leak in the interstitiel area. 7-For airport hydrant systems, check hydrant pits and vaults. Annual Walkthrough Inspections: Once a year, record the date the task was completed. 8-Visually check containment sumps for damage. 9-Visually check containment sumps for leaks or releases to the environment. 10-Remove liquid or debris from containment sumps.

Comments: (Record unusual conditions and explain actions taken to address issues. Attached supplemental pages if needed.)

11-Check hand held devices such as tank gauge sticks for operability and serviceability

13. For airport hydrant systems, check hydrant pits and vaults of located in confined space)

12 For double walled containment sumps with interstitial monitoring, sheek for a leak in the interstitial area

Walkthrough Inst	pection F	orm
------------------	-----------	-----

Facility Name: \$\frac{1}{2}UNCTAL					Faoil	ity Num	ber:	1	63	7	,	CE	10	
Facility Address: 6524 . 4-5c	4			Year: 2023										
Facility City: LH60a		IN							4714		The same			
Contact Name (print): Josh Collins			1	Contac	a Num	ber: 26	30-4	66-	9880	)	182			
Instructions: No later than October 13, 20 complete this form on a monthly and an at of the annual walkthrough inspections) and  Spill-prevention equipment at UST to each delivery.  Parts of this form may not apply to 1301:7-9-06 of the Ohio Administratif the task does not apply, check not apply.	system	be ma	ving de	illable liveries	to BU	STR wi	thin o	ne bu than 3	year (i siness iO-day:	day of	a rec	west.	rior	
Monthly Walkthrough Inspections: Each month, place a check in the corresponding box o affirm the task was completed.	NA	Jan	Feb	Mar	Apr	May	Jun	INC	Aug	Sep	Oct	Nov	Dec	
1-Visually check spill prevention equipment for damage. Remove liquid and debris.		D	D	M	M	D	Ø	Ø	M	Ø	卤	M	V	
2 Check for and remove obstructions in the		口	Ø	A		屯	卤	Ø	0	Q	V	10	区	
3-Check the fill cap to make sure it is securely on the fill pipe.		D	19	M		D		山	0	0	D	1	Z	
I-Make sure the release detection; equipment is operating with no alarms or other unusual operating conditions present.		B	B	4	4	9	向	100	0	4	À	0	K	
Ensure records of release detection esting are reviewed and current.		Q	100	B	8	中	国	10	O	中	B	10	X	
For double walled spill prevention quipment with interstitial monitoring, check or a leak in the interstitial area.	凶		D)	d	位	8	ğ	W	0	0	四四	P	L	
For airport hydrant systems, check drant pits and vaults.	匈											D		
nual Walkthrough Inspections: Once a ye	ear, re	cord ti	ne dat	e the t	ask w	is con	plete	d.		N/A		Date	3	
/isually check containment sumps for dama	ge.										14	- 27		
isually check containment sumps for leaks	or rele	ases to	the e	nviron	ment				-		4	15	3	
Remove liquid or debris from containment s	-			A Company			-		-	F			-	
Check hand held devices such as tank gauge	-	2000	-	STATE STREET,	NAME OF THE OWNER	10 hitergraphic Victoria		-		V	1		7	
For double walled containment sumps with	de la company			Orange market and	and part of the later of the la	-	Activities and the state of	distinctive comments	2108.	IV				
or airport hydrant systems, check hydrant	pits an	d vault	s (if lo	cated	n conf	ined s	pace).			IV	V -		-	

Comments: (Record unusual conditions and explain actions taken to address assues. Attached supplemental pages if needed.)