#### Certificate of Insurance

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Premium
STP-418555	07/01/2022	07/01/2023	\$1,200

Named Insured and Mailing Address:

TULC LLC 3025 N Saint Joseph Ave. Evansville IN 47720 Name of Insurer:

Crum & Forster Specialty Insurance Company or FMIC

305 Madison Avenue Morristown, NJ 07960

#### CERTIFICATE:

1. Crum & Forster Specialty Insurance Company, the 'Insurer', as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

#### Per Attached Scheduled Locations and Scheduled Storage Tank(s) Systems

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are: \$30,000 Each Occurrence and: \$30,000 Annual Aggregate Policy Limit, exclusive of legal defense costs which are subject to a separate limit under the Policy. This coverage is provided under Policy Number: STP-418555. The effective date of said policy is: 07/01/2022.

- 2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
  - a. Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
  - b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 329 IAC 9-8-6 through 329 IAC 9-8-12.
  - c. Whenever requested by the Indiana Department of Environmental Management (IDEM) commissioner, the Insurer agrees to furnish to the IDEM commissioner a signed duplicate original of the policy and all endorsements
  - d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the Insured.
  - e. The insurance covers claims otherwise covered by the Policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such an extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 329.IAC 9-8-8 (6)(2) and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess lines insurer, in one or more states.

Josh Bowen, Senior Vice President

Authorized representative of Crum & Forster Specialty Insurance Company 305 Madison Avenue Morristown, NJ 07960

CFSTP FR CERT-IN Page 1 of 2

### Crum & Forster Storage Tank Policy Schedule of Locations and Storage Tanks

Effective as of 07/01/2022

Attached to and forming part of Policy STP-418555

	Storage Tank System(s)								
Tank#	Insured Site	Type UST/AS T	Install Date	Capacity (Gallons)	Contents	Deductible	Retro Date		
1	Location 3025 N Saint Joseph Ave. Evansville, IN 47720	UST	1997	15,000	Gasoline	\$0	7/1/2014		
2	Location 3025 N Saint Joseph Ave. Evansville, IN 47720	UST	1997	10,000	Gasoline	\$0	7/1/2014		

CFSTP FR CERT-IN Page 2 of 2

Hinderliter Testing and Compliance 3601 N. St. Joseph Avenue Evansville, Indiana 47720



#### **UST Overfill Prevention Device Test**

1. UST Facility Information												
Agency Interest Number (AI)	7170	7170										
UST Facility Name	Alway	s Oper	)									
LICT Facility Dhysical Address	Street A	\ddress: ;	3025 N	orth St	. Josep	h Ave						
UST Facility Physical Address	City: E	/ansvill	е	(	County: <b>V</b>	anderb	ourgh		Zip Cod	de: <b>477</b> 2	:0	
	2. Test Information											
Test Date	9/20/2	/20/2022										
Reason for Test (mark only one)	☐ New	Install (v	vithin 30 c	lays of br	inging into	service)		Routin	e (every 3	6 months	)	
Troubstition Tool (mark only only)	Repa	air <i>(within</i>	30 days)									
3. Test Details (Attach additional pages as necessary)												
Tank Number / Product Type	Unlead	ded	Premi	um								
Overfill Prevention Device Type  Automatic Shut-Off Device – ASD High-Level Alarm – HLA Ball Float Valve – BFV	■ AS □ HL □ BF	Α	■ ASD □ HLA □ BFV		HL	☐ ASD ☐ HLA ☐ BFV		☐ ASD ☐ HLA ☐ BFV		SD .A :V	☐ ASD ☐ HLA ☐ BFV	
Tank Capacity (gallons)	15,0	000	10,	000								
Tank Diameter (inches)	9	6	9	6								
1. Device Removed	■ Yes	□No	■ Yes	□No	☐ Yes	☐ No	☐ Yes	□No	☐ Yes	☐ No	☐ Yes	□No
2. No Damage Present	■ Yes	□ No	■ Yes	□ No	☐ Yes	☐ No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No
3. Clean & Free of Debris	■ Yes	□ No	■ Yes	□ No	☐ Yes	☐ No	☐ Yes	□No	☐ Yes	□ No	☐ Yes	□No
4. Activation Mechanism Moves Freely	■ Yes	□No	■ Yes	□No	☐ Yes	□No	☐ Yes	□No	☐ Yes	□ No	☐ Yes	□No
5. Device Activation Level Measured	■ Yes	□ No	■ Yes	☐ No	☐ Yes	■ No	☐ Yes	□ No	☐ Yes	☐ No	☐ Yes	☐ No
6. Activation Level is At or Below Regulatory Limit	■ Yes	□No	☐ Yes	■ No	☐ Yes	□No	☐ Yes	□No	☐ Yes	□No	☐ Yes	□No
Activation Level of Device (%)	95	<b>5</b> %	98	3 %		%		%		%		%
Criteria: If "No" was answered in any one of	of the item	ns (1 thro	ugh 6) ab	ove, the	test indic	ates a fa	il.					
Device Test Results	■ Pass	☐ Fail	☐ Pass	■ Fail	☐ Pass	☐ Fail	☐ Pass	☐ Fail	☐ Pass	☐ Fail	☐ Pass	☐ Fail
			4.	Attachn	nents							
Both ASD's failed correct shutoff level. Installed new ASD in RUL and set at 95% once ball float was removed. PUL spill bucket failed, did not install new ASD. ASD will be installed when spill bucket is replaced.												

1. Certification								
I certify that all the information provided on this document is true, accurate, and complete.								
	Printed	Tristan Martin						
Tester Certification	Signature	Tristan M	Date	9/20/2022				
License	Number: U	C107991	Expiration Date: 3/31/2023					
Certification Type (mark all that apply)	☐ Test Equ	uipment Manufacture	er Recommended Practice	Other (spe	cify):			
Contact Information	Phone: (81	2)425-4137	Email: tmartin@hci4.com					
Company Name	Hinderliter (	Hinderliter Construction						

Hinderliter Construction, Inc. 3601 N Saint Joseph Ave. Evansville, IN 47720

#### **UST Overfill Prevention Device Test**

		a talang sa	· UCT			**************************************						
			i. UST	Facility	Informa	tion				ngna aga.		
Agency Interest Number (AI)	7117	10										
UST Facility Name	Alu	ays	Оре	<u>'</u> '								
UST Facility Physical Address	Street	Address:	3026	5 N	5 <del>1</del> J	ose pr		<u>e</u>	1			
	City:	Evan	<u>sville</u>	2	County: 1	Vano	lerbi	argh	Zip Co	de:	<u>- 477</u>	<u>720</u>
			2. T	'est Info	rmation							
Test Date	9/20	9122122										
Reason for Test (mark only one)	⊠ Nev	v Install (	within 30 (	days of bi	ringing inte	o service)		☐ Routin	ne <i>(every</i> 3	36 months	s)	
	Rep	air <i>(withi</i> i	n 30 days,	) 3. 2000-0.14. 1- 1	n a washing in the	va vanen kõnka			es e e naveliera	NAME (DATE NO	tija, kvest i v	1173 X 1334
	3. Test Details (Attach additional pages as necessary)											
Tank Number / Product Type	Pre	m,										
Overfill Prevention Device Type  Automatic Shut-Off Device – ASD High-Level Alarm – HLA Ball Float Valve – BFV	[X] ASD ☐ HLA		□ AS □ HL □ BF	LA	☐ ASD ☐ HLA ☐ BFV		☐ ASD ☐ HLA ☐ BFV		☐ ASD ☐ HLA ☐ BFV		☐ ASD ☐ HLA ☐ BFV	
Tank Capacity (gallons)	10,0	10,000										
Tank Diameter (inches)	92'	1										
1. Device Removed	[⊠ Yes	□ No	☐ Yes	☐ No	☐ Yes	□No	☐ Yes	☐ No	☐ Yes	□ No	☐ Yes	□ No
2. No Damage Present	( <b>⊠</b> Yes	□ No	☐ Yes	□ No	☐ Yes	☐ No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No
3. Clean & Free of Debris	[A] Yes	□ No	☐ Yes	□No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□No
4. Activation Mechanism Moves Freely	<b>⊠</b> Yes	□No	☐ Yes	□No	☐ Yes	□ No	☐ Yes	□No	☐ Yes	□ No	☐ Yes	□ No
5. Device Activation Level Measured	<b>l∑</b> -Yes	□ No	☐ Yes	□ No	☐ Yes	☐ No	☐ Yes	□No	☐ Yes	□ No	☐ Yes	□No
Activation Level is At or Below Regulatory Limit	<b>Ø</b> -Yes	□No	☐ Yes	□No	☐ Yes	□No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No
Activation Level of Device (%)	95	%		%		%		%		%		%
Criteria: If "No" was answered in any one	of the iten	ns (1 thro	ugh 6) at	ove, the	test indic	ates a fa	il.					
Device Test Results	🍂 Pass	☐ Fail	☐ Pass	☐ Fail	☐ Pass	☐ Fail	☐ Pass	☐ Fail	☐ Pass	☐ Fail	☐ Pass	☐ Fail
			4.	Attachn	nents							
☐ I have attached photographs documen	ting the ov	/erfill dev	ice was r	emoved	and set to	o activate	at the ap	propriate	e level.			
Comments					yezidi di asilika da 14 da da			<del></del>				

#### 7170

	1. Certification				
I certify that all the information provided	on this document is true, accurate, and complete.				
Tester Certification	Printed Devon Giles				
rester Certification	Signature Date 9/122/22				
License IR9724244	Number: R00091900000000000000000000000000000000				
Certification Type (mark all that apply)	☐ Test Equipment Manufacturer ☐ Recommended Practice ☐ Other (specify): State				
Contact Information	Phone: (812)425-4137 Email:				
Company Name	Hinderliter Construction, Inc				
If you have questions on how to fill out this UST facility records please visit <a href="http://eec.k">http://eec.k</a>	form please contact the cabinet at (502) 564-5981 or visit our web site at <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a> . For copies of				





## Hinderliter Compliance and Testing 3601 N. St. Joseph Avenue Evansville, Indiana 47720



#### **UST Containment Device Test**

1. UST Facility Information									
Agency Interest Number (AI)	7170								
UST Facility Name	Always Open	Always Open							
LICT Facility Dissolved Address	Street Address: 3025 North St. Joseph Ave								
UST Facility Physical Address	City: Evansville	County: Vanderb	urgh Zip Code: 47720						
2. Test Information									
Reason for Test (indicate UST system	Required Periodic Test	☐ New Installation	☐ DEP Directed						
for all that apply)	☐ Suspected Release	☐ Repair	☐ Other (specify)	) <i>:</i>					
Test Equipment	Shop Vac, Water								
T4 88-41	☐ Vacuum (must attach te	st equipment manufacturer's	data sheet)						
Test Method	■ Hydrostatic (only for sin	gle walled devices)	Other (specify):						
3. Testing Data and Results (List tank information for up to four (4) spill containment devices; attach additional pages as necessary)									
Test Date	9/20/2022								
Tank ID Number / Product Type	Unleaded	Premium							
Dispenser Number (e.g., 1/2, 3/4, etc.)									
Containment Device Type	■ Spill Bucket □ Catch Basin □ UDC □ Sump	■ Spill Bucket  □ Catch Basin □ UDC □ Sump	☐ Spill Bucket ☐ Catch Basin ☐ UDC ☐ Sump	☐ Spill Bucket ☐ Catch Basin ☐ UDC ☐ Sump					
	■ Direct Bury	■ Direct Bury	Direct Bury	Direct Bury					
Installation Type	☐ Contained in a Sump	☐ Contained in a Sump	☐ Contained in a Sump	☐ Contained in a Sump					
Construction Type	☐ Double Wall ■ Single Wall	☐ Double Wall ■ Single Wall	☐ Double Wall☐ Single Wall	☐ Double Wall☐ Single Wall					
Diameter (in)	11"	11"							
Depth (ft)	13"	15"							
Height at the top of the Highest Penetration Point (UDCs and Sumps)									
Wait Time	5mins	5mins							
Test Start Time	8:30	8:35							
Initial Reading	13"	13"							
Test End Time	9:30	9:35							
Final Reading	13"	4"							
Test Period (total time)	1hr,5min	1hr,5min							
Reading Change	0	9"							
Test Results	■ Pass ☐ Fail	☐ Pass <b>■</b> Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail					
Recommendations	Repairs/Retest  Y	N Release Report Requ	ired Y N Next	Test Date 9/20/2025					

Comments		Spill buckets were inspected, cleaned, and tested. Once testing was complete, water was removed. The premium spill bucket failed.							
		4.	Ce	rtification					
I certify that all the information provided	on this docume	ent is true, a	ccura	te, and complete.					
T 1 0 0 0 0	Printed Tristan Martin						0.400.400.00		
Tester Certification	Signature Tristan Martin					Date	9/20/2022		
License	Number: UC	107991		Expiration Date: 3/31/2023	3	-			
Certification Type (mark all that apply)	☐ Tank Mar	nufacturer	□ T	est Equipment Manufacturer	Other (s	pecify): R	ecommended practice		
Contact Information	Phone: (812)425-4137 Email: tmartin@hci4.com								
Company Name	HInderliter Construction								
	•								

Hinderliter Construction, Inc. 3601 N. Saint Joseph Ave. Evansville, IN 47720 812-425-4137 FOR OFFICIAL USE ONLY — DO NOT WRITE IN THIS SPACE

#### **UST Containment Device Test**

	1. UST	Facility Information						
Agency Interest Number (Al)	7170							
UST Facility Name	Always Open							
UST Facility Physical Address	Street Address: 3025 N St Joseph Ave  City: Evansuille County: Vanderburgh Zip Code: -47720							
	2. Test Information							
	Required Periodic Tes		☐ DEP Direct	od				
Reason for Test (indicate UST system for all that apply)	☐ Suspected Release	Repair	☐ Other (spec					
Test Equipment	*							
Test Method	☐ Vacuum (must attach t	est equipment manufacturer'. ngle walled devices)	s data sheet)  Other (specify):					
(List tank inform	3. Test nation for up to four (4) spill c	ing Data and Results ontainment devices; attach a	dditional pages as necess	ary)				
Test Date	9 122122		V	a e				
Tank ID Number / Product Type	Premium							
Dispenser Number (e.g., 1/2, 3/4, etc.)			а					
Containment Device Type	☑ Spill Bucket ☐ Catch Basin ☐ UDC ☐ Sump	☐ Spill Bucket ☐ Catch Basin ☐ UDC ☐ Sump	☐ Spill Bucket ☐ Catch Basin ☐ UDC ☐ Sump	☐ Spill Bucket ☐ Catch Basin ☐ UDC ☐ Sump				
Installation Type	☑ Direct Bury ☐ Contained in a Sump	☐ Direct Bury ☐ Contained in a Sump	☐ Direct Bury ☐ Contained in a Sump	☐ Direct Bury ☐ Contained in a Sump				
Construction Type	☐ Double Wall  ☑ Single Wall	☐ Double Wall ☐ Single Wall	☐ Double Wall ☐ Single Wall	☐ Double Wall ☐ Single Wall				
Diameter (in)	16'							
Depth (ft)	13"							
Height at the top of the Highest Penetration Point (UDCs and Sumps)								
Wait Time	5min							
Test Start Time	9:20	* .						
Initial Reading	13"							
Test End Time	10:20							
Final Reading	13"							
Test Period (total time)	1 hr 5 min							
Reading Change	0"							
Test Results	N Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail				
Recommendations	Repairs/Retest Y	Release Report Requ	uired □Y ÆN Ne.	xt Test Date 9 122125				

OC'11"_IA						
		oossatiin ay ee ay ah	Po g st		g.	
Comments						
I certify that all the information provided	on this docume	BEISH MINERAL SHEET	ertification ate, and complete.			300
Tester Certification	Printed Signature	Devon Giles			Date	9122122
License	IR9724244	in y	Expiration Date: 3/31/2	22		h
Certification Type (mark all that apply)	☐ Tank Man	ufacturer 🔲	т Геst Equipment Manufac	turer 🛛 Other (s)	pecify): S	tate
Contact Information	Phone: (812)	425-4137	Email:	5		
Company Name	Hinderliter Co	onstruction	<u></u>	<del>1(</del>		

Facility #: 7/70

Facility Address: 3025 18-5t. Joseph AVC, Evan

# 30 Day Walkthrough Inspection Report: 2023 (year (Inspections must be conducted by the designated

A/B Operator must initial and enter the date each month for each inspection, or enter N/A if applicable.	JAN	FEB	MARC
Lift spill bucket lids & visually check for damage, including inspecting for cracks, holes or bulges.	V	1	1
Remove any liquid or debris found. Check for any potential sources of water entry, including surface water.	~		1
Check spill buckets for release of regulated substances, including in the interstices of double wall spill buckets.	1	1	/
Check for any obstructions lodged in fill pipe. Remove if found. Check that fill cap fits securely on the fill pipe.	/	4	1
Check release detection equipment for operability. Check for any alarms or unusual operating conditions.	/	/	
Print 30 day ATG report from ATG or complete log of inspection for 2-wall spill buckets. Keep for inspector.		~	1
Print & save 30 Day ATG PASS reports for leak detection & NORMAL reports for sensors. Keep for inspector.	V	V	1
Check dispensers, hoses, nozzles &	V	U	1

Facility #:	71	70	
elberichebele Elberteit			

Check dispensers, hoses, nozzles &

Facility Address: 3625 N.St. Joseph Ave Evuga

# 30 Day Walkthrough Inspection Report: 2024 (ye (Inspections must be conducted by the designated

A/B Operator must initial and enter the date each month for each inspection, or enter N/A if applicable.	JAN	FEB	, MA
Lift spill bucket lids & visually check for damage, including inspecting for cracks, holes or bulges.	~	~	V
Remove any liquid or debris found.  Check for any potential sources of water entry, including surface water.		/	-
Check spill buckets for release of regulated substances, including in the interstices of double wall spill buckets.	/	/	~
Check for any obstructions lodged in fill pipe. Remove if found. Check that fill cap fits securely on the fill pipe.	1		v
Check release detection equipment for operability. Check for any alarms or unusual operating conditions.	/		L
Print 30 day ATG report from ATG or complete log of inspection for 2-wall spill buckets. Keep for inspector.	~		L
Print & save 30 Day ATG PASS reports for leak detection & NORMAL reports for sensors. Keep for inspector.	~		-



#### ANNUAL WALKTHROUGH INSPECTION

1. UST Facility Information															
Agency Interest Num	ıber (AI)	7170	)												
UST Facility Name		Alwa	ays Open												
UST Facility Physical Address Street Address: 3025 N St. Joseph Ave City: Evansville								Z	ip Code:	47720					
			2.	Annua	l Inspec	tion Chec	klist					-			
The monthly walkthrou															
annual walkthrough in completed at the time o			Tank Number / Product Type	1	U	NL	:	2 P	REM	3			4		
	Spill	Preve	ntion		•			•			•			·	
	1. Visible piping and	fittings	show no signs of leakage	■ Y	□N	□ N/A	■ Y	N	□ N/A	ПΥ	□N	□ N/A	ΠY	□N	□ N/A
	2. No evidence of a	potenti	al release into the environment	■Y	□N	□ N/A	IΝ	□N	□ N/A	ПΥ	□N	□ N/A	ΠY	□N	□ N/A
All Submersible Turbine Pump	3. Excess corrosion	is not p	present	■Y	□N	□ N/A	■ Y	□N	□ N/A	ПΥ	□N	□ N/A	ΠY	□N	□ N/A
(STP) Areas	4. STP area is free of	s free of debris			□N	□ N/A	■ Y	□N	□ N/A	ΠY	□N	□ N/A	ПΥ	□N	□ N/A
	5. Metallic compone are cathodically prote		not in contact with soil or water, or	<b>■</b> Y	□N	□ N/A	■ Y	□N	□ N/A	ΠY	□N	□ N/A	□Y	□и	□ N/A
	6. Any water or prod	uct ren	noved & properly disposed	■Y	□N	□ N/A	■ Y	□N	□ N/A	□Y	□N	□ N/A	ΠY	□N	□ N/A
STP in	7. Sumps are free of	cracks	s, holes, or other defects	■Y	□N	□ N/A	<b>■</b> Y	□N	□ N/A	ΠY	□N	□ N/A	ΠY	□N	□ N/A
Containment Sump	8. Sump lids, gasket	s, & se	als present & in good condition	■Y	□N	□ N/A	■ Y	□N	□ N/A	ΠY	□N	□ N/A	ΠY	□N	□ N/A
·	9. Manway covers a sump cover, all bolts		in good condition, does not touch it	<b>■</b> Y	□N	□ N/A	■ Y	□N	□ N/A	ΠY	□N	□ N/A	□Y	□и	□ N/A
	10. Visible piping and	fitting	s show no signs of leakage	■Y	□N	□ N/A	■ Y	□N	□ N/A	ΠY	□N	□ N/A	ΠY	□N	□ N/A
All Dispenser	11. No evidence of a	potent	ial release into the environment	■Y	□N	□ N/A	■ Y	□N	□ N/A	ΠY	□N	□ N/A	ΠY	□N	□ N/A
An Dispenser	12. Shear valves are	preser	nt & securely anchored	■Y	□N	□ N/A	■ Y	□N	□ N/A	□Y	□N	□ N/A	ΠY	□N	□ N/A
	13. Metallic compone are cathodically prote		e not in contact with soil or water, or	■ Y	□N	□ N/A	■ Y	□N	□ N/A	ΠY	□N	□ N/A	□Y	□N	□ N/A
	14. Any water or prod	duct re	noved & properly disposed	■ Y	□N	□ N/A	■ Y	□N	□ N/A	□Y	□N	□ N/A	□Y	□N	□ N/A
Dispensers	15. UDCs are free of	trash,	debris, & used filters	IΝΥ	□N	□ N/A	■ Y	□N	□ N/A	ΠY	□N	□ N/A	ПΥ	□N	□ N/A
with Liquid-Tight UDCs	16. UDCs are free of	cracks	, holes, or other defects	■Y	□N	□ N/A	■ Y	_ N	□ N/A	ΠY	□N	□ N/A	ПΥ	□N	□ N/A
	17. Penetration fitting	s intac	t & secured	IΝ	□N	□ N/A	■ Y	□N	□ N/A	ΠY	□N	□ N/A	ΠY	□N	□ N/A

	Annual Inspection Checklist (continued from Section 2)															
Tanks continued	from previous page	Tan	k Number / Produ	uct Type	1			2			3			4		
	Hand H	eld Rele	ase Detection Eq	quipment											·	
Tank Gauge Stick	18. Tank gauge sticks	an be cle	arly read & are not	t broken	ПΥ	□N	□ N/A	ΠY	□и	□ N/A	ΠY	□N	□ N/A	ΠY	□N	□ N/A
3. Problem and Solution / Repair Log (Corresponds to Section 2 – attach additional pages if necessary)																
Description Item Number  Describe Problem								Descril	be Solutio	n or Repai	r				tion or ir Date	
					4.	Certific	ation									
I certify that I have pers document is true, accu		erformed	the walkthrough i	inspection a	s describe	ed above	for this US	T facility	as establis	shed in 40	C.F.R. 28	0.36. I fur	ther certif	y that the in	formati	on in this
Certification		Printed	Tristan Ma	artin									Date	5/8/202	4	
Signature Tristan Martin								•								
Check appropriate box		] UST S	ystem Owner	☐ UST Sy	ystem Ope	erator	■ Con	nbined Cl	ass A & C	lass B Op	erator					



#### **UST Electronic Release Detection Equipment Test**

				1. UST Faci	lity Information	-			
Agency Interes	t Number (AI)		7170	)					
UST Facility Na	me		Alwa	ays Open					
			Stree	et Address: 3025 N St.	Joesph Ave				
UST Facility Ph	ysical Addres	s	City:	Evansville	County: Vanderbur	gh	Zip Code: 47	720	
			2. Test Details						
Test Date			5/8/2024						
				3. Monitoring C	onsole Information				
Console Type <sup>1</sup>	Manı	ufacturer <sup>2</sup>		Model <sup>3</sup>	Serial Numbe	er Fu	nction Check	Alarm	ıs Test
ATG	Vee	der Root		TLS-350	UTD	<b>■</b> F	Pass 🔲 Fail	■ Pass	☐ Fail
						□F	Pass ☐ Fail	☐ Pass	☐ Fail
	-			4. Automatic Tank G	auge Probe Information	 1	-	-	_
Tank / Compartment	Product	Probe T	ype⁴	Manufacturer⁵	Model <sup>6</sup>	Seria	Number	Function	n Check
1 -	UNL	CSL	D	Veeder Root	Mag 1	12	0452	■ Pass	☐ Fail
2 -	PREM	CSL	D	Veeder Root	Mag 1	17	1690	■ Pass	☐ Fail
-								☐ Pass	☐ Fail
-								☐ Pass	☐ Fail
-								☐ Pass	☐ Fail
-								☐ Pass	☐ Fail
					r Information				
Location <sup>7</sup>		Type <sup>8</sup>		Manufacturer <sup>9</sup>	Model <sup>10</sup>	Serial	Number	Function	ı Check
UNL STP	Floa	t Switch		Veeder Root	Mag Sump	L	ITD	■ Pass	☐ Fail
PREM STI	P Floa	t Switch		Veeder Root	Mag Sump	L	ITD	■ Pass	☐ Fail
								☐ Pass	☐ Fail
								Pass	☐ Fail
									☐ Fail
								☐ Pass	☐ Fail
I								☐ Pass	☐ Fail

Monitoring Console Information – Console Type (e.g. ATG, ELLD, IM, etc.)

Monitoring Console Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

Monitoring Console Information – Model (e.g. TLS-350, TS-1001, etc.)

Automatic Tank Gauge Probe Information – Probe Type (e.g. inventory only, leak detection [0.2/01], or CSLD/SCALD)

Automatic Tank Gauge Probe Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

Automatic Tank Gauge Probe Information – Model (e.g. MagPlus, TSP-LL2, etc.)

Sensor Information – Location (e.g. DSL sump, dispenser ¼, RUL IM sensor, etc.)

Sensor Information – Type (e.g. float-switch, liquid, optical, discriminating, magnetostrictive, vapor, hydrostatic, dry interstitial, solid state, solid state discriminating, magnetostrictive, vapor, hydrostatic, dry interstitial, solid state, solid state discriminating,

Sensor Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

Sensor Information – Model (e.g. MagSump, Series 7943, TSP-DTS, TSP-HIS, etc.)

Sensor Information (continued from Section 5)									
Location	Туре	Manufacturer	Model	Serial Num	ber	Function Check			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
						☐ Pass ☐ Fail			
Comment on all fai maintenance requ		UTD=Unable To Determine							
		6. Attachr	ments (required)						
		7. Ce	rtification						
I certify that all the inf	ormation provided o	n this document is true, accurat	e, and complete.						
Tester Certification		Printed Tristan Ma			Date	5/8/2024			
		Signature Tristan W	lartin						
License		Number: UC107991	Expiration Date: 3/31/2						
Certification Type (n	mark all that apply)	☐ Tank Manufacturer 🔲	Test Equipment Manufacture	r 🔳 Other (s	pecify):				
Contact Information		Phone: (812)425-4137	Email: tmartin@hci4.	com					
Company Name		Hinderliter Construction- 3601	N. St. Joseph Avenue Evans	sville, Indiana 47	720				



#### **UST Automatic Line Leak Detector Operational Test**

1. UST Facility Information											
Agency Interest Number (AI)	7170										
UST Facility Name	Always Open										
UST Facility Physical Address	Street Address: 302	25 N St. Joesp	oh Ave								
OOT I acinty Fifysical Address	City: Evansville	Cou	inty: Vanderk	ourgh	Zi	p Code: <b>47</b> 7	'20				
		n Information & tach additional pag			-						
Test Date	5/8/2024	i/8/2024									
Reason for Test	Required Periodic	■ Required Periodic Test									
(mark all that apply)	☐ Suspected Releas	☐ Suspected Release ☐ Repair ☐ Other (specify):									
Piping Material	☐ Steel ☐ Fiber	glass Reinforced P	lastic 🔳 Fle	exible Thermo	plastic	☐ Other (spe	cify):				
Pipe Dimensions	Diameter (in): 1.5"		Length (ft)	: 120'							
Line Number / Product Type	1 / UNL	2 / PREM	1					_			
Manufacturer	Veeder Root	Veeder Ro	ot								
Model Number	116-056	116-056									
Manifolded System	Yes ✓ No	☐Yes 🗸 N	o Yes	□No	Yes	☐ No	Yes	□No			
STP Cycles On/Off	✓ Yes No	✓ Yes N	o Yes	No	Yes	☐ No	Yes	□No			
	3.	Mechanical 1	rest Data	- -	_	-					
Full Pump Pressure (psi)	28	29									
Holding Pressure (psi)	14	15									
Resiliency (ml)	150	130									
Metering Pressure (psi)	12	12									
Opening Time (seconds)	2	5									
Leak Test Pressure (psi)	12	12									
Leak Test Volume (ml)	189	189									
Test Leak Rate (gph)	3	3									
	4	. Electronic T	est Data		_						
Set-up Parameters Correct?	Yes No	Yes N	o Yes	□No	Yes	□No	Yes	No			
Simulated Leak Alarm Type	Audible Visible	Audible Vi	sible Audibl	e Visible	Audibl	e Visible	Audible	Visible			
Simulated Leak Causes Pump Shutdown	Yes No	Yes N	o Yes	□No	Yes	No	Yes	No			
Number of test cycles before alarm or pump shutdown											
Test Results	<b>√</b> Pass Fail	✓ Pass Fa	ail Pass	Fail	Pass	Fail	Pass	Fail			
New ALLD Installed	Yes No	☐Yes ✓ N	o Yes	No	Yes	No	Yes	No			

Comments	The equipm	-	Estabrook EZ Check Line leak detect	or equime	ent.	
		5. Cert	ification			
I certify that all the information provided or	n this docume	ent is true, accurate,	and complete.			
Tester Certification	Printed	Tristan Martin			Doto	E 10 1000 A
rester Certification	Signature	Tristan Mo	artin		Date	5/8/2024
License	Number: U	C107991	Expiration Date: 3/31/25			
Certification Type (mark all that apply)	■ Test Equ	uipment Manufacture	r Recognized Practice	☐ Othe	r (specit	<b>Бу</b> ):
Contact Information	Phone: (812	2)425-4137	Email: tmartin@hci4.com			
Company Name	Hinderliter (	Construction - 3601	N. St. Joseph Avenue Evansville, I	ndiana 4	7720	



#### **UST Line Tightness Test**

				1. UST Facility	/ Informatio	n		
Agency II	nterest Num	ber (AI)	7170					
UST Faci	lity Name		Always Op	en				
	=		Street Addres	s: 3025 N St. Jo	esph Ave	<b>)</b>		
UST Faci	lity Physical	Address	City: Evans	ville	County: Va	anderburgh	Zip Code: 477	20
				2. Test Info	ormation		<u> </u>	
Test Date	<u> </u>		5/8/2024					
			☐ New Install	(within 30 days from	bringing into	use) 🔳 Routine – An	nual (every 12 mo	onths)
Reason fo	or Test (mar	k only one)	☐ Repair (wi	thin 30 days)		☐ Routine – Tri	-Annual (every 36	months)
				I Release – Incident	#:		d (specify):	
Leak Thre	eshold		☐ 0.1 gph	<b>■</b> 0.05 gph	☐ 0.01 <i>gpi</i>	h		
Test Meth	nod and Pip	e Diameter	Test Method:	<u>Volumet</u> ric		Pipe Diameter: 1.5"	_	
Test Dura	tion and Pre	essure	Minimum Tes	t Duration <i>(min):</i> <u>30</u>		Recommended Pressure	(psi): 50	
				3. Piping In	formation			
Piping M	aterial		☐ Steel ☐	] Fiberglass Reinforc	ed Plastic [	Flexible Thermoplastic	☐ Other (specify)	:
Configura	ation		☐ Single Wal	I ■ Double Wal	I			
Manufact	turer/Model		Manufacturer:	UTD		Model: UTD		
Туре			■ Pressurize	d 🔲 Suction				
Release C	etection Me	ethod	☐ ELLD <sup>1</sup>	☐ SIR²	☐ Int	terstitial Monitoring	Annual Line Tigh	tness Testing
i i i i i i i i i i i i i i i i i i i			Other (specify	): <u>MLLD</u>				
				4. Pre-Te	est Data			
Piping Is	olation Meth	od During Tes	t	Element   Isola	ation Plug	■ Ball Valve □ Other	(specify):	
Line Number	Product Type	Piping Length (ft)	Operating Pressure (psi)	Number of Connected Dispensers	Number of Flex Connectors	Commen	ts	Pretest Duration (min)
1	UNL	120'	28	4				5 min
2	PREM	120'	29	4				5 min

<sup>&</sup>lt;sup>1</sup> ELLD – Electronic line leak detector <sup>2</sup> SIR – Statistical inventory reconciliation

	5. Line Tightness Test Data											
Line	Product	Time	Pressu	ıre (psi)		Volume	Ţ	Resi	ults	Seco	ondary Con	
Number	Type	(military)	Before	After	Before	After	Net Change				Results	
1	UNL	7:11-7:41	50	50	77	77	0	■ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A
2	PREM	7:11-7:56	50	50	89	88	1	■ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A
		airs, retests, or		asurements	every 15 min		est equipment wi	ит аррпец р	ressure or	mirogen	with 3 recor	acu
	<b>nts</b> (e.g., rep operating co			asurements	J		est equipment wi	ш аррпец р	ressure or	milogen	with 3 recor	ucu
				asurements	every 15 min			пт аррпец р	ressure or	muogen	with 3 recor	
unusual	operating co				every 15 min	utes ertification	on	и арриец р	ressure or	muogen	with 3 fecon	
unusual	operating co	nditions)	ided on this	document i	every 15 min	ertification	on	и арриец р	ressure or	9		
unusual	operating co	nditions)	ided on this	document i	every 15 min  6. C	ertification ate, and co	on omplete.	ш аррпец р	ressure or	Date	5/8/2	
unusual	operating co	nditions)	ided on this	document i	6. Cos true, accurristan Ma	ertification ate, and contin	on omplete.		ressure or	9		
I certify the Tester Co	nat all the inf	nditions)	ided on this  F Sig Nun	document i  Printed Tr  nature	6. Costrue, accuraistan Mai	ertification ate, and contrin  Man Expi	on omplete.	1/2025	Other (spe	Date		
I certify the Tester Continue Certification	nat all the inf	onditions)  Formation provenuments all that appears	ided on this  Sig  Nun	document i  Printed Tr  nature   hber: UC1	6. Cs true, accurristan Mai	ertification ate, and contin Expi Test Equi	on omplete. etin ration Date: 3/3	:1/2025 :urer ■ (	Other (spe	Date		



Indiana Department of Environmental Management

Underground Storage Tank Program

Operator Training Certification

## Certificate of Co

Awarded to: Mahesh Mod

For completion of IDEM's Underground Storag

License #: 21161

Issue Date: October 04, 2022

100 North Senate Ave Indianapolis, Indiana, 46. (800) 451-6027 . (317) 2. www.idem.IN.gov



## Operator Training Certification

### Certificate of Completion

Awarded to:

Maheshchandra Modi

For completion of IDEM's Underground Storage Tank "B" Operator Training accordance with 329 IAC 9.

License #: 24264

Issue Date: June 27, 2024

Expiration Date: June 27, 2027

Brian C. Rockensuess, Commissioner

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



## Underground Storage Tank Program Operator Training Certification

Certification is applicable to the following location

### Certification of Completion

#### Awarded to: Maheshchandra Modi

Training Authorized by: Maheshchandra Modi License #(s): A - 24245

For completion of "C" Operator Training in accordance with 329 IAC 9.

Company Name: Always Open Gas Mart	Class A or B Operator Signature: Mahech D Modi
Address 3025 N St Joseph Ave	Training Provided by Mahesh D Modi
City. Evansville, IN 47720	Trainer Signature. Mode
Facility IDs	
UST Facility ID# 7170	
	Issue Date: 06-24-24 Expiration Date*: 06-24-27

\*Certification expires three (3) years from the date of issuance

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.

#### Hinderliter Compliance and Testing 3601 North St. Joseph Avenue Evansville, Indiana 47720

#### **UST Electronic Release Detection Equipment Test**

1. UST Facility Information										
Agency Interes	t Number (Al)		7170	)						
UST Facility Na	me		Alwa	ays Open						
			Stree	t Address: 3025 North	St. Joseph Ave					
UST Facility Ph	ysical Addres	ss	City:	Evansville	County: Vanderbur	gh	Zip	Code: 47	720	
			2. Test Details							
Test Date			05/2	7/2022						
				3. Monitoring C	onsole Information					
Console Type <sup>1</sup>	Man	ufacturer <sup>2</sup>		Model <sup>3</sup>	Serial Numbe	er	Function	on Check	Alarm	ns Test
ATG	Vee	der-Root		TLS-350	61241021911	001	■ Pass	☐ Fail	■ Pass	☐ Fail
							☐ Pass	☐ Fail	☐ Pass	☐ Fail
				4. Automatic Tank G	auge Probe Information	n			-	
Tank / Compartment	Product	Probe T	ype <sup>4</sup>	Manufacturer⁵	Model <sup>6</sup>		Serial Nun	nber	Functio	n Check
-3	unleaded	csld/s	cald	Veeder-Root	mag1		12045	2	■ Pass	☐ Fail
-4	premium	csld/s	cald	Veeder-Root	mag1		17169	0	■ Pass	☐ Fail
-			•••••						☐ Pass	☐ Fail
-									☐ Pass	☐ Fail
-									☐ Pass	☐ Fail
-									☐ Pass	☐ Fail
				5. Sensor	· Information					
Location <sup>7</sup>	•	Гуре <sup>8</sup>		Manufacturer <sup>9</sup>	Model <sup>10</sup>		Serial Num	ıber	Function	n Check
STP sump	o floa	t switch		Veeder-Root	794380-208	(	can't rea	d#	■ Pass	☐ Fail
Stp sunp	floa	t switch		Veeder-Root	794380-208	(	can't rea	d#	■ Pass	☐ Fail
									☐ Pass	☐ Fail
									☐ Pass	☐ Fail
		Pass						☐ Pass	☐ Fail	
									☐ Pass	☐ Fail
									☐ Pass	☐ Fail

Monitoring Console Information – Console Type (e.g. ATG, ELLD, IM, etc.)
 Monitoring Console Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)
 Monitoring Console Information – Model (e.g. TLS-350, TS-1001, etc.)
 Automatic Tank Gauge Probe Information – Probe Type (e.g. inventory only, leak detection [0.2/01], or CSLD/SCALD)
 Automatic Tank Gauge Probe Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

Automatic Tank Gauge Probe Information – Model (e.g. MagPlus, TSP-LL2, etc.)

Automatic Tank Gauge Probe Information – Model (e.g. MagPlus, TSP-LL2, etc.)

Sensor Information – Location (e.g. DSL sump, dispenser ¼, RUL IM sensor, etc.)

Sensor Information – Type (e.g. float-switch, liquid, optical, discriminating, magnetostrictive, vapor, hydrostatic, dry interstitial, solid state, solid state discriminating,

Sensor Information - Manufacturer (e.g. Veeder-Root, Incon, etc.)

<sup>&</sup>lt;sup>10</sup> Sensor Information – Model (e.g. MagSump, Series 7943, TSP-DTS, TSP-HIS, etc.)

Sensor Information (continued from Section 5)										
Location Type	Manufacturer	Model	Serial Num	ber	Function Check					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
					☐ Pass ☐ Fail					
Comment on all failures, repairs, or maintenance required										
	6. Attachn	nents (required)								
	7. Ce	rtification								
I certify that all the information provided or	n this document is true, accurate	e, and complete.								
Tester Certification	Printed Tristan Ma Signature Steve C			Date	05/27/2022					
License	Number: UC20007453150		9/2023		<u> </u>					
Certification Type (mark all that apply)		Fest Equipment Manufacti		pecify):						
Contact Information	Phone: (812)425-4137	Email: service@hc								
Company Name	Hinderliter Construction	33.1100@110								

#### Hinderliter Compliance and Testing 3601 N. St. Joseph Avenue Evansville, Indiana 47720

#### **UST Line Tightness Test**

1. UST Facility Information										
Agency Interest Number (AI) 7170	7170									
UST Facility Name Always Open	Always Open									
UST Facility Physical Address  Street Address: 3025 North St. Joseph Ave	Street Address: 3025 North St. Joseph Ave									
	Zip Code: <b>47720</b>									
2. Test Information										
Test Date 05/27/2022										
□ New Install (within 30 days from bringing into use) ■ Routine – Annua	ual (every 12 months)									
Reason for Test (mark only one)	nnual (every 36 months)									
☐ Suspected Release – Incident #: ☐ DEP Directed (s	specify):									
Leak Threshold   □ 0.1 gph   □ 0.05 gph   □ 0.01 gph   ■ Other (specify):										
Test Method and Max Pipe Capacity         Test Method: pressure         Max Pipe Capacity:										
Test Duration and Pressure         Minimum Test Duration (min): 30         Recommended Pressure (ps	si): <u><sup>50</sup> </u>									
3. Piping Information										
Piping Material ☐ Steel ☐ Fiberglass Reinforced Plastic ☐ Flexible Thermoplastic ☐ Other (specify):										
Configuration										
Manufacturer / Model Manufacturer: N/D Model: N/D										
Type   Pressurized Suction										
□ ELLD¹ □ SIR² □ Interstitial Monitoring ■ Ar	☐ ELLD <sup>1</sup> ☐ SIR <sup>2</sup> ☐ Interstitial Monitoring ☐ Annual Line Tightness Testing									
Other (specify):	Other (specify):									
4. Pre-Test Data										
Piping Isolation Method During Test         ■ Functional Element         □ Isolation Plug         □ Ball Valve         □ Other (s)	specify):									
I I I I I I I I I I I I I I I I I I I	Measured Pretest Duration (min)									
1 Unleaded N/D 30 4 N/D	5 min									
2         Premium         N/D         29         4         N/D	5 min									

<sup>&</sup>lt;sup>1</sup> ELLD – Electronic line leak detector <sup>2</sup> SIR – Statistical inventory reconciliation

					5. Line Tig	htness T	est Data						
Line	Product	Time	Pressu	Pressure (psi)		Volume			Results		Secondary Containment		
Number	Туре	(military)	Before	Afte		After	Net Change	resuits		Results			
1	Unleaded	8:00-8:30	50	50	87	87	0	■ Pass	☐ Fail	Pass	s 🗌 Fail	☑ N/A	
2	Premium	8:45-9:00	50	50	89	89	0	☐ Pass	☐ Fail	☐ Pass		☑ N/A	
								Pass	☐ Fail	■ Pass	s 🗌 Fail	□ N/A	
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A	
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□N/A	
								■ Pass	☐ Fail	■ Pass	s 🗌 Fail	□N/A	
								☐ Pass	☐ Fail	☐ Pass	s □ Fail	□ N/A	
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A	
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A	
								☐ Pass	☐ Fail	☐ Pass	s 🗌 Fail	□ N/A	
		airs, retests, or	NI/E	easureme D=Not de	nts every 15 min termined		oot oquipmont in	ш аррпоа р	ressure of	mirogon	with 6 recor	<b></b>	
	<b>nts</b> (e.g., repa I operating co		NI/E		•		oot oquipmont iii	п арриса р	ressure or	Tillogen	with 0 1000i	404	
			NI/E		termined			арриса р	lessure or	Tillogon	with 6 feed.		
unusuai	I operating co	nditions)	N/I	D=Not de	termined	utes ertification	on		lessure or	Till Ogon	with 0 10001		
unusual	I operating con	nditions)	ded on this	D=Not de	termined 6. C	ertification	on		lessure or				
unusual	I operating co	nditions)	ded on this	D=Not de	6. C	ertification	on		lessure of	Date	5/27		
unusual	hat all the info	nditions)	ded on this	docume	6. C	ertification ate, and contain	on						
I certify the Tester Continue License	hat all the info	nditions)	ded on this  F Sig Nun	docume Printed nature	6. C  nt is true, accura  Steve Ottm	ertification ate, and contains	on omplete.	/19/2023		Date			
I certify the Tester Continue Certification	hat all the info	ormation prov	ded on this  Sig  Nun  Diy)	documer  Printed  mature  nber: UC	6. C  nt is true, accura  Steve Ottm	ertification ate, and contain  5C Expi Test Equi	on omplete. ration Date: 04,	/19/2023 turer <b>■</b> (	Other (spe	Date			

Hinderliter Compliance and Testing 3601 N. St. Joseph Avenue Evansville, Indiana 47720

#### **UST Automatic Line Leak Detector Operational Test**

1. UST Facility Information											
Agency Interest Number (AI)	7170										
UST Facility Name	Always Open										
LIST Engility Physical Address	Street Address: 3025 North St. Joseph Ave										
UST Facility Physical Address	City: Eva	nsville	County: Vanderburgh					Zip Code: <b>4772</b> 0			
2. UST System Information & Testing Requirements  (Attach additional pages as necessary)											
Test Date	05/27/2022										
Reason for Test	■ Require	ed Periodic	Test 🗌	est			☐ DEP Directed (specify):				
(mark all that apply)	☐ Suspec	ted Release	e			Other (s	pecify):				
Piping Material	☐ Steel	■ Fiberg	glass Reinfo	rced Plastic	Flex	ible Thermo	plastic <b>[</b>	Other (spe	ecify):		
Pipe Dimensions	Diameter (	(in): <b>2"</b>			Length (ft):	N/D					
Line Number / Product Type	1		2	)							
Manufacturer	N/	'D	N/	'D							
Model Number	N/	'D	N/	D							
Manifolded System	☐ Yes	□ No	⊡ Yes	⊡ No	☐ Yes	☐ No	☐ Yes	□ No	☐ Yes	□ No	
STP Cycles On/Off	☐ Yes	☐ No	☐ Yes	□ No	☐ Yes	☐ No	☐ Yes	□ No	☐ Yes	☐ No	
		3.	Mechan	ical Test	Data						
Full Pump Pressure (psi)	30		29								
Holding Pressure (psi)	17		17								
Resiliency (ml)	328		322		05/27/2022						
Metering Pressure (psi)	10		10								
Opening Time (seconds)	3		Steve C	Ottman							
Leak Test Pressure (psi)	10		sottmar	n@hci4.							
Leak Test Volume (ml)	189		189								
Test Leak Rate (gph)	3		3								
		4	. Electro	nic Test [	Data						
Set-up Parameters Correct?	☐ Yes	□No	☐ Yes	□No	☐ Yes	□No	☐ Yes	☐ No	☐ Yes	□No	
Simulated Leak Alarm Type	☐ Audible	Visible	☐ Audible	Visible	☐ Audible	Visible	☐ Audible	Visible	☐ Audible	Visible	
Simulated Leak Causes Pump Shutdown	☐ Yes	□No	☐ Yes	□No	☐ Yes	□No	☐ Yes	□No	☐ Yes	□No	
Number of test cycles before alarm or pump shutdown											
Test Results	■ Pass	☐ Fail	Pass	☐ Fail	☐ Pass	☐ Fail	☐ Pass	☐ Fail	■ Pass	☐ Fail	
New ALLD Installed	☐ Yes	■ No	☐ Yes	■ No	☐ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No	

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Comments	The equipm ND=Not De	_	Estabrook EZ Check Line leak detect	or equime	ent.		
		5. Cert	ification				
I certify that all the information provided o	n this docume	ent is true, accurate,	and complete.				
Tester Certification	Printed	d Tristan Martin			Date	5/27/22	
rester certification	Signature	Steve Ottman				JILIILL	
License	Number: U(	C2000745315C	Expiration Date: 04/19/2023				
Certification Type (mark all that apply)	☐ Test Equ	uipment Manufacture	r Recognized Practice	☐ Othe	r (specii	fy):	
Contact Information	Phone: (812	2)425-4137	Email: service@hci4.com				
Company Name	Hinderliter Construction						