



**UNDERGROUND STORAGE  
TANK INSPECTION REPORT**

INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT

UST FAC ID: **1108**

Inspector's Name:	Tristan Voge
Date:	June 17, 2024
Time In:	10:40
Time Out:	11:10
Inspection Type:	Initial

**FACILITY NAME / LOCATION**

FACILITY NAME Circle K 2240		FACILITY ADDRESS (number and street) 706 Northwestern Ave		
ADDRESS (line 2)	CITY West Lafayette	STATE IN	ZIP CODE 47906	COUNTY Tippecanoe

**UST OWNER**

UST Owner Name (If in Individual Capacity) Mac's Convenience Stores LLC				BUSINESS ID (From the Secretary of State) 2001053100456
PREFIX Mr.	FIRST NAME Ira	MI	LAST NAME Lewis	SUFFIX
TELEPHONE NUMBER		EMAIL ADDRESS ilewis@circlek.com		

**UST OPERATOR**

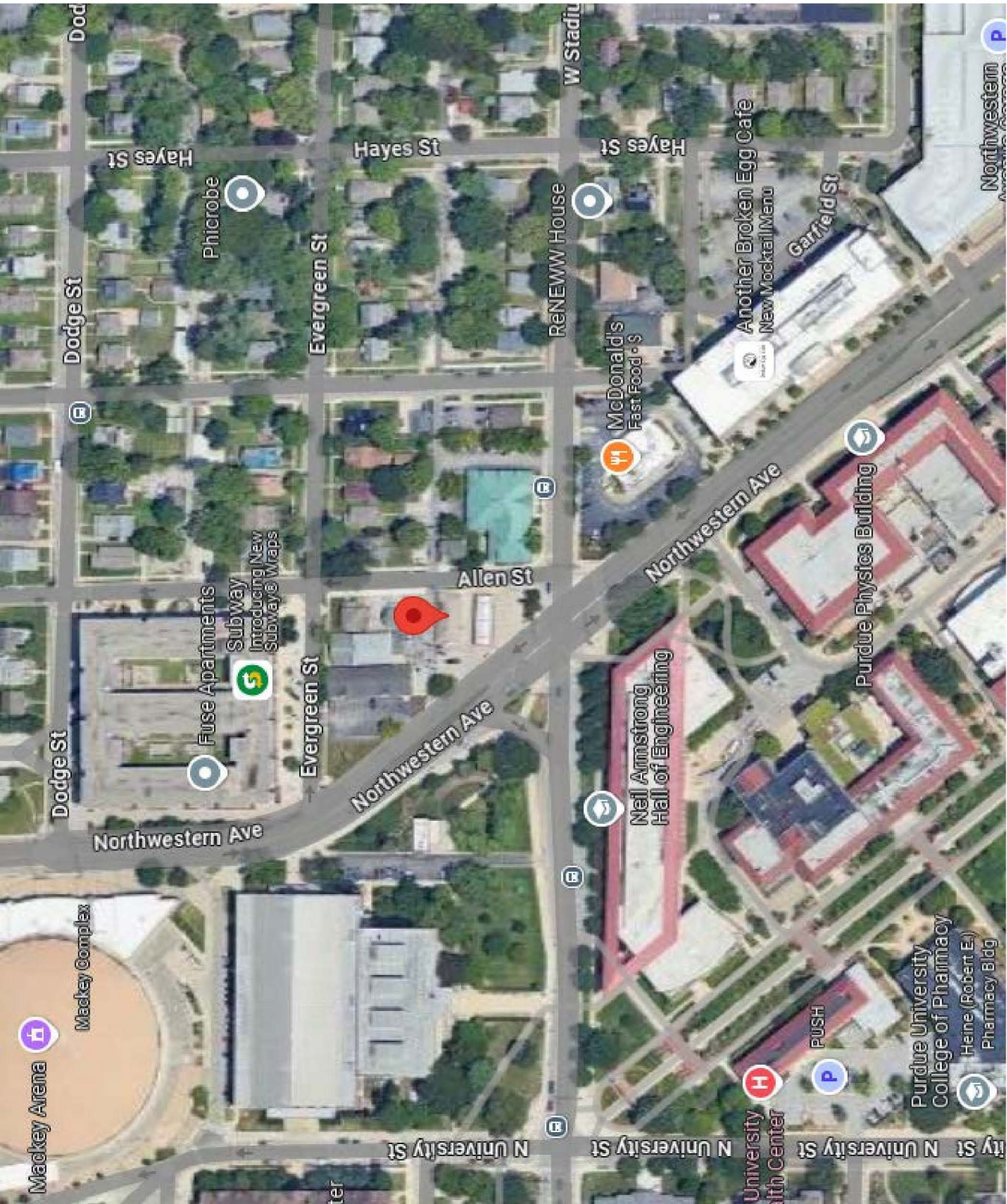
UST Operator Name (If in Individual Capacity) Mac's Convenience Stores LLC				BUSINESS ID (From the Secretary of State) 2001053100456
PREFIX Mr.	FIRST NAME Ira	MI	LAST NAME Lewis	SUFFIX
TELEPHONE NUMBER		EMAIL ADDRESS ilewis@circlek.com		

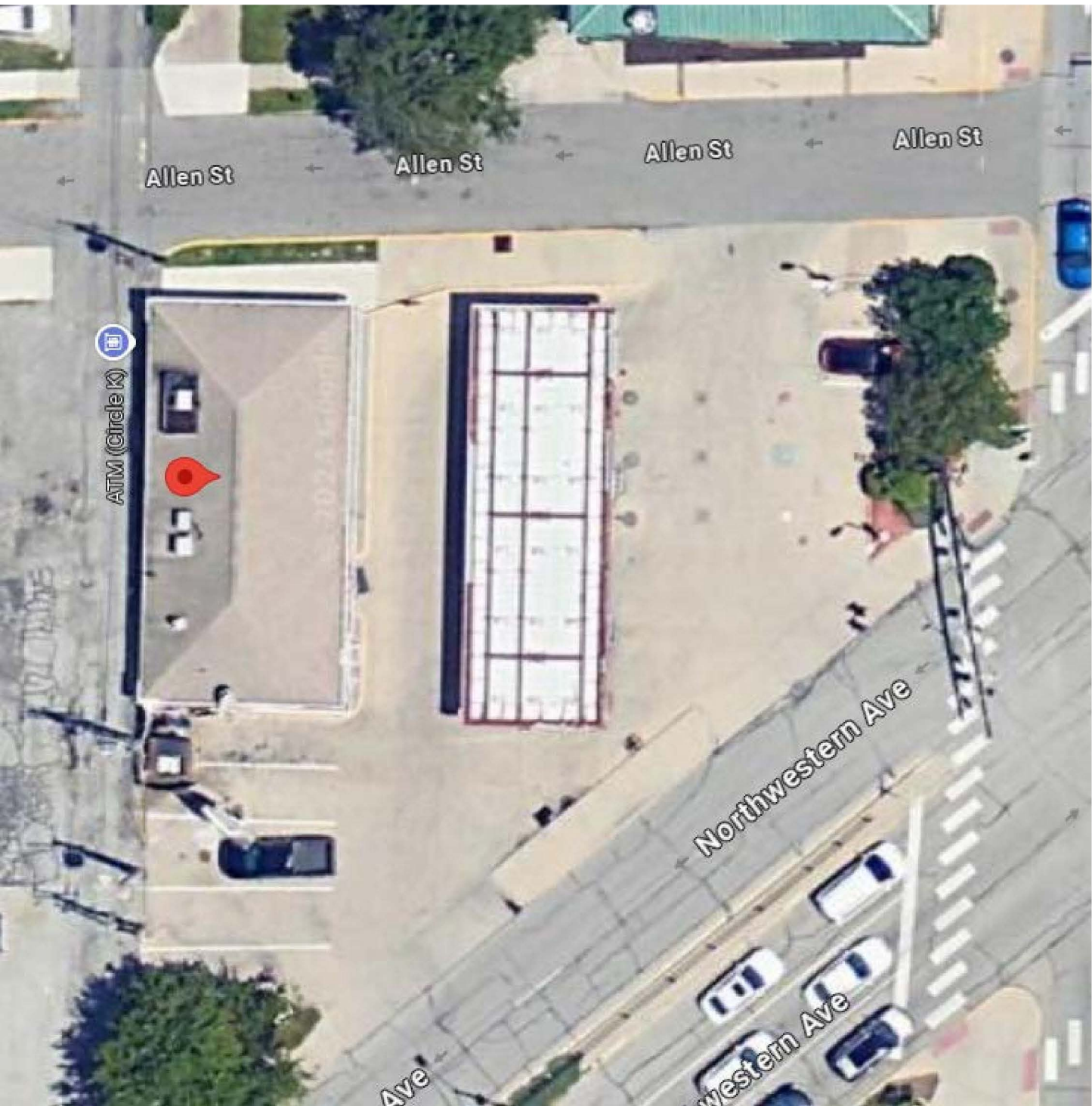
**PROPERTY OWNER**

UST Property Owner Name (If in Individual Capacity) Miller Family Trust				BUSINESS ID (From the Secretary of State)
PREFIX Mr.	FIRST NAME Bill	MI	LAST NAME Miller	SUFFIX
TELEPHONE NUMBER		EMAIL ADDRESS billmiller6116@att.net		

**COMPLIANCE ELEMENTS**

All USTs properly registered and up-to-date notification form on file	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
O/O is in compliance with reporting & record keeping requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
O/O is in compliance with release reporting or investigation	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A	UNK
O/O is in compliance with all UST closure requirements	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A	UNK
O/O has met all financial responsibility requirements	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart A installation requirements (partially excluded) met	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart B installation and upgrade requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
40 CFR 280, Subpart C spill/overfill control requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart C compatibility requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	UNK
40 CFR 280, Subpart C O&M and testing requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
40 CFR 280, Subpart D release detection requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	
40 CFR 280, Subpart J operator training requirements met	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	





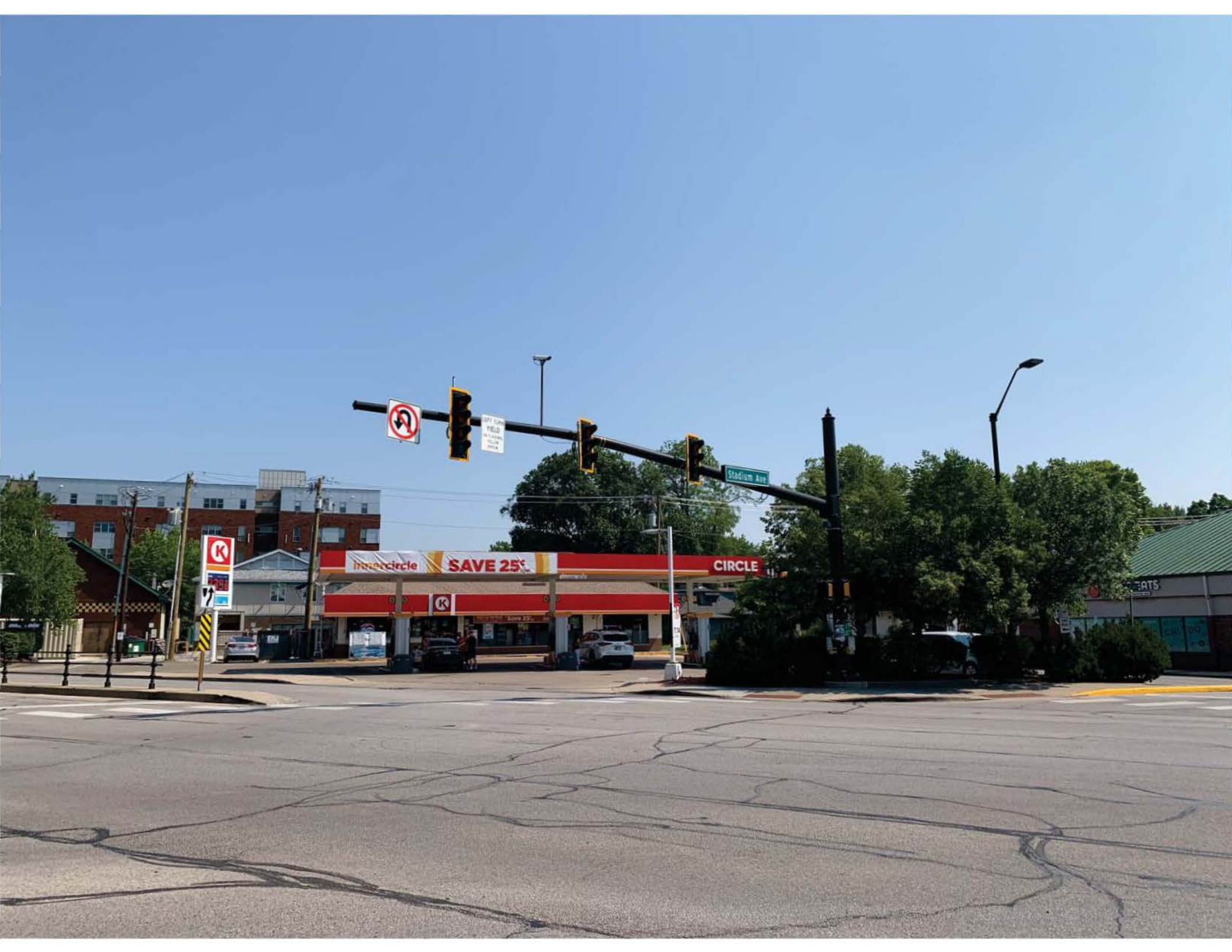


CIRCLE K

mycircle SAVE 25%

K

OHANA EATS





Stadium Ave

CIRCLE K

77  
734



OHANA EATS

ONE WAY

MU-SHI DO

Save 25% \$5.97



4 3

2 1



Sign up for free! Save 25¢ per gallon innercircle

609.  
714.  
499.  
999.



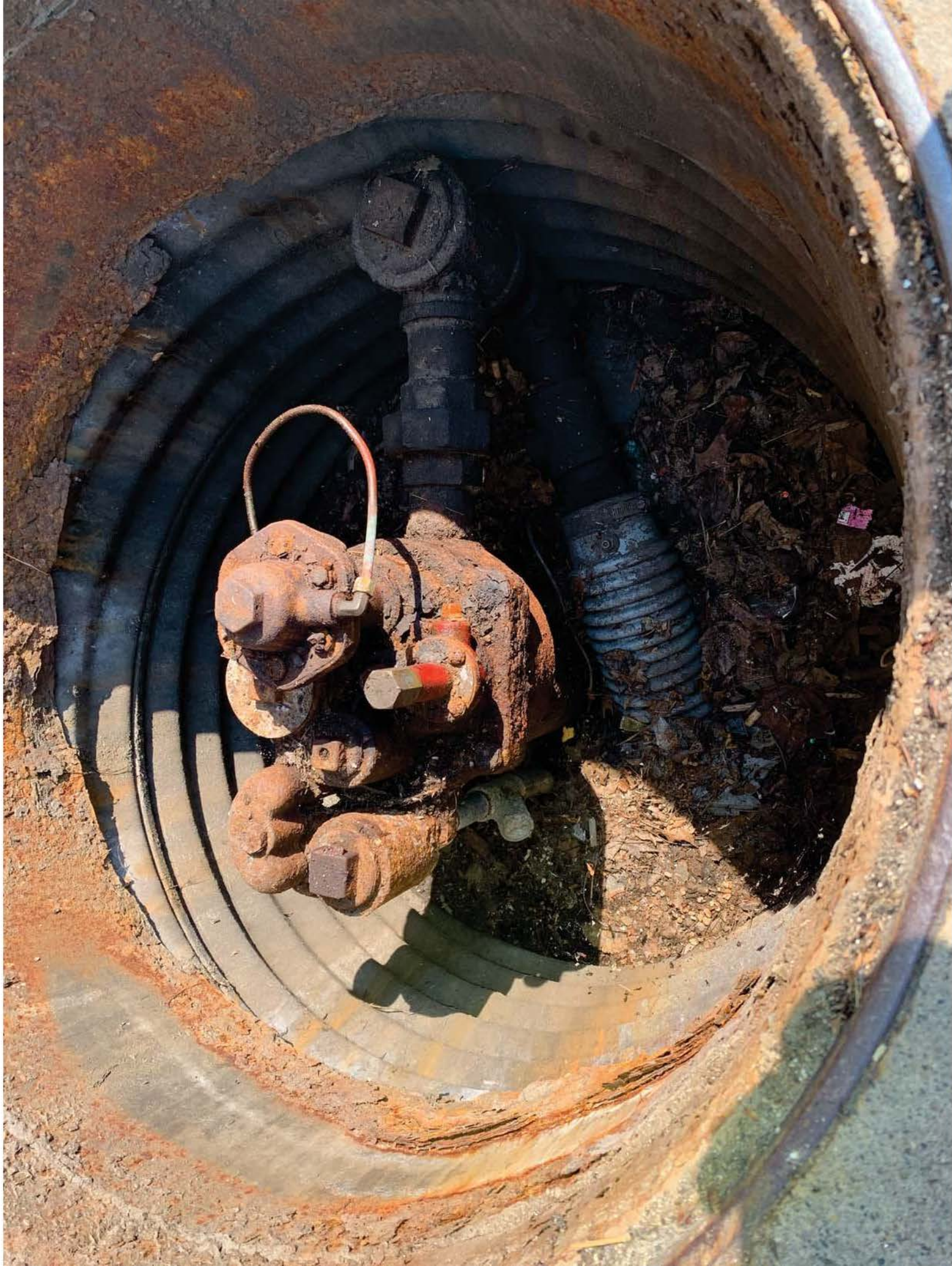
Handwritten red spray paint markings on the concrete













Sign up for free! Save 25¢/gal Innercircle

809.  
714.  
495.  
898.



RM 2-9

2

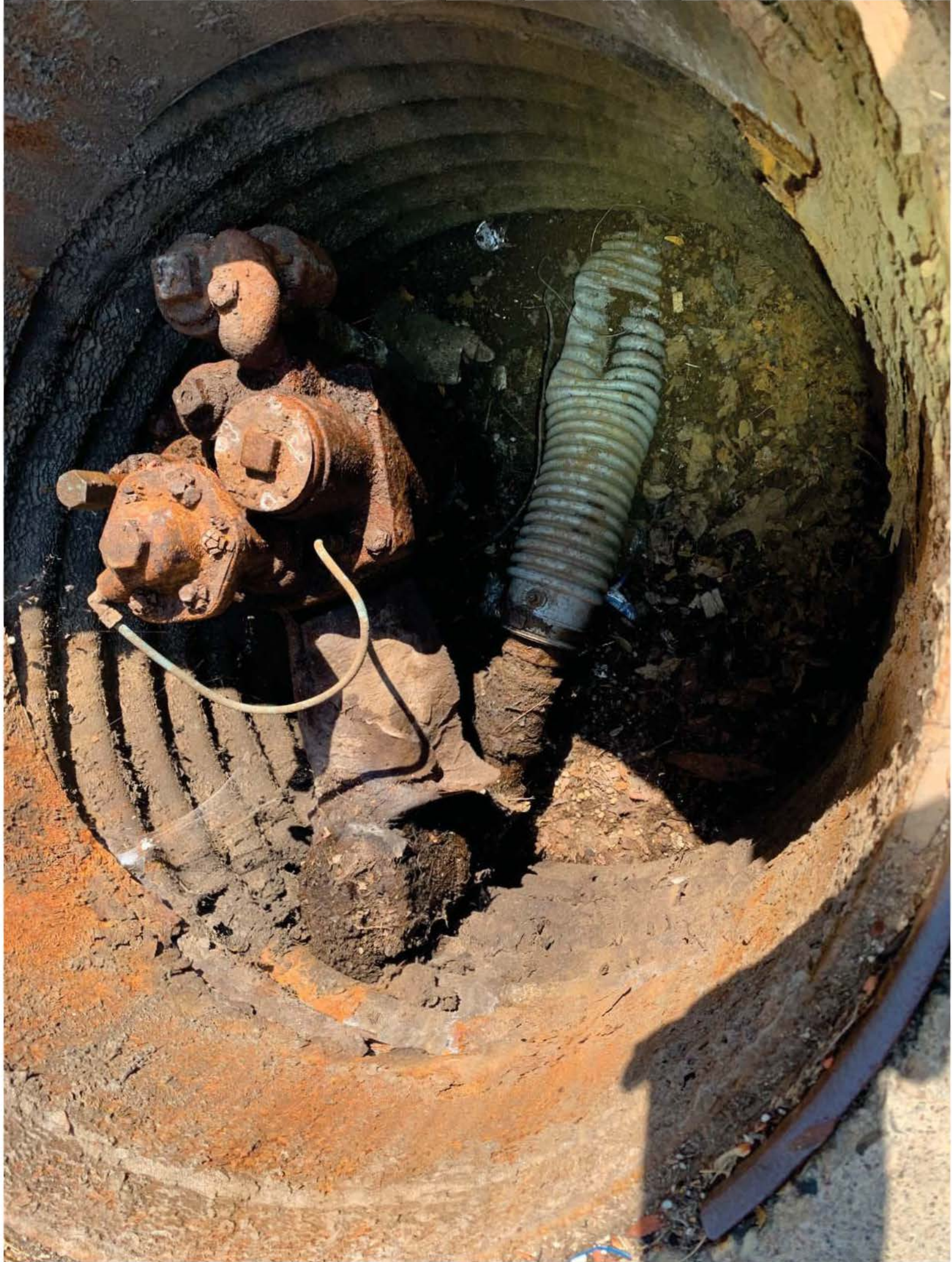


2

RM 34





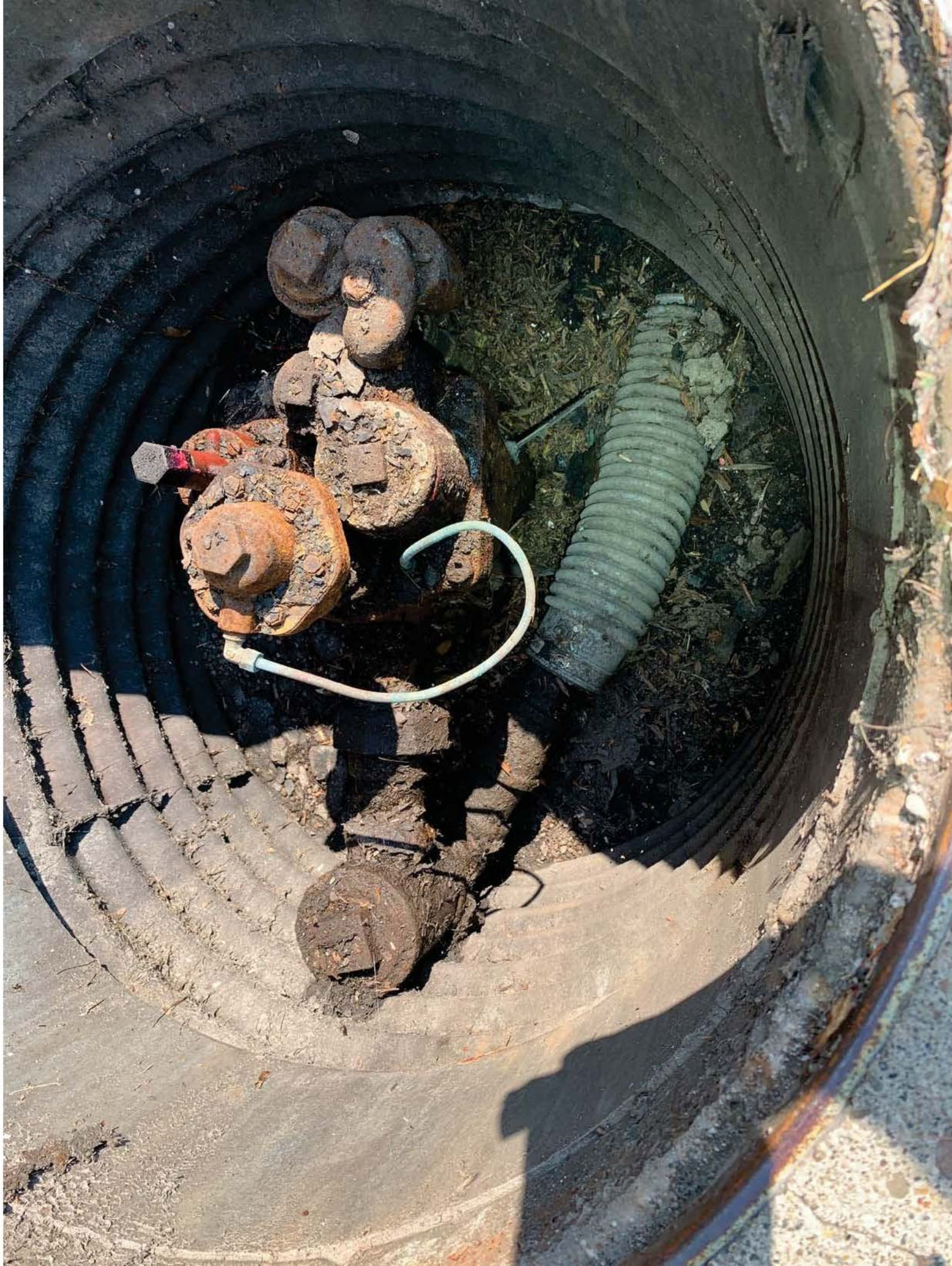












2

CIRCLE K

3/6  
G  
G  
G  
G  
G  
G

No Smoking  
Turn Off Engine  
Discharge  
Static Electricity  
Before Fueling  
Turn Off Cell  
Phone & Other  
Electronic  
Devices  
WARNING:  
It is unlawful &  
dangerous to  
dispense gasoline  
into unapproved  
containers

DANGER  
ELECTRICITY IS AVAILABLE

5426  
15906

May Contain  
up to  
10% Ethanol

Unleaded  
87

Plus  
89

Premium  
93

K  
Quality  
Guaranteed







# CIRCLE K



No Smoking  
Turn Off Engine  
Discharge  
Static Electricity  
Before Fueling  
Turn Off Cell  
Phone & Other  
Electronic  
Devices  
WARNING:  
It is unlawful &  
dangerous to  
dispense gasoline  
into unapproved  
containers



**DANGER**  
EXTREMELY FLAMMABLE

4403  
12585

May Contain  
up to  
10% Ethanol

Save 25¢

Unloaded 87  
Plus 89  
Premium 93

Circle K logo









CIRCLE K



**DANGER**

3068  
8183

MAY CONTAIN UP TO 10% ETHANOL

Unleaded 87  
Plus 89  
Premium 93

Circle K logo and various safety and promotional text on the pump interface.

5



No Smoking  
Turn Off Engine  
Discharge  
Static Electricity  
Before Fueling  
Turn Off Cell  
Phone & Other  
Electronic  
Devices  
WARNING:  
It is unlawful &  
dangerous to  
dispense gasoline  
into unapproved  
containers



Safety  
anteed





CIRCLE K 2240  
706 NORTHWESTERN  
W. LAFAYETTE IN  
47905 1-765-743-2467  
06-17-24 10:50 AM

SYSTEM STATUS REPORT  
D 8:ALARM CLEAR WARNING

INVENTORY REPORT

T 1:RUL 1256  
VOLUME = 7528 GALS  
ULLAGE = 4706 GALS  
90% ULLAGE = 3482 GALS  
TC VOLUME = 7455 GALS  
HEIGHT = 54.69 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 73.8 DEG F

T 2:RUL 3.4  
VOLUME = 4189 GALS  
ULLAGE = 7811 GALS  
90% ULLAGE = 6611 GALS  
TC VOLUME = 4152 GALS  
HEIGHT = 36.06 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 72.2 DEG F

T 3:PREMIUM  
VOLUME = 2854 GALS  
ULLAGE = 9232 GALS  
90% ULLAGE = 8023 GALS  
TC VOLUME = 2838 GALS  
HEIGHT = 24.60 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 67.9 DEG F

\*\*\*\*\* END \*\*\*\*\*

TANK LEAK TEST HISTORY  
T 1:RUL 1256  
LAST GROSS TEST PASSED:  
NO TEST PASSED  
LAST ANNUAL TEST PASSED:  
NO TEST PASSED  
FULLEST ANNUAL TEST PASS  
NO TEST PASSED

LAST PERIODIC TEST PASS:  
06-17-24 6:53 AM  
TEST LENGTH 31 HOURS  
STARTING VOLUME = 4765  
PERCENT VOLUME = 38.9  
TEST TYPE = CSLD

FULLEST PERIODIC TEST  
PASSED EACH MONTH:  
01-01-24 9:45 PM  
TEST LENGTH 43 HOURS  
STARTING VOLUME = 10418  
PERCENT VOLUME = 85.2  
TEST TYPE = CSLD

02-08-24 6:08 AM  
TEST LENGTH 29 HOURS  
STARTING VOLUME = 7107  
PERCENT VOLUME = 59.1  
TEST TYPE = CSLD

03-14-24 6:18 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 7049  
PERCENT VOLUME = 57.6  
TEST TYPE = CSLD

04-01-24 4:56 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME = 6461  
PERCENT VOLUME = 52.1  
TEST TYPE = CSLD

05-15-24 9:38 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME = 698  
PERCENT VOLUME = 57.  
TEST TYPE = CSLD

06-01-24 11:08 PM  
TEST LENGTH 29 HOURS  
STARTING VOLUME = 501  
PERCENT VOLUME = 41.  
TEST TYPE = CSLD

07-08-23 6:30 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 82  
PERCENT VOLUME = 67  
TEST TYPE = CSLD

08-30-23 3:59 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 66  
PERCENT VOLUME = 54  
TEST TYPE = CSLD

09-23-23 6:26 AM  
TEST LENGTH 24 HOURS  
STARTING VOLUME = 8  
PERCENT VOLUME = 7  
TEST TYPE = CSLD

10-07-23 6:24 AM  
TEST LENGTH 26 HOURS  
STARTING VOLUME = 9  
PERCENT VOLUME = 7  
TEST TYPE = CSLD

11-26-23 7:37 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 1  
PERCENT VOLUME = 1  
TEST TYPE = CSI

12-27-23 12:55  
TEST LENGTH 41 HOUR  
STARTING VOLUME = 1  
PERCENT VOLUME = 1  
TEST TYPE = CS

\*\*\*\*\* END \*\*\*\*\*

TANK LEAK TEST HISTORY  
T 2:RUL 3.4  
LAST GROSS TEST PASSED:  
NO TEST PASSED  
LAST ANNUAL TEST PASSED:  
NO TEST PASSED  
FULLEST ANNUAL TEST PASS  
NO TEST PASSED  
LAST PERIODIC TEST PASS:  
05-17-24 8:30 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME = 4546  
PERCENT VOLUME = 37.9  
TEST TYPE = CSLD

FULLEST PERIODIC TEST  
PASSED EACH MONTH:  
01-03-24 6:31 AM  
TEST LENGTH 51 HOURS  
STARTING VOLUME = 10202  
PERCENT VOLUME = 85.0  
TEST TYPE = CSLD

02-16-24 5:49 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 7263  
PERCENT VOLUME = 60.5  
TEST TYPE = CSLD

TANK LEAK TEST HISTORY  
T 2:RUL 3.4  
LAST GROSS TEST PASSED:  
NO TEST PASSED  
LAST ANNUAL TEST PASSED:  
NO TEST PASSED  
FULLEST ANNUAL TEST PASS  
NO TEST PASSED

LAST PERIODIC TEST PASS:  
06-17-24 8:30 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME = 4546  
PERCENT VOLUME = 37.9  
TEST TYPE = CSLD

FULLEST PERIODIC TEST  
PASSED EACH MONTH:  
01-03-24 6:31 AM  
TEST LENGTH 51 HOURS  
STARTING VOLUME = 10202  
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TEST TYPE = CSLD

05-15-24 9:38 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME = 698  
PERCENT VOLUME = 57.  
TEST TYPE = CSLD

06-01-24 11:08 PM  
TEST LENGTH 29 HOURS  
STARTING VOLUME = 501  
PERCENT VOLUME = 41.  
TEST TYPE = CSLD

07-08-23 6:30 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 82  
PERCENT VOLUME = 67  
TEST TYPE = CSLD

08-30-23 3:59 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 66  
PERCENT VOLUME = 54  
TEST TYPE = CSLD

09-23-23 6:26 AM  
TEST LENGTH 24 HOURS  
STARTING VOLUME = 8  
PERCENT VOLUME = 7  
TEST TYPE = CSLD

10-07-23 6:24 AM  
TEST LENGTH 26 HOURS  
STARTING VOLUME = 9  
PERCENT VOLUME = 7  
TEST TYPE = CSLD

11-26-23 7:37 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 1  
PERCENT VOLUME = 1  
TEST TYPE = CSI

12-27-23 12:55  
TEST LENGTH 41 HOUR  
STARTING VOLUME = 1  
PERCENT VOLUME = 1  
TEST TYPE = CS

\*\*\*\*\* END \*\*\*\*\*

02-16-24 5:49 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 7263  
PERCENT VOLUME = 60.5  
TEST TYPE = CSLD

04-01-24 7:57 AM  
TEST LENGTH 34 HOURS  
STARTING VOLUME = 5956  
PERCENT VOLUME = 48.8  
TEST TYPE = CSLD

03-12-24 10:20 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 8241  
PERCENT VOLUME = 68.7  
TEST TYPE = CSLD

03-12-24 10:20 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 8241  
PERCENT VOLUME = 68.7  
TEST TYPE = CSLD

05-27-24 12:58 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME = 7887  
PERCENT VOLUME = 65.7  
TEST TYPE = CSLD

04-01-24 7:57 AM  
TEST LENGTH 34 HOURS  
STARTING VOLUME = 5956  
PERCENT VOLUME = 48.8  
TEST TYPE = CSLD

04-01-24 7:57 AM  
TEST LENGTH 34 HOURS  
STARTING VOLUME = 5956  
PERCENT VOLUME = 48.8  
TEST TYPE = CSLD

06-01-24 1:57 PM  
TEST LENGTH 27 HOURS  
STARTING VOLUME = 7721  
PERCENT VOLUME = 64.3  
TEST TYPE = CSLD

05-27-24 12:58 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME = 7887  
PERCENT VOLUME = 65.7  
TEST TYPE = CSLD

05-27-24 12:58 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME = 7887  
PERCENT VOLUME = 65.7  
TEST TYPE = CSLD

07-03-23 4:56 AM  
TEST LENGTH 38 HOURS  
STARTING VOLUME = 3174  
PERCENT VOLUME = 26.5  
TEST TYPE = CSLD

06-01-24 1:57 PM  
TEST LENGTH 27 HOURS  
STARTING VOLUME = 7721  
PERCENT VOLUME = 64.3  
TEST TYPE = CSLD

06-01-24 1:57 PM  
TEST LENGTH 27 HOURS  
STARTING VOLUME = 7721  
PERCENT VOLUME = 64.3  
TEST TYPE = CSLD

08-03-23 8:53 PM  
TEST LENGTH 37 HOURS  
STARTING VOLUME = 2653  
PERCENT VOLUME = 22.1  
TEST TYPE = CSLD

07-03-23 4:56 AM  
TEST LENGTH 38 HOURS  
STARTING VOLUME = 3174  
PERCENT VOLUME = 26.5  
TEST TYPE = CSLD

07-03-23 4:56 AM  
TEST LENGTH 38 HOURS  
STARTING VOLUME = 3174  
PERCENT VOLUME = 26.5  
TEST TYPE = CSLD

09-24-23 4:58 AM  
TEST LENGTH 37 HOURS  
STARTING VOLUME = 3430  
PERCENT VOLUME = 28.6  
TEST TYPE = CSLD

08-03-23 8:53 PM  
TEST LENGTH 37 HOURS  
STARTING VOLUME = 2653  
PERCENT VOLUME = 22.1  
TEST TYPE = CSLD

02-16-24 5:49 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 7263  
PERCENT VOLUME = 60.5  
TEST TYPE = CSLD

08-03-23 8:53 PM  
TEST LENGTH 37 HOURS  
STARTING VOLUME = 2653  
PERCENT VOLUME = 22.1  
TEST TYPE = CSLD

10-23-23 4:50 PM  
TEST LENGTH 31 HOURS  
STARTING VOLUME = 3969  
PERCENT VOLUME = 33.1  
TEST TYPE = CSLD

09-24-23 4:58 AM  
TEST LENGTH 37 HOURS  
STARTING VOLUME = 3430  
PERCENT VOLUME = 28.6  
TEST TYPE = CSLD

09-24-23 4:58 AM  
TEST LENGTH 37 HOURS  
STARTING VOLUME = 3430  
PERCENT VOLUME = 28.6  
TEST TYPE = CSLD

11-04-23 1:41 PM  
TEST LENGTH 34 HOURS  
STARTING VOLUME = 3863  
PERCENT VOLUME = 32.3  
TEST TYPE = CSLD

10-23-23 4:50 PM  
TEST LENGTH 31 HOURS  
STARTING VOLUME = 3969  
PERCENT VOLUME = 33.1  
TEST TYPE = CSLD

10-23-23 4:50 PM  
TEST LENGTH 31 HOURS  
STARTING VOLUME = 3969  
PERCENT VOLUME = 33.1  
TEST TYPE = CSLD

12-27-23 11:26 PM  
TEST LENGTH 45 HOURS  
STARTING VOLUME = 9622  
PERCENT VOLUME = 80.2  
TEST TYPE = CSLD

11-04-23 1:41 PM  
TEST LENGTH 34 HOURS  
STARTING VOLUME = 3863  
PERCENT VOLUME = 32.3  
TEST TYPE = CSLD

11-04-23 1:41 PM  
TEST LENGTH 34 HOURS  
STARTING VOLUME = 3863  
PERCENT VOLUME = 32.3  
TEST TYPE = CSLD

11-04-23 1:41 PM  
TEST LENGTH 34 HOURS  
STARTING VOLUME = 3863  
PERCENT VOLUME = 32.3  
TEST TYPE = CSLD

12-27-23 11:26 PM  
TEST LENGTH 45 HOURS  
STARTING VOLUME = 9622  
PERCENT VOLUME = 80.2  
TEST TYPE = CSLD

11-04-23 1:41 PM  
TEST LENGTH 34 HOURS  
STARTING VOLUME = 3863  
PERCENT VOLUME = 32.3  
TEST TYPE = CSLD

12-27-23 11:26 PM  
TEST LENGTH 45 HOURS  
STARTING VOLUME = 9622  
PERCENT VOLUME = 80.2  
TEST TYPE = CSLD

12-27-23 11:26 PM  
TEST LENGTH 45 HOURS  
STARTING VOLUME = 9622  
PERCENT VOLUME = 80.2  
TEST TYPE = CSLD

\*\*\*\*\* END \*\*\*\*\*

\*\*\*\*\* END \*\*\*\*\*

\*\*\*\*\* END \*\*\*\*\*

## TANK LEAK TEST HISTORY

T 2:RUL 3.4

LAST GROSS TEST PASSED:

NO TEST PASSED

LAST ANNUAL TEST PASSED:

NO TEST PASSED

FULLEST ANNUAL TEST PASS:

NO TEST PASSED

LAST PERIODIC TEST PASS:

06-17-24 8:30 AM  
 TEST LENGTH 32 HOURS  
 STARTING VOLUME = 4546  
 PERCENT VOLUME = 37.9  
 TEST TYPE = CSLD

FULLEST PERIODIC TEST PASSED EACH MONTH:

01-03-24 6:31 AM  
 TEST LENGTH 51 HOURS  
 STARTING VOLUME = 10202  
 PERCENT VOLUME = 85.0  
 TEST TYPE = CSLD

02-16-24 5:49 AM  
 TEST LENGTH 30 HOURS  
 STARTING VOLUME = 7263  
 PERCENT VOLUME = 60.5  
 TEST TYPE = CSLD

03-12-24 10:20 AM  
 TEST LENGTH 30 HOURS  
 STARTING VOLUME = 8241  
 PERCENT VOLUME = 68.7  
 TEST TYPE = CSLD

04-01-24 7:57 AM  
 TEST LENGTH 34 HOURS  
 STARTING VOLUME = 5856  
 PERCENT VOLUME = 48.8  
 TEST TYPE = CSLD

05-27-24 12:58 AM  
 TEST LENGTH 32 HOURS  
 STARTING VOLUME = 7887  
 PERCENT VOLUME = 65.7  
 TEST TYPE = CSLD

06-01-24 1:57 PM  
 TEST LENGTH 27 HOURS  
 STARTING VOLUME = 7721  
 PERCENT VOLUME = 64.3  
 TEST TYPE = CSLD

07-03-23 4:56 AM  
 TEST LENGTH 38 HOURS  
 STARTING VOLUME = 3174  
 PERCENT VOLUME = 26.5  
 TEST TYPE = CSLD

08-03-23 8:53 PM  
 TEST LENGTH 37 HOURS  
 STARTING VOLUME = 2653  
 PERCENT VOLUME = 22.1  
 TEST TYPE = CSLD

09-24-23 4:58 AM  
 TEST LENGTH 37 HOURS  
 STARTING VOLUME = 3430  
 PERCENT VOLUME = 28.6  
 TEST TYPE = CSLD

10-23-23 4:50 PM  
 TEST LENGTH 31 HOURS  
 STARTING VOLUME = 3969  
 PERCENT VOLUME = 33.1  
 TEST TYPE = CSLD

11-04-23 1:41 PM  
 TEST LENGTH 34 HOURS  
 STARTING VOLUME = 3863  
 PERCENT VOLUME = 32.2  
 TEST TYPE = CSLD

12-27-23 11:26 PM  
 TEST LENGTH 45 HOURS  
 STARTING VOLUME = 9622  
 PERCENT VOLUME = 80.2  
 TEST TYPE = CSLD

\*\*\*\*\* END \*\*\*\*\*

## TANK LEAK TEST HISTORY

T 3:PREMIUM

LAST GROSS TEST PASSED:

NO TEST PASSED

LAST ANNUAL TEST PASSED:

NO TEST PASSED

FULLEST ANNUAL TEST PASS:

NO TEST PASSED

LAST PERIODIC TEST PASS:

06-17-24 9:18 AM  
 TEST LENGTH 39 HOURS  
 STARTING VOLUME = 3215  
 PERCENT VOLUME = 26.6  
 TEST TYPE = CSLD

FULLEST PERIODIC TEST PASSED EACH MONTH:

01-31-24 10:47 AM  
 TEST LENGTH 33 HOURS  
 STARTING VOLUME = 4673  
 PERCENT VOLUME = 38.7  
 TEST TYPE = CSLD

02-06-24 11:43 PM  
 TEST LENGTH 32 HOURS  
 STARTING VOLUME = 5881  
 PERCENT VOLUME = 48.7  
 TEST TYPE = CSLD

03-14-24 12:10 PM  
 TEST LENGTH 35 HOURS  
 STARTING VOLUME = 7092  
 PERCENT VOLUME = 58.7  
 TEST TYPE = CSLD

04-01-24 3:45 AM  
 TEST LENGTH 24 HOURS  
 STARTING VOLUME = 5240  
 PERCENT VOLUME = 43.4  
 TEST TYPE = CSLD

05-18-24 2:12 AM  
 TEST LENGTH 34 HOURS  
 STARTING VOLUME = 4912  
 PERCENT VOLUME = 40.6  
 TEST TYPE = CSLD

06-01-24 3:24 AM  
 TEST LENGTH 32 HOURS  
 STARTING VOLUME = 3630  
 PERCENT VOLUME = 30.0  
 TEST TYPE = CSLD

07-01-23 3:26 AM  
 TEST LENGTH 32 HOURS  
 STARTING VOLUME = 3209  
 PERCENT VOLUME = 26.6  
 TEST TYPE = CSLD

08-19-23 7:21 PM  
 TEST LENGTH 34 HOURS  
 STARTING VOLUME = 3431  
 PERCENT VOLUME = 28.4  
 TEST TYPE = CSLD

09-30-23 12:46 PM  
 TEST LENGTH 30 HOURS  
 STARTING VOLUME = 8440  
 PERCENT VOLUME = 69.8  
 TEST TYPE = CSLD

10-02-23 5:32 AM  
 TEST LENGTH 29 HOURS  
 STARTING VOLUME = 9288  
 PERCENT VOLUME = 76.9  
 TEST TYPE = CSLD

11-01-23 12:35 AM  
 TEST LENGTH 33 HOURS  
 STARTING VOLUME = 5275  
 PERCENT VOLUME = 43.7  
 TEST TYPE = CSLD

12-28-23 9:25 PM  
 TEST LENGTH 42 HOURS  
 STARTING VOLUME = 3869  
 PERCENT VOLUME = 32.0  
 TEST TYPE = CSLD

\*\*\*\*\* END \*\*\*\*\*



## Facility Compliance Report

Period: May 2023 - May 2024

**Site:** 4702240  
706 NORTHWESTERN AVE  
WEST LAFAYETTE, IN 47906

**Company:** CIRCLE K  
1100 Situs Ct.  
Suite 100  
Raleigh, NC 27606  
919-774-6700

**State ID:** 1108



Tank Release Detection Results						
Tank 1/1; Unleaded (Ethanol); ATG CSLD (Tank, Continuous)						Interval: Monthly
Month	Test Type	Test Date	Volume	Volume %	Result	Days Since Last Interval Pass
May 2023	ATG	5/1/2023 12:09:00 AM	3,019.00	0.25	P	1
Jun 2023	ATG	6/1/2023 12:05:00 AM	7,068.16	57.77	P	2
Jul 2023	ATG	7/1/2023 12:09:00 AM	3,723.00	0.30	P	1
Aug 2023	ATG	8/1/2023 12:33:00 AM	4,089.00	0.33	P	1
Sep 2023	ATG	9/1/2023 12:09:00 AM	7,606.00	0.62	P	1
Oct 2023	ATG	10/1/2023 6:25:00 AM	8,637.73	70.60	P	2
Nov 2023	ATG	11/1/2023 12:11:00 AM	8,002.00	0.65	P	1
Dec 2023	ATG	12/1/2023 12:10:00 AM	3,133.00	0.26	P	1
Jan 2024	ATG	1/1/2024 12:10:00 AM	8,138.00	0.67	P	1
Feb 2024	ATG	2/1/2024 12:10:00 AM	7,043.00	0.58	P	1
Mar 2024	ATG	3/1/2024 12:09:00 AM	8,133.00	0.66	P	1
Apr 2024	ATG	4/1/2024 12:07:00 AM	4,135.00	0.34	P	1
May 2024	ATG	5/1/2024 12:09:00 AM	6,743.00	0.55	P	1
Tank 2/2; Unleaded (Ethanol); ATG CSLD (Tank, Continuous)						Interval: Monthly
Month	Test Type	Test Date	Volume	Volume %	Result	Days Since Last Interval Pass
May 2023	ATG	5/1/2023 12:09:00 AM	3,028.00	0.25	P	1
Jun 2023	ATG	6/1/2023 12:10:00 AM	1,967.00	0.16	P	1
Jul 2023	ATG	7/1/2023 12:09:00 AM	3,012.00	0.25	P	1
Aug 2023	ATG	8/1/2023 12:33:00 AM	2,587.00	0.22	P	1
Sep 2023	ATG	9/1/2023 12:09:00 AM	2,451.00	0.20	P	1
Oct 2023	ATG	10/1/2023 1:21:00 AM	2,670.04	22.25	P	1
Nov 2023	ATG	11/1/2023 12:11:00 AM	3,786.00	0.32	P	1
Dec 2023	ATG	12/1/2023 12:10:00 AM	2,727.00	0.23	P	1
Jan 2024	ATG	1/1/2024 12:10:00 AM	9,166.00	0.76	P	1
Feb 2024	ATG	2/1/2024 12:10:00 AM	8,489.00	0.71	P	1
Mar 2024	ATG	3/1/2024 12:09:00 AM	8,804.00	0.73	P	1
Apr 2024	ATG	4/1/2024 12:07:00 AM	2,388.00	0.20	P	1
May 2024	ATG	5/1/2024 12:09:00 AM	3,961.00	0.33	P	1
Tank 3/3; Premium (Ethanol); ATG CSLD (Tank, Continuous)						Interval: Monthly
Month	Test Type	Test Date	Volume	Volume %	Result	Days Since Last Interval Pass
May 2023	ATG	5/1/2023 12:09:00 AM	3,781.00	0.31	P	1
Jun 2023	ATG	6/1/2023 12:04:00 AM	5,124.98	42.40	P	2
Jul 2023	ATG	7/1/2023 12:09:00 AM	2,434.00	0.20	P	1
Aug 2023	ATG	8/1/2023 12:29:00 AM	2,089.68	17.29	P	1
Sep 2023	ATG	9/1/2023 12:09:00 AM	6,407.00	0.53	P	1
Oct 2023	ATG	10/1/2023 11:25:00 PM	9,086.23	75.18	P	1
Nov 2023	ATG	11/1/2023 12:11:00 AM	3,649.00	0.30	P	1
Dec 2023	ATG	12/1/2023 12:10:00 AM	1,724.00	0.14	P	1
Jan 2024	ATG	1/1/2024 12:10:00 AM	3,449.00	0.29	P	1
Feb 2024	ATG	2/1/2024 12:10:00 AM	5,752.00	0.48	P	1
Mar 2024	ATG	3/1/2024 12:09:00 AM	3,137.00	0.26	P	1
Apr 2024	ATG	4/1/2024 12:07:00 AM	4,044.00	0.33	P	1
May 2024	ATG	5/1/2024 12:09:00 AM	2,232.00	0.18	P	1

Report Generated on 5/17/2024 12:43:57 PM -04:00



**Facility Alarm Report**  
**Period: June 1, 2023 - May 17, 2024**

**Site:** 4702240  
706 NORTHWESTERN AVE  
WEST LAFAYETTE, IN 47906

**Company:** CIRCLE K  
1100 Situs Ct.  
Suite 100  
Raleigh, NC 27606  
919-774-6700

**State ID:** 1108

**Alarms Results**

Facility	ATG Tank #	Tank Cert #	Product	Tank Sensor	ATG Date Alarm Began	ATG Date Alarm Cleared	Sensor Category	Alarm Category	Alarm Type	Priority	Alarm State	Comments
4702240	-	-	-	1	6/15/2023 5:30:00 AM	6/24/2023 10:25:00 AM	Other	System Alarm	Printer Error	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	6/15/2023 5:30:00 AM	6/24/2023 10:25:00 AM	Other	System Alarm	Printer out of Paper	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	6/25/2023 8:50:00 AM	6/25/2023 8:52:00 AM	Other	System Alarm	Printer out of Paper	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	6/25/2023 8:50:00 AM	6/25/2023 8:52:00 AM	Other	System Alarm	Printer Error	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	6/25/2023 8:52:00 AM	6/25/2023 8:52:00 AM	Other	System Alarm	Printer out of Paper	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	6/25/2023 8:52:00 AM	6/25/2023 8:52:00 AM	Other	System Alarm	Printer Error	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	6/29/2023 9:54:00 PM	6/30/2023 5:29:00 AM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	8/13/2023 7:55:00 PM	8/14/2023 11:50:00 AM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	8/15/2023 2:45:00 PM	8/15/2023 8:37:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	8/19/2023 9:33:00 PM	8/20/2023 9:53:00 AM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	8/21/2023 8:08:00 AM	8/21/2023 11:08:00 AM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	8/23/2023 11:11:00 PM	8/24/2023 3:55:00 AM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	8/28/2023 1:10:00 PM	8/28/2023 1:10:00 PM	Other	System Alarm	Printer Error	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	8/28/2023 1:10:00 PM	8/28/2023 1:10:00 PM	Other	System Alarm	Printer out of Paper	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	8/30/2023 12:14:00 AM	8/30/2023 12:29:00 AM	Other	Tank Alarm	Tank Overfill Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	8/30/2023 12:17:00 AM	8/30/2023 6:59:00 AM	Other	Tank Alarm	Tank High Product Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	9/4/2023 7:03:00 PM	9/4/2023 11:09:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	9/10/2023 7:50:00 PM	9/10/2023 8:01:00 PM	Other	Tank Alarm	Tank Overfill Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	9/18/2023 8:06:00 PM	9/18/2023 8:13:00 PM	Other	Tank Alarm	Tank Overfill Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	9/24/2023 8:08:00 PM	9/24/2023 10:24:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-

4702240	-	-	-	1	9/28/2023 5:30:00 AM	9/30/2023 7:39:00 AM	Other	System Alarm	Printer Error	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	9/28/2023 5:30:00 AM	9/30/2023 7:39:00 AM	Other	System Alarm	Printer out of Paper	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	9/30/2023 7:39:00 AM	9/30/2023 7:39:00 AM	Other	System Alarm	Printer Error	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	9/30/2023 7:39:00 AM	9/30/2023 7:39:00 AM	Other	System Alarm	Printer out of Paper	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	9/30/2023 7:55:00 AM	9/30/2023 7:55:00 AM	Other	System Alarm	Printer out of Paper	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	9/30/2023 7:55:00 AM	9/30/2023 7:55:00 AM	Other	System Alarm	Printer Error	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	9/30/2023 7:56:00 AM	9/30/2023 7:56:00 AM	Other	System Alarm	Printer out of Paper	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	9/30/2023 7:56:00 AM	9/30/2023 7:56:00 AM	Other	System Alarm	Printer Error	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	10/6/2023 5:09:00 PM	10/6/2023 9:17:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	10/24/2023 1:02:00 PM	10/24/2023 1:11:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	10/29/2023 5:10:00 PM	10/29/2023 9:03:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	11/7/2023 8:29:00 PM	11/7/2023 9:23:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	11/14/2023 8:22:00 PM	11/14/2023 10:07:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	12/4/2023 7:44:00 PM	12/4/2023 9:08:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	12/8/2023 6:55:00 PM	12/10/2023 6:58:00 AM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	12/8/2023 9:41:00 PM	12/10/2023 6:57:00 AM	Other	Tank Alarm	Tank Invalid Fuel Level Alarm	Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	12/9/2023 8:47:00 AM	12/10/2023 6:57:00 AM	Other	Tank Alarm	Tank Low Product Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	1/10/2024 12:51:00 AM	1/10/2024 4:26:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	1/11/2024 7:42:00 AM	1/11/2024 7:50:00 AM	Other	Tank Alarm	Tank Overfill Alarm	Priority	Alarm Cleared	-
4702240	-	-	-	1	1/18/2024 8:00:00 AM	1/22/2024 6:16:00 PM	Other	System Alarm	Printer Error	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	1/18/2024 8:00:00 AM	1/22/2024 6:16:00 PM	Other	System Alarm	Printer out of Paper	Non-Priority	Alarm Cleared	-

4702240	1	1	Unleaded (Ethanol)	1	1/22/2024 5:57:00 PM	1/22/2024 10:56:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	1/22/2024 6:17:00 PM	1/22/2024 6:17:00 PM	Other	System Alarm	Printer out of Paper	Non-Priority	Alarm Cleared	-
4702240	-	-	-	1	1/22/2024 6:17:00 PM	1/22/2024 6:17:00 PM	Other	System Alarm	Printer Error	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	2/16/2024 5:18:00 PM	2/16/2024 9:44:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	2/19/2024 3:12:00 AM	2/19/2024 6:56:00 AM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	3	3	Premium (Ethanol)	3	3/18/2024 8:51:00 AM	3/18/2024 8:51:00 AM	Other	Tank Alarm	Tank Probe Out Alarm	Priority	Alarm Cleared	-
4702240	3	3	Premium (Ethanol)	3	3/18/2024 8:51:00 AM	3/18/2024 10:07:00 AM	Other	Tank Alarm	Tank Invalid Fuel Level Alarm	Priority	Alarm Cleared	-
4702240	3	3	Premium (Ethanol)	3	3/18/2024 8:52:00 AM	3/18/2024 10:07:00 AM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	3/18/2024 8:52:00 AM	3/18/2024 10:07:00 AM	Other	Tank Alarm	Tank Invalid Fuel Level Alarm	Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	3/18/2024 8:52:00 AM	3/18/2024 10:07:00 AM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	3/18/2024 8:52:00 AM	3/18/2024 8:54:00 AM	Other	Tank Alarm	Tank Low Product Alarm	Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	3/18/2024 8:53:00 AM	3/18/2024 8:54:00 AM	Other	Tank Alarm	Tank Probe Out Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	3/18/2024 8:55:00 AM	3/18/2024 10:06:00 AM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	3	3	Premium (Ethanol)	3	3/18/2024 8:55:00 AM	3/18/2024 9:02:00 AM	Other	Tank Alarm	Tank High Water Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	3/18/2024 8:55:00 AM	3/18/2024 8:57:00 AM	Other	Tank Alarm	Tank Low Product Alarm	Priority	Alarm Cleared	-
4702240	3	3	Premium (Ethanol)	3	3/18/2024 8:55:00 AM	3/18/2024 9:02:00 AM	Other	Tank Alarm	Tank High Water Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	3/18/2024 8:56:00 AM	3/18/2024 8:56:00 AM	Other	Tank Alarm	Tank Probe Out Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	3/18/2024 8:56:00 AM	3/18/2024 10:07:00 AM	Other	Tank Alarm	Tank Invalid Fuel Level Alarm	Priority	Alarm Cleared	-

4702240	2	2	Unleaded (Ethanol)	2	3/18/2024 9:01:00 AM	3/18/2024 10:17:00 AM	Other	Tank Alarm	Tank High Water Alarm	Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	3/18/2024 9:01:00 AM	3/18/2024 10:18:00 AM	Other	Tank Alarm	Tank High Water Warning	Non-Priority	Alarm Cleared	-
4702240	3	3	Premium (Ethanol)	3	3/18/2024 9:02:00 AM	3/18/2024 10:07:00 AM	Other	Tank Alarm	Tank Low Product Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	3/18/2024 9:06:00 AM	3/18/2024 10:17:00 AM	Other	Tank Alarm	Tank High Water Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	3/18/2024 9:06:00 AM	3/18/2024 10:17:00 AM	Other	Tank Alarm	Tank High Water Warning	Non-Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	3/18/2024 10:07:00 AM	3/18/2024 10:14:00 AM	Other	Tank Alarm	Tank Overfill Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	3/18/2024 10:07:00 AM	3/18/2024 10:16:00 AM	Other	Tank Alarm	Tank Overfill Alarm	Priority	Alarm Cleared	-
4702240	3	3	Premium (Ethanol)	3	3/18/2024 10:08:00 AM	3/18/2024 10:16:00 AM	Other	Tank Alarm	Tank Overfill Alarm	Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	3/18/2024 10:08:00 AM	3/18/2024 10:18:00 AM	Other	Tank Alarm	Tank High Product Alarm	Priority	Alarm Cleared	-
4702240	3	3	Premium (Ethanol)	3	3/18/2024 10:09:00 AM	3/18/2024 10:20:00 AM	Other	Tank Alarm	Tank High Product Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	3/18/2024 10:09:00 AM	3/18/2024 10:17:00 AM	Other	Tank Alarm	Tank High Product Alarm	Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	3/18/2024 10:09:00 AM	3/18/2024 10:18:00 AM	Other	Tank Alarm	Tank Maximum Product Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	3/18/2024 10:16:00 AM	3/18/2024 10:17:00 AM	Other	Tank Alarm	Tank Probe Out Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	3/18/2024 10:17:00 AM	3/18/2024 10:18:00 AM	Other	Tank Alarm	Tank Cold Temperature Warning	Non-Priority	Alarm Cleared	-
4702240	2	2	Unleaded (Ethanol)	2	3/18/2024 10:18:00 AM	3/18/2024 10:18:00 AM	Other	Tank Alarm	Tank Probe Out Alarm	Priority	Alarm Cleared	-
4702240	3	3	Premium (Ethanol)	3	3/18/2024 10:19:00 AM	3/18/2024 10:20:00 AM	Other	Tank Alarm	Tank Probe Out Alarm	Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	3/23/2024 5:16:00 PM	3/23/2024 6:53:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	4/4/2024 7:46:00 AM	4/4/2024 7:48:00 AM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-
4702240	1	1	Unleaded (Ethanol)	1	4/7/2024 7:08:00 PM	4/7/2024 7:28:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non-Priority	Alarm Cleared	-

4702240	1	1	Unleaded (Ethanol)	1	4/8/2024 1:30:00 PM	4/8/2024 8:00:00 PM	Other	Tank Alarm	Tank Delivery Needed Warning	Non- Priority	Alarm Cleared	-
4702240	-	-	-	1	5/10/2024 5:30:00 AM	5/11/2024 2:59:00 PM	Other	System Alarm	Printer Error	Non- Priority	Alarm Cleared	-
4702240	-	-	-	1	5/10/2024 5:30:00 AM	5/11/2024 2:59:00 PM	Other	System Alarm	Printer out of Paper	Non- Priority	Alarm Cleared	-



# Testing and Inspection Certificate

Tanknology Inc.  
11000 North MoPac Expressway, Suite 500, Austin, TX 78759  
800-800-4633 www.tanknology.com

Test Date	10/13/2023	Tanknology WO#	CP1-1348707
Test Purpose	COMPLIANCE	Customer PO#	6430-5500

Customer

CIRCLE K  
P.O. BOX 347  
COLUMBUS, IN 47202

Location

CIRCLE K # 2240 (4702240)  
706 NORTHWESTERN  
W LAFAYETTE, IN 47906

Attn: LIZ WARD  
(812) 378-1772

Attn: MANAGER  
(765) 743-2467

Test / Inspection Description	Item Tested	Date Tested	Result
Cathodic Protection Survey	See test report for details	10/13/2023	P

Tanknology Representative: Dustin Hollander  
Telephone: (512) 380-7117

Technician: Teddy Barnett  
Technician Certification: (See forms)



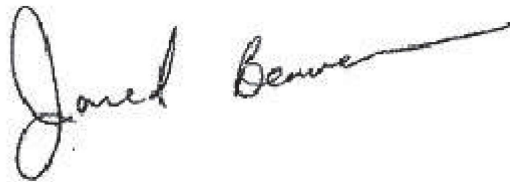
**CATHODIC PROTECTION  
COMPLIANCE SURVEY  
UST SYSTEM**

**FOR:** CIRCLE K  
P.O. BOX 347  
COLUMBUS IN 47202

Contact: LIZ WARD

**SITE:** CIRCLE K # 2240  
706 NORTHWESTERN  
W LAFAYETTE IN 47906

**BY:** Tanknology Inc.



Jared Beavers  
(NACE CP2 #52250)



**Survey Date:** 10/13/2023

**Report Date:** 10/17/2023

**Work Order:** 1348707

## COMPLIANCE SURVEY

### SACRIFICIAL CP SYSTEM

CIRCLE K  
CIRCLE K # 2240  
706 NORTHWESTERN  
W LAFAYETTE IN 47906

#### I. SCOPE:

A cathodic protection survey was conducted on 10/13/2023, on the cathodic protection system for CIRCLE K at CIRCLE K # 2240, 706 NORTHWESTERN, W LAFAYETTE, IN. The purpose of this survey was to determine if the UST system meets corrosion protection requirements. The cathodic protection system for the underground tanks consists of magnesium or zinc anodes. The UST facility consists of one 12000-gallon stip3 (unleaded), one 12000-gallon stip3 (plus), one 12000-gallon stip3 (premium) tanks and associated fiberglass piping with booted flexible connectors at the submersible turbine pumps (STP) and at the dispensers.

#### II. RESULTS & ANALYSIS:

The structure-to-soil potential measurements are tabulated on the attached survey data sheets. The potential measurements for the underground tanks, ranged from -893 millivolts to -1068 millivolts.

#### III. CONCLUSIONS:

The results of the survey indicate that the structure-to-soil potential measurements for the tanks all meet the -850 millivolts criterion for cathodic protection.

#### IV. RECOMMENDATIONS:

Per industry standards and regulation a structure-to-soil potential survey is required to be conducted every three years. The next cathodic protection survey will be due on 10/13/2026.

Test Procedures: Description of test procedures utilized for this project are contained in the Appendix.

STI-P3 Cathodic Protection System: The STI-P3 cathodic protection system is designed to protect the outside of the tanks only. The risers/piping are electrically isolated from the tank and are not included. The STI-P3 tank incorporates a good exterior coating and factory installed magnesium anodes. The magnesium anodes are provided to protect the surface areas on the tank where coating holidays exist and exposure to corrosion occurs. The surface areas are very small and do not require a large number of anodes for protection. When foreign structures are electrically shorted to the tanks (i.e. piping) the protective effect is depleted and the magnesium anodes for the tanks are consumed rapidly. This is why it is very important to maintain effective electrical isolation of the STI-P3 tank.

#### V. REGULATORY REQUIREMENTS:

INDIANA CODE: 329 IAC 9-3-1 (c) (1) references EPA ?280.31

#### FEDERAL REGULATIONS

40 CFR ? 280.31 Operation and maintenance of corrosion protection. All owners and operators of metal UST systems with corrosion protection must comply with the following requirements to ensure that releases due to corrosion are prevented until the UST system is permanently closed or undergoes a change-in-service pursuant to ? 280.71: (a) All corrosion protection systems must be operated and maintained to continuously provide corrosion protection to the metal components of that portion of the tank and piping that routinely contain regulated substances and are in contact with the ground. (b) All UST systems equipped with cathodic protection systems must be inspected for proper operation by a qualified cathodic protection tester in accordance with the following requirements: (1) Frequency. All cathodic protection systems must be tested within 6 months of installation and at least every 3 years thereafter or according to another reasonable time frame established by the implementing agency; and (2) Inspection criteria. The criteria that are used to determine that cathodic

protection is adequate as required by this section must be in accordance with a code of practice developed by a nationally recognized association. Note to paragraph (B). The following codes of practice may be used to comply with paragraph (b) of this section: (A) NACE International Test Method TM 0101, "Measurement Techniques Related to Criteria for Cathodic Protection of Underground Storage Tank Systems"; (B) NACE International Test Method TM0497, "Measurement Techniques Related to Criteria for Cathodic Protection on Underground or Submerged Metallic Piping Systems"; (C) Steel Tank Institute Recommended Practice R051, "Cathodic Protection Testing Procedures for STI-P3 USTs"; (D) NACE International Standard Practice SP 0285, "External Control of Underground Storage Tank Systems by Cathodic Protection"; or (E) NACE International Standard Practice SP 0169, "Control of External Corrosion on Underground or Submerged Metallic Piping Systems". (c) UST systems with impressed current cathodic protection systems must also be inspected every 60 days to ensure the equipment is running properly. (d) For UST systems using cathodic protection, records of the operation of the cathodic protection must be maintained (in accordance with ? 280.34) to demonstrate compliance with the performance standards in this section. These records must provide the following: (1) The results of the last three inspections required in paragraph (c) of this section; and (2) The results of testing from the last two inspections required in paragraph (b) of this section.

## APPENDIX: TEST PROCEDURES

Local structure-to-soil potentials are obtained over the tanks and/or steel lines to a copper-copper sulfate reference electrode (CSE). The CSE is placed over the steel tank/s and/or steel line/s in the electrolyte to measure cathodic protection levels. The structure-to-soil potential measurements are obtained by making electrical contact to steel structures and CSE placed in various locations in the electrolyte through a Fluke or Beckman digital voltmeter. The digital voltmeter utilized has a minimum 10 Meg Ohms impedance. The local structure-to-soil potentials are obtained with the magnesium anodes connected. The potentials obtained are evaluated to determine cathodic protection levels. Please see the criterion for cathodic protection. The measurements are recorded on the cathodic protection survey data sheets. Local "on" potentials are recorded on the location where the reference cell was placed. For example, a local "on" potential recorded on the ATG row for tank is the local structure-to-soil potential on that tank with the CSE placed in the electrolyte at the ATG man way. Remote (fixed) structure-to-soil potentials are obtained on all tank/s, associated risers, and piping to a CSE that remains in a fixed location in the electrolyte while obtaining all potentials. The measurements are recorded on the cathodic protection survey data sheets. For example a reading recorded on the ATG row under remote potential is a fixed cell potentials from the ATG riser with the CSE located in a remote (fixed) location. Structures of less than 3.0 millivolts (mV) difference are considered electrically continuous with each other. Structures with a difference between 3.0 mV to 10.0 mV indicate an inconclusive electrical continuity test. Structures with a difference of greater than 10.0 mV are considered electrically discontinuous.

In order to determine the effectiveness of the cathodic protection system, local structure-to-soil potential measurements are obtained at representative locations throughout the subject area. These measurements were collected with the magnesium anodes attached. These measurements are then evaluated to determine if an adequate level of cathodic protection has been achieved.

The two (2) most common criteria for cathodic protection as established by the NACE standard practice SP0285-2011 "External Corrosion Control of Underground Storage Tank Systems by Cathodic Protection" are as follows:

1. A negative voltage of at least 0.85 volts as measured between the structure surface and a saturated copper/copper sulfate reference electrode placed in contact with the electrolyte.
2. A minimum negative (cathodic) polarization voltage shift of 100 millivolts measured between the structure surface and a stable reference electrode contacting the electrolyte. This polarization voltage shift is to be determined by interrupting the protective current and measuring the polarization decay. When the current is initially interrupted, an immediate voltage shift will occur. The voltage reading after the immediate shift shall be used as the base reading from which to measure polarization decay.



Customer Name: CIRCLE K	Site ID: 4702240	Work Order: 1348707	Date: 10/13/2023
Site Address: 706 NORTHWESTERN , W LAFAYETTE, IN 47906			

**Rectifier Information**

**Rectifier Data**

AS FOUND

DC Volts:  
DC Amps:  
Tap Setting Course:  
Tap Setting Fine:  
Hour Meter:

AS LEFT

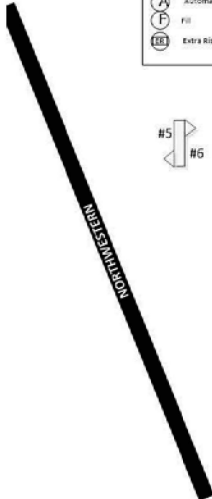
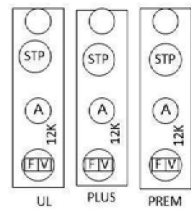
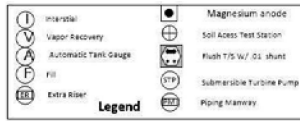
DC Volts:  
DC Amps:  
Tap Setting Course:  
Tap Setting Fine:  
Hour Meter:

**Junction Box Data**  
**Anodes (amps)**

- Anode #1
- Anode #2
- Anode #3
- Anode #4
- Anode #5
- Anode #6
- Anode #7
- Anode #8
- Anode #9
- Anode #10
- Anode #11
- Anode #12

**Structures (amps)**

- Structure #1:
- Structure #2:
- Structure #3:
- Structure #4:
- Structure #5:
- Structure #6:





# Site Diagram

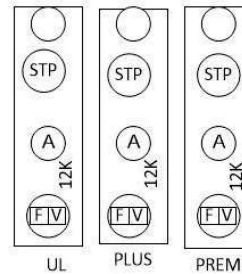
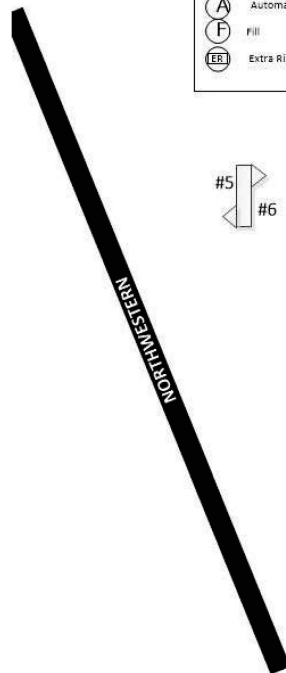
(This site diagram is for reference only and is not drawn to scale)

Work Order: 1348707  
Site ID / Name: 4702240 / CIRCLE K # 2240  
Address: 706 NORTHWESTERN  
City: W LAFAYETTE

State: IN Zip: 47906



	Interstitial		Magnesium anode
	Vapor Recovery		Soil Access Test Station
	Automatic Tank Gauge		Flush T/S W/ .01 shunt
	Fill		Submersible Turbine Pump
	Extra Riser		Piping Manway



○○○ VENTS



25 FEET



# Testing and Inspection Certificate

Tanknology Inc.  
11000 North MoPac Expressway, Suite 500, Austin, TX 78759  
800-800-4633 www.tanknology.com

Test Date	3/18/2024	Tanknology WO#	MW1-6199409
Test Purpose	COMPLIANCE	Customer PO#	6430-5500

<u>Customer</u> CIRCLE K P.O. BOX 347 COLUMBUS, IN 47202	<u>Location</u> CIRCLE K # 2240 (4702240) 706 NORTHWESTERN W LAFAYETTE, IN 47906
Attn: LIZ WARD (812) 378-1772	Attn: MANAGER (765) 7432467

Test / Inspection Description	Item Tested	Date Tested	Result
Precision Line Tightness (.1 GPH)	Tank 1 Line 1 UNLEADED	3/18/2024	Pass
Precision Line Tightness (.1 GPH)	Tank 2 Line 1 REGULAR	3/18/2024	Pass
Precision Line Tightness (.1 GPH)	Tank 3 Line 1 PREMIUM	3/18/2024	Pass
Line Leak Detector (3 GPH)	Tank 1 Line 1 UNLEADED	3/18/2024	Pass
Line Leak Detector (3 GPH)	Tank 2 Line 1 REGULAR	3/18/2024	Pass
Line Leak Detector (3 GPH)	Tank 3 Line 1 PREMIUM	3/18/2024	Pass
Impact Valve Inspection	See test report for details	3/18/2024	Pass
Leak Detection Monitoring System Inspection	See test report for details	3/18/2024	Pass

Tanknology Representative: Dan Batten Telephone: (614) 436-7600	Technician: Adam Duran Technician Certification: (See forms)
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# Product Line Tightness Test

Work Order: 6199409 Date: 3/18/2024  
 Site Name/ID: CIRCLE K # 2240 / 4702240  
 Address: 706 NORTHWESTERN  
 City: W LAFAYETTE State: IN Zip: 47906

Tank Information	Tank # 1 Line # 1	Tank # 2 Line # 1	Tank # 3 Line # 1	Tank # Line #	Tank # Line #	Tank # Line #
Test Method	TLD-1	TLD-1	TLD-1			
Customer Tank ID	1	2	3			
Product Name	UNLEADED	REGULAR	PREMIUM			
Delivery Type	Pressure	Pressure	Pressure			
Test Pressure (psi)	60	60	60			
Test Start Time	9:57	9:57	9:58			
Test End Time	10:27	10:27	10:28			
Final Leak Rate (gph)	0.00	0.00	0.00			
Test Result(P/F/I)	Pass	Pass	Pass			
Test was performed per 3rd party certifications as specified in 40 CFR parts 280 and 281	Yes	Yes	Yes			

Technician Comments:

Technician Name: Adam Duran Certification #: UC20129394C exp: 12/21/2023  
 Technician Signature:

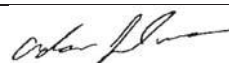


LDT 5000 Field Test Apparatus  
Line Leak Detector Test

Work Order: 6199409 Date: 3/18/2024  
Site Name / ID: CIRCLE K # 2240 / 4702240  
Address: 706 NORTHWESTERN  
City: WLAFAYETTE State: IN Zip: 47906

Tank ID	1	2	3			
Product	UNLEADED	REGULAR	PREMIUM			
Product Line	1	1	1			
Tested From	2	2	2			
Existing/New	Existing	Existing	Existing			
Mechanical/Electronic	Mechanical	Mechanical	Mechanical			
Manufacturer/Model	Red Jacket FX1V	Red Jacket FX1V	Red Jacket FX1V			
Serial No.	401149512	410058525	410058528			
Pump Operating Pressure (psi)	27.00	26.00	26.00			
Calibrated Leak (ml/min)	189.0	189.0	189.0			
Calibrated Leak (gph)	3.00	3.00	3.00			
Holding PSI <i>*N/A for Electronic LD's</i>	22.00	17.00	17.00			
Resiliency (ml) <i>*N/A for Electronic LD's</i>	230.00	200.00	240.00			
Metering PSI <i>*N/A for Electronic LD's</i>	11	10	11			
Opening Time (sec) <i>*N/A for Electronic LD's</i>	3	3	2			
Test Results	Pass	Pass	Pass			

Technician Comments:

Technician Name: Adam Duran Certification #: 87137  
Technician Signature:  Expire Date: 5/16/2024



# Impact Valve Inspection

## Impact Valve Operational Inspection

Work Order: 6199409 Date: 3/18/2024  
 Site Name/ID: CIRCLE K # 2240  
 Address: 706 NORTHWESTERN  
 City: WLAFFAYETTE State: IN Zip: 47906

How Inspected: Line Test  NFPA 30A  PEI RP1200  Other

Dispenser Number	Grade	Secure Mount?	Valve Lock?	Pass/ Fail	Comments
1/2	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
1/2	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
3/4	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
3/4	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
5/6	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
5/6	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	

Technician Comments:

Technician Name: Adam Duran  
 Signature:

# MONITORING SYSTEM CERTIFICATION

This form is used to document testing and servicing of tank and piping leak monitoring equipment. If required by applicable law, a copy of the completed form must be provided by the Testing Contractor or owner to the governing UST agency as required by regulation.

**A. General Information**


Facility Name: CIRCLE K # 2240 Bldg. No.: \_\_\_\_\_  
 Site Address: 706 NORTHWESTERN City: W LAFAYETTE State: IN Zip: 47906  
 Facility Contact Person: MANAGER Contact Phone No.: 765-7432467  
 Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 3/18/2024

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

<p><b>Tank ID:</b> <u>1 - UNLEADED</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket FX1V</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p><b>Tank ID:</b> <u>2 - REGULAR</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket FX1V</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p><b>Tank ID:</b> <u>3 - PREMIUM</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket FX1V</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p><b>Tank ID:</b> _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p><b>Dispenser ID:</b> <u>1/2</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> <u>3/4</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p><b>Dispenser ID:</b> <u>5/6</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

\*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

**C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):**  System set-up  Alarm history report

Technician Name (print): Adam Duran Signature: 

Certification No.: B42020 License No.: \_\_\_\_\_

Testing Company Name: Tanknology Phone No.: (800) 800-4633

Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 3/18/2024

**D. Results of Testing/Serviceing**

Software Version Installed: 119.05

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the <b>visual</b> alarm on the console operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the <b>audible</b> alarm on the console operational?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Is the external <b>visual</b> overfill alarm (light unit) present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Is the external <b>visual</b> overfill alarm operating properly?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Is the external <b>audible</b> overfill alarm present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Is the external <b>audible</b> overfill alarm operating properly?
%	<input checked="" type="checkbox"/> N/A	At what percent of tank(s) capacity is the external alarm programmed to trigger? <i>If different % between tanks, clarify in section E.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? <i>(Check all that apply)</i> <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection? <input type="checkbox"/> Yes; <input type="checkbox"/> No
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is all monitoring equipment operational per manufacturer's specifications?

\* In Section E below, describe how and when these deficiencies were or will be corrected.

**E. Comments:**

Backup Battery reading, if applicable (Required for VR TLS 300/350): 3.65V

**F. In-Tank Gauging / SIR Equipment:**

- Check this box if tank gauging is used only for inventory control.
- Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

**Complete the following checklist:**

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section G, below, describe how and when these deficiencies were or will be corrected.

**G. Comments:**

DID OVERALL MONITOR SYSTEM TESTING PASS (Check One)? YES  NO   
INCONCLUSIVE



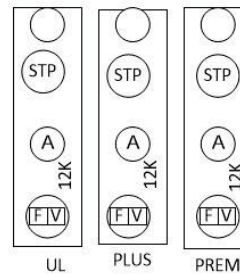
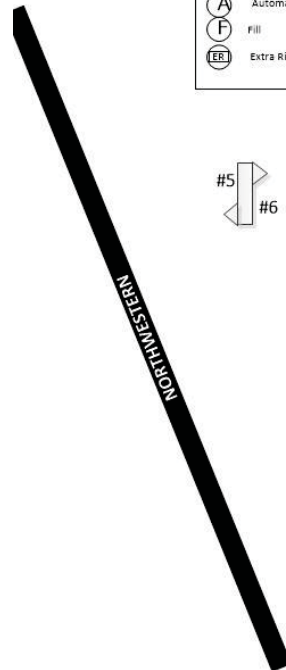
# Site Diagram

(This site diagram is for reference only and is not drawn to scale)

Work Order: 6199409  
Site ID / Name: 4702240 / CIRCLE K # 2240  
Address: 706 NORTHWESTERN  
City: WLAFFAYETTE State: IN Zip: 47906



	Interstitial		Magnesium anode
	Vapor Recovery		Soil Access Test Station
	Automatic Tank Gauge		Flush T/S W/.01 shunt
	Fill		Submersible Turbine Pump
	Extra Riser		Piping Manway



UL PLUS PREM

○○○ VENTS



25 FEET

	<b>Tanknology Inc.</b> 11000 N. MoPac Expressway, Suite 500 Austin, TX 78759 (800) 964-3010		Policy 100-29-A Rev: H Revised: 6/25/2022
	<b>JOB CLEARANCE FORM &amp; SITE SAFETY CHECKLIST - OVF</b>		

Site Name/ID: <b>Circle K North 2240</b>	Street Address: <b>706 North western West Lafayette, IN</b>	W.O. # <b>6199409</b>
Arrival Time: <b>8:31</b>	Departure Time: <b>11:07</b>	Date <b>3-18-24</b>

Scope of Work and Tasks Performed (JSA's must be available for all tasks):  
**L, LD, IV, ATG, Sump Inspect**

Repairs to Equipment or Parts Provided:

Follow-up actions required, equipment isolated, comments:

**PPE - PERSONAL PROTECTIVE EQUIPMENT REQUIRED (Check  items used or mark ~ if not applicable)**

<input checked="" type="checkbox"/> Safety Vest/Shirt (all jobs)	<input checked="" type="checkbox"/> Gloves (all jobs)	<input type="checkbox"/> Splash Goggles (if needed)	<input type="checkbox"/> Hearing Protection (if needed)
<input checked="" type="checkbox"/> Safety Toe Boots (all jobs)	<input checked="" type="checkbox"/> Safety Glasses (all jobs)	<input type="checkbox"/> Hard Hat (if needed)	<input type="checkbox"/> Other

**PRE-TEST PROCEDURES (Check  each item completed or mark ~ if not applicable)**

- Discuss safety procedures with site personnel. Nearest hospital: \_\_\_\_\_
- Get ATG printout & check fuel/water levels. Prior to fuel delivery the system must be placed back into working order.
- Barricade work area (cones, flags, bars/tape) and place Fire Extinguishers & "No Smoking" Signs at perimeter.
- Confined Space Entry - If required complete separate CSE Checklist. If NO CSE check the following reason:  
 No CS's    CS's not opened    No entry only visual    No entry - used tools    Work from prone position w/o risk of falling in
- Implement Lockout/Tagout per API 1646 (when accessing product piping during tasks)
  - Secure nozzles with "Out of Service" bags and nylon ties.
  - Secure the circuit breaker(s) with lockout devices and tags.
  - Disconnect electrical "bayonet" connector from the STP(s).
  - Verify LOTO is complete by trying to operate pumps.
  - Close ball valves or check valves on product piping.
  - All applicable equipment disabled during test(s).

<b>General Safety Checks:</b> All site personnel have been informed. Is a fuel delivery due today? _____ LOTO procedures have been discussed. Work areas barricaded to protect workers, staff & public.	<b>SIGN IN</b> Lead Technician Name <i>Adam Duran</i> Site Representative Name <i>Michelle Pichen</i>	Lead Technician Signature  Site Representative Signature 
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**POST-TEST PROCEDURES (Check  each item completed or mark ~ if not applicable)**

- Remove all "Lockout/Tagout" devices and nozzle bags/ties.
- Run all pumps and verify there are no leaks:
  - Leak Detector & Vent Tubes
  - Impact Valve Test Ports under dispensers
  - STP Functional Elements & Relief Screws
- Get ATG printout. Confirm water levels same as start or explain difference: \_\_\_\_\_
- Check following components operational:
  - ATG probes, sensors, & caps
  - Ball floats, dry breaks & caps
  - Containment sumps are dry
  - Manhole covers and sump lids
  - Spill containers & drain valves
  - Drop tubes, flapper valves, fill adapters & caps
  - Shear valves are open
  - Dispensers & POS operational
  - Dispenser panels are replaced
  - Vents & Extractors (not capped, plugged or isolated)
  - Cathodic protection operational
  - Siphon lines and manifold valves open
- Remove barricades.

<b>General Safety Checks:</b> Work area has been left clean & safe. Site staff aware of work status including any remaining isolation. Changes to equipment are documented and communicated. All incidents, near incidents, and unsafe situations reported.	<b>SIGN OUT &amp; Operator Verification of Work (OVF)</b> Lead Technician Name <i>Adam Duran</i> Site Representative Name <i>Denise Cuevas</i>	Lead Technician Signature  Site Representative Signature 
---	--	--

Site Representative Comments:

6199409



CIRCLE K 2240  
706 NORTHWESTERN  
W. LAFAYETTE IN  
47905 1-765-743-2467  
03-18-24 8:32 AM

SYSTEM STATUS REPORT  
D 8:ALARM CLEAR WARNING

INVENTORY REPORT

T 1:RUL 1256  
VOLUME = 6154 GALS  
ULLAGE = 6080 GALS  
90% ULLAGE= 4856 GALS  
TC VOLUME = 6197 GALS  
HEIGHT = 46.07 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 49.7 DEG F

T 2:RUL 3.4  
VOLUME = 4042 GALS  
ULLAGE = 7958 GALS  
90% ULLAGE= 6758 GALS  
TC VOLUME = 4066 GALS  
HEIGHT = 35.11 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 51.2 DEG F

T 3:PREMIUM  
VOLUME = 6342 GALS  
ULLAGE = 5744 GALS  
90% ULLAGE= 4535 GALS  
TC VOLUME = 6376 GALS  
HEIGHT = 47.22 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 52.1 DEG F

\*\*\*\*\* END \*\*\*\*\*

IN-TANK SETUP

T 1:RUL 1256  
PRODUCT CODE : 1  
THERMAL COEFF :.000700  
TANK DIAMETER : 96.00  
TANK PROFILE : 20 PTS  
FULL VOL : 12234  
91.2 INCH VOL : 12057  
86.4 INCH VOL : 11725  
81.6 INCH VOL : 11274  
76.8 INCH VOL : 10727  
72.0 INCH VOL : 10109  
67.2 INCH VOL : 9436  
62.4 INCH VOL : 8724  
57.6 INCH VOL : 7985  
52.8 INCH VOL : 7228  
48.0 INCH VOL : 6463  
43.2 INCH VOL : 5695  
38.4 INCH VOL : 4931  
33.6 INCH VOL : 4178  
28.8 INCH VOL : 3442  
24.0 INCH VOL : 2732  
19.2 INCH VOL : 2057  
14.4 INCH VOL : 1430  
9.6 INCH VOL : 865  
4.8 INCH VOL : 381

METER DATA : YES  
END FACTOR: NONE  
CAL UPDATE: NEVER

FLOAT SIZE: 4.0 IN. 8496  
WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12234  
OVERFILL LIMIT : 90%  
HIGH PRODUCT : 99%  
DELIVERY LIMIT : 14%  
1800

LOW PRODUCT : 600  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : - 2.04

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 49%  
: 6000  
LEAK MIN ANNUAL : 49%  
: 6000

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF  
DELIVERY DELAY : 5 MIN

T 2:RUL 3.4  
PRODUCT CODE : 2  
THERMAL COEFF :.000700  
TANK DIAMETER : 96.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12000  
72.0 INCH VOL : 9756  
48.0 INCH VOL : 6087  
24.0 INCH VOL : 2408  
METER DATA : YES  
END FACTOR: NONE  
CAL UPDATE: IMMEDIATE

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12000  
OVERFILL LIMIT : 90%  
HIGH PRODUCT : 10800  
DELIVERY LIMIT : 8%  
1000

LOW PRODUCT : 775  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 3.40

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 50%  
: 6000

LEAK MIN ANNUAL : 50%  
: 6000

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF  
DELIVERY DELAY : 5 MIN

T 3:PREMIUM  
PRODUCT CODE : 3  
THERMAL COEFF :.000700  
TANK DIAMETER : 96.00  
TANK PROFILE : 20 PTS  
FULL VOL : 12086  
91.2 INCH VOL : 11908  
86.4 INCH VOL : 11594  
81.6 INCH VOL : 11168  
76.8 INCH VOL : 10650  
72.0 INCH VOL : 10058  
67.2 INCH VOL : 9406  
62.4 INCH VOL : 8709  
57.6 INCH VOL : 7980  
52.8 INCH VOL : 7229  
48.0 INCH VOL : 6466  
43.2 INCH VOL : 5701  
38.4 INCH VOL : 4940  
33.6 INCH VOL : 4193  
28.8 INCH VOL : 3467  
24.0 INCH VOL : 2769  
19.2 INCH VOL : 2108  
14.4 INCH VOL : 1491  
9.6 INCH VOL : 927  
4.8 INCH VOL : 426

METER DATA : YES  
END FACTOR: NONE  
CAL UPDATE: IMMEDIATE

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12086  
OVERFILL LIMIT : 90%  
HIGH PRODUCT : 99%  
DELIVERY LIMIT : 8%  
1000

LOW PRODUCT : 600  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : - 1.36

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 49%  
: 6000

LEAK MIN ANNUAL : 49%  
: 6000

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF  
DELIVERY DELAY : 5 MIN

CIRCLE K 2240  
706 NORTHWESTERN  
W. LAFAYETTE IN  
47905 1-765-743-2467

03-18-24 10:55 AM

SYSTEM STATUS REPORT

D 8:ALARM CLEAR WARNING

INVENTORY REPORT

T 1:RUL 1256

VOLUME = 6131 GALS  
ULLAGE = 6103 GALS  
90% ULLAGE = 4879 GALS  
TC VOLUME = 6174 GALS  
HEIGHT = 45.93 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 49.8 DEG F

T 2:RUL 3.4

VOLUME = 4037 GALS  
ULLAGE = 7963 GALS  
90% ULLAGE = 6763 GALS  
TC VOLUME = 4061 GALS  
HEIGHT = 35.08 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 51.2 DEG F

T 3:PREMIUM

VOLUME = 6345 GALS  
ULLAGE = 5741 GALS  
90% ULLAGE = 4532 GALS  
TC VOLUME = 6379 GALS  
HEIGHT = 47.24 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 52.1 DEG F

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

---- IN-TANK ALARM ----

T 1:RUL 1256

HIGH WATER ALARM  
03-18-24 9:06 AM  
03-16-23 1:01 PM  
03-17-22 12:21 PM

OVERFILL ALARM

03-18-24 10:07 AM  
09-18-23 8:06 PM  
09-10-23 7:50 PM

LOW PRODUCT ALARM

03-18-24 8:55 AM  
03-16-23 12:58 PM  
11-21-22 9:55 PM

HIGH PRODUCT ALARM

03-18-24 10:09 AM  
08-30-23 12:17 AM  
03-16-23 1:27 PM

INVALID FUEL LEVEL

03-18-24 8:56 AM  
03-16-23 12:58 PM  
08-14-22 3:27 PM

PROBE OUT

03-18-24 10:16 AM  
03-18-24 8:56 AM  
03-16-23 1:57 PM

HIGH WATER WARNING

03-18-24 9:06 AM  
03-16-23 1:01 PM  
03-17-22 12:17 PM

DELIVERY NEEDED

03-18-24 8:55 AM  
02-19-24 3:12 AM  
02-16-24 5:18 PM

MAX PRODUCT ALARM

03-23-21 4:37 PM  
03-26-20 2:03 PM  
04-04-19 11:55 AM

PERIODIC TEST FAIL

12-23-07 3:36 AM

NO CSLD IDLE TIME

01-21-08 8:00 AM

LOW TEMP WARNING

03-18-24 10:17 AM  
05-13-15 12:20 PM  
04-21-14 10:41 AM

ALARM HISTORY REPORT

---- IN-TANK ALARM ----

T 2:RUL 3.4

HIGH WATER ALARM  
03-18-24 9:01 AM  
03-16-23 1:35 PM  
03-17-22 12:17 PM

OVERFILL ALARM

03-18-24 10:07 AM  
01-11-24 7:42 AM  
03-16-23 1:26 PM

LOW PRODUCT ALARM

03-18-24 8:52 AM  
12-09-23 8:47 AM  
03-16-23 1:12 PM

HIGH PRODUCT ALARM

03-18-24 10:08 AM  
03-16-23 1:25 PM  
03-17-22 12:04 PM

INVALID FUEL LEVEL

03-18-24 8:52 AM  
12-08-23 9:41 PM  
03-16-23 1:12 PM

PROBE OUT

03-18-24 10:18 AM  
03-18-24 8:53 AM  
03-16-23 1:58 PM

HIGH WATER WARNING

03-18-24 9:01 AM  
03-16-23 1:35 PM  
03-17-22 12:17 PM

DELIVERY NEEDED

03-18-24 8:52 AM  
12-08-23 6:55 PM  
03-16-23 1:12 PM

MAX PRODUCT ALARM

03-18-24 10:09 AM  
03-16-23 1:26 PM  
03-17-22 12:05 PM

ALARM HISTORY REPORT

---- IN-TANK ALARM ----

T 3:PREMIUM

HIGH WATER ALARM  
03-18-24 8:55 AM  
03-16-23 1:00 PM  
03-17-22 12:20 PM

OVERFILL ALARM

03-18-24 10:08 AM  
03-16-23 1:26 PM  
03-17-22 12:02 PM

LOW PRODUCT ALARM

03-18-24 9:02 AM  
03-16-23 1:14 PM  
03-17-22 11:58 AM

HIGH PRODUCT ALARM

03-18-24 10:09 AM  
03-16-23 1:27 PM  
03-17-22 12:04 PM

INVALID FUEL LEVEL

03-18-24 8:51 AM  
03-16-23 12:55 PM  
03-17-22 11:58 AM

PROBE OUT

03-18-24 10:19 AM  
03-18-24 8:51 AM  
03-16-23 2:09 PM

HIGH WATER WARNING

03-18-24 8:55 AM  
03-16-23 1:00 PM  
03-17-22 12:20 PM

DELIVERY NEEDED

03-18-24 8:52 AM  
03-16-23 12:55 PM  
03-17-22 11:58 AM

MAX PRODUCT ALARM

03-23-21 4:36 PM  
03-26-20 2:03 PM  
04-04-19 11:55 AM

PERIODIC TEST FAIL

05-18-17 3:20 AM

NO CSLD IDLE TIME

12-28-09 8:00 AM

LOW TEMP WARNING

04-04-19 11:57 AM

\*\*\*\*\* END \*\*\*\*\*



# Testing and Inspection Certificate

Tanknology Inc.  
 11000 North MoPac Expressway, Suite 500, Austin, TX 78759  
 800-800-4633 www.tanknology.com

Test Date	3/16/2023	Tanknology WO#	MW1-6195246
Test Purpose	COMPLIANCE	Customer PO#	6430-5500

<u>Customer</u>	<u>Location</u>
CIRCLE K P.O. BOX 347 COLUMBUS, IN 47202	CIRCLE K # 2240 (4702240) 706 NORTHWESTERN W LAFAYETTE, IN 47906
Attn: LIZ WARD (812) 378-1772	Attn: MANAGER (765) 743-2467

Test / Inspection Description	Item Tested	Date Tested	Result
Precision Line Tightness (.1 GPH)	Tank 1 Line 1 UNLEADED	3/16/2023	Pass
Precision Line Tightness (.1 GPH)	Tank 2 Line 1 PLUS	3/16/2023	Pass
Precision Line Tightness (.1 GPH)	Tank 3 Line 1 PREMIUM	3/16/2023	Pass
Line Leak Detector (3 GPH)	Tank 1 Line 1 UNLEADED	3/16/2023	Pass
Line Leak Detector (3 GPH)	Tank 2 Line 1 PLUS	3/16/2023	Pass
Line Leak Detector (3 GPH)	Tank 3 Line 1 PREMIUM	3/16/2023	Pass
Impact Valve Inspection	See test report for details	3/16/2023	Pass
Leak Detection Monitoring System Inspection	See test report for details	3/16/2023	Pass
Spill Containment / Bucket Testing	Tank 1 UNLEADED SB 1 - Fill - Direct	3/16/2023	Pass
Spill Containment / Bucket Testing	Tank 2 PLUS SB 1 - Fill - Direct	3/16/2023	Pass
Spill Containment / Bucket Testing	Tank 3 PREMIUM SB 1 - Fill - Direct	3/16/2023	Pass
Overfill Insp OPW Flapper Valve	1 UNLEADED	3/16/2023	Pass
Overfill Insp OPW Flapper Valve	2 PLUS	3/16/2023	Pass
Overfill Insp OPW Flapper Valve	3 PREMIUM	3/16/2023	Pass

Tanknology Representative: Dan Batten Telephone: (614) 436-7600	Technician: Adam Duran Technician Certification: (See forms)
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# Product Line Tightness Test

Work Order: 6195246 Date: 3/16/2023  
 Site Name/ID: CIRCLE K # 2240 / 4702240  
 Address: 706 NORTHWESTERN  
 City: W LAFAYETTE State: IN Zip: 47906

Tank Information	Tank # 1 Line # 1	Tank # 2 Line # 1	Tank # 3 Line # 1	Tank # Line #	Tank # Line #	Tank # Line #
Test Method	TLD-1	TLD-1	TLD-1			
Customer Tank ID	1	2	3			
Product Name	UNLEADED	PLUS	PREMIUM			
Delivery Type	Pressure	Pressure	Pressure			
Test Pressure (psi)	60	60	60			
Test Start Time	13:30	13:30	13:31			
Test End Time	14:00	14:00	14:01			
Final Leak Rate (gph)	0.00	0.00	0.00			
Test Result(P/F/I)	Pass	Pass	Pass			
Test was performed per 3rd party certifications as specified in 40 CFR parts 280 and 281	Yes	Yes	Yes			

Technician Comments:

Technician Name: Adam Duran Certification #: UC20129394C exp: 12/21/2023  
 Technician Signature:

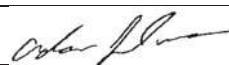


LDT 5000 Field Test Apparatus  
Line Leak Detector Test

Work Order: 6195246 Date: 3/16/2023  
Site Name / ID: CIRCLE K # 2240 / 4702240  
Address: 706 NORTHWESTERN  
City: WLAFAYETTE State: IN Zip: 47906

Tank ID	1	2	3			
Product	UNLEADED	PLUS	PREMIUM			
Product Line	1	1	1			
Tested From	2	2	2			
Existing/New	Existing	Existing	Existing			
Mechanical/Electronic	Mechanical	Mechanical	Mechanical			
Manufacturer/Model	Red Jacket FX1V	Red Jacket FX1V	Red Jacket FX1V			
Serial No.	401149512	410058525	410058528			
Pump Operating Pressure (psi)	28.00	27.00	28.00			
Calibrated Leak (ml/min)	189.0	189.0	189.0			
Calibrated Leak (gph)	3.00	3.00	3.00			
Holding PSI <i>*N/A for Electronic LD's</i>	19.00	14.00	15.00			
Resiliency (ml) <i>*N/A for Electronic LD's</i>	100.00	65.00	80.00			
Metering PSI <i>*N/A for Electronic LD's</i>	10	11	11			
Opening Time (sec) <i>*N/A for Electronic LD's</i>	4	4	2			
Test Results	Pass	Pass	Pass			

Technician Comments:

Technician Name: Adam Duran Certification #: 87137  
Technician Signature:  Expire Date: 5/16/2024



# Impact Valve Inspection

## Impact Valve Operational Inspection

Work Order: 6195246 Date: 3/16/2023  
 Site Name/ID: CIRCLE K # 2240  
 Address: 706 NORTHWESTERN  
 City: WLAFFAYETTE State: IN Zip: 47906

How Inspected: Line Test  NFPA 30A  PEI RP1200  Other

Dispenser Number	Grade	Secure Mount?	Valve Lock?	Pass/ Fail	Comments
1/2	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
1/2	89	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
1/2	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
3/4	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
3/4	89	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
3/4	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
5/6	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
5/6	89	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
5/6	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	

**Technician Comments:**

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Technician Name: Adam Duran  
 Signature:

# MONITORING SYSTEM CERTIFICATION

This form is used to document testing and servicing of tank and piping leak monitoring equipment. If required by applicable law, a copy of the completed form must be provided by the Testing Contractor or owner to the governing UST agency as required by regulation.

**A. General Information**


Facility Name: CIRCLE K # 2240 Bldg. No.: \_\_\_\_\_  
 Site Address: 706 NORTHWESTERN City: W LAFAYETTE State: IN Zip: 47906  
 Facility Contact Person: MANAGER Contact Phone No.: 765-743-2467  
 Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 3/16/2023

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

<p><b>Tank ID:</b> <u>1 - UNLEADED</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket FX1V</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p><b>Tank ID:</b> <u>2 - PLUS</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket FX1V</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p><b>Tank ID:</b> <u>3 - PREMIUM</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Red Jacket FX1V</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p><b>Tank ID:</b> _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p><b>Dispenser ID:</b> <u>1/2</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> <u>3/4</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p><b>Dispenser ID:</b> <u>5/6</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

\*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

**C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):**  System set-up  Alarm history report

Technician Name (print): Adam Duran Signature:   
 Certification No.: B42020 License No.: \_\_\_\_\_  
 Testing Company Name: Tanknology Phone No.: (800) 800-4633  
 Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 3/16/2023

**D. Results of Testing/Serviceing**

Software Version Installed: \_\_\_\_\_

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the <b>visual</b> alarm on the console operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	Is the <b>audible</b> alarm on the console operational?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Is the external <b>visual</b> overfill alarm (light unit) present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Is the external <b>visual</b> overfill alarm operating properly?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Is the external <b>audible</b> overfill alarm present?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Is the external <b>audible</b> overfill alarm operating properly?
%	<input checked="" type="checkbox"/> N/A	At what percent of tank(s) capacity is the external alarm programmed to trigger? <i>If different % between tanks, clarify in section E.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? <i>(Check all that apply)</i> <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection? <input type="checkbox"/> Yes; <input type="checkbox"/> No
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

\* In Section E below, describe how and when these deficiencies were or will be corrected.

**E. Comments:**

Backup Battery reading, if applicable (Required for VR TLS 300/350): 3.65V



**F. In-Tank Gauging / SIR Equipment:**

- Check this box if tank gauging is used only for inventory control.
- Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

**Complete the following checklist:**

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section G, below, describe how and when these deficiencies were or will be corrected.

**G. Comments:**


DID OVERALL MONITOR SYSTEM TESTING PASS (Check One)? YES  NO   
INCONCLUSIVE

Customer Name: CIRCLE K # 2240 Location #: 4702240 City: WLAFFAYETTE State: IN Zip: 47906

**SPILL/OVERFILL CONTAINMENT BOXES**

Facility is Not Equipped With Fill Riser Containment Sumps <input type="checkbox"/>			Test Date: 3/16/2023
Fill Riser Containment Sumps are Present, but were Not Tested <input type="checkbox"/>			
	Spill Box # Tank 1 UNLEADED - Fill 1 - Direct	Spill Box # Tank 2 PLUS - Fill 1 - Direct	Spill Box # Tank 3 PREMIUM - Fill 1 - Direct
Double Wall:	N	N	N
Bucket Diameter (in inches):	12.00	11.00	12.00
Bucket Depth (in inches):	20.00	15.00	20.00
Test Method Developed By:	Industry Standard-PEI RP 1200	Industry Standard-PEI RP 1200	Industry Standard-PEI RP 1200
Test Method Used By:	Vacuum on primary	Vacuum on primary	Vacuum on primary
Test Equipment Used:	VACUUM TEST	VACUUM TEST	VACUUM TEST
Equipment Resolution:	0.1 gph	0.1 gph	0.1 gph
Wait time between applying pressure/vacuum/water and starting test	1 min	1 min	1 min
Test Start Time:	13:35:00	13:38:00	13:54:00
Initial Reading (R <sub>I</sub> ):	-30.00 in. H2O	-30.00 in. H2O	-30.00 in. H2O
Test End Time:	13:36:00	13:39:00	13:55:00
Final Reading (R <sub>F</sub> ):	-27.00 in. H2O	-30.00 in. H2O	-30.00 in. H2O
Test Duration:	1 min	1 min	1 min
Change in Reading (R <sub>F</sub> - R <sub>I</sub> ):	3.00 in. H2O	0.00 in. H2O	0.00 in. H2O
Pass/Fail Threshold or Criteria:	+/- 4.00	+/- 4.00	+/- 4.00
<b>Test Result:</b>	<b>Pass</b>	<b>Pass</b>	<b>Pass</b>

**Comments** — (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Technician Name: Adam Duran Test Date: 3/16/2023  
 Technician Signature:  Certification #: 87140



**Overfill Prevention Equipment Inspection  
OPW 61 and 71 Series Overfill Prevention Device Inspection**

Date: 3/16/2023  
 Customer Name: CIRCLE K  
 Location #: CIRCLE K # 2240  
 Location Address: 706 NORTHWESTERN ,W LAFAYETTE ,IN , 47906  
 OPW Model Number: \_\_\_\_\_

**PART 1) Proper height setting calculation**

Maximum Tank Volume per: Tank Chart  
 Max shut off requirement for Flapper is 95%  
 Multiply Maximum tank volume by 95%  
 Use tank chart to determine height of calculated volume  
 Measure top of fill riser threads, or face seal adapter when used, to tank top  
 Tank diameter **From Chart**  
 Upper Tube in tank (G) **F - D = G**  
 Subtract 2 inches from upper tube in tank **G - 2"= H**  
 Calculated minimum upper tube length (I) **H + E = I**  
 Actual measured upper tube length (Without fill adapter) (J)

	1	2	3	
<b>A gallons</b>	12000.000	12000.000	12000.000	
<b>B 95%</b>	0.95	0.95	0.95	0.95
<b>C gallons</b>	11400.000	11400.000	11400.000	
<b>D inches</b>	86.615	86.625	86.625	
<b>E inches</b>	31.750	28.000	28.000	
<b>F inches</b>	96.000	96.000	96.000	
<b>G inches</b>	9.385	9.375	9.375	
<b>H inches</b>	7.385	7.375	7.375	
<b>I inches</b>	39.135	35.375	35.375	
<b>J inches</b>	41.125	37.500	38.500	

**PART 2) Device certification criteria evaluation**

Criteria 1 Does the overfill prevention device meet the 95% requirement?

Yes	Yes	Yes	
-----	-----	-----	--

Criteria 1a If the final shutoff volume is installed greater than 95%, is there at least 250 gallons of ullage above the overfill device activation point to ensure that none of the tank top fittings are exposed to product, meeting the criteria established in EPA 280.20iic and per OPW installation guidelines.

NA	NA	NA	
----	----	----	--

Criteria 2 Is the Actual measured upper tube length 6.5 inches or more than the fill riser? (**J must be 6.5" or more than E**)

Yes	Yes	Yes	
-----	-----	-----	--

Criteria 3 Does the overfill prevention device function as required? (**Inspect the device for damage, contamination, freedom of movement, weakening due to wear and corrosion**)

Yes	Yes	Yes	
-----	-----	-----	--

**PART 3) Device Certification PASS / FAIL**

Technician certifies that the device is operationally compliant.

Pass	Pass	Pass	
------	------	------	--

Comments:

Signature of Technician:   
 Adam Duran

Date: 3/16/2023



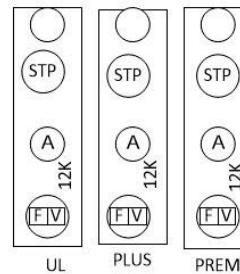
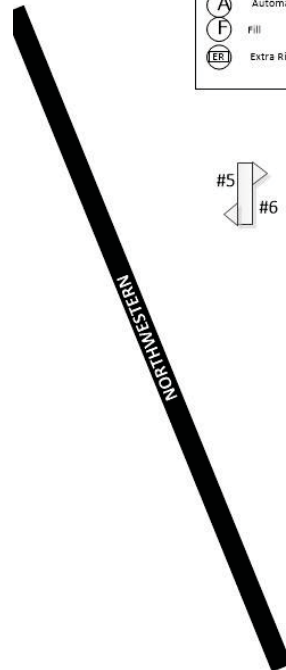
# Site Diagram

(This site diagram is for reference only and is not drawn to scale)

Work Order: 6195246  
Site ID / Name: 4702240 / CIRCLE K # 2240  
Address: 706 NORTHWESTERN  
City: WLAFFAYETTE State: IN Zip: 47906



	Interstitial		Magnesium anode
	Vapor Recovery		Soil Access Test Station
	Automatic Tank Gauge		Flush T/S W/.01 shunt
	Fill		Submersible Turbine Pump
	Extra Riser		Piping Manway




UL PLUS PREM

VENTS



25 FEET

	<b>Tanknology Inc.</b> 11000 N. MoPac Expressway, Suite 500 Austin, TX 78759 (800) 964-0010	Policy 100-29-A Rev: H Revised: 6/25/2022
	<b>JOB CLEARANCE FORM &amp; SITE SAFETY CHECKLIST - OVF</b>	

Site Name: Circle K North 2240	Street Address: 706 Northwestern Ave West Lafayette, IN	W.O.# 6195246
Arrival Time: 12:40	Departure Time: 14:33	Date: 3-16-23

Scope of Work and Tasks Performed (JSA's must be available for all tasks):  
 L.D. IV ATG, overfill, STB

Repairs to Equipment or Parts Provided:

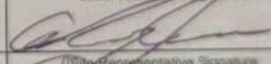
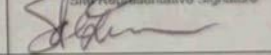
Follow-up actions required, equipment isolated, comments:

**PPE - PERSONAL PROTECTIVE EQUIPMENT REQUIRED (Check  items used or mark - if not applicable)**

<input checked="" type="checkbox"/> Safety Vest/Shirt (all jobs)	<input checked="" type="checkbox"/> Gloves (all jobs)	<input type="checkbox"/> Splash Goggles (if needed)	<input type="checkbox"/> Hearing Protection (if needed)
<input checked="" type="checkbox"/> Safety Toe Boots (all jobs)	<input checked="" type="checkbox"/> Safety Glasses (all jobs)	<input type="checkbox"/> Hard Hat (if needed)	<input type="checkbox"/> Other


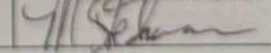
**PRE-TEST PROCEDURES (Check  each item completed or mark - if not applicable)**

- Discuss safety procedures with site personnel. Nearest hospital: \_\_\_\_\_
- Get ATG printout & check fuel/wafer levels. Prior to fuel delivery the system must be placed back into working order.
- Barricade work area (cones, flags, bars/tape) and place Fire Extinguishers & "No Smoking" Signs at perimeter.
- Confined Space Entry - If required complete separate CSE Checklist. If NO CSE check the following reason:  
 No CS's  CS's not opened  No entry only visual  No entry - used tools  Work from prone position w/o risk of falling in
- Implement Lockout/Tagout per API 1646 (when accessing product piping during tasks)
  - Secure nozzles with "Out of Service" bags and nylon ties.
  - Secure the circuit breaker(s) with lockout devices and tags.
  - Close ball valves or check valves on product piping.
  - Disconnect electrical "bayonet" connector from the STP(s).
  - Verify LOTO is complete by trying to operate pumps.
  - All applicable equipment disabled during test(s).

<b>SIGN IN</b> General Safety Checks: All site personnel have been informed. Is a fuel delivery due today? _____ LOTO procedures have been discussed. Work areas barricaded to protect workers, staff & public.	Lead Technician Name Adam Duncan	Lead Technician Signature 
	Site Representative Name Marie Stechman	Site Representative Signature 

**POST-TEST PROCEDURES (Check  each item completed or mark - if not applicable)**

- Remove all "Lockout/Tagout" devices and nozzle bags/ties.
- Run all pumps and verify there are no leaks:
  - Leak Detector & Vent Tubes
  - Impact Valve Test Ports under dispensers
  - STP Functional Elements & Relief Screws
- Get ATG printout. Confirm water levels same as start or explain difference: \_\_\_\_\_
- Check following components operational:
  - ATG probes, sensors, & caps
  - Ball floats, dry breaks & caps
  - Containment sumps are dry
  - Manhole covers and sump lids
  - Spill containers & drain valves
  - Drop tubes, flapper valves, fill adapters & caps
  - Shear valves are open
  - Dispensers & PCS operational
  - Dispenser panels are replaced
  - Vents & Extractors (not capped, plugged or isolated)
  - Cathodic protection operational
  - Siphon lines and manifold valves open
- Remove barricades.

<b>SIGN OUT &amp; Operator Verification of Work (OVF)</b> General Safety Checks: Work area has been left clean & safe. Site staff aware of work status including any remaining isolation. Changes to equipment are documented and communicated. All incidents, near incidents, and unsafe situations reported.	Lead Technician Name Adam Duncan	Lead Technician Signature 
	Site Representative Name Marie Stechman	Site Representative Signature 

Site Representative Comments:

6195246

CIRCLE K 2240  
706 NORTHWESTERN  
W. LAFAYETTE IN  
47905 1-765-743-2467

03-16-23 12:43 PM

SYSTEM STATUS REPORT

T 1:DELIVERY NEEDED  
D 8:ALARM CLEAR WARNING

INVENTORY REPORT

T 1:UNLEADED  
VOLUME = 6066 GALS  
ULLAGE = 6158 GALS  
90% ULLAGE= 4944 GALS  
TC VOLUME = 6139 GALS  
HEIGHT = 45.52 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 42.8 DEG F

T 2:MIDGRADE  
VOLUME = 4066 GALS  
ULLAGE = 7934 GALS  
90% ULLAGE= 6734 GALS  
TC VOLUME = 4097 GALS  
HEIGHT = 35.27 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 49.1 DEG F

T 3:PREMIUM  
VOLUME = 3378 GALS  
ULLAGE = 8708 GALS  
90% ULLAGE= 7499 GALS  
TC VOLUME = 3402 GALS  
HEIGHT = 28.20 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 49.5 DEG F

\*\*\*\*\* END \*\*\*\*\*

IN-TANK SETUP

T 1:UNLEADED  
PRODUCT CODE : 1  
THERMAL COEFF :.000700  
TANK DIAMETER : 96.00  
TANK PROFILE : 20 PTS  
FULL VOL : 12234  
91.2 INCH VOL : 12057  
86.4 INCH VOL : 11726  
81.6 INCH VOL : 11274  
76.8 INCH VOL : 10727  
72.0 INCH VOL : 10109  
67.2 INCH VOL : 9436  
62.4 INCH VOL : 8724  
57.6 INCH VOL : 7985  
52.8 INCH VOL : 7228  
48.0 INCH VOL : 6463  
43.2 INCH VOL : 5695  
38.4 INCH VOL : 4931  
33.6 INCH VOL : 4178  
28.8 INCH VOL : 3442  
24.0 INCH VOL : 2732  
19.2 INCH VOL : 2057  
14.4 INCH VOL : 1430  
9.6 INCH VOL : 865  
4.8 INCH VOL : 381

METER DATA : YES  
END FACTOR: NONE  
CAL UPDATE: NEVER

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12234  
OVERFILL LIMIT : 90%  
HIGH PRODUCT : 11010  
DELIVERY LIMIT : 12111

LOW PRODUCT : 600  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT :- 2.04

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 49%  
: 6000

LEAK MIN ANNUAL : 49%  
: 6000

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN

T 2:MIDGRADE  
PRODUCT CODE : 2  
THERMAL COEFF :.000700  
TANK DIAMETER : 96.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12000  
72.0 INCH VOL : 9756  
48.0 INCH VOL : 6087  
24.0 INCH VOL : 2408  
METER DATA : YES  
END FACTOR: NONE  
CAL UPDATE: IMMEDIATE

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12000  
OVERFILL LIMIT : 90%  
HIGH PRODUCT : 10800

DELIVERY LIMIT : 11400

LOW PRODUCT : 775  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 3.40

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 50%  
: 6000

LEAK MIN ANNUAL : 50%  
: 6000

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN

T 3:PREMIUM  
 PRODUCT CODE : 3  
 THERMAL COEFF : .000700  
 TANK DIAMETER : 96.00  
 TANK PROFILE : 20 PTS  
 FULL VOL : 12086  
 91.2 INCH VOL : 11908  
 86.4 INCH VOL : 11594  
 81.6 INCH VOL : 11168  
 76.8 INCH VOL : 10650  
 72.0 INCH VOL : 10058  
 67.2 INCH VOL : 9406  
 62.4 INCH VOL : 8709  
 57.6 INCH VOL : 7980  
 52.8 INCH VOL : 7229  
 48.0 INCH VOL : 6466  
 43.2 INCH VOL : 5701  
 38.4 INCH VOL : 4940  
 33.6 INCH VOL : 4193  
 28.8 INCH VOL : 3467  
 24.0 INCH VOL : 2769  
 19.2 INCH VOL : 2108  
 14.4 INCH VOL : 1491  
 9.6 INCH VOL : 927  
 4.8 INCH VOL : 426  
 METER DATA : YES  
 END FACTOR: NONE  
 CAL UPDATE: IMMEDIATE

FLOAT SIZE: 4.0 IN. 8496  
 WATER WARNING : 1.5  
 HIGH WATER LIMIT: 2.0  
 MAX OR LABEL VOL: 12086  
 OVERFILL LIMIT : 90%  
 : 10877  
 HIGH PRODUCT : 99%  
 : 11965  
 DELIVERY LIMIT : 8%  
 : 1000  
 LOW PRODUCT : 500  
 LEAK ALARM LIMIT: 50  
 SUDDEN LOSS LIMIT: 50  
 TANK TILT :- 1.36

MANIFOLDED TANKS  
 T#: NONE

LEAK MIN PERIODIC: 49%  
 : 6000  
 LEAK MIN ANNUAL : 49%  
 : 6000

PERIODIC TEST TYPE  
 STANDARD

ANNUAL TEST FAIL  
 ALARM DISABLED

PERIODIC TEST FAIL  
 ALARM DISABLED

GROSS TEST FAIL  
 ALARM DISABLED

ANN TEST AVERAGING: OFF  
 PER TEST AVERAGING: OFF  
 TANK TEST NOTIFY: OFF  
 TNK TST SIPHON BREAK:OFF  
 DELIVERY DELAY : 5 MIN

CIRCLE K 2240  
 706 NORTHWESTERN  
 W. LAFAYETTE IN  
 47905 1-765-743-2467

03-16-23 2:29 PM

SYSTEM STATUS REPORT

D 8:ALARM CLEAR WARNING

INVENTORY REPORT

T 1:UNLEADED  
 VOLUME = 6022 GALS  
 ULLAGE = 6212 GALS  
 90% ULLAGE= 4988 GALS  
 TC VOLUME = 6093 GALS  
 HEIGHT = 45.25 INCHES  
 WATER VOL = 0 GALS  
 WATER = 0.00 INCHES  
 TEMP = 43.0 DEG F

T 2:MIDGRADE  
 VOLUME = 4071 GALS  
 ULLAGE = 7929 GALS  
 90% ULLAGE= 6729 GALS  
 TC VOLUME = 4102 GALS  
 HEIGHT = 35.30 INCHES  
 WATER VOL = 0 GALS  
 WATER = 0.00 INCHES  
 TEMP = 49.1 DEG F

T 3:PREMIUM  
 VOLUME = 3378 GALS  
 ULLAGE = 8708 GALS  
 90% ULLAGE= 7499 GALS  
 TC VOLUME = 3402 GALS  
 HEIGHT = 28.20 INCHES  
 WATER VOL = 0 GALS  
 WATER = 0.00 INCHES  
 TEMP = 49.6 DEG F

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

---- IN-TANK ALARM ----

T 1:UNLEADED

HIGH WATER ALARM  
 03-16-23 1:01 PM  
 03-17-22 12:21 PM  
 03-23-21 4:22 PM

OVERFILL ALARM

03-16-23 1:25 PM  
 11-04-22 8:19 AM  
 05-10-22 9:40 AM

LOW PRODUCT ALARM

03-16-23 12:58 PM  
 11-21-22 9:55 PM  
 08-14-22 2:48 PM

HIGH PRODUCT ALARM

03-16-23 1:27 PM  
 03-17-22 12:04 PM  
 03-23-21 4:36 PM

INVALID FUEL LEVEL

03-16-23 12:58 PM  
 08-14-22 3:27 PM  
 05-21-22 4:16 PM

PROBE OUT

03-16-23 1:57 PM  
 03-16-23 12:57 PM  
 03-17-22 12:22 PM

HIGH WATER WARNING

03-16-23 1:01 PM  
 03-17-22 12:17 PM  
 03-23-21 4:22 PM

DELIVERY NEEDED

03-16-23 12:58 PM  
 03-11-23 12:28 AM  
 03-08-23 10:11 PM

MAX PRODUCT ALARM

03-23-21 4:37 PM  
 03-26-20 2:03 PM  
 04-04-19 11:55 AM

PERIODIC TEST FAIL

12-23-07 3:36 AM

NO CSLD IDLE TIME

01-21-08 8:00 AM

LOW TEMP WARNING

05-13-15 12:20 PM  
 04-21-14 10:41 AM  
 04-22-13 2:20 PM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

---- IN-TANK ALARM ----

T 2: MIDGRADE

HIGH WATER ALARM  
03-16-23 1:35 PM  
03-17-22 12:17 PM  
03-23-21 4:26 PM

OVERFILL ALARM  
03-16-23 1:26 PM  
03-17-22 12:04 PM  
04-27-21 8:08 AM

LOW PRODUCT ALARM  
03-16-23 1:12 PM  
03-17-22 12:03 PM  
03-23-21 4:11 PM

HIGH PRODUCT ALARM  
03-16-23 1:25 PM  
03-17-22 12:04 PM  
03-23-21 4:36 PM

INVALID FUEL LEVEL  
03-16-23 1:12 PM  
05-27-22 3:48 PM  
03-17-22 11:59 AM

PROBE OUT  
03-16-23 1:58 PM  
03-16-23 12:56 PM  
03-17-22 12:18 PM

HIGH WATER WARNING  
03-16-23 1:35 PM  
03-17-22 12:17 PM  
03-23-21 4:26 PM

DELIVERY NEEDED  
03-16-23 1:12 PM  
05-23-22 11:00 AM  
03-17-22 11:59 AM

MAX PRODUCT ALARM  
03-16-23 1:26 PM  
03-17-22 12:05 PM  
03-23-21 4:36 PM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

---- IN-TANK ALARM ----

T 3: PREMIUM

HIGH WATER ALARM  
03-16-23 1:00 PM  
03-17-22 12:20 PM  
03-23-21 4:26 PM

OVERFILL ALARM  
03-16-23 1:26 PM  
03-17-22 12:02 PM  
10-23-21 6:02 PM

LOW PRODUCT ALARM  
03-16-23 1:14 PM  
03-17-22 11:58 AM  
03-23-21 4:12 PM

HIGH PRODUCT ALARM  
03-16-23 1:27 PM  
03-17-22 12:04 PM  
03-23-21 4:36 PM

INVALID FUEL LEVEL  
03-16-23 12:55 PM  
03-17-22 11:58 AM  
03-23-21 4:12 PM

PROBE OUT  
03-16-23 2:09 PM  
03-16-23 12:54 PM  
03-17-22 12:20 PM

HIGH WATER WARNING  
03-16-23 1:00 PM  
03-17-22 12:20 PM  
03-23-21 4:26 PM

DELIVERY NEEDED  
03-16-23 12:55 PM  
03-17-22 11:58 AM  
03-23-21 4:12 PM

MAX PRODUCT ALARM  
03-23-21 4:36 PM  
03-26-20 2:03 PM  
04-04-19 11:55 AM

PERIODIC TEST FAIL  
06-16-19 5:55 AM  
NO CSLD IDLE TIME  
12-28-09 8:00 AM

LOW TEMP WARNING  
04-04-19 11:57 AM



# Circle K Standard Visual Inspection Template - Tier 1

**CIRCLE K**

4702240

706 Northwestern Ave

West Lafayette, IN 47906

State ID: 1108



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
8/9/2023	8/9/2023	Justin Holley	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>UST Facility Information</b>					<b>0</b>
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Monthly Inspection Checklist</b>					<b>0</b>
Monthly Inspection Date	8/9/2023		N/A	0	N/A
<b>Spill Prevention</b>					<b>0</b>
Covers & Lids - Present, in good condition, seated firmly on correct tank	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Bucket walls, plunger, plugs, gauges, in good condition	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of water and product	No		FAIL	3	N/A
Spill Containment Manhole (Spill Buckets) - Free of trash or debris	Yes		PASS	0	N/A
Drop Tubes - Check for and remove obstructions	Yes		PASS	0	N/A
Drop Tube - Fill cap fits securely	Yes		PASS	0	N/A
<b>Release Detection</b>					<b>0</b>
Automatic Tank Gauge (ATG) - Passing tank test results	Yes		PASS	1	N/A
Continuous Interstitial Monitoring - Sensor status normal	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Previous months results obtained with passing result	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Data being collected for current month	N/A		N/A	0	N/A
<b>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</b>					
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	Jhh		N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Cathodic Protection</b>					<b>0</b>
Does the site have Impressed Current Cathodic Protection with a rectifier present?	No		N/A	0	N/A

Is the Impressed Current Cathodic Protection system operating correctly?			N/A	0	N/A
Record the rectifier volt readings (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier amps reading (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier hour meter reading (mark N/A if no rectifier or hour meter)			N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Activity Generation</b>					<b>0</b>
Date	8/9/2023		N/A	0	N/A
Action Taken	Removed water from the spill buckets		N/A	0	N/A
Are there any issues needing to be dispatched/handled by CK?	No	1 gallon	N/A	0	N/A



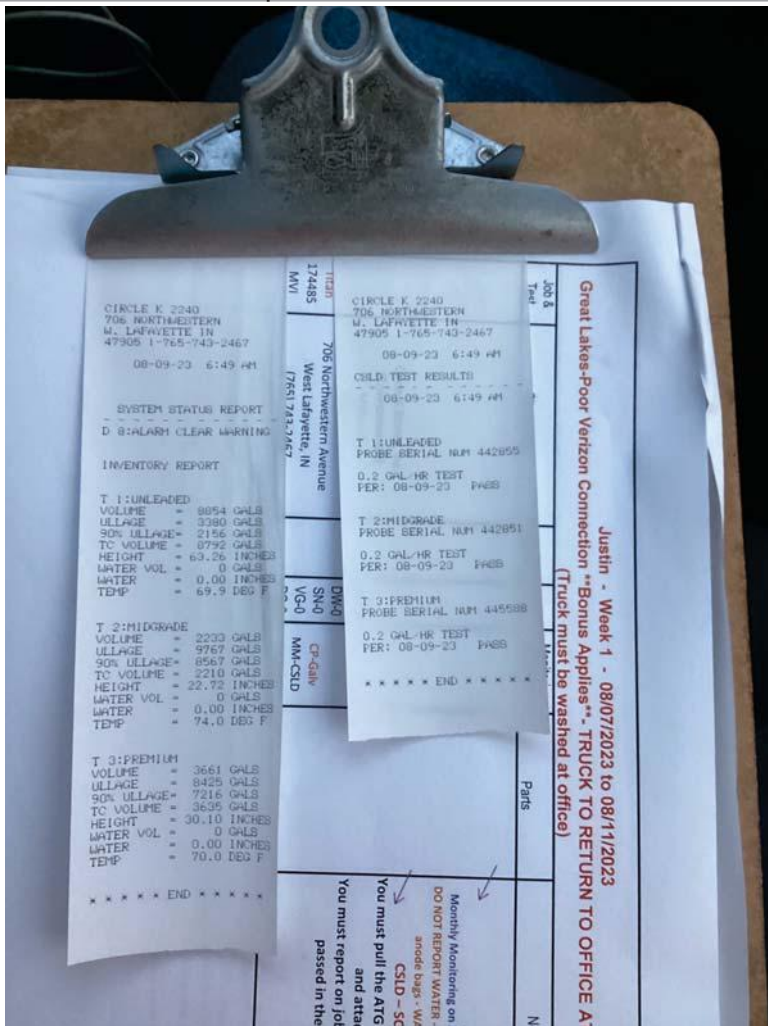
Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Release Detection -> Automatic Tank Gauge (ATG) - Passing tank test results

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>UST Facility Information</b>					<b>0</b>
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Monthly Inspection Checklist</b>					<b>0</b>
Monthly Inspection Date	7/12/2023		N/A	0	N/A
<b>Spill Prevention</b>					<b>0</b>
Covers & Lids - Present, in good condition, seated firmly on correct tank	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Bucket walls, plunger, plugs, gauges, in good condition	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of water and product	No		FAIL	3	N/A
Spill Containment Manhole (Spill Buckets) - Free of trash or debris	Yes		PASS	0	N/A
Drop Tubes - Check for and remove obstructions	Yes		PASS	0	N/A
Drop Tube - Fill cap fits securely	Yes		PASS	0	N/A
<b>Release Detection</b>					<b>0</b>
Automatic Tank Gauge (ATG) - Passing tank test results	Yes		PASS	1	N/A
Continuous Interstitial Monitoring - Sensor status normal	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Previous months results obtained with passing result	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Data being collected for current month	N/A		N/A	0	N/A
<b>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</b>					
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	Jhh		N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Cathodic Protection</b>					<b>0</b>
Does the site have Impressed Current Cathodic Protection with a rectifier present?	No		N/A	0	N/A

Is the Impressed Current Cathodic Protection system operating correctly?			N/A	0	N/A
Record the rectifier volt readings (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier amps reading (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier hour meter reading (mark N/A if no rectifier or hour meter)			N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Activity Generation</b>					<b>0</b>
Date	7/12/2023		N/A	0	N/A
Action Taken	Cleaned out spill buckets		N/A	0	N/A
Are there any issues needing to be dispatched/handled by CK?	No	1 gallon	N/A	0	N/A

# Circle K Standard Visual Inspection Template - Tier 1

**CIRCLE K**

4702240

706 Northwestern Ave

West Lafayette, IN 47906

State ID: 1108



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
6/14/2023	6/14/2023	Justin Holley	-	-



Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>UST Facility Information</b>					<b>0</b>
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Monthly Inspection Checklist</b>					<b>0</b>
Monthly Inspection Date	6/14/2023		N/A	0	N/A
<b>Spill Prevention</b>					<b>0</b>
Covers & Lids - Present, in good condition, seated firmly on correct tank	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Bucket walls, plunger, plugs, gauges, in good condition	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of water and product	No		FAIL	3	N/A
Spill Containment Manhole (Spill Buckets) - Free of trash or debris	Yes		PASS	0	N/A
Drop Tubes - Check for and remove obstructions	Yes		PASS	0	N/A
Drop Tube - Fill cap fits securely	Yes		PASS	0	N/A
<b>Release Detection</b>					<b>0</b>
Automatic Tank Gauge (ATG) - Passing tank test results	Yes		PASS	1	N/A
Continuous Interstitial Monitoring - Sensor status normal	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Previous months results obtained with passing result	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Data being collected for current month	N/A		N/A	0	N/A
<b>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</b>					
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	Jhh		N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Cathodic Protection</b>					<b>0</b>
Does the site have Impressed Current Cathodic Protection with a rectifier present?	No		N/A	0	N/A

# Circle K Standard Visual Inspection Template - Tier 1

**CIRCLE K**

4702240

706 Northwestern Ave

West Lafayette, IN 47906

State ID: 1108



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
11/29/2023	11/29/2023	Justin Holley	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>UST Facility Information</b>					<b>0</b>
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Monthly Inspection Checklist</b>					<b>0</b>
Monthly Inspection Date	11/29/2023		N/A	0	N/A
<b>Spill Prevention</b>					<b>0</b>
Covers & Lids - Present, in good condition, seated firmly on correct tank	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Bucket walls, plunger, plugs, gauges, in good condition	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of water and product	No		FAIL	3	N/A
Spill Containment Manhole (Spill Buckets) - Free of trash or debris	Yes		PASS	0	N/A
Drop Tubes - Check for and remove obstructions	Yes		PASS	0	N/A
Drop Tube - Fill cap fits securely	Yes		PASS	0	N/A
<b>Release Detection</b>					<b>0</b>
Automatic Tank Gauge (ATG) - Passing tank test results	Yes		PASS	1	N/A
Continuous Interstitial Monitoring - Sensor status normal	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Previous months results obtained with passing result	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Data being collected for current month	N/A		N/A	0	N/A
<b>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</b>					
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	Jhh		N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Cathodic Protection</b>					<b>0</b>
Does the site have Impressed Current Cathodic Protection with a rectifier present?	No		N/A	0	N/A

Is the Impressed Current Cathodic Protection system operating correctly?			N/A	0	N/A
Record the rectifier volt readings (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier amps reading (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier hour meter reading (mark N/A if no rectifier or hour meter)			N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Activity Generation</b>					<b>0</b>
Date	11/29/2023		N/A	0	N/A
Action Taken	Cleaned out spill buckets		N/A	0	N/A
Are there any issues needing to be dispatched/handled by CK?	No	1 gallon	N/A	0	N/A



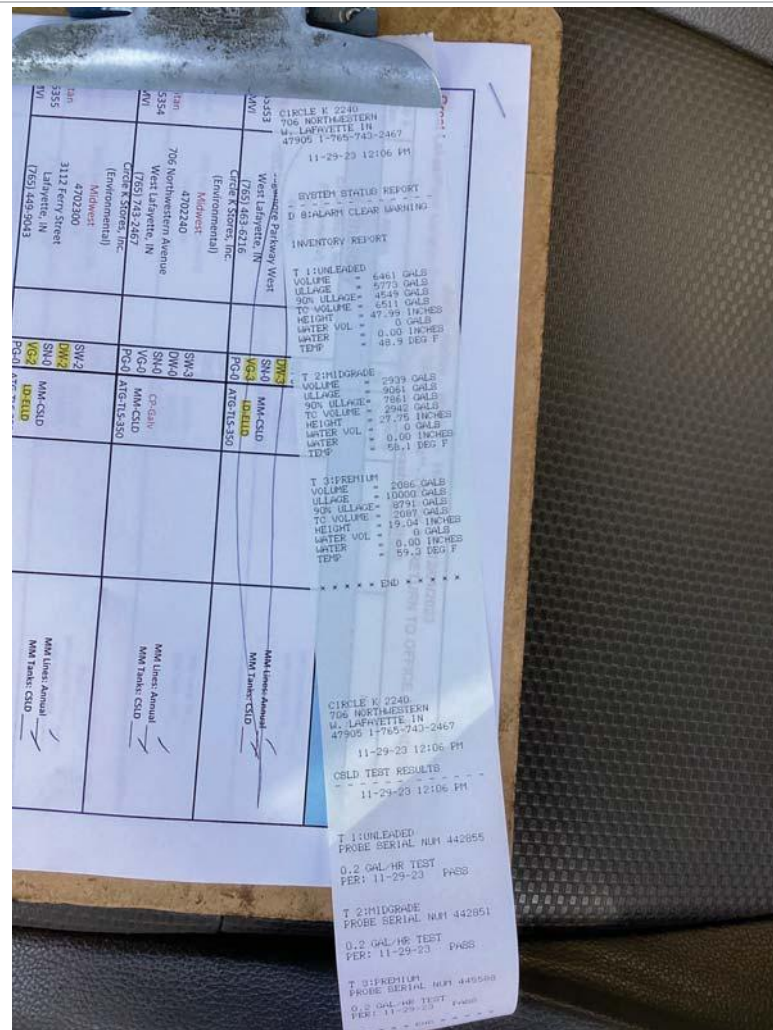
Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Release Detection -> Automatic Tank Gauge (ATG) - Passing tank test results



# Circle K Standard Visual Inspection Template - Tier 1

**CIRCLE K**

4702240

706 Northwestern Ave

West Lafayette, IN 47906

State ID: 1108



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
10/3/2023	10/3/2023	Jerry Davis	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>UST Facility Information</b>					<b>0</b>
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Monthly Inspection Checklist</b>					<b>0</b>
Monthly Inspection Date	10/3/2023		N/A	0	N/A
<b>Spill Prevention</b>					<b>0</b>
Covers & Lids - Present, in good condition, seated firmly on correct tank	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Bucket walls, plunger, plugs, gauges, in good condition	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of water and product	No		FAIL	3	N/A
Spill Containment Manhole (Spill Buckets) - Free of trash or debris	Yes		PASS	0	N/A
Drop Tubes - Check for and remove obstructions	Yes		PASS	0	N/A
Drop Tube - Fill cap fits securely	Yes		PASS	0	N/A
<b>Release Detection</b>					<b>0</b>
Automatic Tank Gauge (ATG) - Passing tank test results	Yes		PASS	1	N/A
Continuous Interstitial Monitoring - Sensor status normal	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Previous months results obtained with passing result	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Data being collected for current month	N/A		N/A	0	N/A
<b>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</b>					
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	JTD		N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Cathodic Protection</b>					<b>0</b>
Does the site have Impressed Current Cathodic Protection with a rectifier present?	No		N/A	0	N/A

Is the Impressed Current Cathodic Protection system operating correctly?			N/A	0	N/A
Record the rectifier volt readings (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier amps reading (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier hour meter reading (mark N/A if no rectifier or hour meter)			N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Activity Generation</b>					<b>0</b>
Date	10/3/2023		N/A	0	N/A
Action Taken	Cleaned all spill buckets		N/A	0	N/A
Are there any issues needing to be dispatched/handled by CK?	No	1 gallon	N/A	0	N/A

# Circle K Standard Visual Inspection Template - Tier 1

**CIRCLE K**

4702240

706 Northwestern Ave

West Lafayette, IN 47906

State ID: 1108



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
9/7/2023	9/7/2023	Justin Holley	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>UST Facility Information</b>					<b>0</b>
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Monthly Inspection Checklist</b>					<b>0</b>
Monthly Inspection Date	9/7/2023		N/A	0	N/A
<b>Spill Prevention</b>					<b>0</b>
Covers & Lids - Present, in good condition, seated firmly on correct tank	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Bucket walls, plunger, plugs, gauges, in good condition	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of water and product	No		FAIL	3	N/A
Spill Containment Manhole (Spill Buckets) - Free of trash or debris	Yes		PASS	0	N/A
Drop Tubes - Check for and remove obstructions	Yes		PASS	0	N/A
Drop Tube - Fill cap fits securely	Yes		PASS	0	N/A
<b>Release Detection</b>					<b>0</b>
Automatic Tank Gauge (ATG) - Passing tank test results	Yes		PASS	1	N/A
Continuous Interstitial Monitoring - Sensor status normal	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Previous months results obtained with passing result	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Data being collected for current month	N/A		N/A	0	N/A
<b>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</b>					
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	Jhh		N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Cathodic Protection</b>					<b>0</b>
Does the site have Impressed Current Cathodic Protection with a rectifier present?	No		N/A	0	N/A

Is the Impressed Current Cathodic Protection system operating correctly?			N/A	0	N/A
Record the rectifier volt readings (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier amps reading (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier hour meter reading (mark N/A if no rectifier or hour meter)			N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Activity Generation</b>					<b>0</b>
Date	9/7/2023		N/A	0	N/A
Action Taken	Cleaned out spill buckets		N/A	0	N/A
Are there any issues needing to be dispatched/handled by CK?	No	1 gallon	N/A	0	N/A

# Circle K Standard Visual Inspection Template - Tier 1

**CIRCLE K**

4702240

706 Northwestern Ave

West Lafayette, IN 47906

State ID: 1108

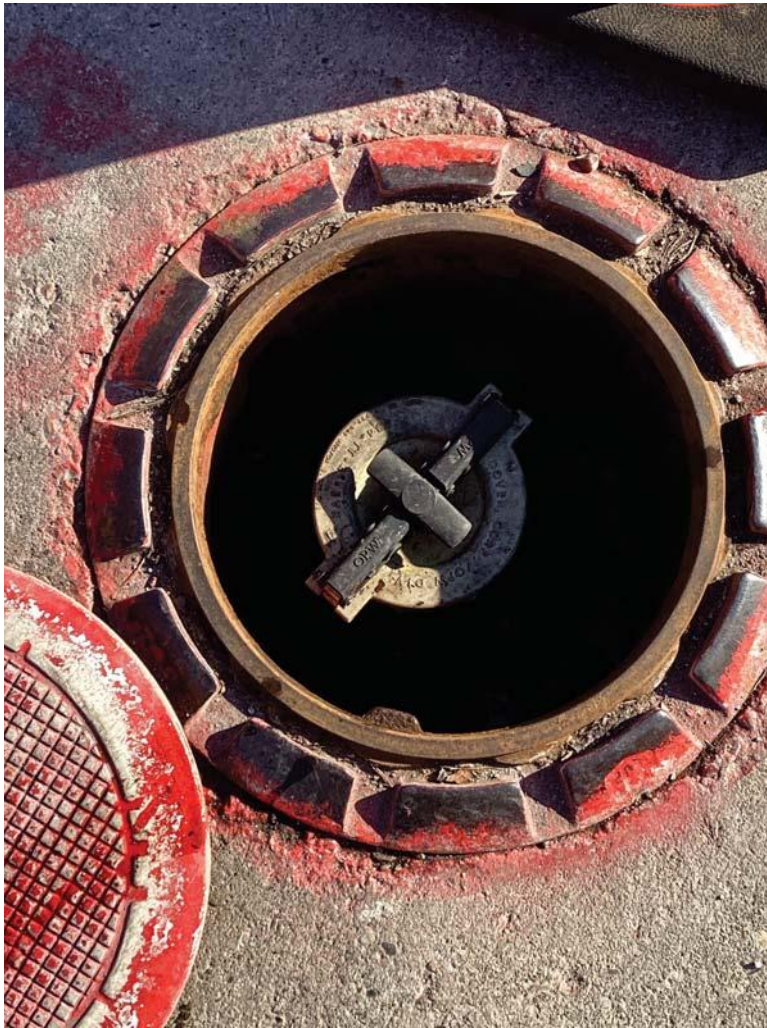


Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
2/21/2024	2/21/2024	Justin Holley	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>UST Facility Information</b>					<b>0</b>
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Monthly Inspection Checklist</b>					<b>0</b>
Monthly Inspection Date	2/21/2024		N/A	0	N/A
<b>Spill Prevention</b>					<b>0</b>
Covers & Lids - Present, in good condition, seated firmly on correct tank	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Bucket walls, plunger, plugs, gauges, in good condition	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of water and product	No		FAIL	3	N/A
Spill Containment Manhole (Spill Buckets) - Free of trash or debris	Yes		PASS	0	N/A
Drop Tubes - Check for and remove obstructions	Yes		PASS	0	N/A
Drop Tube - Fill cap fits securely	Yes		PASS	0	N/A
<b>Release Detection</b>					<b>0</b>
Automatic Tank Gauge (ATG) - Passing tank test results	Yes		PASS	1	N/A
Continuous Interstitial Monitoring - Sensor status normal	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Previous months results obtained with passing result	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Data being collected for current month	N/A		N/A	0	N/A
<b>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</b>					
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	Jhh		N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Cathodic Protection</b>					<b>0</b>
Does the site have Impressed Current Cathodic Protection with a rectifier present?	No		N/A	0	N/A



Is the Impressed Current Cathodic Protection system operating correctly?			N/A	0	N/A
Record the rectifier volt readings (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier amps reading (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier hour meter reading (mark N/A if no rectifier or hour meter)			N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Activity Generation</b>					<b>0</b>
Date	2/21/2024		N/A	0	N/A
Action Taken	Cleaned out spill bucket		N/A	0	N/A
Are there any issues needing to be dispatched/handled by CK?	No	1 gallon	N/A	0	N/A



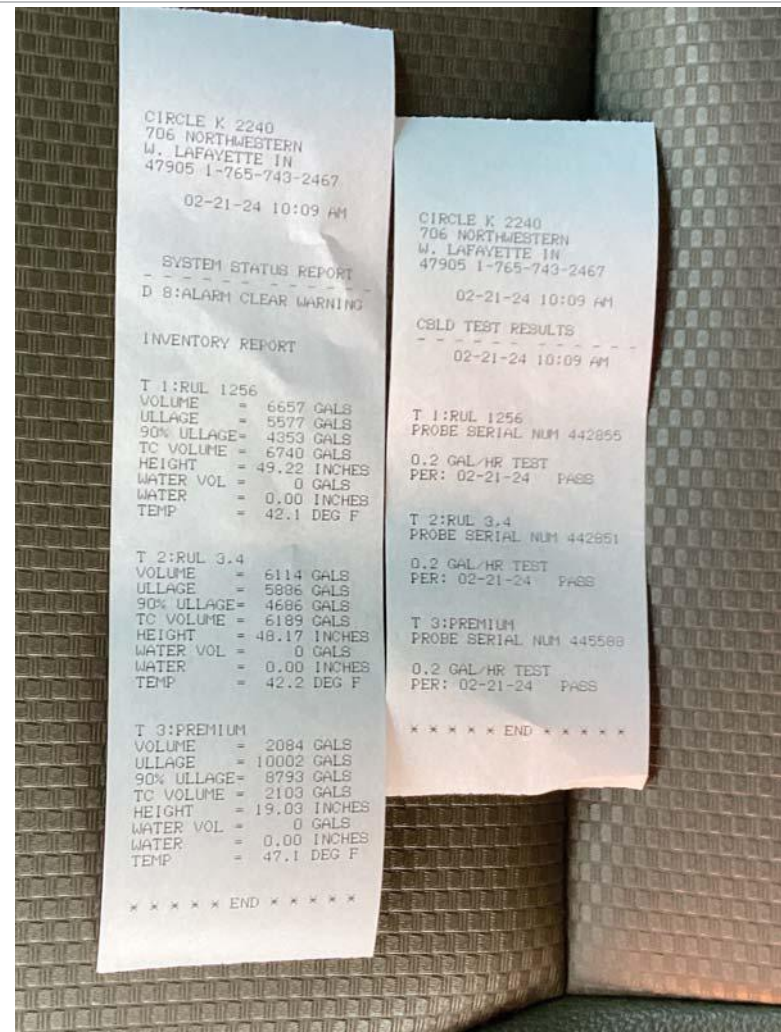
Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Release Detection -> Automatic Tank Gauge (ATG) - Passing tank test results

# Circle K Standard Visual Inspection Template - Tier 1

**CIRCLE K**

4702240

706 Northwestern Ave

West Lafayette, IN 47906

State ID: 1108



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
1/24/2024	1/24/2024	Justin Holley	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>UST Facility Information</b>					<b>0</b>
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Monthly Inspection Checklist</b>					<b>0</b>
Monthly Inspection Date	1/24/2024		N/A	0	N/A
<b>Spill Prevention</b>					<b>0</b>
Covers & Lids - Present, in good condition, seated firmly on correct tank	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Bucket walls, plunger, plugs, gauges, in good condition	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of water and product	No		FAIL	3	N/A
Spill Containment Manhole (Spill Buckets) - Free of trash or debris	Yes		PASS	0	N/A
Drop Tubes - Check for and remove obstructions	Yes		PASS	0	N/A
Drop Tube - Fill cap fits securely	Yes		PASS	0	N/A
<b>Release Detection</b>					<b>0</b>
Automatic Tank Gauge (ATG) - Passing tank test results	Yes		PASS	1	N/A
Continuous Interstitial Monitoring - Sensor status normal	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Previous months results obtained with passing result	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Data being collected for current month	N/A		N/A	0	N/A
<b>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</b>					
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	Jhh		N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Cathodic Protection</b>					<b>0</b>
Does the site have Impressed Current Cathodic Protection with a rectifier present?	No		N/A	0	N/A

Is the Impressed Current Cathodic Protection system operating correctly?			N/A	0	N/A
Record the rectifier volt readings (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier amps reading (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier hour meter reading (mark N/A if no rectifier or hour meter)			N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Activity Generation</b>					<b>0</b>
Date	1/24/2024		N/A	0	N/A
Action Taken	Cleaned out spill bucket		N/A	0	N/A
Are there any issues needing to be dispatched/handled by CK?	No	1 gallon	N/A	0	N/A

# Circle K Standard Visual Inspection Template - Tier 1

**CIRCLE K**

4702240

706 Northwestern Ave

West Lafayette, IN 47906

State ID: 1108



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
12/28/2023	12/28/2023	Justin Holley	-	-



Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>UST Facility Information</b>					<b>0</b>
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Monthly Inspection Checklist</b>					<b>0</b>
Monthly Inspection Date	12/28/2023		N/A	0	N/A
<b>Spill Prevention</b>					<b>0</b>
Covers & Lids - Present, in good condition, seated firmly on correct tank	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Bucket walls, plunger, plugs, gauges, in good condition	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of water and product	No		FAIL	3	N/A
Spill Containment Manhole (Spill Buckets) - Free of trash or debris	Yes		PASS	0	N/A
Drop Tubes - Check for and remove obstructions	Yes		PASS	0	N/A
Drop Tube - Fill cap fits securely	Yes		PASS	0	N/A
<b>Release Detection</b>					<b>0</b>
Automatic Tank Gauge (ATG) - Passing tank test results	Yes		PASS	1	N/A
Continuous Interstitial Monitoring - Sensor status normal	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Previous months results obtained with passing result	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Data being collected for current month	N/A		N/A	0	N/A
<b>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</b>					
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	Jhh		N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Cathodic Protection</b>					<b>0</b>
Does the site have Impressed Current Cathodic Protection with a rectifier present?	No		N/A	0	N/A

Is the Impressed Current Cathodic Protection system operating correctly?			N/A	0	N/A
Record the rectifier volt readings (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier amps reading (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier hour meter reading (mark N/A if no rectifier or hour meter)			N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Activity Generation</b>					<b>0</b>
Date	12/28/2023		N/A	0	N/A
Action Taken	Cleaned out spill bucket		N/A	0	N/A
Are there any issues needing to be dispatched/handled by CK?	No	1 gallon	N/A	0	N/A

# Circle K Standard Visual Inspection Template - Tier 1

**CIRCLE K**

4702240

706 Northwestern Ave

West Lafayette, IN 47906

State ID: 1108



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
5/15/2024	5/15/2024	Tyler Potter	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>UST Facility Information</b>					<b>0</b>
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Monthly Inspection Checklist</b>					<b>0</b>
Monthly Inspection Date	5/15/2024		N/A	0	N/A
<b>Spill Prevention</b>					<b>0</b>
Covers & Lids - Present, in good condition, seated firmly on correct tank	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Bucket walls, plunger, plugs, gauges, in good condition	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of water and product	No		FAIL	3	N/A
Spill Containment Manhole (Spill Buckets) - Free of trash or debris	Yes		PASS	0	N/A
Drop Tubes - Check for and remove obstructions	Yes		PASS	0	N/A
Drop Tube - Fill cap fits securely	Yes		PASS	0	N/A
<b>Release Detection</b>					<b>0</b>
Automatic Tank Gauge (ATG) - Passing tank test results	Yes		PASS	1	N/A
Continuous Interstitial Monitoring - Sensor status normal	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Previous months results obtained with passing result	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Data being collected for current month	N/A		N/A	0	N/A
<b>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</b>					
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	Tp		N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Cathodic Protection</b>					<b>0</b>
Does the site have Impressed Current Cathodic Protection with a rectifier present?	No		N/A	0	N/A

Is the Impressed Current Cathodic Protection system operating correctly?			N/A	0	N/A
Record the rectifier volt readings (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier amps reading (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier hour meter reading (mark N/A if no rectifier or hour meter)			N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Activity Generation</b>					<b>0</b>
Date	5/15/2024		N/A	0	N/A
Action Taken	Removed water from spill buckets		N/A	0	N/A
Are there any issues needing to be dispatched/handled by CK?	No	1 gallon	N/A	0	N/A



Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product





Monthly Inspection Checklist -> Release Detection -> Automatic Tank Gauge (ATG) - Passing tank test results

# Circle K Standard Visual Inspection Template - Tier 1

**CIRCLE K**

4702240

706 Northwestern Ave

West Lafayette, IN 47906

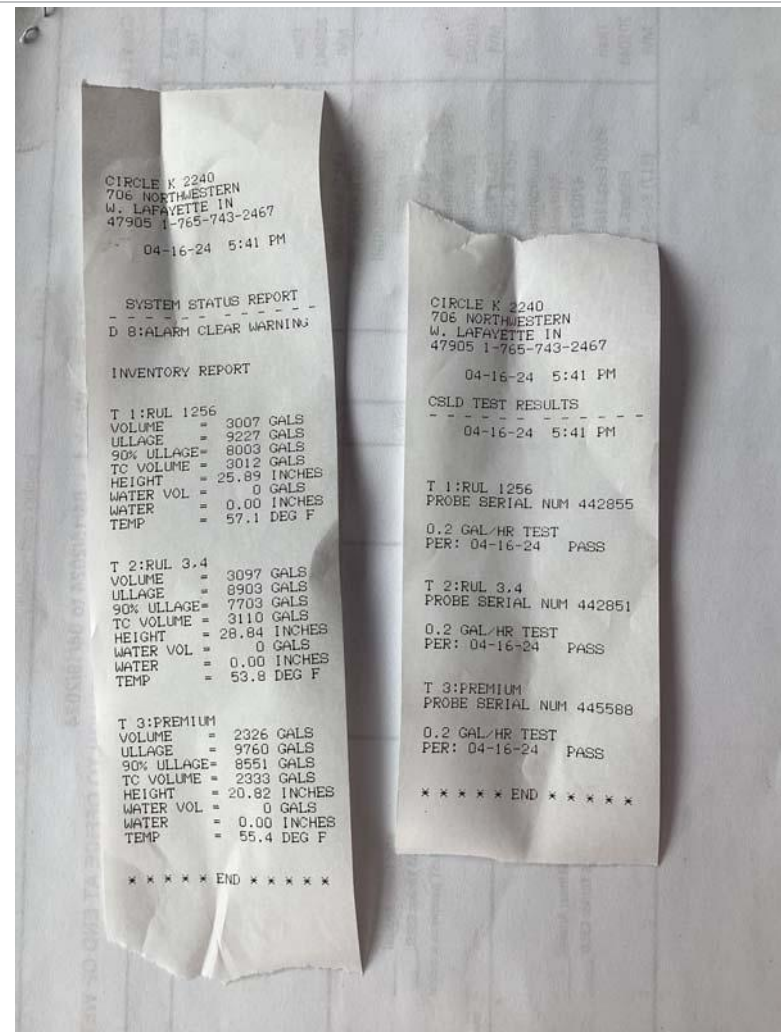
State ID: 1108



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
4/16/2024	4/16/2024	Scott Mecimore	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>UST Facility Information</b>					<b>0</b>
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Monthly Inspection Checklist</b>					<b>0</b>
Monthly Inspection Date	4/16/2024		N/A	0	N/A
<b>Spill Prevention</b>					<b>0</b>
Covers & Lids - Present, in good condition, seated firmly on correct tank	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Bucket walls, plunger, plugs, gauges, in good condition	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of water and product	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of trash or debris	Yes		PASS	0	N/A
Drop Tubes - Check for and remove obstructions	Yes		PASS	0	N/A
Drop Tube - Fill cap fits securely	Yes		PASS	0	N/A
<b>Release Detection</b>					<b>0</b>
Automatic Tank Gauge (ATG) - Passing tank test results	Yes		PASS	1	N/A
Continuous Interstitial Monitoring - Sensor status normal			N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Previous months results obtained with passing result			N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Data being collected for current month			N/A	0	N/A
<b>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</b>					
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)			N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Cathodic Protection</b>					<b>0</b>
Does the site have Impressed Current Cathodic Protection with a rectifier present?			N/A	0	N/A

Is the Impressed Current Cathodic Protection system operating correctly?			N/A	0	N/A
Record the rectifier volt readings (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier amps reading (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier hour meter reading (mark N/A if no rectifier or hour meter)			N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Activity Generation</b>					<b>0</b>
Date	4/16/2024		N/A	0	N/A
Action Taken	Removed water from spill buckets		N/A	0	N/A
Are there any issues needing to be dispatched/handled by CK?	No	Removed 2 gallons	N/A	3	N/A



Monthly Inspection Checklist -> Release Detection -> Automatic Tank Gauge (ATG) - Passing tank test results



Activity Generation -> Are there any issues needing to be dispatched/handled by CK?



Activity Generation -> Are there any issues needing to be dispatched/handled by CK?



Activity Generation -> Are there any issues needing to be dispatched/handled by CK?

# Circle K Standard Visual Inspection Template - Tier 1

**CIRCLE K**

4702240

706 Northwestern Ave

West Lafayette, IN 47906

State ID: 1108



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
3/20/2024	3/20/2024	Justin Holley	-	-



Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>UST Facility Information</b>					<b>0</b>
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Monthly Inspection Checklist</b>					<b>0</b>
Monthly Inspection Date	3/20/2024		N/A	0	N/A
<b>Spill Prevention</b>					<b>0</b>
Covers & Lids - Present, in good condition, seated firmly on correct tank	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Bucket walls, plunger, plugs, gauges, in good condition	Yes		PASS	0	N/A
Spill Containment Manhole (Spill Buckets) - Free of water and product	No		FAIL	3	N/A
Spill Containment Manhole (Spill Buckets) - Free of trash or debris	Yes		PASS	0	N/A
Drop Tubes - Check for and remove obstructions	Yes		PASS	0	N/A
Drop Tube - Fill cap fits securely	Yes		PASS	0	N/A
<b>Release Detection</b>					<b>0</b>
Automatic Tank Gauge (ATG) - Passing tank test results	Yes		PASS	1	N/A
Continuous Interstitial Monitoring - Sensor status normal	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Previous months results obtained with passing result	N/A		N/A	0	N/A
Statistical Inventory Reconciliation (SIR) - Data being collected for current month	N/A		N/A	0	N/A
<b>I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.</b>					
Walkthrough Certification (Initial) (Must be completed by the owner, operator, or Combined Class A & Class B Operator)	Jh		N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Cathodic Protection</b>					<b>0</b>
Does the site have Impressed Current Cathodic Protection with a rectifier present?	No		N/A	0	N/A

Is the Impressed Current Cathodic Protection system operating correctly?			N/A	0	N/A
Record the rectifier volt readings (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier amps reading (mark N/A if no rectifier)			N/A	0	N/A
Record the rectifier hour meter reading (mark N/A if no rectifier or hour meter)			N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>Activity Generation</b>					<b>0</b>
Date	3/20/2024		N/A	0	N/A
Action Taken	Cleaned out spill bucket		N/A	0	N/A
Are there any issues needing to be dispatched/handled by CK?	No	1 gallon	N/A	0	N/A



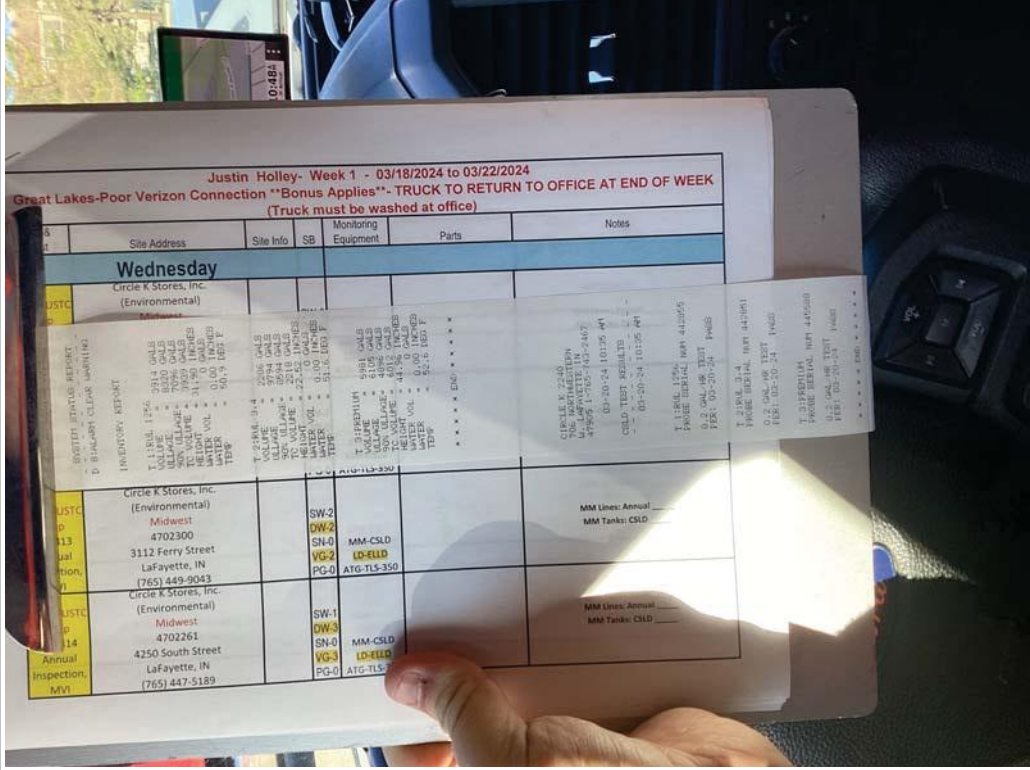
Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Spill Prevention -> Spill Containment Manhole (Spill Buckets) - Free of water and product



Monthly Inspection Checklist -> Release Detection -> Automatic Tank Gauge (ATG) - Passing tank test results



Customer/Facility Information			Company Information		
Customer Name	Circle K Stores, Inc. (Environmental)		Company Name	Petroleum Service & Calibration, Inc.	
Location Name	4702240		Company Phone Number	877-479-8152	
Site Address	706 Northwestern Avenue		Company Address	P.O. Box 851	
City/State/Zip	West Lafayette, IN 47906		City	Denver	State NC
County	Tippecanoe	Site Phone Number (765) 743-2467	Job Number	197812	PSCIN
Facility ID#	1108				
Emission	PO#				

**Comments and Problems Overview : 2024**

No Comments or Problems



**Technician Signature : 2024**

Tester's Name Justin Hugh Holley  
Test Date 03/20/2024

Tester's Signature *Justin H. Holley*



I certify under penalty of law that the test was conducted according to the protocol of the test method used and was performed in accordance with all regulatory requirements of the state codes and that the submitted information is true, accurate and complete.

<b>NON-HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number PS&C	2. Page 1 of 1	3. Emergency Response Phone 877-479-8152	4. Waste Tracking Number 197812	
5. Generator's Name and Mailing Address Circle K Stores, Inc. (Environmental) 1100 Situs Court Suite 100, Raleigh, NC 27606		Generator's Site Address (if different than mailing address) 4702240 706 Northwestern Avenue, West Lafayette, IN 47906			
Generator's Phone: 602-767-8469		(765) 743-2467			
6. Transporter 1 Company Name Petroleum Service & Calibration, Inc.		U.S. EPA ID Number			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address		U.S. EPA ID Number			
Facility's Phone:					
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. PCW				1	GAL
2.					
3.					
4.					
13. Special Handling Instructions and Additional Information					
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
Generator's/Offeror's Printed/Typed Name Justin Hugh Holley		Signature 		Month 03	Day 20
				Year 2024	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Justin Hugh Holley		Signature 		Month 03	Day 20
				Year 2024	
Transporter 2 Printed/Typed Name		Signature		Month	Day
				Year	
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number:					
17b. Alternate Facility (or Generator)		U.S. EPA ID Number			
Facility's Phone:					
17c. Signature of Alternate Facility (or Generator)				Month	Day
				Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
Printed/Typed Name		Signature		Month	Day
				Year	

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

**DESIGNATED FACILITY TO GENERATOR**



Customer/Facility Information			Company Information		
Customer Name	Circle K Stores, Inc. (Environmental)		Company Name	Petroleum Service & Calibration, Inc.	
Location Name	4702240		Company Phone Number	877-479-8152	
Site Address	706 Northwestern Avenue		Company Address	P.O. Box 851	
City/State/Zip	West Lafayette, IN 47906		City	Denver	State NC
County	Tippecanoe	Site Phone Number (765) 743-2467	Job Number	197812	PSCIN
Facility ID#	1108				
Emission	PO#				

**Additional Labor : 2024**

**Pad Locks**

Did you have to remove any pad locks for testing?  
No

**Technician Signature : 2024**

Tester's Name	Justin Hugh Holley
Test Date	03/20/2024

Tester's Signature 



I certify under penalty of law that the test was conducted according to the protocol of the test method used and was performed in accordance with all regulatory requirements of the state codes and that the submitted information is true, accurate and complete.



## Annual Sump Visual Inspections (Dispenser Sumps)

Underground Storage Tank (UST) system owners and operators are required to conduct a STP, dispenser, or other sump visual check at least annually for any UST system regardless of installation date. Results must be maintained for at least one year at the UST site or the tank owner or operator's place of business and be readily available for inspection.

- Visually inspect STP, dispenser and other sump areas (whether containment present or not) for liquids (water or regulated substances), sump damage, penetration boot damage, faulty equipment, and equipment leaks. If none of the above items are observed during the inspection, select **Pass** in the appropriate column dropdown, otherwise select **Fail**. If **Fail**, indicate what action was taken to repair the containment sump or faulty equipment in the comment portion of this form or attach documentation of any repairs. If a check is not applicable, then select **N/A** in the dropdown. If you are completing form by hand then write **P, F, or N/A** in each box
- If the sump contains a regulated substance or there are other indications of a release of a regulated substance, it must be reported as a suspected release

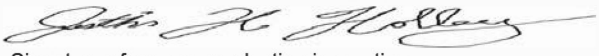
### UST FACILITY

Owner / Operator Name Circle K Stores, Inc. (Environmental)	Facility Name 4702240	Facility ID 1108
Facility Street Address 706 Northwestern Avenue	Facility City West Lafayette	County Tippecanoe

### CONTRACTOR/PERSON CONDUCTING INSPECTIONS

Company Name Petroleum Service & Calibration, Inc.	Phone 877-479-8152	Email address jeff@testmytanks.com
---	-----------------------	---------------------------------------

I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .0407/.0900.

Justin Hugh Holley Print Name of person conducting inspection	 Signature of person conducting inspection	03/20/2024 Inspection Date
--	---	-------------------------------

Dispenser Sump	Disp #	1/2	Disp #	3/4	Disp #	5/6	Disp #	Disp #
ALL	No leaks, weeps, or drips observed	Pass	Pass	Pass	Pass	Pass	Pass	Pass
	Piping is free of defects	Pass	Pass	Pass	Pass	Pass	Pass	Pass
	Sump does not contain trash, debris and used filters	Pass	Pass	Pass	Pass	Pass	Pass	Pass
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications	NA	NA	NA	NA	NA	NA	NA
	Shear valves operate freely, close completely and are anchored correctly	Pass	Pass	Pass	Pass	Pass	Pass	Pass
WITHOUT CONTAINMENT	Flex connector(s) and other metallic product piping and piping components are not in contact with soil or water or are cathodically protected	Pass	Pass	Pass	Pass	Pass	Pass	Pass
WITH CONTAINMENT	Sump is dry and does not contain product and/or water. (If Fail, enter liquid type in comment)	NA	NA	NA	NA	NA	NA	NA
	Sump walls/bottom are not damaged (i.e., cracks, bulges, holes, etc.) (If conducting sump/interstitial monitoring then any failing item must be repaired. Repair is optional if not conducting sump/interstitial monitoring)	NA	NA	NA	NA	NA	NA	NA
	Penetration fittings intact and in good condition (If conducting sump/interstitial monitoring then any failing item must be repaired. Repair is optional if not conducting sump/interstitial monitoring)	NA	NA	NA	NA	NA	NA	NA
	Sump Sensor is < 2" from lowest point (N/A if not conducting interstitial monitoring)	NA	NA	NA	NA	NA	NA	NA
	Piping interstitial space is open to the sump (Open systems only, N/A if closed system or not conducting interstitial monitoring)	NA	NA	NA	NA	NA	NA	NA

Comments and explanation of failing results and other problems noted during inspection:

## Annual Sump Visual Inspections (STP, Transition, Other Sump)

Page 2


### UST FACILITY

Owner / Operator Name Circle K Stores, Inc. (Environmental)	Facility Name 4702240	Facility ID 1108
Facility Street Address 706 Northwestern Avenue	Facility City West Lafayette	County Tippecanoe

### CONTRACTOR/PERSON CONDUCTING INSPECTIONS

Company Name Petroleum Service & Calibration, Inc.	Phone 877-479-8152	Email address jeff@testmytanks.com
---	-----------------------	---------------------------------------

I certify, under penalty of law, that the testing data provided on this form documents the UST system equipment was checked in accordance with the manufacturer's guidelines and the applicable national industry standards listed in 15A NCAC 2N .0407/.0900.

Justin Hugh Holley		03/20/2024
Print Name of person conducting inspection	Signature of person conducting inspection	Inspection Date

STP/Transition/ Other Sump Tank Size/Location:		12155 STP	12000 STP	12000 STP		
Product:		Unleaded	Plus	Premium		
ALL	No leaks at submersible pump, ALLD, or other pipe components	Pass	Pass	Pass		
	Piping is free of defects	Pass	Pass	Pass		
	Sump does not contain trash and debris	Pass	Pass	Pass		
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications	NA	NA	NA		
	Mechanical line leak detector properly vented, vent tube not kinked or twisted, vent tube fittings intact and tightened	NA	NA	NA		
WITHOUT CONTAINMENT	Submersible pump head, flex connector(s) and other metallic product piping and piping components are not in contact with soil or water or are cathodically protected	Pass	Pass	Pass		
WITH CONTAINMENT	Sump is dry and does not contain product and/or water. (If Fail, enter liquid type in comment)	NA	NA	NA		
	Sump walls/bottom are not damaged (i.e., cracks, bulges, holes, etc.) (If conducting sump/interstitial monitoring then any failing item must be repaired. Repair is optional if not conducting sump/interstitial monitoring)	NA	NA	NA		
	Penetration fittings intact and in good condition (If conducting sump/interstitial monitoring then any failing item must be repaired. Repair is optional if not conducting sump/interstitial monitoring)	NA	NA	NA		
	Sump Sensor is < 2" from lowest point (N/A if not conducting interstitial monitoring)	NA	NA	NA		
	Piping interstitial space is open to the sump (Open systems only, N/A if closed system or not conducting interstitial monitoring)	NA	NA	NA		
	Sump lid, gasket and seals present and in good condition	NA	NA	NA		

Comments and explanation of failing results and other problems noted during inspection:



Customer/Facility Information			Company Information			
Customer Name	Circle K Stores, Inc. (Environmental)		Company Name	Petroleum Service & Calibration, Inc.		
Location Name	4702240		Company Phone Number	877-479-8152		
Site Address	706 Northwestern Avenue		Company Address	P.O. Box 851		
City/State/Zip	West Lafayette, IN 47906		City	Denver	State	NC
County	Tippecanoe	Site Phone Number	(765) 743-2467	Job Number	197812	PSCIN
Facility ID#	1108					
Emission	PO#					

**MVI Pump-Out : 2024**

**No additional pump-out needed**



**Technician Signature : 2024**

Tester's Name   
Test Date

Tester's Signature



I certify under penalty of law that the test was conducted according to the protocol of the test method used and was performed in accordance with all regulatory requirements of the state codes and that the submitted information is true, accurate and complete.

<b>NON-HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number PS&C	2. Page 1 of 1	3. Emergency Response Phone 877-479-8152	4. Waste Tracking Number 197812	
	5. Generator's Name and Mailing Address Circle K Stores, Inc. (Environmental) 1100 Situs Court Suite 100, Raleigh, NC 27606			Generator's Site Address (if different than mailing address) 4702240 706 Northwestern Avenue, West Lafayette, Indiana 47906	
Generator's Phone: 800-476-7574			(765) 743-2467		
6. Transporter 1 Company Name Petroleum Service & Calibration, Inc.			U.S. EPA ID Number		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address			U.S. EPA ID Number		
Facility's Phone:					
GENERATOR	9. Waste Shipping Name and Description	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
	1. PCW (Spill Buckets)				GAL
	2. PCW (Containments)			0	GAL
	3. Sludge			0	GAL
4.					
13. Special Handling Instructions and Additional Information  None					
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
Generator's/Offeror's Printed/Typed Name Justin Hugh Holley			Signature 		Month Day Year 03 20 2024
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Justin Hugh Holley			Signature 		Month Day Year 03 20 2024
Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number:					
17b. Alternate Facility (or Generator)			U.S. EPA ID Number		
Facility's Phone:					
17c. Signature of Alternate Facility (or Generator)			Signature		Month Day Year
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
Printed/Typed Name			Signature		Month Day Year

DESIGNATED FACILITY TO GENERATOR



Customer/Facility Information			Company Information			
Customer Name	Circle K Stores, Inc. (Environmental)		Company Name	Petroleum Service & Calibration, Inc.		
Location Name	4702240		Company Phone Number	877-479-8152		
Site Address	706 Northwestern Avenue		Company Address	P.O. Box 851		
City/State/Zip	West Lafayette, IN 47906		City	Denver	State	NC
County	Tippecanoe	Site Phone Number	(765) 743-2467	Job Number	197812	PSCIN
Facility ID#	1108					
Emission	PO#					

### Parts Replacement Inspection : 2024

No Parts Replaced

### Technician Signature : 2024

Tester's Name   
Test Date

Tester's Signature



I certify under penalty of law that the test was conducted according to the protocol of the test method used and was performed in accordance with all regulatory requirements of the state codes and that the submitted information is true, accurate and complete.



Customer/Facility Information			Company Information		
Customer Name	Circle K Stores, Inc. (Environmental)		Company Name	Petroleum Service & Calibration, Inc.	
Location Name	4702240		Company Phone Number	877-479-8152	
Site Address	706 Northwestern Avenue		Company Address	P.O. Box 851	
City/State/Zip	West Lafayette, IN 47906		City	Denver	State NC
County	Tippecanoe	Site Phone Number (765) 743-2467	Job Number	197812	PSCIN
Facility ID#	1108				
Emission	PO#				

## TECHNICIAN LICENSING - Justin Hugh Holley : 2024

### OSHA

Certification	Expires	Additional Information
SDS	NA	OSHA Standard: 1910.1200 App D
Aerial Lifts	NA	OSHA Standard: 1926.453
Confined Space Entry	07/14/2024	OSHA Standard: 1910.146
Fall Protection	NA	OSHA Standard: 1926.503 Subpart M
Fire Extinguisher	06/08/2025	OSHA Standard: 1910.157
First Aid / CPR Training	02/02/2025	OSHA Standard: 1910.151
Ladders	NA	OSHA Standard: 1910.23
LockOut / TagOut	07/14/2024	OSHA Standard: 1910.147

### Class A/B

Certification	Expires	Additional Information
Class A Operator - Indiana	12/20/2025	License Number: 21542/Circle K
Class B Operator - Indiana	12/20/2025	License Number: 17316 / Circle K

### DOT Medical Certificates

Certification	Expires	Additional Information
DOT Medical Certificate	09/08/2024	: NC



Indiana Department of Environmental Management  
**Underground Storage Tank Program**  
Operator Training Certification

A

100 North Senate Ave  
Indianapolis, Indiana, 46204  
(800) 451-6027 . (317) 232-8603  
www.idem.IN.gov

# *Certificate of Completion*

Awarded to:  
Ira Lewis

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

License #: 23535

Issue Date: February 09, 2024

Expiration Date: February 09, 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.



Indiana Department of Environmental Management

**B** Underground Storage Tank Program  
Operator Training Certification

100 North Senate Ave  
Indianapolis, Indiana, 46204  
(800) 451-6027 . (317) 232-8603  
www.idem.IN.gov

# *Certificate of Completion*

Awarded to:

Ira Lewis

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

License #: 23537

Issue Date: February 09, 2024

Expiration Date: February 09, 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.





# CERTIFICATE OF TRAINING

**Lisa Mitton**

Has successfully completed  
**Indiana UST Class C Operator Training**

Issued on:  
**10-10-2023**

Expires 10-10-2026

Circle K - 4702408

6533 In 38

Lafayette, IN 47905

A handwritten signature in black ink, appearing to read "Raymond Rees", is written over a dark, ribbon-like banner.

**Raymond Rees**

Trainier

P.O. Box 2353, Muncie, IN 47307 • [passtesting.com](http://passtesting.com) • 765-281-5588