

**FINANCIAL ASSURANCE
DOCUMENTS**

Indiana

LETTER OF CHIEF FINANCIAL OFFICER

I am the chief financial officer of Casey's Marketing Company, One Convenience Blvd., Ankeny, Iowa, 50021. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least \$1,000,000 per occurrence and \$2,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test by this owner and operator. Attached is a list of the names and addresses of the facilities where tanks assured by this financial test are located.

A financial test is also used by this owner or operator to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

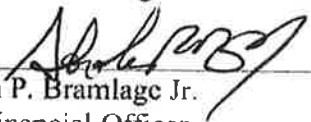
EPA REGULATIONS	AMOUNT
Closure (§ § 264.143 and 265.143).....	-0-
Post-Closure Care (§ § 264.145 and 265.145).....	-0-
Liability Coverage (§ § 264.17 and 265.147).....	-0-
Corrective Action (§ § 264.101(b)).....	-0-
Plugging and Abandonment (§ 144.63).....	-0-
AUTHORIZED STATE PROGRAMS	
Closure.....	-0-
Post-Closure Care.....	-0-
Liability Coverage.....	-0-
Corrective Action.....	-0-
Plugging and Abandonment.....	-0-
Total.....	-0-

This owner or operator has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independence auditor for the financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	\$ 2,000,000
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test and/or guarantee	\$ -0-
3.	Sum of lines 1 and 2	\$ 2,000,000
4.	Total of tangible assets	\$2,366,104,445
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	\$ 471,557,424
6.	Tangible net worth [subtract line 5 from line 4]	\$1,894,547,021
		Yes No
7.	Is line 6 at least \$10 million?	x <input type="checkbox"/>
8.	Is line 6 at least 10 times line 3?	x <input type="checkbox"/>
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?	x <input type="checkbox"/>
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?	<input type="checkbox"/> x
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?	<input type="checkbox"/> x
12.	Has financial information been provided to Dun and Bradstreet, has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.]	x <input type="checkbox"/>

I hereby certify that the wording of this letter is identical to the wording specified in subrule 136.6(4) as such regulations were constituted on the date shown immediately below.



 Stephen P. Bramlage Jr.
 Chief Financial Officer

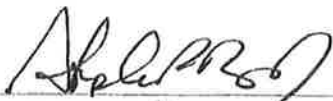
August 30, 2022

CERTIFICATION OF FINANCIAL RESPONSIBILITY

Casey's Marketing Company hereby certifies that it is in compliance with the requirements of 567 – Chapter 136 of the Iowa Administrative Code (IAC).

The financial assurance mechanism used to demonstrate financial responsibility under 567 – Chapter 136 IAC is as follows:

Financial test of self-insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate, effective through August 30, 2023. This mechanism covers taking corrective action and/or compensation third parties for bodily injury and property damage caused by accidental releases.



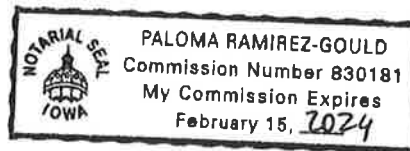
Casey's Marketing Company
by Stephen P. Bramlage Jr.
Chief Financial Officer

August 30, 2022



Notary Public

August 30, 2022





Indiana Department of Environmental Management

A 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:

Jill Reams-Widder

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

License #: 18781

Issue Date: July 06, 2021

Expiration Date: July 06, 2024

Bruno L. Pigott, Commissioner

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



Designated Operator Monthly Visual Inspection Checklist Casey's Tier 1 Inspection Report

Facility Name: Casey's - 3470
 Facility Address: 102 W Broadway St, Monon, IN
 Designated Operator: Scott Fleming
 Designated Operator Inspector: Jerry Wiley

Inspection Start: 2022-11-20 13:36:23 Inspection End: 2022-11-20 13:48:53
 GPS Start: 40.86842288266948, -
86.87913573355122 GPS End: 40.866362910152285, -
86.87916867443069
 Work Order No. n/a
 Phone: (812)-681-0259

Signature: *JLW*

Client Rep: Ben

Signature: *Ben Huloday*

Pre-Inspection							Y	N	NA	
01. Facility access granted.							X			
Safety							Y	N	NA	
02. Work Area Around Tank Pad properly secured							X			
Facility Records							Y	N	NA	If yes, date
03. All required storage tank permits are available for review							X			
04. Certificate of Financial Responsibility is available for review								X		
Monthly Release Detection							Y	N	NA	If yes, date
05. ATG printer has paper and is functional							X			
06. SIR performed last month, results passed, and results are available for inspection									X	
07. ATG shows no more than .25" of water present in the tank							X			
08. Take a photo of all release detection printouts (Sensor Status/Liquid Status, CSLD, PLLD, 2-Wire/3-Wire Sensors, and Smart Sensors).							X			
09. ATG console is operational and has no active warnings or alarms							X			
ATG Probe							Y	N	NA	Product
10. Cap free of damage, seals tightly, hole sealed where probe wire goes through									X	
11. Wire splices sealed and wire free of damage									X	
12. Junction box and conduit sealed, free of damage									X	
13. Manhole cover free of damage, adequate clearance between the ATG probe cap and manhole cover									X	
Fill Area							Y	N	NA	Product
14. Drop tube is unobstructed							X			
15. Fill lids present and free of damage							X			
16. Catch basin is free of liquid, PCW, or product.							X			
17. Catch basin is free of dirt and trash.							X			
18. Catch Basin is free of cracks, holes, bulges, or other defects							X			
19. Gauge free of damage									X	
20. Interstice free of liquid and free of damage									X	
21. Fill adaptor tight on the riser pipe							X			
22. Fill cap has adequate clearance between cap and lid							X			
23. Catch basin lid rings form water-tight seal upon closure							X			
24. Flapper valve is present							X			
25. Overfill alarm mounted near fills, clearly labeled									X	
26. Fill cap in place with a gasket and sealed tightly on the fill pipe and free of damage							X			
27. Are the fill lids adequately painted?							X			
28. Overfill alarm is functional									X	
Stage I Vapor Recovery							Y	N	NA	Product
29. Vapor Recovery Basin Cover present, colored orange, seated firmly at grade, and not damaged							X			
30. Vapor Recovery Basin is free of debris, liquid, or damage.							X			
31. Poppet of vapor-recovery adaptor (dry break) moves freely, seals tightly							X			
32. Vapor Recovery Cap is present, gasket present, seals tightly, and is free of damage							X			
Corrosion Protection							Y	N	NA	Value
33. CP impressed current rectifier is powered on and operational									X	None
34. Record of three previous 60-day rectifier readings are present and results are in range									X	None
35. Record the rectifier reading in volts and amps									X	None
36. Is there a rectifier on site? If so, please state the location.									X	None
37. Is the hours reading from the rectifier readable? Record hours reading.									X	None
Tank Vents							Y	N	NA	
38. Vent cap is present, solidly supported and vertical							X			
39. Vent piping is at correct height and above obstructions							X			
40. Vent lines are free from damage							X			
Additional Info							Y	N	NA	
41. Did you complete any state forms?							X			
42. Are all tanks on the site active and in service? If not, please include the number of closed or out of service tanks in your comment.							X			
43. Attach photos of any additional ATG release detection results.									X	
hot topics							Y	N	NA	
44. Were more than 10 gallons of liquid removed from spill buckets on site?									X	
45. If there is a solid waste drum on site, measure and enter the amount waste in the drum using increments of one-third (e.g. 1/3 full, 2/3 full, etc).							X			
46. Is there an EPA/Compliance binder on site?							X			
47. Measure in inches the amount of liquid in the waste drum. Use Tank stick (Only answer with a number)								X		



Designated Operator
Monthly Visual Inspection Checklist
Casey's Tier 1 Inspection Report

Comments:

#	Comment
04	Current COFR not available for review.
45	Empty (fullness: empty)
47	0

Items Requiring Follow-Up Actions:

#	Priority	Info
04	6	records - cfr - certificate of financial responsibility - presence
47	None	waste drum - liquid - measurement

Memo:



Designated Operator
Monthly Visual Inspection Checklist
Casey's Tier 1 Inspection Report

Photos:





Designated Operator Monthly Visual Inspection Checklist Casey's Tier 1 Inspection Report

Facility Name: Casey's - 3470
 Facility Address: 102 W Broadway St, Monon, IN
 Designated Operator: Scott Fleming
 Designated Operator Inspector: Jerry Wiley

Inspection Start: 2022-12-15 14:31:04 Inspection End: 2022-12-15 15:25:12
 GPS Start: 40.868391743899195, -
86.87909943991049 GPS End: 40.60202843979057, -
86.86817170128866
 Work Order No. r/a
 Phone: (812)-681-0259

Signature: JLW

Client Rep: Angie

Signature: [Handwritten Signature]

Pre-inspection							Y	N	NA	
01. Facility access granted.							X			
Safety							Y	N	NA	
02. Work Area Around Tank Pad properly secured							X			
Facility Records							Y	N	NA	If yes, date
03. All required storage tank permits are available for review							X			
04. Certificate of Financial Responsibility is available for review								X		
Monthly Release Detection							Y	N	NA	If yes, date
05. ATG printer has paper and is functional							X			
06. SIR performed last month, results passed, and results are available for inspection									X	
07. ATG shows no more than .25" of water present in the tank							X			
08. Take a photo of all release detection printouts (Sensor Status/Liquid Status, CSLD, PLLD, 2-Wire/3-Wire Sensors, and Smart Sensors).							X			
09. ATG console is operational and has no active warnings or alarms							X			
ATG Probe							Y	N	NA	Product
10. Cap free of damage, seals tightly, hole sealed where probe wire goes through									X	
11. Wire splices sealed and wire free of damage									X	
12. Junction box and conduit sealed, free of damage									X	
13. Manhole cover free of damage, adequate clearance between the ATG probe cap and manhole cover									X	
Fill Area							Y	N	NA	Product
14. Drop tube is unobstructed							X			
15. Fill lids present and free of damage							X			
16. Catch basin is free of liquid, PCW, or product.							X			
17. Catch basin is free of dirt and trash.							X			
18. Catch Basin is free of cracks, holes, bulges, or other defects							X			
19. Gauge free of damage									X	
20. Interstice free of liquid and free of damage									X	
21. Fill adaptor tight on the riser pipe							X			
22. Fill cap has adequate clearance between cap and lid							X			
23. Catch basin lid rings form water-tight seal upon closure							X			
24. Flapper valve is present							X			
25. Overfill alarm mounted near fills, clearly labeled									X	
26. Fill cap in place with a gasket and sealed tightly on the fill pipe and free of damage							X			
27. Are the fill lids adequately painted?								X		RUL
28. Overfill alarm is functional									X	
Stage I Vapor Recovery							Y	N	NA	Product
29. Vapor Recovery Basin Cover present, colored orange, seated firmly at grade, and not damaged							X			
30. Vapor Recovery Basin is free of debris, liquid, or damage.							X			
31. Poppet of vapor-recovery adaptor (dry break) moves freely, seals tightly							X			
32. Vapor Recovery Cap is present, gasket present, seals tightly, and is free of damage							X			
Corrosion Protection							Y	N	NA	Value
33. CP impressed current rectifier is powered on and operational									X	None
34. Record of three previous 60-day rectifier readings are present and results are in range									X	None
35. Record the rectifier reading in volts and amps									X	None
36. Is there a rectifier on site? If so, please state the location.									X	None
37. Is the hours reading from the rectifier readable? Record hours reading.									X	None
Tank Vents							Y	N	NA	
38. Vent cap is present, solidly supported and vertical							X			
39. Vent piping is at correct height and above obstructions							X			
40. Vent lines are free from damage							X			
Additional Info							Y	N	NA	
41. Did you complete any state forms?							X			
42. Are all tanks on the site active and in service? If not, please include the number of closed or out of service tanks in your comment.							X			
43. Attach photos of any additional ATG release detection results.										X
hot topics							Y	N	NA	
44. Were more than 10 gallons of liquid removed from spill buckets on site?										X
45. If there is a solid waste drum on site							X			
46. Is there an EPA/Compliance binder on site?							X			
47. Estimate the amount of liquid in the Liquid Waste drum using increments of thirds (e.g. 1/3, 2/3, Full or empty).							X			
48. Estimate the amount of waste in the Solid Waste drum using increments of thirds (e.g. 1/3, 2/3, Full or empty).							X			



Designated Operator
Monthly Visual Inspection Checklist
Casey's Tier 1 Inspection Report

Comments:

#	Comment
04	Current COFR not available for review.
27	RUL lid is not identified. [: RUL]
47	1/3 [: 1/3 Full]
48	0 [: empty]

Items Requiring Follow-Up Actions:

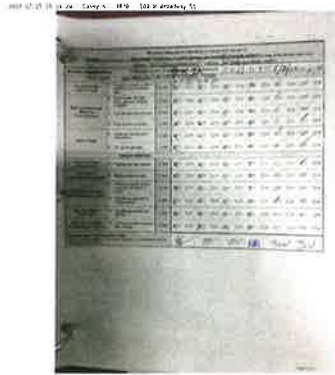
#	Priority	Info
04	5	records - cfr - certificate of financial responsibility - presence
27	3	catch basin - [: RUL] - catch basin - identified

Memo: Could not upload do to upload speed.



Designated Operator
Monthly Visual Inspection Checklist
Casey's Tier 1 Inspection Report

Photos:





Monthly Visual Inspection Report

Facility Name: Casey's - 3470
 Facility Address: 102 W Broadway St, Monon, IN
 Designated Operator: Scott Fleming
 Work Order No. n/a
 Facility Rep: Ben

Inspection Time Start/Finish: 2023-01-12 14:48:07 2023-01-12 15:01:23
 GPS Start: 40.868419571817725, -86.87919122175022
 GPS End: 40.86866214409552, -86.87931602828844
 Inspector: Jerry Wiley
 Phone: (812)-681-0259

Signature: *JLW*

Signature: *Jerry Wiley*

Pre-Inspection					Y	N	NA	
01. Facility access granted.					X			
Safety					Y	N	NA	
02. Work Area Around Tank Pad properly secured					X			
Facility Records					Y	N	NA	If yes, date
03. All required storage tank permits are available for review					X			
04. Certificate of Financial Responsibility is available for review						X		
Monthly Release Detection					Y	N	NA	If yes, date
05. ATG printer has paper and is functional					X			
06. SIR performed last month, results passed, and results are available for inspection							X	
07. ATG shows no more than .25" of water present in the tank					X			
08. Take a photo of all release detection printouts (Sensor Status/liquid Status, CSI D, PI I D, 2-Wire/3-Wire Sensors, and Smart Sensors)					X			
09. ATG console is operational and has no active warnings or alarms					X			
ATG Probe					Y	N	NA	Product
10. Cap free of damage, seals tightly, hole sealed where probe wire goes through							X	
11. Wire splices sealed and wire free of damage							X	
12. Junction box and conduit sealed, free of damage							X	
13. Manhole cover free of damage, adequate clearance between the ATG probe cap and manhole cover							X	
Fill Area					Y	N	NA	Product
14. Drop tube is unobstructed					X			
15. Fill lids present and free of damage					X			
16. Catch basin is free of liquid, PCW, or product.					X			
17. Catch basin is free of dirt and trash.					X			
18. Catch Basin is free of cracks, holes, bulges, or other defects					X			
19. Gauge free of damage							X	
20. Interstice free of liquid and free of damage							X	
21. Fill adaptor tight on the riser pipe					X			
22. Fill cap has adequate clearance between cap and lid					X			
23. Catch basin lid rings form water-tight seal upon closure					X			
24. Flapper valve is present					X			
25. Overfill alarm mounted near fills, clearly labeled							X	
26. Fill cap in place with a gasket and sealed tightly on the fill pipe and free of damage					X			
27. Are the fill lids adequately painted?					X			
28. Overfill alarm is functional							X	
Stage I Vapor Recovery					Y	N	NA	Product
29. Vapor Recovery Basin Cover present, colored orange, seated firmly at grade, and not damaged					X			
30. Vapor Recovery Basin is free of debris, liquid, or damage.					X			
31. Poppet of vapor-recovery adaptor (dry break) moves freely, seals tightly					X			
32. Vapor Recovery Cap is present, gasket present, seals tightly, and is free of damage					X			
Corrosion Protection					Y	N	NA	Value
33. CP impressed current rectifier is powered on and operational							X	None
34. Record of three previous 60-day rectifier readings are present and results are in range							X	None
35. Record the rectifier reading in volts and amps							X	None
36. Is there a rectifier on site? If so, please state the location.							X	None
37. Is the hours reading from the rectifier readable? Record hours reading.							X	None
Tank Vents					Y	N	NA	
38. Vent cap is present, solidly supported and vertical					X			
39. Vent piping is at correct height and above obstructions					X			
40. Vent lines are free from damage					X			
Additional info					Y	N	NA	
41. Did you complete any state forms?					X			
42. Are all tanks on the site active and in service? If not, please include the number of closed or out of service tanks in your comment.					X			
43. Attach photos of any additional ATG release detection results.							X	
hot topics					Y	N	NA	
44. Were more than 10 gallons of liquid removed from spill buckets on site?							X	
45. If there is a solid waste drum on site					X			
46. Is there an EPA/Compliance binder on site?					X			
47. Estimate the amount of liquid in the Liquid Waste drum using increments of thirds (e.g. 1/3, 2/3, Full or empty).					X			
48. Estimate the amount of waste in the Solid Waste drum using increments of thirds (e.g. 1/3, 2/3, Full or empty).					X			



Comments:

#	Comment
04	Current COFR not available for review.
47	1/3 [: 1/3 Full]
48	0 [: empty]

Items Requiring Follow-Up Actions:

#	Priority	Info
04	3	records - cfr - certificate of financial responsibility - presence

Memo:



Photos:





Monthly Visual Inspection Report

Facility Name: Casey's - 3470
 Facility Address: 102 W Broadway St, Monon, IN
 Designated Operator: Scott Fleming
 Work Order No. n/a
 Facility Rep: Fred

Inspection Time Start/Finish: 2023-02-10 18:50:23 2023-02-10 19:01:46
 GPS Start 40.86843428205779, -86.87913606882735
 GPS End 40.86866558067582, -86.87938786119862
 Inspector: Jerry Wiley
 Phone: (812)-681-0259

Signature:

Signature:

Pre-Inspection				Y	N	NA
01. Facility access granted.				X		
Safety				Y	N	NA
02. Work area around tank pad properly secured				X		
Facility Records				Y	N	NA
03. All required storage tank permits are available for review				X		
04. Certificate of Financial Responsibility is available for review					X	
Monthly Release Detection				Y	N	NA
05. ATG printer has paper and is functional				X		
06. SIR performed last month, results passed, and results are available for inspection						X
07. ATG shows no more than .25" of water present in the tank						X
08. Take a photo of all release detection printouts (Sensor Status/Liquid Status, CSLD, PLLD, 2-Wire/3-Wire Sensors, and Smart Sensors).				X		
09. ATG console is operational and has no active warnings or alarms				X		
ATG Probe				Y	N	NA
10. Cap free of damage, seals tightly, hole sealed where probe wire goes through						X
11. Wire splices sealed and wire free of damage						X
12. Junction box and conduit sealed, free of damage						X
13. Manhole cover free of damage, adequate clearance between the ATG probe cap and manhole cover						X
Fill Area				Y	N	NA
14. Drop tube is unobstructed				X		
15. Fill lids present and free of damage				X		
16. Catch basin is free of liquid, PCW, or product.				X		
17. Catch basin is free of dirt and trash.				X		
18. Catch Basin is free of cracks, holes, bulges, or other defects				X		
19. Gauge free of damage						X
20. Interstice free of liquid and free of damage						X
21. Fill adaptor tight on the riser pipe				X		
22. Fill cap has adequate clearance between cap and lid				X		
23. Catch basin lid rings form water-tight seal upon closure				X		
24. Flapper valve is present				X		
25. Overfill alarm mounted near fills, clearly labeled						X
26. Fill cap in place with a gasket and sealed tightly on the fill pipe and free of damage				X		
27. Are the fill lids adequately painted?				X		
28. Overfill alarm is functional						X
Stage I Vapor Recovery				Y	N	NA
29. Vapor Recovery Basin Cover present, colored orange, seated firmly at grade, and not damaged				X		
30. Vapor Recovery Basin is free of debris, liquid, or damage.				X		
31. Poppet of vapor-recovery adaptor (dry break) moves freely, seals tightly				X		
32. Vapor Recovery Cap is present, gasket present, seals tightly, and is free of damage				X		
Corrosion Protection				Y	N	NA
33. CP impressed current rectifier is powered on and operational						X
34. Is there a rectifier on site? If so, please state the location.						X
35. Is the hours reading from the rectifier readable? Record hours reading.						X
36. Rectifier readings are currently within range						X
Tank Vents				Y	N	NA
37. Vent cap is present, solidly supported and vertical				X		
38. Vent piping is at correct height and above obstructions				X		
39. Vent lines are free from damage				X		
Additional Info				Y	N	NA
40. Did you complete any state forms?				X		
41. Are all tanks on the site active and in service? If not, please include the number of closed or out of service tanks in your comment.				X		
42. Attach photos of any additional ATG release detection results.						X
hot topics				Y	N	NA
43. Were more than 10 gallons of liquid removed from spill buckets on site?						X
44. If there is a solid waste drum on site				X		
45. Is there an EPA/Compliance binder on site?				X		
46. Estimate the amount of liquid in the Liquid Waste drum using increments of thirds (e.g. 1/3, 2/3, Full or empty).				X		
47. Estimate the amount of waste in the Solid Waste drum using increments of thirds (e.g. 1/3, 2/3, Full or empty).				X		



Comments:

#	Comment
04	Current COFR not available for review.
46	1/3 [: 1/3 Full]
47	0 [: empty]

Items Requiring Follow-Up Actions:

#	Priority	Info
04	3	records - cfr - certificate of financial responsibility - presence

Memo:



Photos:





Monthly Visual Inspection Report

Facility Name: Casey's - 3470
 Facility Address: 102 W Broadway St, Monon, IN
 Designated Operator: Scott Fleming
 Work Order No. n/a
 Facility Rep: Kristin Sable

Inspection Time Start/Finish: 2023-03-08 08:29:08 2023-03-08 09:15:12
 GPS Start 40.86845075249752, -86.87923673548444
 GPS End 40.764904953577336, -86.77545561463272
 Inspector: Jay Wiley
 Phone:

Signature: *JS*

Signature: *Wiley*

Pre-Inspection				Y	N	NA
01. Facility access granted.				X		
Safety				Y	N	NA
02. Work area around tank pad properly secured				X		
Facility Records				Y	N	NA
03. All required storage tank permits are available for review				X		
04. Certificate of Financial Responsibility is available for review					X	
Monthly Release Detection				Y	N	NA
05. ATG printer has paper and is functional				X		
06. SIR performed last month, results passed, and results are available for inspection						
07. ATG shows no more than .25" of water present in the tank						X
08. Take a photo of all release detection printouts (Sensor Status/Liquid Status, CSLD, PLLD, 2-Wire/3-Wire Sensors, and Smart Sensors).				X		
09. ATG console is operational and has no active warnings or alarms				X		
ATG Probe				Y	N	NA
10. Cap free of damage, seals tightly, hole sealed where probe wire goes through				X		
11. Wire splices sealed and wire free of damage				X		
12. Junction box and conduit sealed, free of damage				X		
13. Manhole cover free of damage, adequate clearance between the ATG probe cap and manhole cover				X		
Fill Area				Y	N	NA
14. Drop tube is unobstructed				X		
15. Fill lids present and free of damage				X		
16. Catch basin is free of liquid, PCW, or product.				X		
17. Catch basin is free of dirt and trash.				X		
18. Catch Basin is free of cracks, holes, bulges, or other defects				X		
19. Gauge free of damage						X
20. Interstice free of liquid and free of damage						X
21. Fill adaptor tight on the riser pipe				X		
22. Fill cap has adequate clearance between cap and lid				X		
23. Catch basin lid rings form water-tight seal upon closure				X		
24. Flapper valve is present				X		
25. Overfill alarm mounted near fills, clearly labeled						X
26. Fill cap in place with a gasket and sealed tightly on the fill pipe and free of damage				X		
27. Are the fill lids adequately painted?				X		
28. Overfill alarm is functional						X
Stage I Vapor Recovery				Y	N	NA
29. Vapor Recovery Basin Cover present, colored orange, seated firmly at grade, and not damaged				X		
30. Vapor Recovery Basin is free of debris, liquid, or damage.				X		
31. Poppet of vapor-recovery adaptor (dry break) moves freely, seals tightly				X		
32. Vapor Recovery Cap is present, gasket present, seals tightly, and is free of damage				X		
Corrosion Protection				Y	N	NA
33. CP impressed current rectifier is powered on and operational						X
34. Is there a rectifier on site? If so, please state the location.						X
35. Is the hours reading from the rectifier readable? Record hours reading.						X
36. Rectifier readings are currently within range						X
Tank Vents				Y	N	NA
37. Vent cap is present, solidly supported and vertical				X		
38. Vent piping is at correct height and above obstructions				X		
39. Vent lines are free from damage				X		
Additional Info				Y	N	NA
40. Did you complete any state forms?						X
41. Are all tanks on the site active and in service? If not, please include the number of closed or out of service tanks in your comment.						X
42. Attach photos of any additional ATG release detection results.						X
hot topics				Y	N	NA
43. Were more than 10 gallons of liquid removed from spill buckets on site?						X
44. If there is a solid waste drum on site				X		
45. Is there an EPA/Compliance binder on site?				X		
46. Estimate the amount of liquid in the Liquid Waste drum using increments of thirds (e.g. 1/3, 2/3, Full or empty).				X		
47. Estimate the amount of waste in the Solid Waste drum using increments of thirds (e.g. 1/3, 2/3, Full or empty).				X		



Comments:

#	Comment
04	Current COFR not available for review.
46	2/3 [; 2/3 Fujj]
47	0 [; empty]

Items Requiring Follow-Up Actions:

#	Priority	Info
04	3	records - cfr - certificate of financial responsibility - presence

Memo:



Photos:





Testing and Inspection Certificate

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

Test Date	1/4/2023	Tanknology WO#	MW2-6302049
Test Purpose	COMPLIANCE	Customer PO#	G20168302

<u>Customer</u> CASEY'S GENERAL STORES 3305 SE DELAWARE AVE. P.O. BOX 3004 ANKENY, IA 50021 Attn: TERI MASON (515) 965-6167	<u>Location</u> CASEY'S #3470 102 W Broadway St. Monon, IN 47959 Attn: (219) 253-3665
---	--

Test / Inspection Description	Item Tested	Date Tested	Result
Line Leak Detector (3 GPH)	Tank 1 Line 1 UNLEADED	1/4/2023	Pass
Line Leak Detector (3 GPH)	Tank 3 Line 1 PREMIUM	1/4/2023	Pass
Line Leak Detector (3 GPH)	Tank 2 Line 1 Diesel	1/4/2023	Pass
Impact Valve Inspection	See test report for details	1/4/2023	Pass
Leak Detection Monitoring System Inspection	See test report for details	1/4/2023	Pass

Tanknology Representative: Brian Daliege Telephone: (847) 888-4836	Technician: Timothy Mcphee Technician Certification: (See forms)
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LDT 5000 Field Test Apparatus
Line Leak Detector Test

Work Order: 6302049 Date: 1/4/2023
Site Name / ID: CASEY'S #3470 / 3470
Address: 102 W Broadway St.
City: Monon State: IN Zip: 47959

Tank ID	1	3	2			
Product	UNLEADED	PREMIUM	Diesel			
Product Line	1	1	1			
Tested From	7	7	7			
Existing/New	Existing	Existing	Existing			
Mechanical/Electronic	Electronic	Electronic	Electronic			
Manufacturer/Model	Veeder Root PLLD	Veeder Root PLLD	Veeder Root PLLD			
Serial No.	379736	370911	363881			
Pump Operating Pressure (psi)	37.00	33.00	36.00			
Calibrated Leak (ml/min)	189.0	189.0	189.0			
Calibrated Leak (gph)	3.00	3.00	3.00			
Holding PSI *N/A for Electronic LD's						
Resiliency (ml) *N/A for Electronic LD's						
Metering PSI *N/A for Electronic LD's						
Opening Time (sec) *N/A for Electronic LD's						
Test Results	Pass	Pass	Pass			

Technician Comments:

Technician Name: Timothy Mcphee Certification #: 153537
Technician Signature: Expire Date: 6/13/2025



Impact Valve Inspection

Impact Valve Operational Inspection

Work Order: 6302049 Date: 1/4/2023
 Site Name/ID: CASEY'S #3470
 Address: 102 W Broadway St.
 City: Monon State: IN Zip: 47959

How Inspected: Line Test NFPA 30A PEI RP1200 Other

Dispenser Number	Grade	Secure Mount?	Valve Lock?	Pass/ Fail	Comments
1/2	40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
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	91	<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	91	<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	91	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
7/8	40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
7/8	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
7/8	91	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
9/10S	40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested	
10S/	40	<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: Timothy Mcphee
 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: CASEY'S #3470 Bldg. No.: _____
 Site Address: 102 W Broadway St. City: Monon State: IN Zip: 47959
 Facility Contact Person: _____ Contact Phone No.: 219-253-3665
 Make/Model of Monitoring System: Weeder Root TLS-350 Date of Testing/Servicing: 1/4/2023

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

<p>Tank ID: 1 - UNLEADED</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe Model: <u>mag</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: <u>794390-409</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <u>794380-208</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector Model: <u>Weeder Root PLLD -</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2)</p>	<p>Tank ID: 2 - Diesel</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe Model: <u>mag</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: <u>794390-409</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <u>794380-208</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector Model: <u>Weeder Root PLLD -</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2)</p>
<p>Tank ID: 3 - PREMIUM</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe Model: <u>mag</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: <u>794390-409</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <u>794380-208</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector Model: <u>Weeder Root PLLD -</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2)</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2)</p>
<p>Dispenser ID: 1/2</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s) Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>	<p>Dispenser ID: 3/4</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s) Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>
<p>Dispenser ID: 5/6</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s) Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>	<p>Dispenser ID: 7/8</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s) Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>
<p>Dispenser ID: 9/10S</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s) Model: <u>794380-208</u></p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>	<p>Dispenser ID: 10S</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s) Model: <u>794380-208</u></p> <p><input checked="" 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): Timothy Mephee Signature: 

Certification No.: C26872 License No.: _____

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

Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 1/4/2023

D. Results of Testing/Serviceing

Software Version Installed: 133.06 _____

Complete the following checklist:

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

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

E. Comments:

Backup Battery reading, if applicable (Required for VR TLS 300/350):3.70

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:

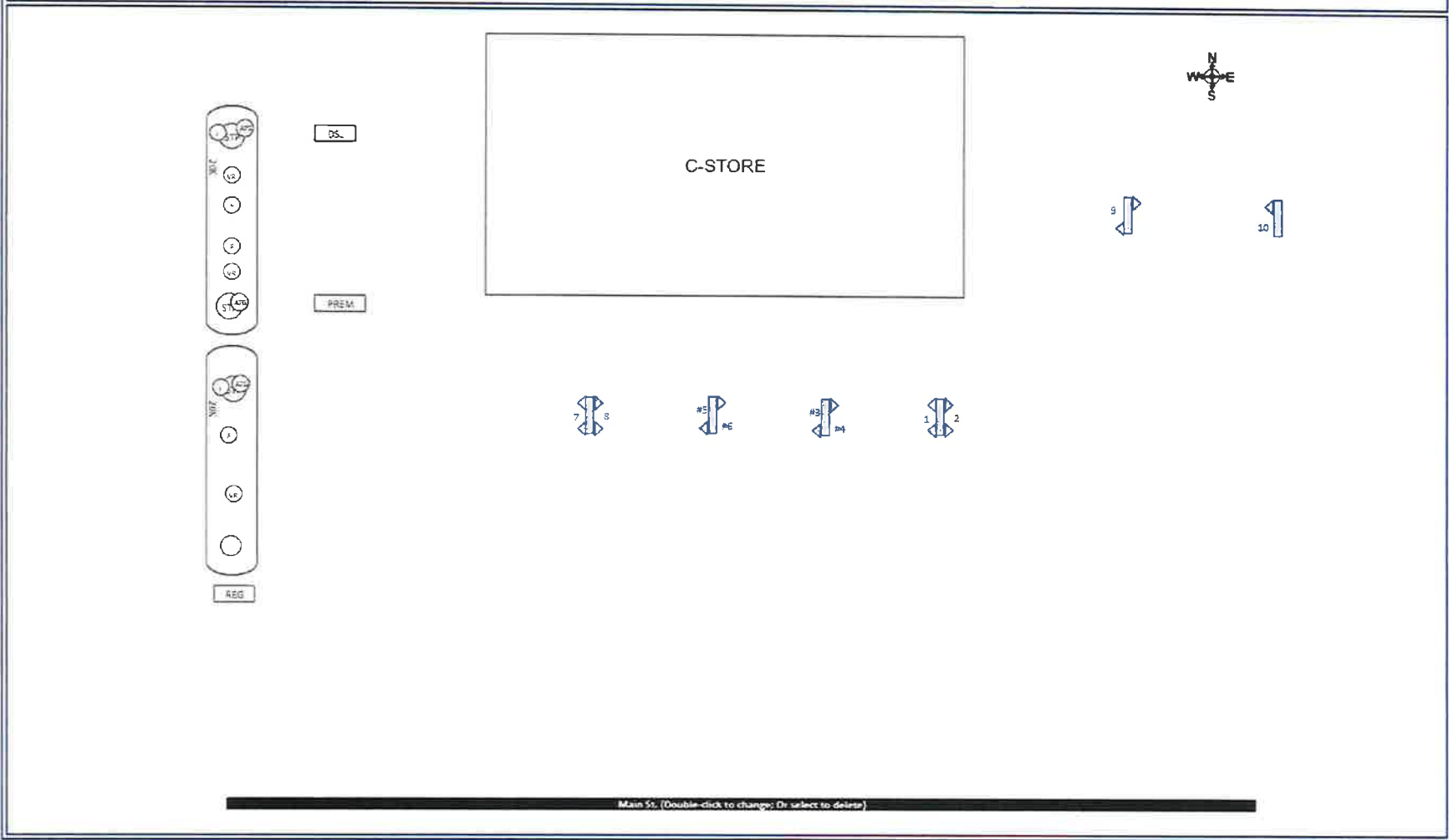
DID OVERALL MONITOR SYSTEM TESTING PASS (Check One)? YES NO
INCONCLUSIVE



Site Diagram

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

Work Order: 6302049
Site ID / Name: 3470 / CASEY'S #3470
Address: 102 W Broadway St.
City: Monon State: IN Zip: 47959



Handwritten text, possibly a list or notes, written vertically in a narrow column. The text is extremely faint and difficult to decipher, but appears to contain several lines of writing.



Tanknology Inc.
 1000 N. 54th Pl. #200, Suite 500, Irving, TX 75039 (800) 964-0010
JOB CLEARANCE FORM & SITE SAFETY CHECKLIST - OVF

Policy 109-29 A
 Rev G
 Revised: 2/11/2019

Site Name Carex S	Event Address Munon LN	WEL # L302049
Arrive Time 1330	Departure Time 1530	Date 4 Jan/23

Scope of Work and Tasks Performed (PPE is not to be available for all tasks)
LDs IVS ATG

Removes to Equipment or Parts Provided

Follow-up actions required, equipment condition comments

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

<input type="checkbox"/> Safety Vest	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Gloves	<input type="checkbox"/> Hearing Protection
<input checked="" type="checkbox"/> Steel Toe Boots	<input type="checkbox"/> Spill/Leak Supplies	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Other

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

- Scout safety procedures with site personnel. Nearest hospital
- Prior to fuel deliveries the UST system must be placed back into working order.
- Secure entire work area with barricade (cones, flags, and extension bars, caution tape, pennant flags, or other perimeter guard).
- Place fire extinguishers and "No Smoking" signs in the work area.
- Confined Space Entry - If required complete separate CSE Checklist. If NO CSE REQUIRED 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 fall-rg in
- Implement Lockout/Tagout per API 1616 (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).
 All applicable equipment disabled during test(s). Verify LOTO is complete by trying to operate pumps.

SIGN IN

General Safety Checks:
 All 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 Tom M...	Lead Technician Signature
Site Representative Name	Site Representative Signature

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

- Remove all "Lockout/Tagout" devices and nozzle baggies.
- Purge pumps and verify there are no leaks.
 Leak Detector Threads on STP's Impact Valve Test Ports under dispensers
 All lead wire seal on all test plugs & leak detectors that were serviced. Functional Elements & Relief Screws
- Count LD threads: L1 _____ L2 _____ L3 _____ L4 _____ L5 _____ L6 _____
- Check following components operational:
 Ball floats, dry breaks & caps ATG probes, sensors, & caps
 Containment sumps are dry Cathodic protection operational
 Dispenser panels are replaced Dispensers & FOS operational
 Leak detectors & vent tubes Drop tubes, rapper valves, fill adapters & caps
 Monitoring system is operational Manhole covers and sump lids
 Spill lines and manifold valves open Shear valves are open
 ATP fittings and bayonet connectors Spill containers & drain valves
 Vents & Extractors (not capped, plugged or isolated)
- Remove barricades.

SIGN OUT & Operator Verification of Work (OVF)

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 Tom M...	Lead Technician Signature
Site Representative Name	Site Representative Signature

W.O. # MW2-6302049

Cust Ref #: C20168302