

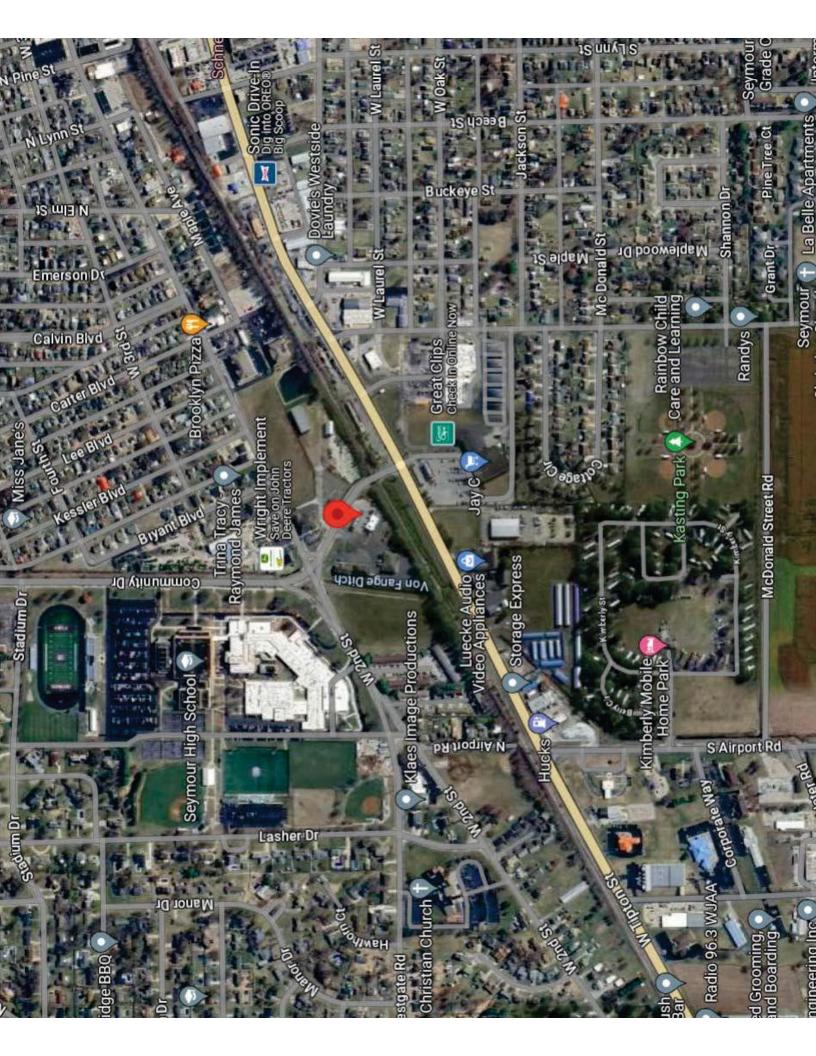
UNDERGROUND STORAGE TANK INSPECTION REPORT

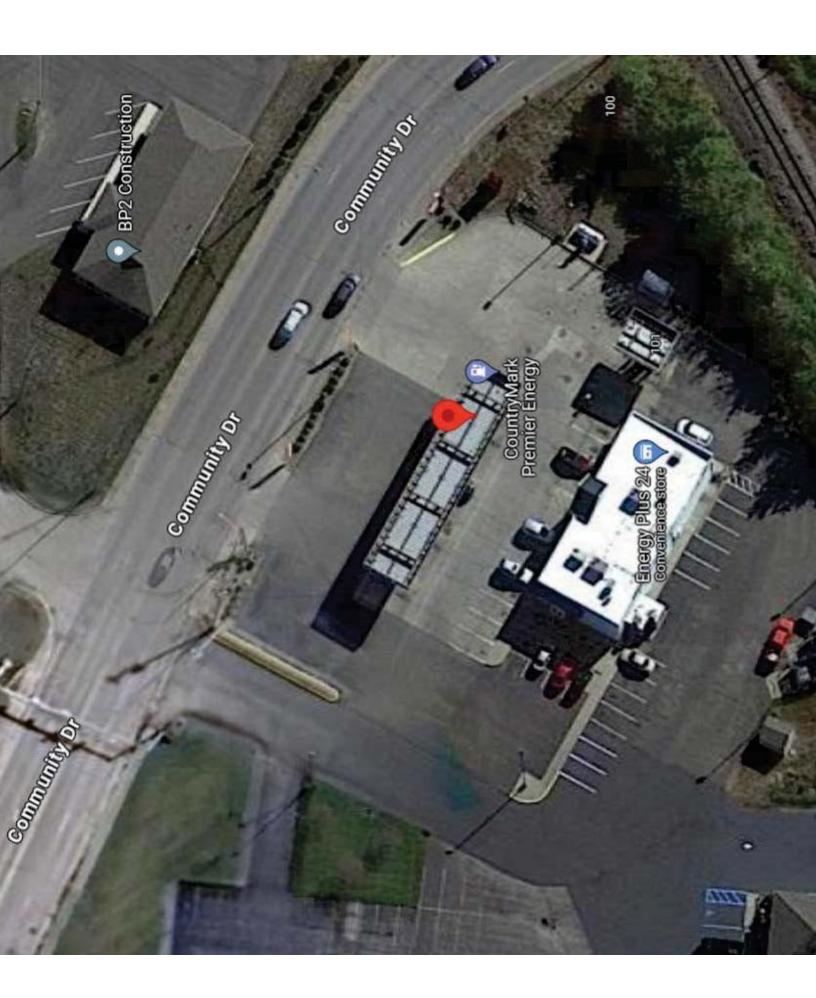
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

UST FAC ID: 22962

Inspector's Name:	Adam James
Date:	May 20, 2024
Time In:	09:25
Time Out:	11:20
Inspection Type:	Initial

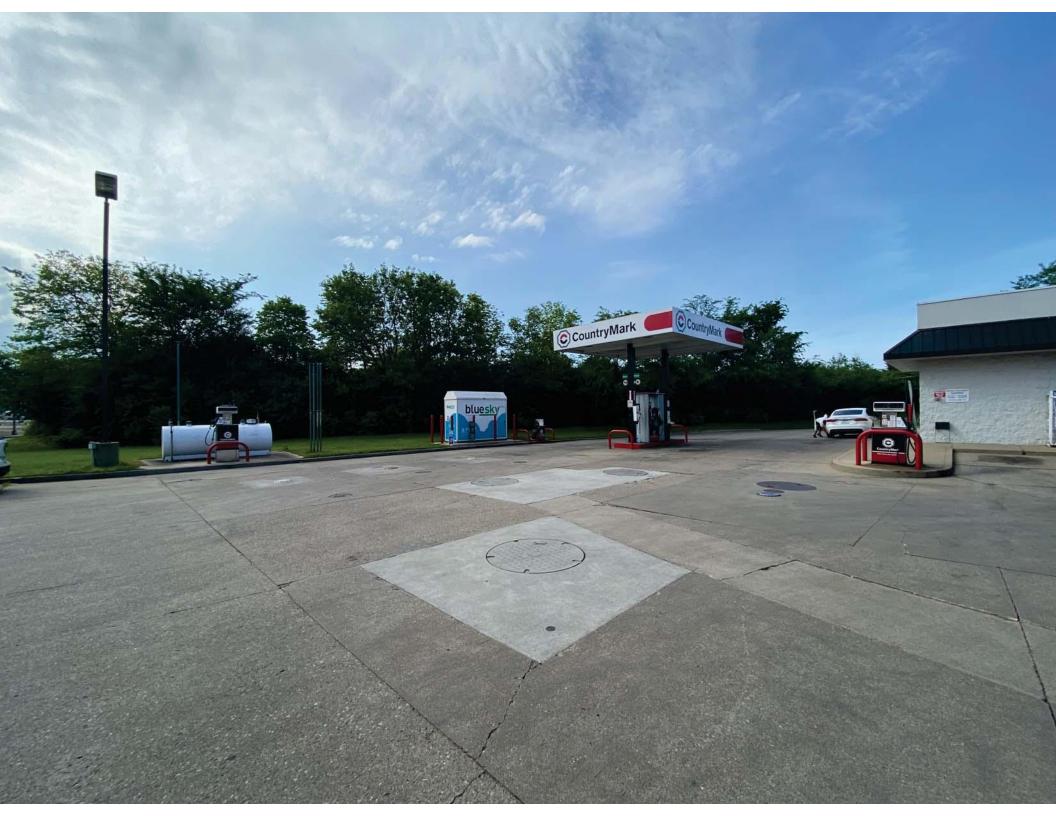
FACILITY NAME / LOCATION													
FACILITY NAME Premier Agricultural Cooperative Inc FACILITY ADDRESS (number and street 101 N Community D													
Premier Agricultural Cooperative Inc			TOT N Comm	STATE		ZIP COD)F		COUN	JTV			
710011200 (IIII0 2,		Seymour			IN			727	4	0001	Jack	SO	n
			JS	T OWNER									
	e (If in Individual Capacity)										the Secr	etary o	of State)
PREFIX	Ag Co-op Inc	Inai		LAST NAME				192	2525	-00	5	lour	-11/
PREFIX	Jerry	MI		Boger								SUFF	·IX
TELEPHONE NUI	<u>, </u>	EMAIL ADDRESS											
jboger@premierag.com													
UST OPERATOR UST OPERATOR BUSINESS ID (From the Secretary of State)													
	Ag Co-op Inc								1525 1525			etary o	of State)
PREFIX	FIRST NAME	MI		LAST NAME								SUFF	IX
	Jerry			Boger									
TELEPHONE NUI	MBER	EMAIL ADDRESS											
		jboger@pre											
UST Property Ow	ner Name (If in Individual Capacity)	PRO	ΡE	RTY OWNER				BUSIN	ESS ID	(From	the Secr	etarv o	of State)
	Jennings Ag LLC										0001		
PREFIX	FIRST NAME	MI		LAST NAME								SUFF	IX
TELEBUIONE AU	Harold	EMAIL ADDRESS		Cooper									
TELEPHONE NUI	MBER	hcooper@r	ore	emierag.com									
				NCE ELEMENTS	3								
All USTs pro	operly registered and up-to-dat						YES	X	NO				UNK
	tification form with the correct overfill m				and correct	deliv	ery met	thod fo	or the C	Off-Ro	ad DSL	is re	quired.
O/O is in compliance with reporting & record keeping requirements					X	YES		NO				UNK	
O/O is in co	mpliance with release reportinເ	g or investigatio	n				YES		NO	X	N/A		UNK
O/O is in co	mpliance with all UST closure	requirements					YES		NO	X	N/A		UNK
						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
O/O has me	t all financial responsibility req	uirements				<u>X</u>	YES		NO		N/A		UNK
40 OFD 000	Outrout A to stall attack or or or to					$\overline{\mathbf{v}}$	VEC		NO		NI/A		LUNUZ
40 CFR 280	, Subpart A installation require	ements (partially	/ e>	(cluded) met		X	YES		NO		N/A		UNK
40 CED 290	, Subpart B installation and up	arado roquirom		te mot			YES		NO			l	UNK
	f ball float and auto ins				f overfil			, ,		with	920	L	
	, Subpart C spill/overfill contro				I				NO	VILII	N/A		UNK
10 01 11 200	, caspart o opin/overim certific	r roquirornonio i									14,71		<u> </u>
40 CFR 280	, Subpart C compatibility requi	rements met			Ι	X	YES		NO		N/A		UNK
	,				'	. ,							'
40 CFR 280	, Subpart C O&M and testing r	equirements m	et			X	YES		NO				UNK
	<u> </u>												
40 CFR 280	, Subpart D release detection	requirements m	net			X	YES		NO				UNK
40 CFR 280	, Subpart J operator training re	equirements me	et			X	YES		NO				UNK













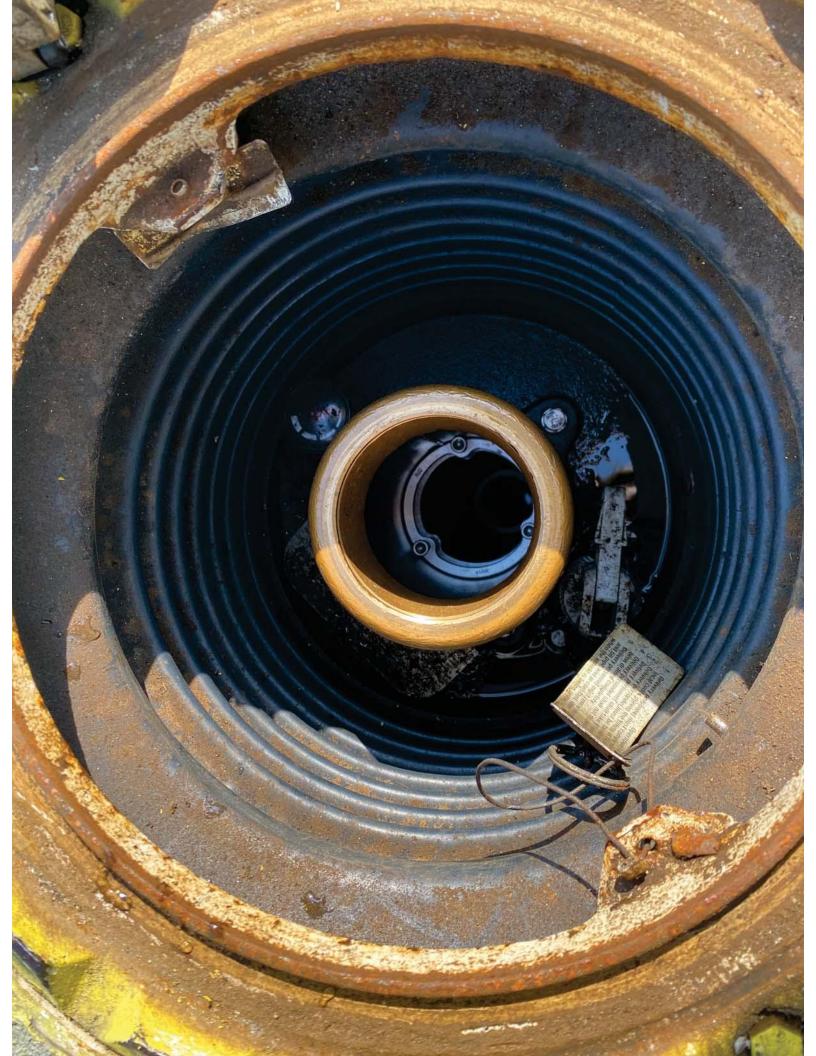


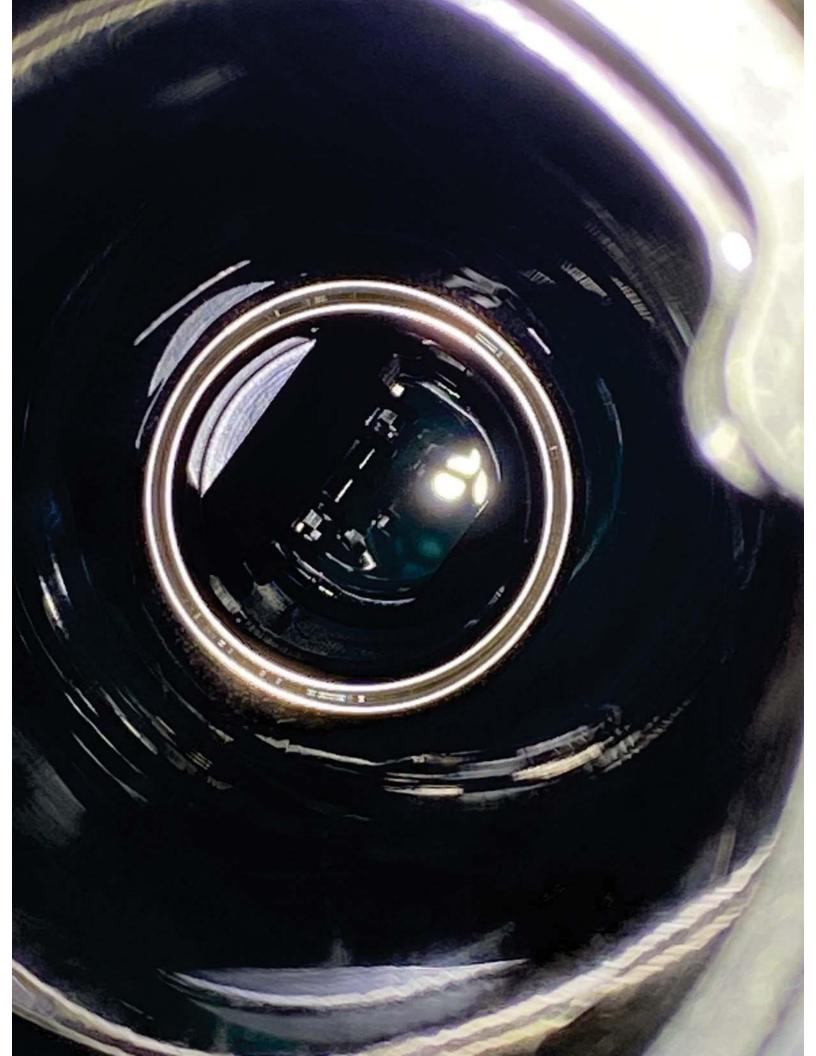




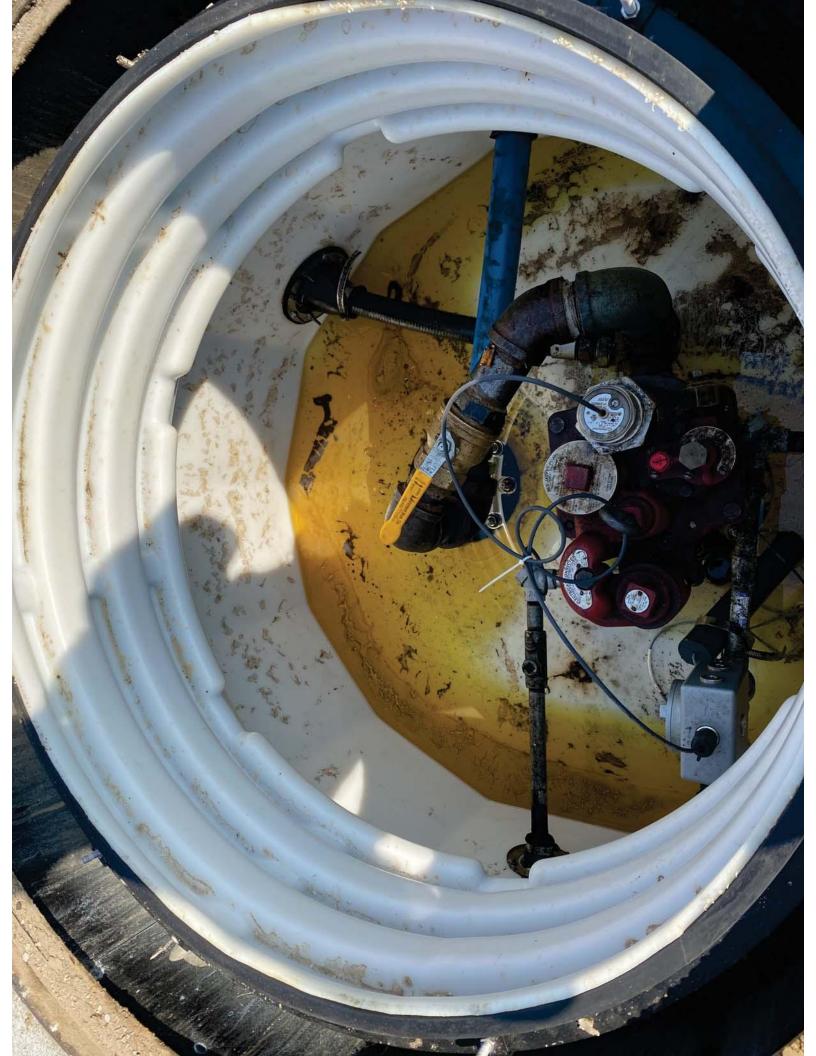




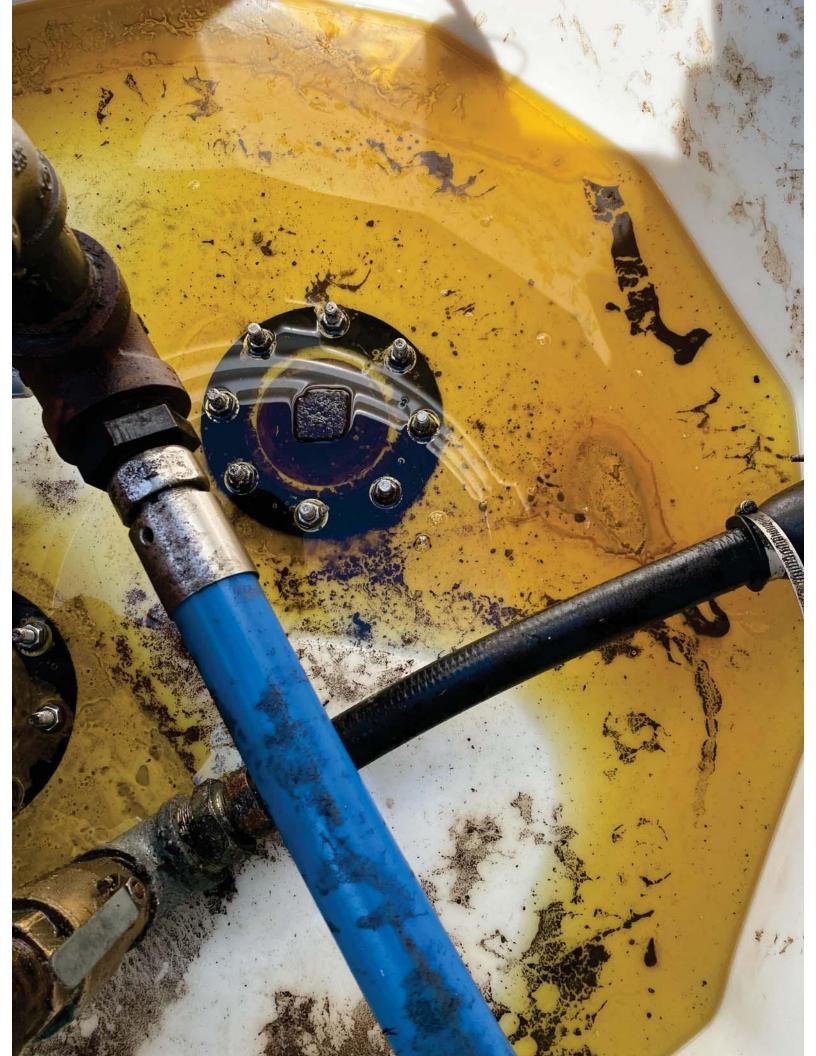




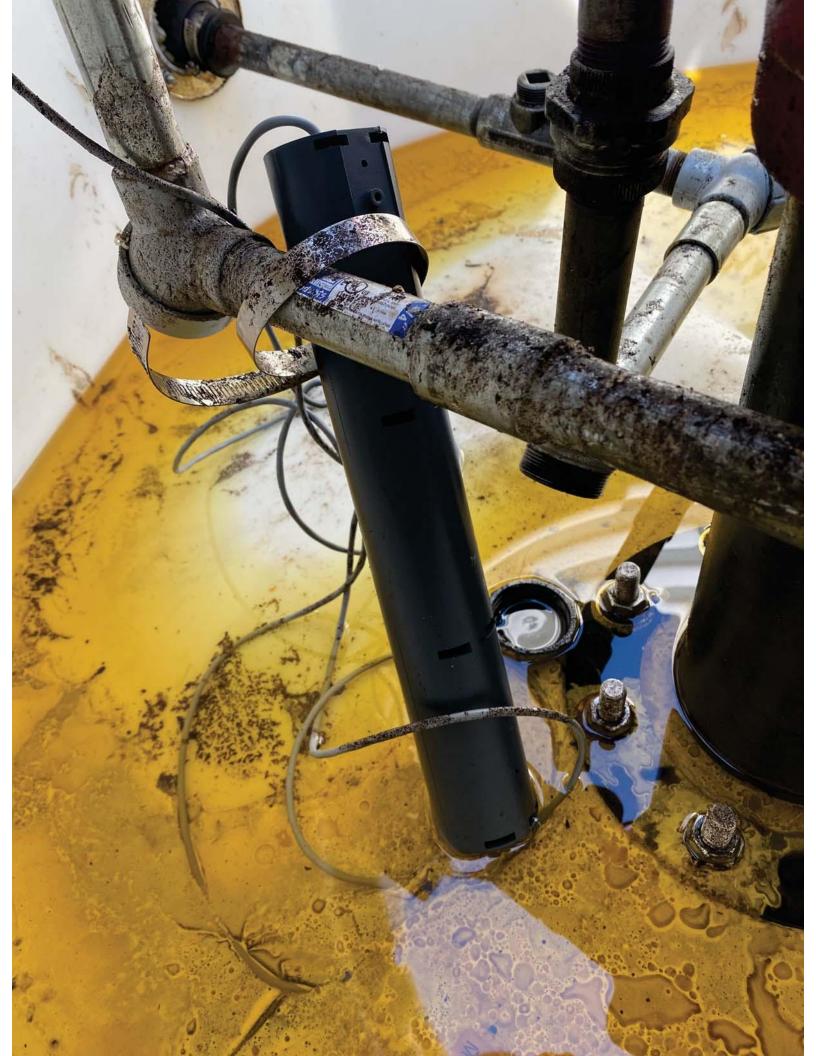














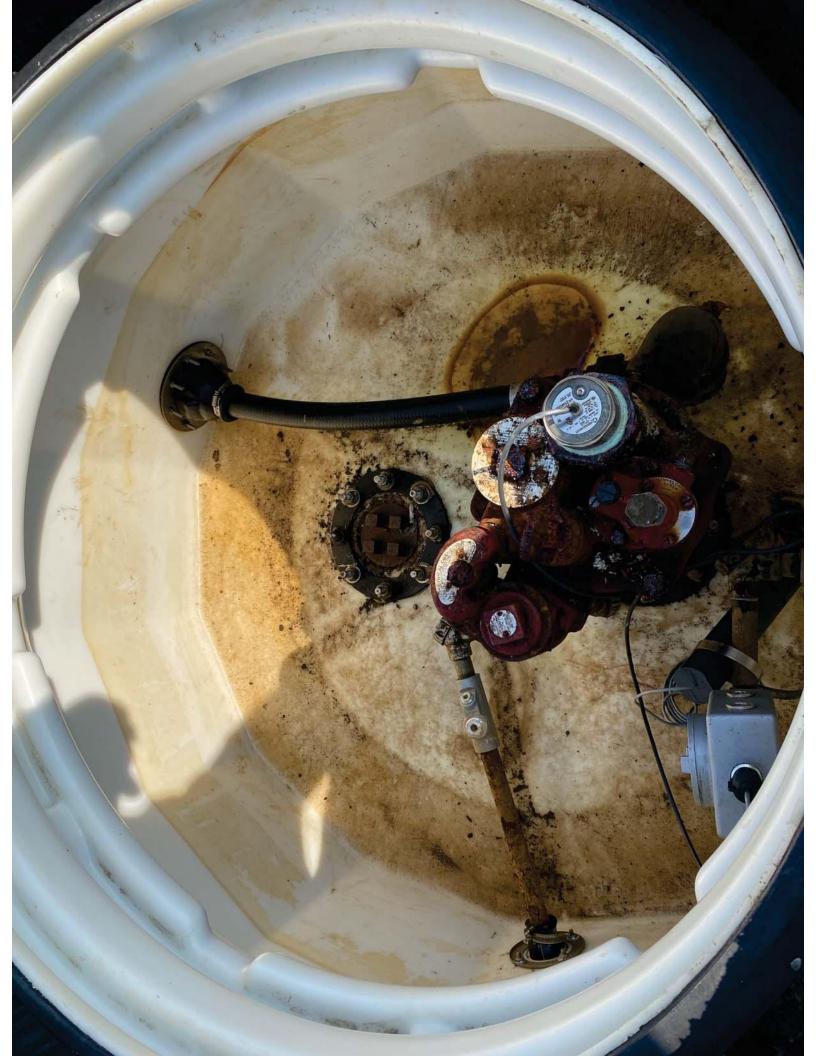




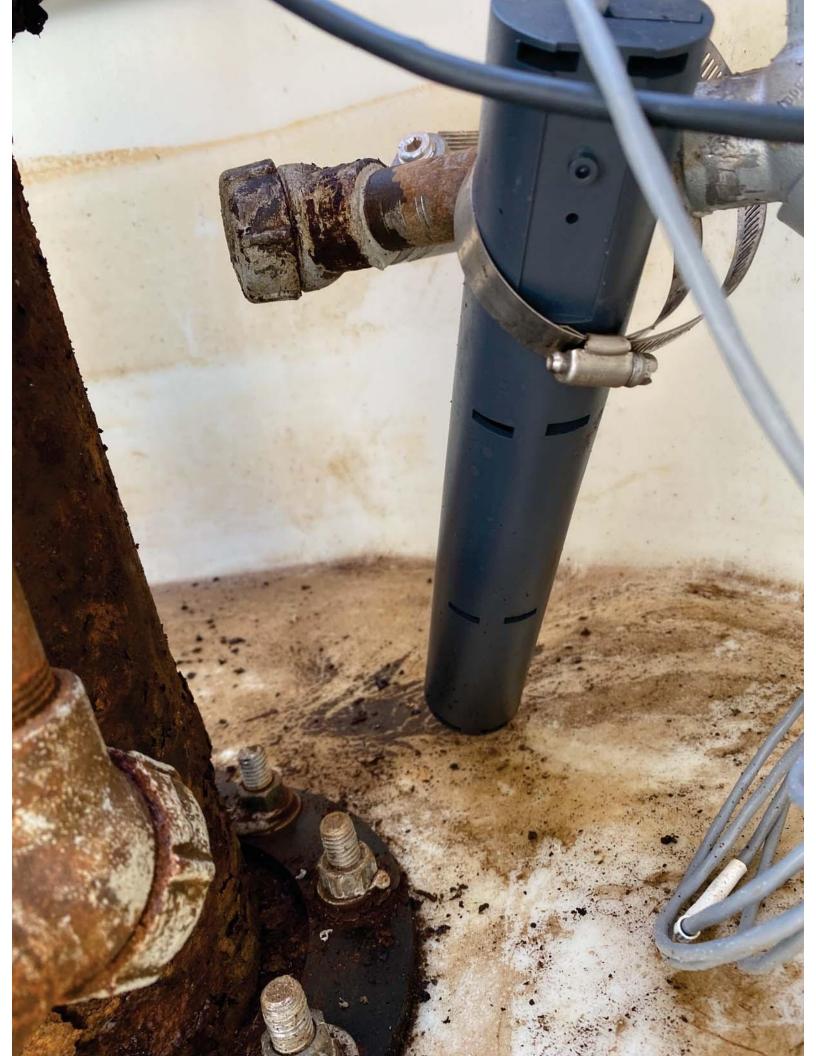




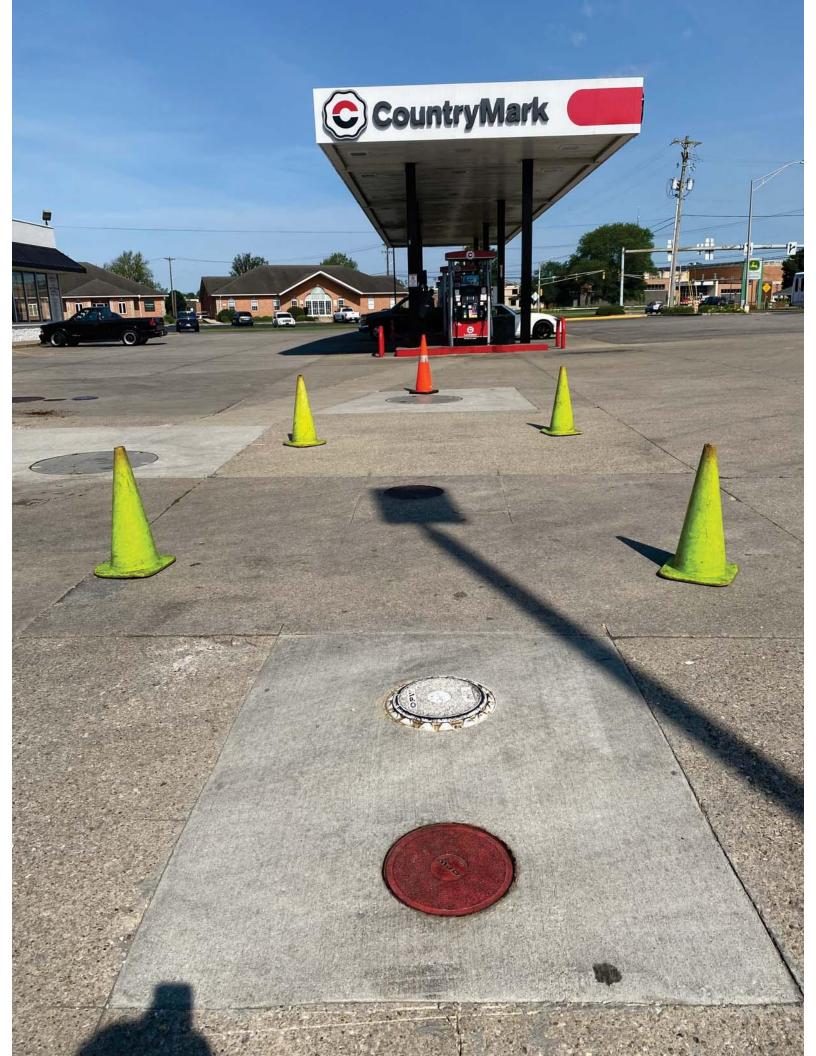












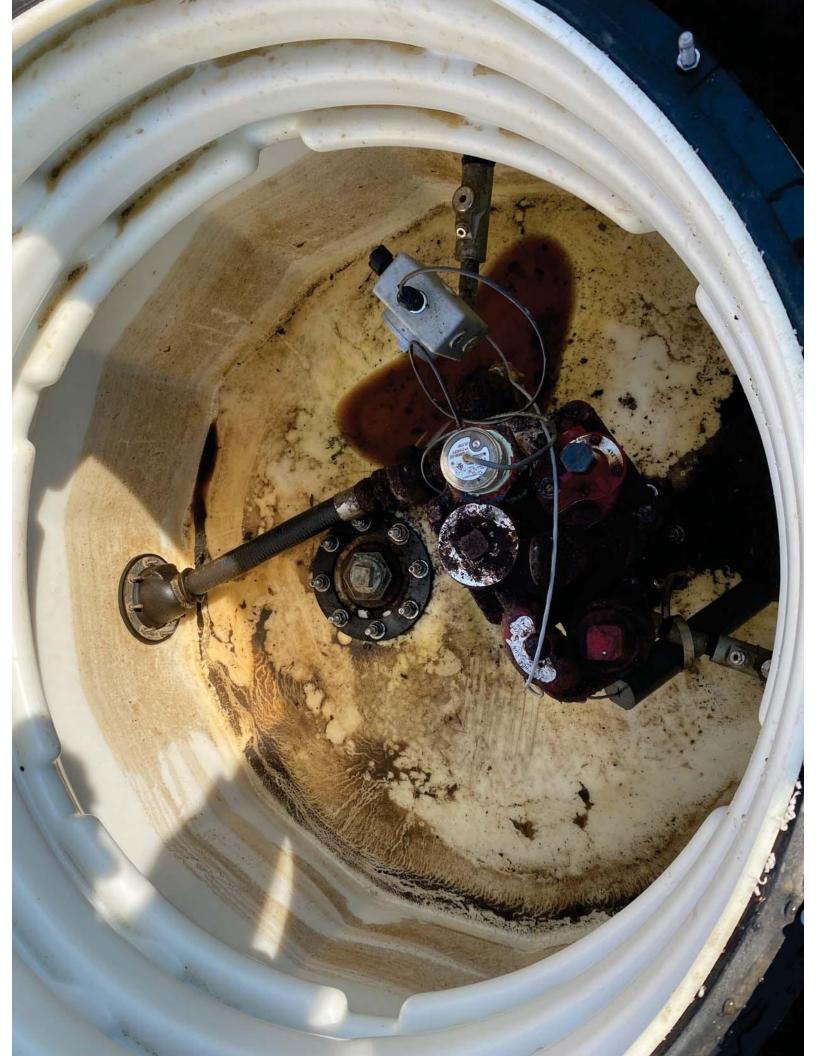




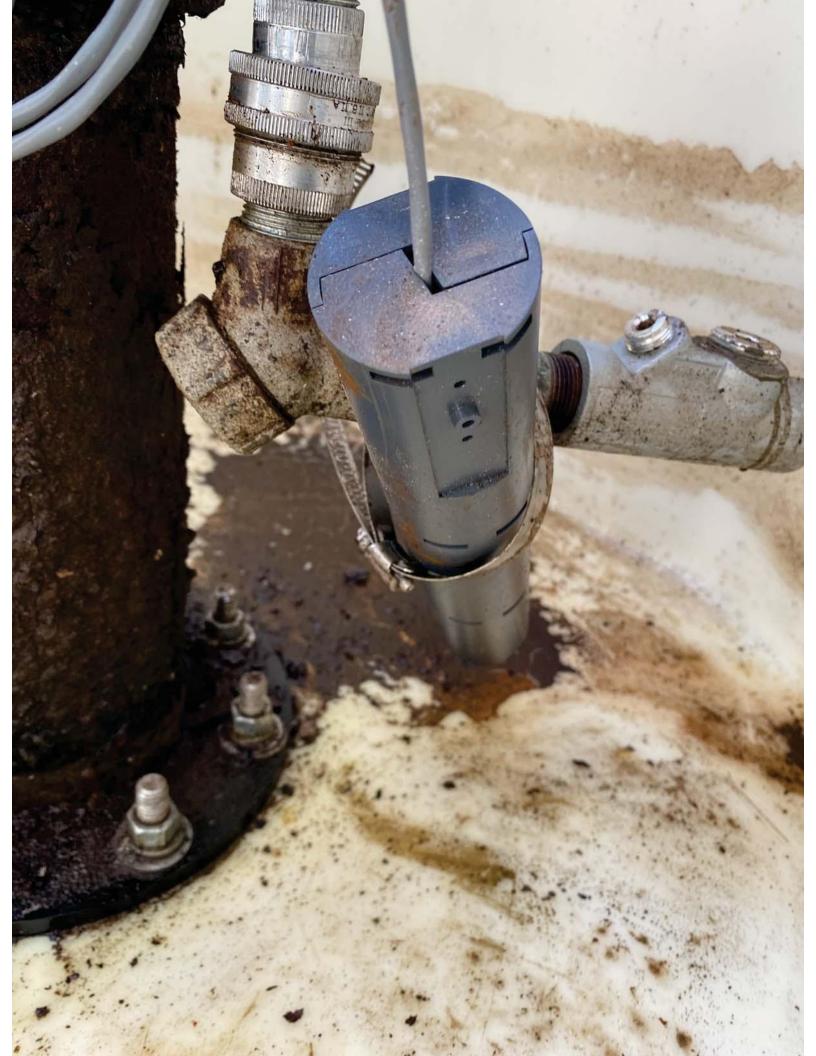


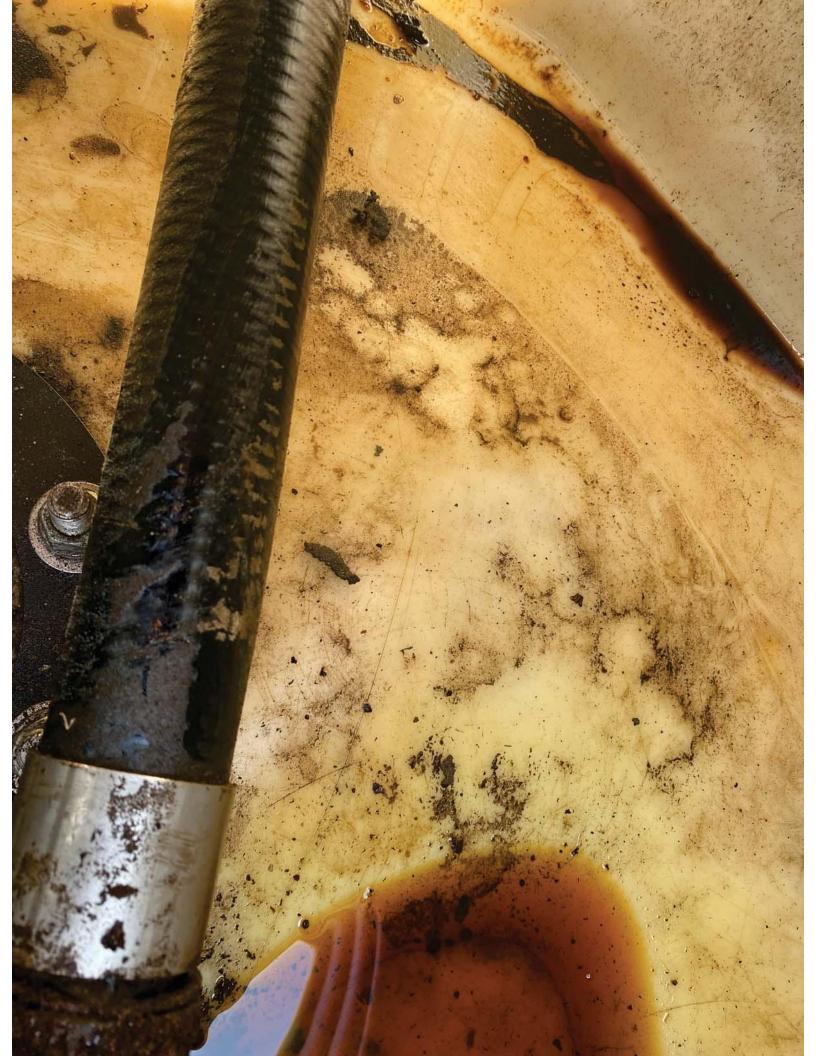




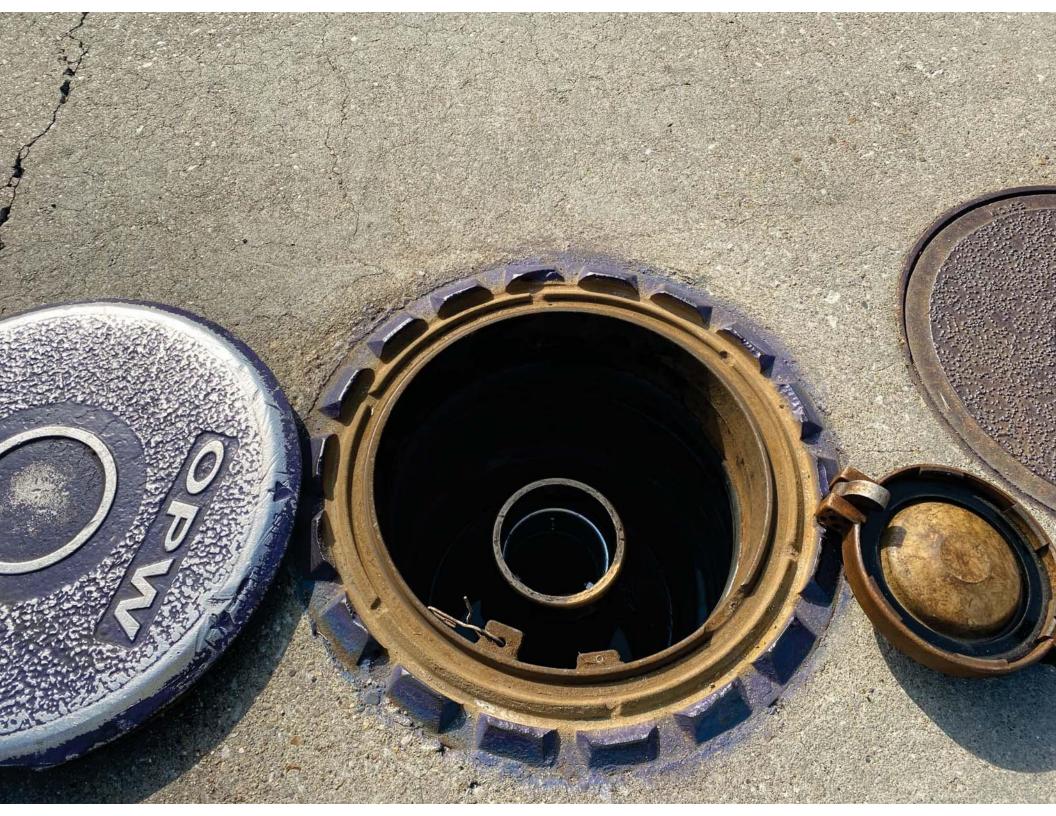












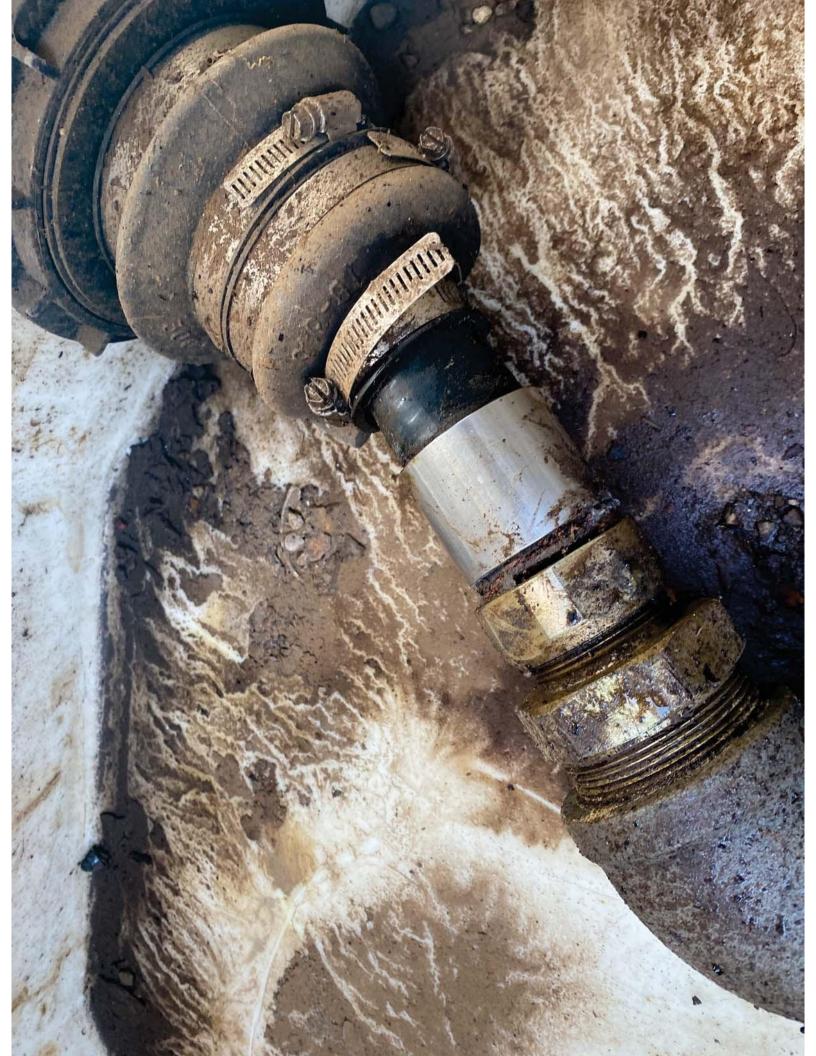








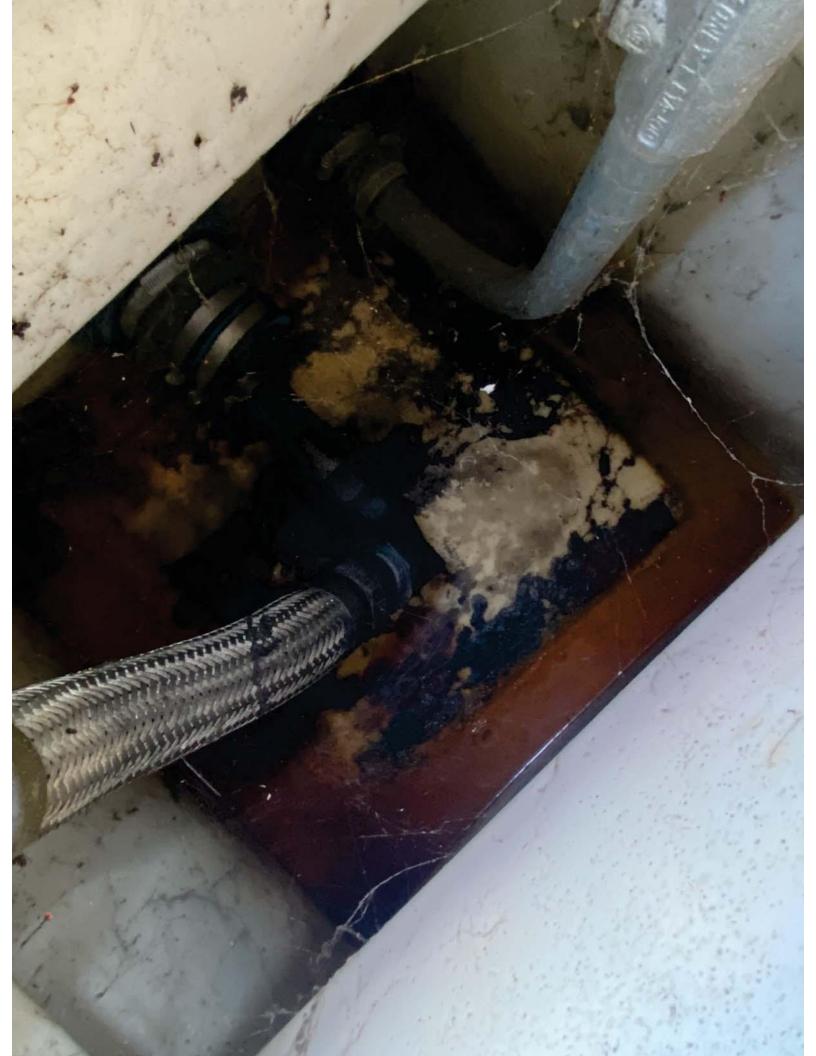


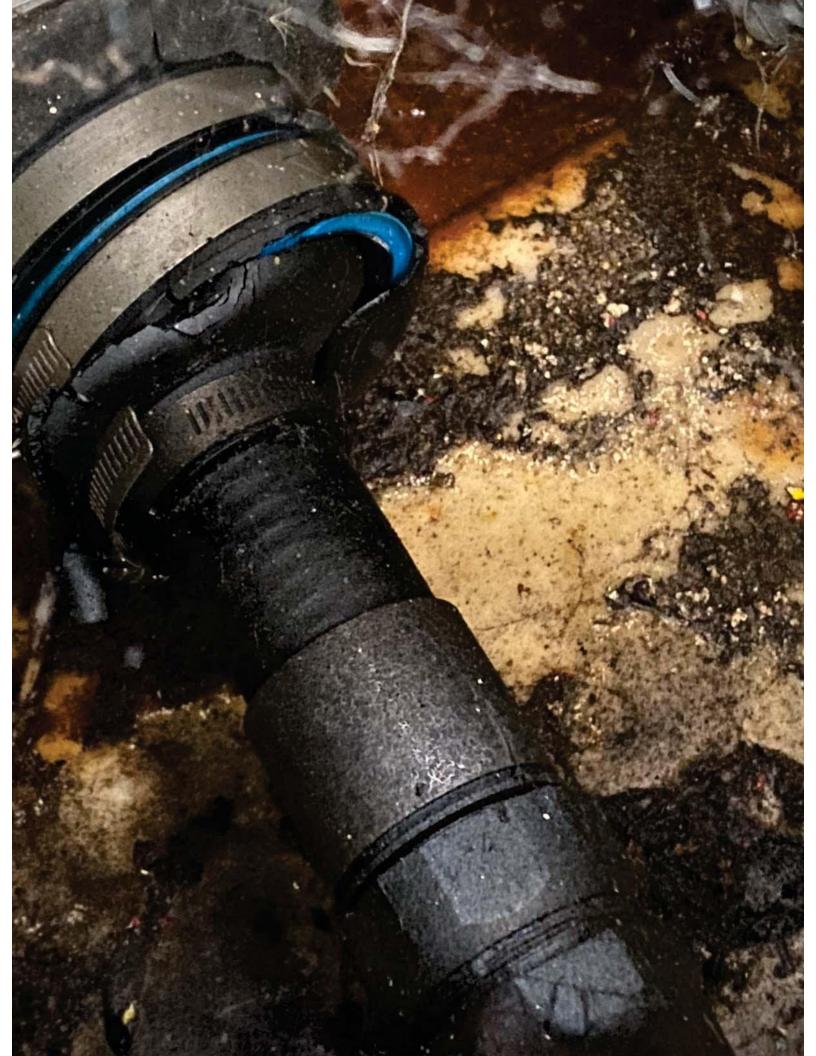














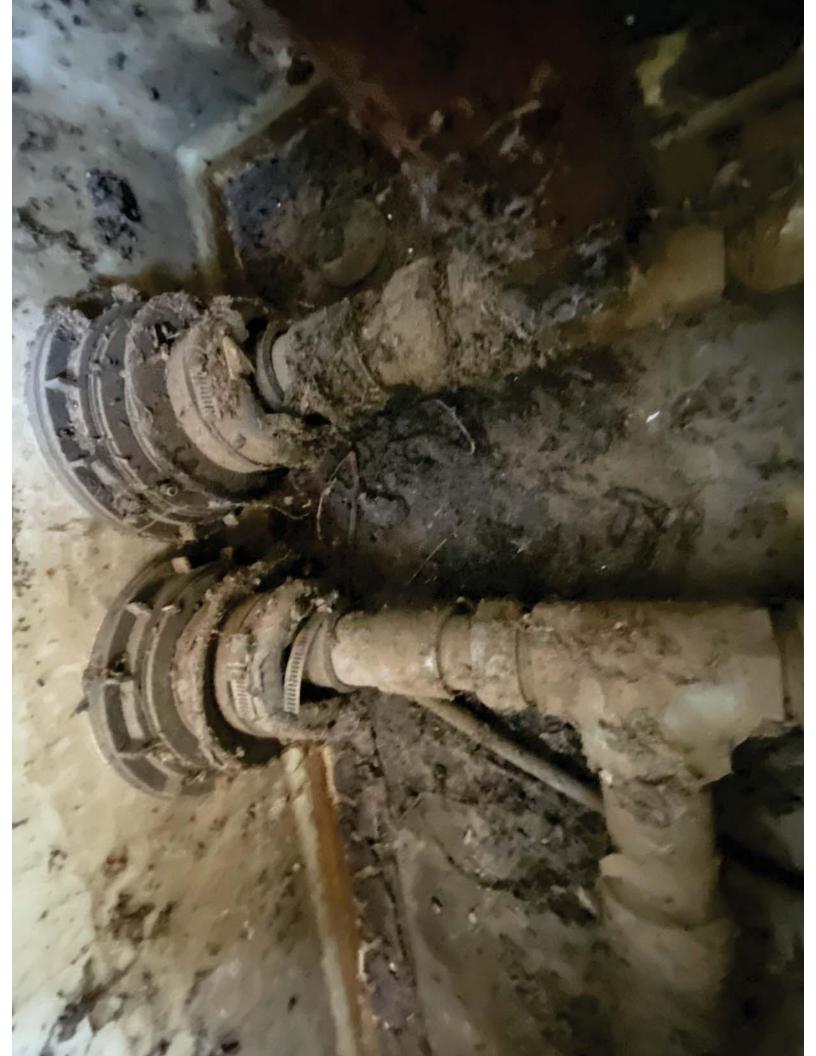




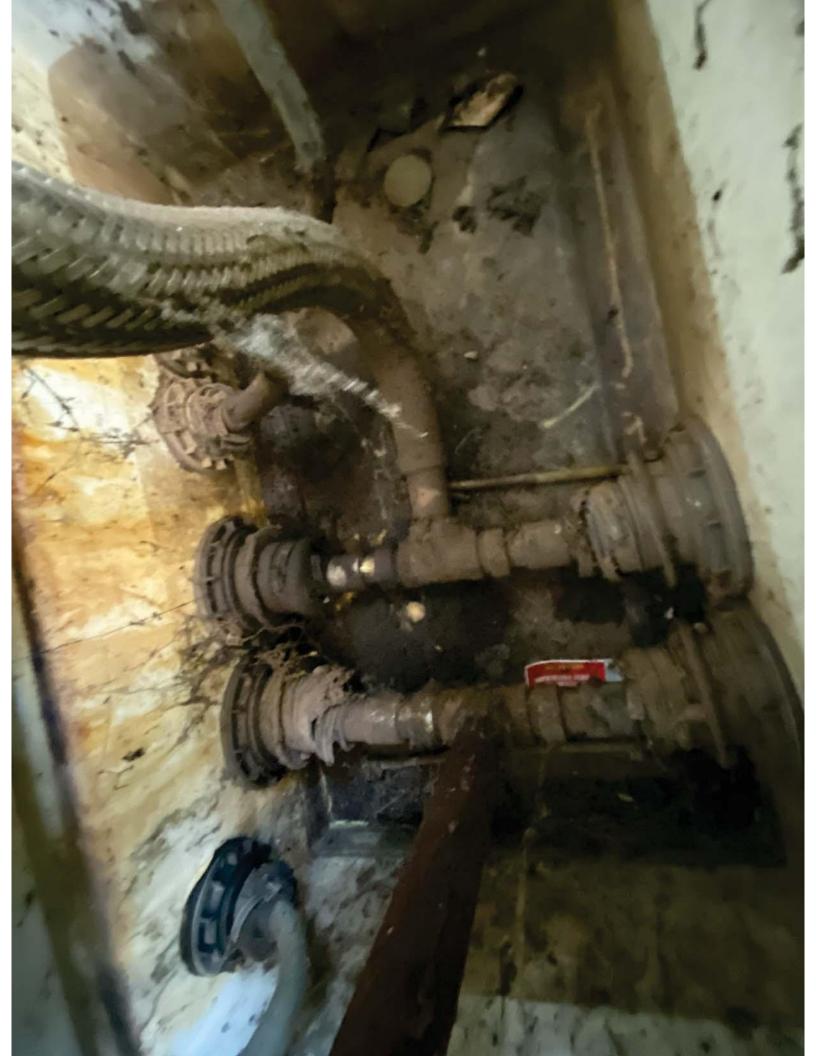


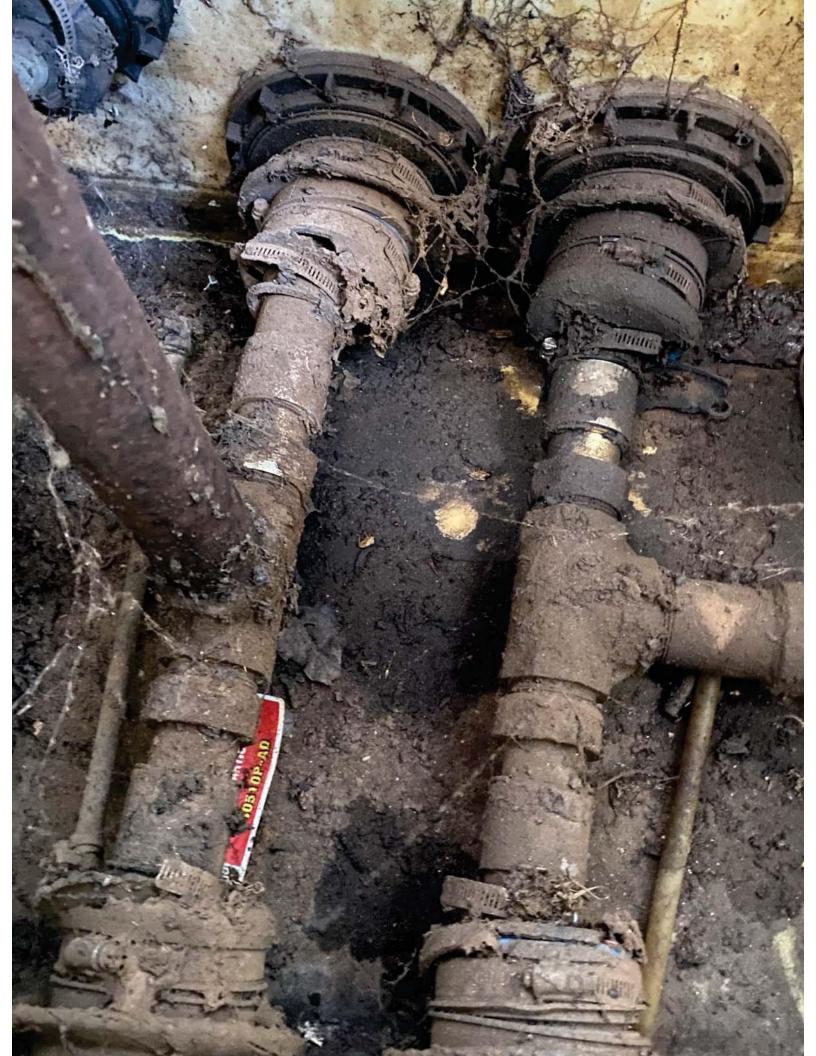




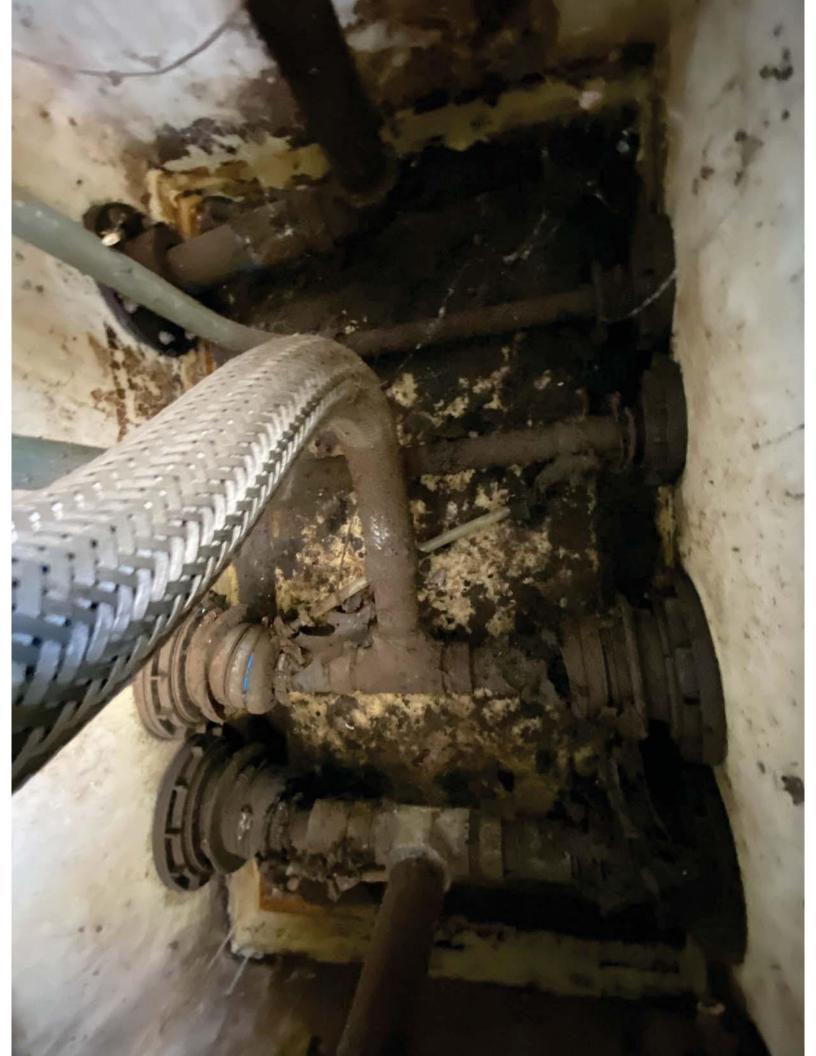




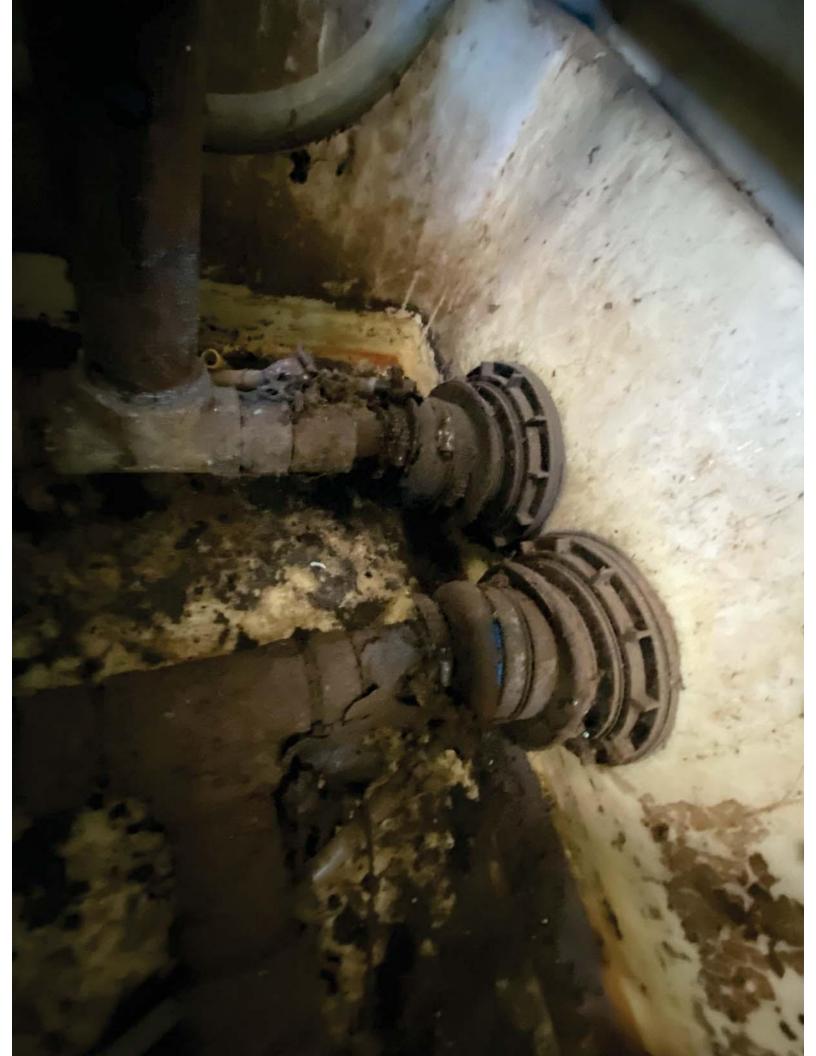




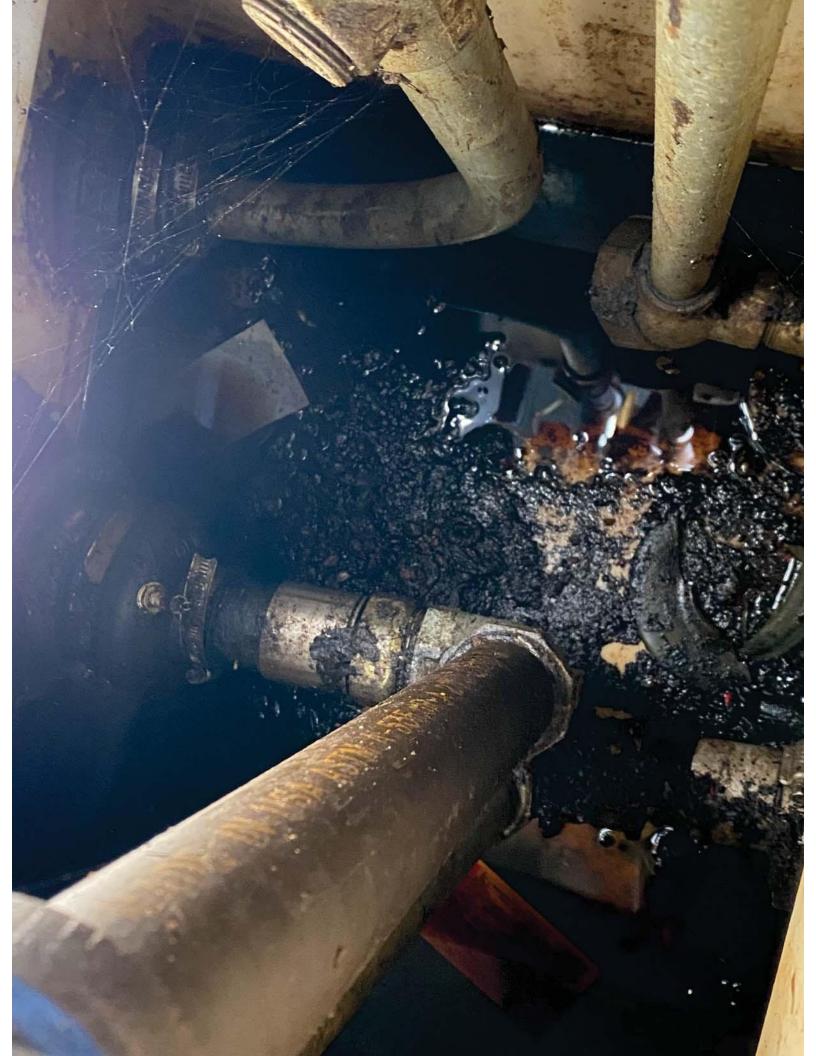




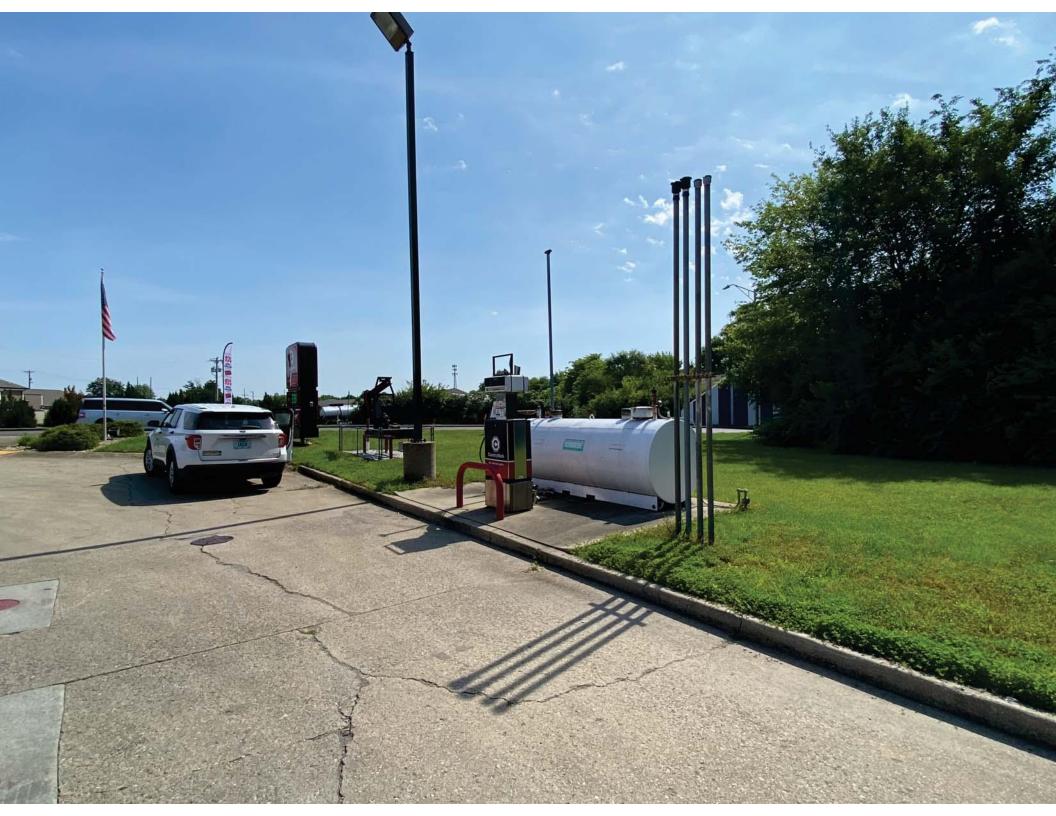














05/20/24 9:28 AM

PREMIER ENERGY 101 COMMUNITY DR SEYMOUR IN 47274

CURRENT INVENTORY REPORT

TANK 1: UNLEADED

VOLUME = 6082 GALS
FUEL TC = 6066 GALS
90% ULLAGE = 7395 GALS
HEIGHT = 38.74 INCHES
WATER = 0.00 INCHES
WATER VOL = 0 GALS
TEMP = 63.94 DEG F

TANK 2: PREMIUM

VOLUME = 3819 GALS
FUEL TC = 3810 GALS
90% ULLAGE = 5016 GALS
HEIGHT = 37.61 INCHES
WATER = 0.00 INCHES
WATER VOL = 0 GALS
TEMP = 63.22 DEG F

TANK 3: DIESEL

VOLUME = 7349 GALS

FUEL TC = 7330 GALS

90% ULLAGE = 3165 GALS

HEIGHT = 54.44 INCHES

WATER = 0.00 INCHES

WATER VOL = 0 GALS

TEMP = 65.63 DEG F

TANK 4: DX4

VOLUME = 1933 GALS

FUEL TC = 1913 GALS

90% ULLAGE = 1863 GALS

HEIGHT = 42.62 INCHES

WATER = 0.00 INCHES

WATER VOL = 0 GALS

TEMP = 80.63 DEG F

TANK 5: KEROSENE

VOLUME = 460 GALS

FUEL TC = 457 GALS

90% ULLAGE = 395 GALS

HEIGHT = 22.50 INCHES

WATER = 0.00 INCHES

WATER VOL = 0 GALS

TEMP = 75.70 DEG F



```
PREMIER ENERGY
                                                                                                               PREMIER ENERGY
05/20/24 9:28 AM
                                                                                                               101 COMMUNITY DR
                                                        101 COMMUNITY DR
                                                                                                               SEYMOUR IN 47274
                                                        SEYMOUR IN 47274
 PREMIER ENERGY
                                                                                                                                                                       05/20/24 9:30 AM
 101 COMMUNITY DR
SEYMOUR IN 47274
                                                                                                                  NK LEAK TEST HISTORY -
                                                        TANK LEAK TEST HISTORY -
                                                                                                               PASSED TEST RESULTS
                                                        PASSED TEST RESULTS
                                                                                                                                                                       PREMIER ENERGY
                                                                                                                                                                       101 COMMUNITY DR
 TANK LEAK TEST HISTORY
                                                                                                                T 3: DIESEL
                                                        T 2: PREMIUM
 PASSED TEST RESULTS
                                                                                                                                                                       SEYMOUR IN 47274
                                                                                                                REPORT TYPE = LAST GROSS
DATE/TIME = 05/20/24 3:58
                                                        REPORT TYPE = LAST GROSS
                                                                                                                                                                       TANK LEAK TEST HISTORY
 T 1: UNLEADED
                                                        DATE/TIME
                                                                       = 05/20/24 8:24
= SLD Gross Test
                                                                                                                METHOD
                                                                                                                                                                       PASSED TEST RESULTS
                                                                                                                               = SLD Gross Test
REPORT TYPE
DATE/TIME
METHOD
                = LAST GROSS
= 05/20/24 4:41
= SLD Gross Test
                                                         METHOD
                                                                                                                AVG. VOLUME
% VOLUME
                                                                                                                                  7708
                                                         AVG. VOLUME
                                                                                                                                                                       T 4: DX4
                                                        % VOLUME
                                                                        = 39.0
AVG. VOLUME
% VOLUME
                   6992
                                                                                                                                                                       REPORT TYPE = LAST PERIODIC
                                                                                                                REPORT TYPE
                                                                                                                                 LAST PERIODIC
                                                                                                                                                                                     = 05/20/24 7:37
= CSLD Periodic Test
                                                         REPORT TYPE = LAST PERIODIC
                                                                                                                                                                       DATE/TIME
                                                                                                                                 05/20/24 4:44
CSLD Periodic Test
                                                                                                                DATE/TIME
                                                        DATE/TIME
                                                                          05/20/24 9:02
                                                                                                                                                                       METHOD
 REPORT TYPE =
                   LAST PERIODIC
05/20/24 5:18
                                                        METHOD
HOURS
                                                                                                                                                                       HOURS
AVG. VOLUME
                                                                          CSLD Periodic Test
                                                                                                                HOURS
AVG. VOLUME
 DATE/TIME
                                                                                                                                                                                        1934
                                                                                                                               = 6629
 METHOD
                   CSLD Periodic Test
                                                         AVG. VOLUME
                                                                        = 3155
                                                                                                                                                                       % VOLUME
                                                                                                                                                                                     = 45.8
                                                                                                                % VOLUME
  HOURS
                   30
                                                         % VOLUME
                                                                        = 32.1
                                                                                                                                                                                        FULLEST PERIODIC
05/10/24 7:40
CSLD Periodic Test
  AVG. VOLUME
% VOLUME
                                                                                                                                                                       REPORT TYPE
DATE/TIME
                                                                                                                                 FULLEST PERIODIC
05/09/24 6:00
                                                         REPORT TYPE
                 = 54.2
                                                                          FULLEST PERIODIC
05/20/24 9:02
                                                         DATE/TIME
                                                                                                                DATE/TIME
                                                                                                                                                                       METHOD
                                                                                                                                  CSLD Periodic Test
                    FULLEST PERIODIC
05/02/24 0:50
                                                                                                                METHOD
  REPORT TYPE
                                                         METHOD
                                                                          CSLD Periodic Test
                                                                                                                                                                       HOURS
                                                                                                                               = 34
                                                         HOURS
                                                                                                                HOURS
                                                                                                                                                                       AVG. VOLUME
                                                                                                                                                                                     = 2092
                                                                        = 37
                  = CSLD Periodic Test
                                                         AVG. VOLUME
                                                                                                                AVG. VOLUME
  METHOD
                                                                                                                                                                        VOLUME
                                                                                                                VOLUME
  HOURS
                                                                                                                                  57 2
                                                                        = 32.1
  AVG. VOLUME
% VOLUME
                                                                                                                                                                        REPORT TYPE
                                                                                                                                                                                        FULLEST PERIODIC
04/04/24 19:04
                                                                                                                                  FULLEST PERIODIC
                                                         REPORT TYPE
                                                                                                                REPORT TYPE
                                                                        = FULLEST PERIODIC
= 04/16/24 3:49
                                                                                                                                                                       DATE/TIME
                                                                                                                                  04/20/24 20:21
                                                         DATE/TIME
                                                                                                                DATE/TIME
                                                                                                                                                                                        CSLD Periodic Test
                                                                                                                                                                        METHOD
                                                                                                                                  CSLD Periodic Test
  REPORT TYPE
                  = FULLEST PERIODIC
= 04/11/24 1:19
                                                                        = CSLD Periodic Test
= 32
                                                         METHOD
                                                                                                                                                                        HOURS
                                                                                                                                                                                        57
  DATE/TIME
                                                                                                                HOURS
AVG. VOLUME
% VOLUME
                   CSLD Periodic Test
                                                         HOURS
AVG. VOLUME
                                                                                                                                                                        AVG. VOLUME
% VOLUME
  METHOD
HOURS
                                                                                                                               = 6349
                                                                        = 3609
                                                                                                                                                                                        46.0
                 = 10269
  AVG. VOLUME
% VOLUME
                                                                                                                                                                        REPORT TYPE
                                                                                                                                                                                         FULLEST PERIODIC
                                                                                                                                  FULLEST PERIODIC
03/02/24 21:22
                                                                                                                REPORT TYPE
DATE/TIME
                                                                                                                                                                        DATE/TIME
                                                                                                                                                                                        03/21/24 5:32
CSLD Periodic Test
                                                         REPORT TYPE
                                                                           FULLEST PERIODIC
                                                                           03/01/24 21:41
CSLD Periodic Test
                                                                                                                                                                        METHOD
                                                         DATE/TIME
                    FULLEST PERIODIC
                                                                                                                                  CSLD Periodic Test
                                                                                                                                                                        HOURS
AVG. VOLUME
                                                                                                                METHOD
                    03/20/24 0:54
  DATE/TIME
                                                                                                                                  33
                                                                                                                HOURS
                                                                                                                                                                                       = 2062
                                                         HOURS
  METHOD
                    CSLD Periodic Test
                                                         AVG. VOLUME
% VOLUME
                                                                                                                AVG. VOLUME
                                                                                                                                                                        % VOLUME
  HOURS
                  = 31
                                                                                                                                  69.1
  AVG. VOLUME
% VOLUME
                                                                                                                                                                        REPORT TYPE
DATE/TIME
                                                                                                                                                                                         FULLEST PERIODIC
02/18/24 4:41
                                                                                                                                  FULLEST PERIODIC
                  = 65.6
                                                                                                                REPORT TYPE
                                                         REPORT TYPE
                                                                           FULLEST PERIODIC
                                                                                                                DATE/TIME
METHOD
                                                                                                                                  02/17/24 18:43
                                                         DATE/TIME
                                                                           02/15/24 14:27
                                                                                                                                                                        METHOD
                                                                                                                                                                                         CSLD Periodic Test
                    FULLEST PERIODIC
  REPORT TYPE
                                                                                                                                  CSLD Periodic Test
                                                                           CSLD Periodic Test
                                                         METHOD
                                                                                                                                                                        HOURS
                                                                                                                                                                                         65
                  = 02/28/24 4:46
                                                                                                                                  35
                                                                                                                                                                                         1981
                                                         HOURS
AVG. VOLUME
                                                                                                                HOURS
                                                                                                                                                                        AVG. VOLUME
  METHOD
                  = CSLD Periodic Test
                                                                                                                AVG. VOLUME
                                                                                                                      VOLUME
                                                                                                                                  9608
                                                                                                                                                                        % VOLUME
                                                                           7231
                                                                                                                                                                                         47.0
  HOURS
AVG, VOLUME
                                                          VOLUME
                                                                                                                                                                        REPORT TYPE
                                                                                                                                                                                          FULLEST PERIODIC
  % VOLUME
                                                                                                                                   FULLEST PERIODIC
                                                                                                                 REPORT TYPE
                                                                           FULLEST PERIODIC
01/31/24 19:34
                                                                                                                                                                        DATE/TIME
                                                                                                                                                                                         01/20/24 10:15
CSLD Periodic Test
                                                         REPORT TYPE
                                                                                                                 DATE/TIME
                                                                                                                                = 01/11/24 20:38
= CSLD Periodic Test
                                                         DATE/TIME
                                                                                                                                                                         METHOD
                 = FULLEST PERIODIC
= 01/21/24 3:20
   REPORT TYPE
                                                                                                                                                                        HOURS
AVG. VOLUME
                                                                                                                 METHOD
                                                                                                                                                                                          57
                                                                                                                 HOURS
AVG. VOLUME
  DATE/TIME
                                                                                                                                = 50
                                                                                                                                                                                          2370
                                                         HOURS
                                                                           30
  METHOD
HOURS
                  = CSLD Periodic Test
                                                                                                                                = 6831
                                                         AVG. VOLUME
                                                                                                                                                                         % VOLUME
                                                                                                                                                                                        = 56.2
                                                                                                                 % VOLUME
                                                                                                                                = 58.5
                                                         % VOLUME
                                                                           63.3
  AVG. VOLUME
                 = 9690
                                                                                                                                                                                           FULLEST PERIODIC
12/31/23 2:20
                                                                                                                                                                         REPORT TYPE
                                                                                                                                   FULLEST PERIODIC
  % VOLUME
                                                                                                                 REPORT TYPE
                                                                           FULLEST PERIODIC
                                                          REPORT TYPE
                                                                                                                                                                         DATE/TIME
                                                                                                                                   12/16/23 8:22
                                                                                                                 DATE/TIME
                                                                                                                                                                                           CSLD Periodic Test
                                                                           12/26/23 2:35
CSLD Periodic Test
                                                          DATE/TIME
                                                                                                                                                                         METHOD
  REPORT TYPE
                    FULLEST PERIODIC
                                                                                                                                   CSLD Periodic Test
                                                                                                                 METHOD
                                                                                                                                                                         HOURS
AVG. VOLUME
                                                                                                                                                                                           70
                                                         METHOD
  DATE/TIME
METHOD
                   12/25/23 7:36
CSLD Periodic Test
                                                                                                                                   33
                                                                                                                 HOURS
                                                                                                                                                                                        = 2094
= 49.6
                                                          HOURS
                                                                                                                 AVG. VOLUME
                                                                                                                       VOLUME
                                                                                                                                   7720
                                                          AVG. VOLUME
% VOLUME
                                                                                                                                                                          % VOLUME
  HOURS
  AVG. VOLUME = % VOLUME =
                                                                                                                                                                                           FULLEST PERIODIC
                                                                                                                                                                          REPORT TYPE
                                                                                                                 REPORT TYPE
                                                                                                                                   FULLEST PERIODIC
                                                                           FULLEST PERIODIC
                                                                                                                                                                          DATE/TIME
                                                                                                                                                                                           11/20/23 10:46
                                                                                                                 DATE/TIME
                                                                                                                                   11/04/23 8:16
                                                         DATE/TIME
METHOD
                                                                         = 11/01/23 8:33
                                                                                                                                                                                           CSLD Periodic Test
                                                                                                                                                                          METHOD
                                                                                                                                   CSLD Periodic Test
                   FULLEST PERIODIC
  REPORT TYPE
                                                                                                                  METHOD
                                                                         = CSLD Periodic Test
                                                                                                                                                                          HOURS
  DATE/TIME
                   11/04/23 4:18
                                                                                                                 HOURS
AVG. VOLUME
                                                                                                                                   37
                                                         HOURS
AVG. VOLUME
                                                                         = 33
                                                                                                                                                                          AVG. VOLUME
                                                                                                                                                                                         = 2006
 METHOD
HOURS
AVG. VOLUME
% VOLUME
                   CSLD Periodic Test
                                                                         = 3959
                   35
                                                                                                                  % VOLUME
                                                                                                                                   68.8
                                                          % VOLUME
                                                                         = 40.3
                   10194
                                                                                                                                                                                            FULLEST PERIODIC
                                                                                                                                                                          REPORT TYPE
                   68.1
                                                                                                                                   FULLEST PERIODIC
                                                                                                                  REPORT TYPE
                                                                                                                                                                                            10/22/23 20:54
                                                          REPORT TYPE
                                                                        = FULLEST PERIODIC
                                                                                                                                                                          DATE/TIME
                                                                                                                                   10/28/23 21:27
                                                                                                                  DATE/TIME
                                                                            10/02/23 21:22
                                                                                                                                                                                          = CSLD Periodic Test
                                                          DATE/TIME
                                                                                                                                                                          METHOD
 REPORT TYPE
                   FULLEST PERIODIC
                                                                                                                                   CSLD Periodic Test
                                                                           CSLD Periodic Test
                                                                                                                                                                          HOURS
AVG. VOLUME
% VOLUME
                                                          METHOD
                                                                                                                                                                                            38
 DATE/TIME
                                                                                                                  HOURS
AVG. VOLUME
% VOLUME
                                                                         = 32
                                                                                                                                 = 35
                                                         HOURS
                                                                                                                                                                                          = 2132
                   CSLD Periodic Test
 METHOD
                                                         AVG. VOLUME
% VOLUME
                                                                        = 3901
                                                                                                                                                                                            50.5
 HOURS
                                                                                                                                 = 72.7
                                                                         = 39.7
 AVG. VOLUME
       VOLUME
                   10194
                                                                                                                                                                          REPORT TYPE
                   68.1
                                                                                                                                 = FULLEST PERIODIC
                                                         REPORT TYPE = FULLEST PERIODIC
                                                                                                                  REPORT TYPE
                                                                                                                                                                          DATE/TIME
                                                                                                                                                                                            09/17/23 22:11
                                                                                                                                 = 09/16/23 4:21
= CSLD Periodic Test
                                                                                                                  DATE/TIME
                                                                                                                                                                                            CSLD Periodic Test
                                                                         = 09/21/23 8:21
                   FULLEST PERIODIC
                                                         DATE/TIME
                                                                                                                                                                          METHOD
                                                                                                                  METHOD
                                                                                                                                                                                          = 50
= 2112
                                                                           CSLD Periodic Test
                                                                                                                                                                          HOURS
 DATE/TIME
                 = 09/04/23 0:45
                                                         METHOD
                                                                                                                  HOURS
                                                         HOURS
AVG. VOLUME
                                                                                                                                                                          AVG. VOLUME
% VOLUME
                   CSLD Periodic Test
 METHOD
                                                                                                                  AVG. VOLUME
                                                                                                                                 = 7911
                                                                           4836
                                                                                                                                  = 67.7
 HOURS
                                                         % VOLUME
AVG. VOLUME
                   9865
                                                                                                                                                                                             FULLEST PERIODIC
                                                                                                                                                                           REPORT TYPE
                                                                                                                                    FULLEST PERIODIC
                                                                                                                                                                                            08/27/23 7:15
CSLD Periodic Test
                                                                                                                  REPORT TYPE
                                                         REPORT TYPE
                                                                           FULLEST PERIODIC
                                                                                                                                                                          DATE/TIME
                                                                                                                  DATE/TIME
                                                                                                                                    08/05/23 11:12
                                                         DATE/TIME
METHOD
                                                                           08/20/23
                                                                                       1:00
                                                                                                                                                                          METHOD
REPORT TYPE
DATE/TIME
                   FULLEST PERIODIC
                                                                                                                                    CSLD Periodic Test
                                                                           CSLD Periodic Test
                                                                                                                  METHOD
                                                                                                                                                                          HOURS
                                                                         = 35
                                                                                                                  HOURS
                                                                                                                                                                          AVG. VOLUME
                                                                                                                                                                                          = 2045
                                                         HOURS
                   CSLD Periodic Test
 METHOD
                                                                                                                  AVG. VOLUME
                                                                                                                                  = 7876
                                                                           6291
                                                         AVG. VOLUME
                                                                                                                                                                                             48.5
 HOURS
                                                                                                                                    67.4
                                                         % VOLUME
AVG. VOLUME
                   9766
                                                                                                                                                                          REPORT TYPE
                                                                                                                                                                                             FULLEST PERIODIC
                   65.2
                                                                                                                                    FULLEST PERIODIC
                                                                           FULLEST PERIODIC
                                                                                                                  REPORT TYPE
                                                                                                                                                                          DATE/TIME
                                                                                                                                                                                             07/08/23 8:21
                                                         REPORT TYPE
                                                                                                                                  = 07/04/23 14:29
                                                                        = 07/19/23 0:43
                                                                                                                  DATE/TIME
                                                                                                                                                                                             CSLD Periodic Test
                                                         DATE/TIME
                                                                                                                                                                          METHOD
                   FULLEST PERIODIC
REPORT TYPE
DATE/TIME
                                                                                                                                  = CSLD Periodic Test
                                                                                                                                                                          HOURS
AVG. VOLUME
                                                                         = CSLD Periodic Test
                                                                                                                  METHOD
                   07/13/23 5:01
                                                         METHOD
                                                                                                                  HOURS
AVG. VOLUME
% VOLUME
                   CSLD Periodic Test
                                                                                                                                                                                            3088
                                                         HOURS
AVG. VOLUME
                                                                         = 33
 METHOD
                                                                                                                                    8013
                                                                            4252
                                                                                                                                                                           % VOLUME
HOURS
AVG. VOLUME
% VOLUME
                                                         % VOLUME
                                                                         = 43.3
                                                                                                                                                                                            FULLEST PERIODIC 06/22/23 18:56
                                                                                                                                                                           REPORT TYPE
                   66.4
                                                                                                                                  = FULLEST PERIODIC
                                                                                                                                                                          DATE/TIME
                                                                           FULLEST PERIODIC
06/19/23 3:02
                                                                                                                   REPORT TYPE
                                                         REPORT TYPE
                                                                                                                                     06/11/23 2:30
                                                                                                                                                                           METHOD
                                                                                                                                                                                             CSLD Periodic Test
                                                         DATE/TIME
                                                                                                                   DATE/TIME
                   FULLEST PERIODIC
REPORT TYPE
                                                                                                                                     CSLD Periodic Test
                                                                           CSLD Periodic Test
                                                                                                                   METHOD
                                                                                                                                                                           HOURS
                                                                                                                                                                                             45
DATE/TIME
METHOD
                              0:13
                                                         METHOD
                                                                                                                                                                           AVG. VOLUME
                                                                                                                                                                                             2186
                                                                         = 33
                                                                                                                   HOURS
                                                                                                                                   = 45
                   CSLD Periodic Test
                                                         HOURS
                                                         AVG. VOLUME
                                                                                                                   AVG. VOLUME = 8351
                                                                                                                                                                           % VOLUME
                                                                                                                                                                                           = 51.8
HOURS
AVG. VOLUME
                                                                         = 53.6
                                                                                                                                   = 71.5
                                                          VOLUME
                                                                                                                   % VOLUME
                   9439
                                                                                                                                                                            REPORT TYPE
                                                                                                                                                                                             FULLEST PERIODIC
05/04/23 18:39
                 = 63.0
                                                         REPORT TYPE = FULLEST PERIOD:
DATE/TIME = 05/18/23 19:04
% VOLUME
                                                                            FULLEST PERIODIC
                                                                                                                                     FULLEST PERIODIC
                                                                                                                                                                            ETHOD
                                                                                                                                                                                              CSLD Periodic Test
               = FULLEST PERIODIC
= 05/22/23 1:33
= CSLD Periodic Test
                                                                                                                                   = 05/16/23 6:48
REPORT TYPE
DATE/TIME
                                                                                                                   DATE/TIME
                                                                        = CSLD Periodic Test
                                                                                                                                                                            OURS
                                                                                                                                                                                             57
                                                                                                                                    = CSLD Periodic Test
                                                         METHOD
                                                                                                                    METHOD
                                                                                                                                                                             VG. VOLUME
                                                                                                                                                                                          = 2086
                                                                        = 30
                                                                                                                                    = 29
                                                         HOURS = 30
AVG. VOLUME = 3864
METHOD = CSLD
HOURS = 31
AVG. VOLUME = 9497
                                                                                                                                                                              VOLUME
                                                                                                                                                                                              49.5
                                                                                                                    AVG. VOLUME
                                                         AVG. VOLUME
                                                                                                                                   = 8093
                                                                        = 39.4
```

% VOLUME

AVG. VOLUME

= 69.3

05/20/24 9:30 AM

05/20/24 9:29 AM

05/20/24 9:32 AM

PREMIER ENERGY 101 COMMUNITY DR SEYMOUR IN 47274

PRESSURE LINE LEAK REPORTS
PASSED TESTS HISTORY

Ln 1: UNLD LINE

Gross Test
Prev 24 Hours 124
Since Midnight 32

Last Gross 05/20/24 9:27 AM

Ln 2: PREM LINE

Gross Test
Prev 24 Hours 30
Since Midnight 3

Last Gross 05/20/24 9:08 AM

Ln 3: DSL LINE

Gross Test
Prev 24 Hours 28
Since Midnight 15

Last Gross 05/20/24 8:56 AM

HALL	05/20/24 9:32	AN	A ABOUT		19	121-74	1	1/
	PREMIER ENERGY					A TO	VI	1
	SEYMOUR IN 4727				And I	1	517	1
Marine	Selected Range					(11)6	4)	
	Range: 06/01/23		20/24 11:59 PM			TIE	·VA	
	PERIOD: May 2024 SENSOR LABEL		ATE/TIME	STATUS	1	4	ALL	
4 ANTI	L 1 UNLD STI L 2 PREM STI L 3 DSL STP	SENS 05	5/01/24 12:00 A 5/01/24 12:00 A 5/01/24 12:00 A	M NORMAL		YAY	1	
17-1-77	PERIOD: April 20 SENSOR LABEL		ATE/TIME	STATUS	DEFT			1
	L 1 UNLD STE L 2 PREM STE L 3 DSL STP	SENS 04	4/01/24 12:00 A 4/01/24 12:00 A 4/01/24 12:00 A	M NORMAL		171		
	PERIOD: March 20 SENSOR LABEL		ATE/TIME	STATUS		11/1		41
	L 1 UNLD STE L 2 PREM STE L 3 DSL STP	SENS 03	3/01/24 12:00 A 3/01/24 12:00 A 3/01/24 12:00 A	M NORMAL	1	1	TIT	-
I TAR	PERTOD: February SENSOR LABEL		ATE/TIME	STATUS	11			
人们有区	L 1 UNLD STE L 2 PREM STE L 3 DSL STP	SENS 02	2/01/24 12:00 A 2/01/24 12:00 A 2/01/24 12:00 A	M NORMAL	1/4.			
	PERIOD: January SENSOR LABEL		ATE/TIME	STATUS		14	-	-9
	L 1 UNLD STE L 2 PREM STE L 3 DSL STP	SENS 0	1/01/24 12:00 A 1/01/24 12:00 A 1/01/24 12:00 A	M NORMAL				
	PERIOD: December SENSOR LABEL		ATE/TIME	STATUS	رر	H D	A	100
	L 1 UNLD STE L 2 PREM STE L 3 DSL STP	SENS 12	2/01/23 12:00 A 2/01/23 12:00 A 2/01/23 12:00 A	M NORMAL	+11		6 -1	
一人人一种科的	PERIOD November SENSOR LABEL	2023	ATE/TIME	STATUS	***	+ 1		E P
	L 1 UNLD STP L 2 PREM STP L 3 DSL STP	SENS 11	1/01/23 12:00 / 1/01/23 12:00 / 1/01/23 12:00 /	M NORMAL	CH.	1		
	PERIOD: October SENSOR LABEL		ATE/TIME	STATUS		1 1	and t	
THE MES	L 1 UNLD STP L 2 PREM STP L 3 DSL STP	SENS 10	0/01/23 12:00 /	AM NORMAL				
Da Ary	PERIOD Septembe SENSOR LABEL	r 2023	0/01/23 12:00 /	M NORMAL STATUS	Af	1		7
	L 1 UNLD STP L 2 PREM STP L 3 DSL STP	SENS 09	9/01/23 12:00 / 9/01/23 12:00 / 9/01/23 12:00 /	M NORMAL				
The Atlanta	PERIOD: August 2 SENSOR LABEL		ATE/TIME	STATUS	-			1
	L 1 UNLD STP L 2 PREM STP L 3 DSL STP	SENS 08	3/01/23 12:00 / 3/01/23 12:00 / 3/01/23 12:00 /	M NORMAL	11		A	
	PERIOD: July 202 SENSOR LABEL		ATE/TIME	STATUS	AT.	1		At .
	L 1 UNLD STP L 2 PREM STP L 3 DSL STP	SENS 07	7/01/23 12:00 / 7/01/23 12:00 / 7/01/23 12:00 /	M NORMAL				
M Dadle	PERIOD: June 202 SENSOR LABEL		ATE/TIME	STATUS	(字号)	Nº 4		
XXXX ACK	L 1 UNLD STP L 2 PREM STP	SENS 06	5/01/23 12:00 / 5/01/23 12:00 /	M NORMAL		1		
以为人	L 3 DSL STP		0/01/23 12:00 /					13



June 12, 2023

Premier Ag Coop Inc 811 W 2nd St Seymour IN 47274

RE: UST Testing/Inspection Results

Testing Performed: ATG Functionality, Elec Line Leak Detector, Product Line

Testing, Liquid Sensor Functionality

Testing Date: 6/12/2023 Customer SC#: 0

Location of Test: Seymour Community

101 Community Dr

Seymour IN

Site FID#: 22962

We have completed the testing and/or inspections for the above location as per your request.

A summary of testing results along with copies of the testing/inspections have been enclosed for your records.

If you should have any questions after your review of the results, please let us know. Thank you for your continued business.

Sincerely,

Paula Groff-Weidner *CEO*

Enclosures



UST TESTING/INSPECTION RESULTS SUMMARY

- Oomi Entitor of	LITTIOLO
OWNER NAME:	Premier Ag Coop Inc
OWNER ADDRESS:	811 W 2nd St
OWNER CITY/STATE/ZIP:	Seymour IN 47274

TESTING DATE: 6/12/2023

LOCATION NAME: Seymour Community

LOCATION ADDRESS: 101 Community Dr

LOCATION CITY/STATE: Seymour IN

LOCATION FID#: 22962

METHOD OF TANK LEAK DETECTION METHOD OF PIPING LEAK DETECTION TYPE OF UNDERGROUND PIPING -

ANNUAL TESTING/INSPECTIONS

AUTOMATIC TANK GAUGE TEST

COMPLETED

PRODUCT LINE TEST COMPLETED

TANK NO	PRODUCT	BRAND/MODEL	RESULT
		VEEDER-ROOT	
1	RUL	TLS450	PASS
		VEEDER-ROOT	
2	PUL	TLS450	PASS
		VEEDER-ROOT	
3	DSL	TLS450	PASS
		VEEDER-ROOT	
4	ODSL	TLS450	PASS
		,	

LINE NO	PRODUCT	RESULT	GPH
#1	RUL	PASS	0
#2	PUL	PASS	0
#3	DSL	PASS	0.0148

EA	K DETECTOR TEST	•	COMPLETED	
	LINE NO	PRODUCT	TYPE	RESULT
	1	RUL	ELLD	PASS
	2	PUL	ELLD	PASS
	3	DSL	ELLD	PASS

ID SENSOR FUNCTIONALITY TEST		COMPLETED	
LOCATION	PRODUCT	TYPE	RESULT
		NON-	
STP SUMP	RUL	DISCRIMINATING	PASS
		NON-	
STP SUMP	PUL	DISCRIMINATING	PASS
		NON-	
STP SUMP	DSL	DISCRIMINATING	PASS



SITE PHOTOS

TEST DATE:	6/12/2023
LOCATION NAME:	Seymour Community
LOCATION ADDRESS:	101 Community Dr
LOCATION CITY/STATE:	Seymour IN
LOCATION PHONE:	812-522-5911 ext 230
LOCATION CONTACT:	Sonia Ahlbrand

OWNER NAME:	Premier Ag Coop Inc
OWNER ADDRESS:	811 W 2nd St
OWNER CITY/STATE/ZIP:	Seymour IN 47274
LOCATION FID#:	22962
WORK ORDER NO:	WO-1994

ODSL ATG PROBE TEST





KER ABOVE GROUND









SITE PHOTOS

TEST DATE:	6/12/2023
LOCATION NAME:	Seymour Community
LOCATION ADDRESS:	101 Community Dr
LOCATION CITY/STATE:	Seymour IN
LOCATION PHONE:	812-522-5911 ext 230
LOCATION CONTACT:	Sonia Ahlbrand

OWNER NAME:	Premier Ag Coop Inc
OWNER ADDRESS:	811 W 2nd St
OWNER CITY/STATE/ZIP:	Seymour IN 47274
LOCATION FID#:	22962
WORK ORDER NO:	WO-1994

PUL ATG PROBE TEST





SITE SIGNAGE





CERTIFICATION VERIFICATION

June 12, 2023

Premier Ag Coop Inc 811 W 2nd St Seymour IN 47274

Testing Date: 6/12/2023

Seymour Community
Location of Test: 101 Community Dr
Seymour IN

Site FID#: 22962

Service Technican: Certified Technician: ADAM WILDER

 ${\bf Midwest\ ECS\ has\ completed\ the\ following\ tests/inspections\ at\ the\ above\ noted\ location:}$

Ο

ATG Functionality	Х
Leak Detector	
Elec Line Leak Detector	Х
Product Line Testing	Х
Liquid Sensor Functionality	Х
Spill Bucket	
Containment Hydrostatic Sump	
Overfill Equipment Inspection	
Overfill Alarm	
Vent Valve	
Interstital	
Non-Volumetric Tank Tightness	
Shear Valve Inspection	

I, <u>Adam Wilder</u>, the certified technician, was present throughout the duration of the testing and/or inspection performed by Midwest ECS at the above address on the above date. I affirm that the testing was done in accordance with Rule 329 IAC 9 and 40CFR Part 80, is accurate based upon the results received and that these forms accurately reflects the results of the testing and/or inspection.

Technician Signature:		
Technician Printed Name:	ADAM WILDER	
Data C Times (//	12/2022 © 11:00AM	



INDIANA HOMELAND SECURITY

Underground Storage Tank

ADAM P WILDER 500 SIMS STREET FRANKFORT, INDIANA

STATE/PERMIT# ISSUE / EFFECTIVE EXPIRATION UC112310 01/30/2023 01/30/2023 01/23/2025

✓ Installation or Retrofitting

☐ Cathodic Protection

☐ Decommissioning Closure
☐ Decommissioning Removal

Testing

 $I\,attest\,with\,my\,sign a ture\,below, that\,this\,technician\,was\,present\,ons ite\,for\,testing\,as\,described\,above.$

Midwest ECS 17437 Carey Road Box 163 Westfield, IN 46074

Work Order Number: WO-1994 Customer: Premier Ag Coop Inc Contact: Soils Albrand Contact Info: 812-522-5911 ext 230 Site: 22962 Premier ag - Seymour Community Job Location: 101 Community Drive Seymour IN 47274

Appointment Type: Scheduled Promised Arrival Time: Today 9:00 AM

Task: AN: AUTOMATIC TANK GAU Description: N/A

Category: TESTING Task: AN:LINE/LEAK DETECTOR Description: N/A

Category: TESTING Task: AN:LIQUID SENSOR FUNCTIONALITY Description: N/A

Work Done Desc.: N/

Sand foot



APPENDIX C-7 AUTOMATIC TANK GAUGE OPERATION INSPECTION

OWNER NAME: Premier Ag Coop Inc

OWNER ADDRESS: 811 W 2nd St

TEST DATE: 6/12/2023

LOCATION NAME: Seymour Community

LOCATION ADDRESS:	101 Com	munity Dr	OWNER	CITY/STATE/ZIP:	Seymo	our IN 47274	
LOCATION CITY/STATE:	Seym	our IN					
LOCATION PHONE:	812-522-5	911 ext 230	LOCATION FID#:			22962	
LOCATION CONTACT:	Sonia A	hlbrand	W	ORK ORDER NO:	W	O-1994	
This procedure is to determine whether t inspection procedure. The procedure is a	pplicable to ta	nk level monito	r stems that to	uch the bottom			
Tank Number	1	2	3	4			
Product Stored	RUL	PUL	DSL VEEDED DOOT	ODSL			
ATG Brand and Model	VEEDER-ROOT TLS450	VEEDER-ROOT TLS450	VEEDER-ROOT TLS450	VEEDER-ROOT TLS450			
1. Tank Volume, gallons	14975	9816	11682	4218			
2. Tank Diameter, inches	90"	90"	90"	92"			
3. After removing the ATG from the tank, it has been inspected and any damaged or missing parts replaced?	YES	YES	YES	YES			
4. Float moves freely on the stem without binding?	YES	YES	YES	YES			
5. Fuel float level agrees with the value programmed into the console?	YES	YES	YES	YES			
6. Water float level agrees with the value programmed into the console?	YES	YES	YES	YES			
7. Inch level from bottom of stem when 90% alarm is triggered.	81"	81"	81"	82.8"			
8. Inch level at which the overfill alarm activates corresponds with the valve programmed in the gauge?	YES	YES	YES	YES			
9. Inch level from bottom when the water float first triggers an alarm.	1.5"	1.5"	1.5"	1.5"			
10. Inch level at which the water float alarm activates corresponds with the valve programmed in the gauge?	YES	YES	YES	YES			
If any answers in Lines 3, 4, 5, or 6 are "N	o", the system	hs failed the te	st.				
TEST RESULTS	PASS	PASS	PASS	PASS			
COMMENTS:							
* All liquids must be disposed of properly.							
0							
SERVICE TECHNICIAN NAME (prin	ited)	-		SERVICE TECH	NICIAN SIGNATU	RE	
ADAM WILDER				Adl	M_{Λ}	~	
CERTIFIED TECHNICIAN NAME (pri	nted)	=-		CERTIFIED TECH	INICIAN SIGNAT	URE	
					CERT NO:	UC1123	
					EXPIRATION DATE:	1/23/20	ノムラ



APPENDIX C-9 MECHANICAL & ELECTRONIC LINE LEAK DETECTORS PERFORMANCE TESTS

TEST DATE:	6/12/2023	OWNER NAME:	Premier Ag Coop Inc
LOCATION NAME:	Seymour Community	OWNER ADDRESS:	811 W 2nd St
LOCATION ADDRESS:	101 Community Dr	OWNER CITY/STATE/ZIP:	Seymour IN 47274
LOCATION CITY/STATE:	Seymour IN		
LOCATION PHONE:	812-522-5911 ext 230	LOCATION FID#:	22962
LOCATION CONTACT:	Sonia Ahlbrand	WORK ORDER NO:	WO-1994

This data sheet can be used to test mech	anical line leak	detectors (ML	LD) and electro	nic line leak d	letectors (ELLD)	with sub	mersible
Line Number	1	2	3		1		
Product Stored	RUL	PUL	DSL				
Leak Detector Manufacturer	RED JACKET	RED JACKET	RED JACKET				
Leak Detector Model	ELECTRIC	ELECTRIC	ELECTRIC				
Type of Leak Detector	ELLD	ELLD	ELLD				
MLLD (ALL PRESSURE MEASUREMENTS	ARE MADE IN	PSIG)					
STP Full Operating Pressure							
Check Valve Holding Pressure							
Line Resiliency (ml) (line bleed back volume as							
measured from check valve holding pressure to 0							
PSIG)							
Step Through Time in Seconds (time the MLLD							
hesitates at metering pressure before going to full operating pressure as measured from 0 PSIG with							
no leak induced on the line)							
Metering Pressure (STP pressure when							
simulated leak rate 3 gph at 10 psig)							
Opening Time in Seconds (the time the MLLD							
opens to allow full pressure after simulated							
leak is stopped)							
Does the STP pressure remain at or below the							
metering pressure for at least 60 seconds when the							
simulated leak is induced?							
Does the leak detector reset (trip) when the							
line pressure is bled off to zero psig?							
Does the STP properly cycle on/off under							
normal fuel system operation conditions?							
A "No" answer to either of the above question	is indicates the N	ILLD fails the tes	t	ı		<u> </u>	
MLLD TEST RESULTS							
ELLD (ALL PRESSURE MEASUREMENTS ARE MA	ADE IN PSIG)						
STP Full Operating Pressure	30	28	30				
How many test cycles are observed before	1	1	1				
alarm/shutdown occurs?	1	•	1				
Does the simulated leak cause an alarm?	YES	YES	YES				
A "No" answer to the above question indi- cat	es the ELLD fails	the test.					
Does the simulated leak cause an STP	YES	YES	YES				
shutdown?	113	123	11.5				
ELLD TEST RESULTS	PASS	PASS	PASS				
COMMENTS:							
0							
SERVICE TECHNICIAN NAME (prin	ted)		1	SERVICE TEC	HNICIAN SIGNAT	URE	
			1	11. 11	۸ ^		
ADAM WILDER				JUN V	<i></i>		
CERTIFIED TECHNICIAN NAME (pri	nted)			CERTIFIED TE	CHNICIAN SIGNA		
					CERT NO		UC112310
					EXPIRATION DATE	:	1/23/2025



EZY CHECK SYSTEMS PRODUCT LINE FINAL REPORT

6/12/2023	WORK ORDER NO: _	WO-1994
Seymour Community	LOCATION FID#:	22962
101 Community Dr	_	
Seymour IN	_	
812-522-5911 ext 230	_	
Sonia Ahlbrand	APPLIED PRESSURE:	50PSI
	Seymour Community 101 Community Dr Seymour IN 812-522-5911 ext 230	Seymour Community 101 Community Dr Seymour IN 812-522-5911 ext 230

PRODUCT LINE TEST

FINAL REPORT

	PRODUCT TYPE	RESULT	GPH
#1	RUL	PASS	0
#2	PUL	PASS	0
#3	DSL	PASS	0.0148
#4	0	-	0
#5	0	-	0
#6	0	_	0

COMMENTS/RECOMMENDATIONS:	
-	
_	
0	CERVICE TECHNICIAN CICNATURE
SERVICE TECHNICIAN NAME (printed)	SERVICE TECHNICIAN SIGNATURE
ADAM WILDER	() lu lu
CERTIFIED TECHNICIAN NAME (printed)	CERTIFIED TECHNICIAN SIGNATURE
	CERT NO: UC112310
	EXPIRATION DATE: 1/23/2025



EZY CHECK SYSTEMS PRODUCT LINE TESTER DATA SHEET

TEST DATE:	6/12/2023	WORK ORDER NO:	WO-1994
LOCATION NAME:	Seymour Community	LOCATION FID#:	22962
LOCATION ADDRESS:	101 Community Dr	_	
LOCATION CITY/STATE:	Seymour IN	_	
LOCATION PHONE:	812-522-5911 ext 230		
LOCATION CONTACT:	Sonia Ahlbrand	APPLIED PRESSURE:	50PSI

#1	PRODUCT TYPE:		RUL		
TIME	DATA	-/+	GPL	RES	GPH
8:40	44	0	0.0037	0.0000	0.0000
8:55	44	0	0.0037	0	0
9:10	44	0	0.0037	0	0
			0.0037		
			0.0037		
			0.0037		
FINAL RESULT		PASS		0	

#2	PRODUCT TYPE:		PUL				
TIME	DATA	-/+	GPL	RES	GPH		
8:40	33	0	0.0037	0.0000	0.0000		
8:55	33	0	0.0037	0	0		
9:10	33	0	0.0037	0	0		
			0.0037				
			0.0037				
			0.0037				
FINAL RES	ULT	PASS		0			

#3	PRODUCT TYPE:		DSL		
TIME	DATA	-/+	GPL	RES	GPH
8:40	30	0	0.0037	0.0000	0.0000
8:55	29	1	0.0037	0.0037	0.0148
9:10	29	0	0.0037	0	0
			0.0037		
			0.0037		
			0.0037		
FINAL RESULT		PASS		0.0148	

#4	PRODUCT TYPE:					
TIME	DATA	-/+	GPL	RES	GPH	
		0	0.0037	0.0000	0.0000	
			0.0037			
			0.0037			
			0.0037			
			0.0037			
			0.0037			
FINAL RESULT -						

#5	PRODUCT TYPE:				
TIME	DATA	-/+	GPL	RES	GPH
		0	0.0037	0.0000	0.0000
			0.0037		
			0.0037		
			0.0037		
			0.0037		
			0.0037		
FINAL RESULT		-			

#6 PRODUCT TYPE:									
TIME	DATA	-/+	GPL	RES	GPH				
		0	0.0037	0.0000	0.0000				
			0.0037						
			0.0037						
			0.0037						
			0.0037						
			0.0037						
FINAL RES	FINAL RESULT -								

0

SERVICE TECHNICIAN NAME (printed)

ADAM WILDER

CERTIFIED TECHNICIAN NAME (printed)

SERVICE TECHNICIAN SIGNATURE

CERTIFIED TECHNICIAN SIGNATURE

CERT NO: UC112310
EXPIRATION DATE: 1/23/2025



LIQUID SENSOR FUNCTIONALITY TESTING

OWNER NAME:

OWNER ADDRESS: 811 W 2nd St

Premier Ag Coop Inc

6/12/2023

LOCATION NAME: Seymour Community

TEST DATE:

LOCATION ADDRESS:	101 Com	munity Dr	OWNER CITY/STATE/ZIP:		Seym	Seymour IN 47274	
LOCATION CITY/STATE:	Seym	our IN					
LOCATION PHONE:	812-522-5	911 ext 230	LOCATION FID#:			22962	
LOCATION CONTACT:	Sonia A	hlbrand	WORK ORDER NO:		WO-1994		
This course down is As also sometimes of sales and	:	and the selection		-fuct			
This procedure is to determine whether I of water and fuel. See PEI/RP1200 Sectio			iterstitiai space	of UST systems	are able to de	etect the presence	
of water and ruer. See I Light 1200 Section	11 8.5 101 the te	st procedure.					
Sensor Location	STP SUMP	STP SUMP	STP SUMP				
Product Stored	RUL	PUL	DSL				
Type of Sensor	NON- DISCRIMINATING	NON- DISCRIMINATING	NON- DISCRIMINATING				
Test Liquid	WATER	WATER	WATER				
Is the ATG console clear of any active or recurring warnings or alarms regarding the leak sensor? If the sensor is in alarm and functioning, indicate why.	YES	YES	YES				
Is the sensor alarm circuit operational?	YES	YES	YES				
Has sensor been inspected and in good operating condition?	YES	YES	YES				
When placed in the test liquid, does the sensor trigger an alarm?	YES	YES	YES				
When an alarm is triggered, is the sensor properly identified on the ATG console?	YES	YES	YES				
Any "NO" answers indicates the sensor fa	ails the test.						
TEST RESULTS	PASS	PASS	PASS				
COMMENTS:						l	
0		<u> </u>					
SERVICE TECHNICIAN NAME (prin	ted)			SERVIC	TECHNICIAN	SIGNATURE	
				()	1) 1/4/1/	11/	
ADAM WILDER	-4- dl	-			TO TECHNICITY	J C C	
CERTIFIED TECHNICIAN NAME (pri	nted)			CERTIFI	ED TECHNICIAN CERT NO:		
					EXPIRATION DATE:		



APPENDIX C-3 SPILL BUCKET INTEGRITY TESTING HYDROSTATIC TEST METHOD SINGLE- AND DOUBLE-WALLED VACUUM TEST METHOD

TEST DATE:	7/22	/2022	(OWNER NAME:	Premier	r Ag Coop
LOCATION NAME:		y Mark	-	NER ADDRESS:		/ 2nd St
LOCATION ADDRESS:		munity Dr	-	- ITY/STATE/ZIP:	Seymour, IN 47274	
LOCATION CITY/STATE:		. IN 47274	-	· · ·		,
LOCATION PHONE:		2-9385	-			
LOCATION CONTACT:		Boger	-			
	· · · · · · · · · · · · · · · · · · ·		-			
This procedure is to test the leak integrity Section 6.3 for single-walled vacuum test					for hydrostatic t	test method.
ank Number	1	2	3	4		
Product Stored	UNLEADED	PREMIUM	DIESEL	DX4 OFF RD		
pill Bucket Capacity	5 GALLON	5 GALLON	5 GALLON	5 GALLON		
Manufacturer	OPW	OPW	OPW	OPW		
nanaracarer	0.11	0.11	0.11	0.11		
Construction	Double Walled	Double Walled	Double Walled	Single-Walled		
est Type	Hydrostatic	Hydrostatic	Hydrostatic	Hydrostatic		
Spill Bucket Type	Product	Product	Product	Product		
.iquid & Debris Removed From Spill Bucket?*	YES	YES	YES	YES		
/isual Inspection (No cracks, loose parts, or separation of he bucket from the fill pipe)	PASS	PASS	PASS	PASS		
ank riser cap included in test?	YES	YES	YES	YES		
Orain valve included in test?	YES	YES	YES	YES		
tarting Level	13	13	13	14		
est Start Time	12:30	12:30	12:30	12:30		
nding Level	13	13	13	14		
est End Time	1:30	1:30	1:30	1:30		
est Period	1HR	1HR	1HR	1HR		
evel Change	0	0	0	0		
Pass/Fail criteria: Must pass vision i Maintain at least 26 inches water co						e-walled only
TEST RESULTS		PASS	PASS	PASS	column.	
	FA33	FA33	FA33	F A33		
COMMENTS:						
All liquids and debris must be disposed of pro	perly					
			f	H A	_	
LARRY GENTRY	Landar D	<u>-</u>	Lan	y Som	<u>~</u>	IDE .
CERTIFIED TECHNICIAN NAME	(printed)		CE	KITHED TECHNI	CIĂN SIGNATU CERT NO	
					EXPIRATION DATE	



hour)

APPENDIX C-4 CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD

TEST DATE:	7/22/2022	OWNER NAME:	Premier Ag Coop
LOCATION NAME:	Country Mark	OWNER ADDRESS:	811 W 2nd St
LOCATION ADDRESS:	101 Community Dr	OWNER CITY/STATE/ZIP:	Seymour, IN 47274

LOCATION CITY/STATE: Seymour, IN 47274

LOCATION PHONE: 800-742-9385

LOCATION CONTACT: Jerry Boger

This procedure is to test the lea	k integrity of c	ontainment sui	mps. See PEI/F	RP1200 Section	6.5 for the tes	st method.
Containment Sump ID	UNLEADED STP SUMP	PREMIUM STP SUMP	DIESEL STP SUMP	DX4 OFF RD STP SUMP	DISP 1&2	DISP 3&4
Containment Sump Material	POLY	POLY	POLY	POLY	POLY	POLY
Liquid and debris removed from sump?*	YES	YES	YES	YES	YES	YES
Visual Inspection (No cracks, loose parts or separation of the containment sump)	PASS	PASS	PASS	PASS	PASS	PASS
Containment Sump Depth	32	29	29	35	29	29
Height From Bottom to Top of Highest Penetration	10	12	12	12	9	9
Starting Water Level	15	15	15	15	15	15
Test Start Time	12:30	12:30	12:30	12:30	12:30	12:30
Ending Water Level	15	15	15	15	15	15
Test End Time	1:30	1:30	1:30	1:30	1:30	1:30
Test Period (Minimum test time: 1	1HR	1HR	1HR	1HR	1HR	1HR

1HR

1HR

1HR

1HR

1HR

1HR



APPENDIX C-4 CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD

TEST DATE:	7/22,	/2022	OWNER NAME:		Premier Ag Coop 811 W 2nd St	
LOCATION NAME:	Country Mark		OV	VNER ADDRESS:		
LOCATION ADDRESS:	101 Comi	munity Dr	OWNER (OWNER CITY/STATE/ZIP:		IN 47274
LOCATION CITY/STATE:	Seymour,	IN 47274	<u>.</u>			
LOCATION PHONE:	800-74	2-9385	-			
LOCATION CONTACT:	Jerry	Boger	-			
his procedure is to test the lea	k integrity of c	ontainment su	mps. See PEI/F	RP1200 Section	6.5 for the tes	st method.
/ater Level Change	0	0	0	0	0	0
. Ball float cage free of debris?						
. Ball free of holes an dcarcks and noves freely in cage?						
. Vent hole in pipe open and near op of tank?						
ass/Fail criteria: Must pass visual i	nspection. Wat	er level drop of l	less than 1/8 inc	h.		
TEST RESULTS	PASS	PASS	PASS	PASS	PASS	PASS
OMMENTS:						
All liquids must be disposed of pro	perly.					
LARRY GENTRY CERTIFIED TECHNICIAN NAME	E (printed)		Laury	Hartu ERTIFIED TECHNI	CIAN SIGNATUF	
			,		CERT NO:	UC108685

1/21/2024

EXPIRATION DATE:



APPENDIX C-4 CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD

IE: Premier Ag Coop	OWNER NAME:	7/22/2022	TEST DATE:
811 W 2nd St	OWNER ADDRESS:	Country Mark	LOCATION NAME:
IP: Seymour, IN 47274	OWNER CITY/STATE/ZIP:	101 Community Dr	OCATION ADDRESS:

LOCATION CITY/STATE: Seymour, IN 47274

LOCATION PHONE: 800-742-9385

LOCATION CONTACT: Jerry Boger

This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.						
Containment Sump ID	DISP 5&6	DISP 7&8	DISP 9&10	10 SATELLITE	DISP 11	
Containment Sump Material	POLY	POLY	POLY	POLY	POLY	
Liquid and debris removed from sump?*	YES	YES	YES	YES	YES	
Visual Inspection (No cracks, loose parts or separation of the containment sump)	PASS	PASS	PASS	PASS	PASS	
Containment Sump Depth	29	29	29	35	29	
Height From Bottom to Top of Highest Penetration	9	9	9	9	9	
Starting Water Level	15	15	15	15	15	
Test Start Time	12:30	12:30	12:30	12:30	12:30	
Ending Water Level	15	15	15	15	15	
Test End Time	1:30	1:30	1:30	1:30	1:30	
Test Period (Minimum test time: 1 hour)	1HR	1HR	1HR	1HR	1HR	



APPENDIX C-4 CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD

TEST DATE:	7/22/	/2022	OWNER NAME: OWNER ADDRESS:		Premier Ag Coop	
LOCATION NAME:	Countr	y Mark			811 W	2nd St
LOCATION ADDRESS:	101 Comi	munity Dr	OWNER (OWNER CITY/STATE/ZIP:		IN 47274
LOCATION CITY/STATE:	Seymour,	IN 47274				
LOCATION PHONE:	800-74	2-9385	_			
LOCATION CONTACT:	Jerry	Boger	-			
his procedure is to test the lea	k integrity of c	ontainment su	mps. See PEI/F	RP1200 Section	6.5 for the tes	st method.
/ater Level Change	0	0	0	0	0	
. Ball float cage free of debris?						
Ball free of holes an dcarcks and noves freely in cage?						
. Vent hole in pipe open and near op of tank?						
ass/Fail criteria: Must pass visual i	nspection. Wat	er level drop of l	less than 1/8 inc	h.		
TEST RESULTS	PASS	PASS	PASS	PASS	PASS	
OMMENTS:						
All liquids must be disposed of pro	operly.					
LARRY GENTRY CERTIFIED TECHNICIAN NAME	E (printed)		Laury	H antu		
			•		CERT NO:	UC108685

1/21/2024

EXPIRATION DATE:



APPENDIX C-5 UT OVERFILL EQUIPMENT INSPECTION AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE

TEST DATE:	7/22/	/2022	OWNER NAME:		Premier	Ag Coop
LOCATION NAME:		Country Mark		OWNER ADDRESS:		2nd St
LOCATION ADDRESS:	101 Comi	munity Dr	OWNER (CITY/STATE/ZIP:	Seymour,	IN 47274
LOCATION CITY/STATE:	Seymour,	IN 47274	•			
LOCATION PHONE:	800-74	2-9385	•			
LOCATION CONTACT:	Jerry	Boger				
This data sheet is for inspection procedures.	on automatic shu	utoff devices and	l ball float valves	. See PEI/RP120	0 Section 7 for in	nspection
Product Grade	UNLEADED	PREMIUM	DIESEL	DX4 OFF RD		
Tank Number	1	2	3	4		
Tank Volume, gallons	14975	9816	11682	4218		
Tank Diameter, inches	91	91	91	91		
Overfill Prevention Device Brand	OPW	OPW	OPW	OPW		
Туре	Automatic Shutoff Valve	Automatic Shutoff Valve	Automatic Shutoff Valve	Automatic Shutoff Valve		
AUTOMATIC SHUTOFF DE	VICE INSPECTI	ON				
1. Drop tube removed from tank?	YES	YES	YES	YES		
2. Drop tube and float mechanisms free of debris?	YES	YES	YES	YES		
3. Float moves freely without binding and poppet moves into flow path?	YES	YES	YES	YES		
4. Bypass valve in the drop tube open and fress of blockage (if present)?	NOT PRESENT	NOT PRESENT	NOT PRESENT	NOT PRESENT		
5. Flapper adjusted to shut off flow at 95% capacity?*	YES	YES	YES	YES		
BALL FLOAT VALVE INSPECTION	ON **					



APPENDIX C-5 UT OVERFILL EQUIPMENT INSPECTION AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE

TEST DATE:	7/22/	2022	OWNER NAME:		Premier	Ag Coop
LOCATION NAME:	Countr	y Mark	OWNER ADDRESS:		811 W 2nd St	
LOCATION ADDRESS:	101 Comr	nunity Dr	OWNER CITY/STATE/ZIP:		Seymour, IN 47274	
LOCATION CITY/STATE:	Seymour,	IN 47274	_			
LOCATION PHONE:	800-74	2-9385	_			
LOCATION CONTACT:	Jerry	Boger	-			
1. Tank Top fitting vapor- tight and leak-free?	-	-	-	-		
2. Ball float cage free of debris?	-	-	-	-		
3. Ball free of holes an dcarcks and moves freely in cage?	-	-	-	-		
4. Vent hole in pipe open and near top of tank?	-	-	-	-		
5. Ball float pipe proper length to restrict flow at 90% capacity?***	-	-	-	-		
A "No" to any item in Lines 1-	5 indicates a test	failure.	,			,
TEST RESULTS	PASS	PASS	PASS	PASS		
COMMENTS:						
* Use manufacturer's suggested p	rocedure for deter	mining if automati	c shutoff davice wi	ll shut off flow at 959	% canacity	
** If a ball float is found to fail in i *** Use manufacturer's suggested	nspection, another	method of overfil	l must be used.			

LARRY GENTRY

CERTIFIED TECHNICIAN NAME (printed)

CERTIFIED TECHNICIAN SIGNATURE

CERT NO: UC108685

INVOICE

MIDWEST MAINTENANCE & CONSTRUCTION, INC.

P.O. BOX 7035

GREENWOOD, IN 46142 TEL: (317) 885-9911

INVOICE #:	00048230		
Page	1/1		
Date	1/18/2022		

REMIT TO ADDRESS P.O. BOX 7035 **GREENWOOD, IN 46142**

FAX: (317) 215-2763 Toll: (800) 392-3513

Bill To PRE003 - PREMIER AG CO-OP INC. dba PREMI COMPANIES/PREMIER ENERGY PO BOX 304

SEYMOUR, IN, 47274

JAC004 - PREMIER COUNTRYMARK 101 N COMMUNITY DR SEYMOUR, IN, 47274

Bill To #:	Job Number	Туре	Customer Reference	Terms	Due Date
PRE003	JOB53991	CONSTR	JERRY BOGER	NET 30 DAYS	2/17/2022

Site

Description		Unit	Ext
REMOVE EXISTING REMOVE ANY BALL INSTALL NEW DOUE INSTALL NEW OVER INSTALL NEW FILL O INSTALL NEW VAPO INSTALL NEW 12" M. POUR AND FINISH 8	CAPS AND ADAPTERS OR RECOVERY OR 4" CAPS ANHOLES OVER VAPOR RISERS OR THICK CONCRETE WITH REBAR AROUND MANHOLES RIS FROMCONSTRUCTION		
WORK COMPLETED) TO SCOPE		
1.00 EA	MIS*MATERIAL MATERIAL	8,962.43	8,962.43
9/1/2021 1.00 EA	LABOR CONSTRUCTION LABOR & EQUIPMENT	6,500.00	6,500.00

TERMS AND CONDITIONS ON REVERSE SIDE ARE INCORPORATED HEREIN BY REFERENCE

TERMS AND CONDITIONS ON REVERSE SIDE ARE INCORPORATED HEREIN BY REFERENCE

STANDARD TERMS AND CONDITIONS(summary):

- Invoices are past due after 30 days and are subject to a 1-1/2% monthly service charge, an annual rate of 18%.

- There will be a minimum 20% handling charge on all returned merchandise. All claims and returned goods must be accompanied by this bill and pre-approved R.G.A. number.

- No returns beyond 90 days of delivery will be accepted. All banking fees outside the USA are the responsibility of the customer.

- No returns beyond 90 days of delivery will be accepted. All banking fees outside the USA are the responsibility of the customer.

- In the event of a default with respect to the payment of the purchase price or any part thereof for a period of 30 days from the due date thereof, we shall be entitled to receive from the purchaser all reasonable attorney's fees incurred in the collection of such purchase price. The venue of the dispute will be located at the discretion of Mildwest Maintenance & Construction Co., Inc.

- Any order placed for special (Non-stock) items, or fabricated material, may require a down payment and is subject to a penalty if cancelled.

- WARRANTIES: We guarantee the above equipment for the same time period and other conditions as the respective manufacturers.

- Purchaser is responsible for all sales, use and other governmental taxes which are not included in the price unless expressly stated.

- Midwest Maintenance & Construction Co., Inc. reserves the right, at its sole discretion, be apply any payments received from customer to any of customer's outstanding invoices, whether current or past due regardless of specification by customer as to payment application.

- By acceptance of these goods, you acknowledged and agreed to the Midwest Maintenance & Construction Co., Inc. standard terms and conditions unless expressly stated.

Services	6,500.00
Items	8,962.43
S/Total	15,462.43
Less Discount	0.00
Less Cover	0.00
Plus Excl. Tax	627.37
Less Payment	0.00
Total Due (USD)	16.089.80



313 - Monthly UST Inspection Community Dr. Seymour

9 Apr 2024 / Je	erry Boger				Complete
Score	9 / 9 (100%)	Flagged items	0	Actions	0
Conducted on					09.04.2024 15:17 EDT
Prepared by					Jerry Boger

IDEM Facility ID #22962 Seymour, IN 47274	101 Commur	nity Dr.,		9 / 9 (100%)
Leak Detection Recordkeeping				
Is there a CLSD report for th	e previous mont	h present		Yes
Check the tanks that are listed	d on CLSD report?			4 / 4 (100%)
Tank 1 (Unleaded)				\checkmark
Tank 2 (Premium Unleaded)				\checkmark
Tank 3 (Diesel)				\checkmark
Tank 4 (Off Road Diesel)				\checkmark
Please take a picture of the	printout			
Photo 1 Photo 2	Photo 3	Photo 4	Photo 5	
Line & Tank Tightness Testing	I			4 / 4 (100%)
Check the tanks that have a .2	PLLD test			4 / 4 (100%)
Tank 1 (Unleaded)				\checkmark
Photo 6				
Tank 2 (Premium Unleaded)				\checkmark
Photo 7				

Tank 3 (Diesel)

 \checkmark



Photo 8

Tank 4 (Off Road Diesel)



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)				
STP Sump Inspection				
Are all cover present, in good condition, seated firmly on the correct sump?	Yes			
Was the sump dry?	Yes			
How was this verified?	ATG System Alarm Review			
Spill Bucket Inspection				
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes			
Was the spill bucket dry?	Yes			
Please take a picture of the sump for verification purposes				
No further inspection is needed				
Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes			
Vent cap present, vent pipe solidly supported and vertical	Yes			

Tank 2 (Premium Unleaded)				
STP Sump Inspection				
Are all cover present, in good condition, seated firmly on the correct sump?	Yes			
Was the sump dry?	Yes			
How was this verified?	ATG System Alarm Review			
Spill Bucket Inspection				
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes			
Was the spill bucket dry?	Yes			
Please take a picture of the sump for verification purposes				
No further inspection is needed				
Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes			
Vent cap present, vent pipe solidly supported and vertical	Yes			

Tank 3 (Diesel)				
STP Sump Inspection				
Are all cover present, in good condition, seated firmly on the correct sump?	Yes			
Was the sump dry?	Yes			
How was this verified?	ATG System Alarm Review			
Spill Bucket Inspection				
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes			
Was the spill bucket dry?	Yes			
Please take a picture of the sump for verification purposes				
No further inspection is needed				
Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes			
Vent cap present, vent pipe solidly supported and vertical	Yes			

Tank 4 (Off Road Diesel)		
STP Sump Inspection		
Tank 4 does not have a sump, so a sump inspection is not necessa	ary	
Spill Bucket Inspection		
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes	
Was the spill bucket dry?	Yes	
Was the spill bucket dry? Please take a picture of the sump for verification purposes	Yes	
	Yes	
Please take a picture of the sump for verification purposes	Yes	

Inspector Certification

Signature of person completing inspection

09.04.2024 15:19 EDT

Date and time of inspection completion

Media summary

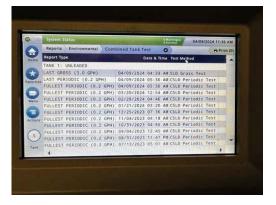


Photo 1

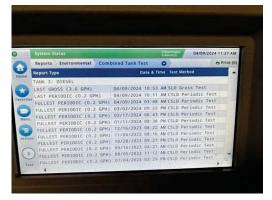


Photo 3

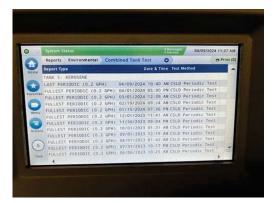


Photo 5

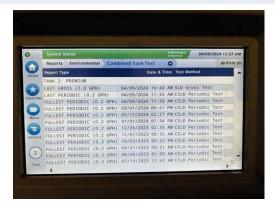


Photo 2

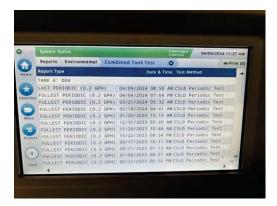


Photo 4

Photo 6

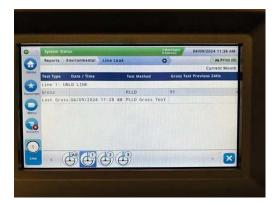




Photo 7



Photo 9



Photo 8



313 - Monthly UST Inspection Community Dr. Seymour

11 Mar 2024	/ Jerry Boger				Complete
Score	9 / 9 (100%)	Flagged items	0	Actions	0
Conducted or	า				11.03.2024 06:04 EDT
Prepared by					Jerry Boger

IDEM Facility ID #22962 101 Commu Seymour, IN 47274	nity Dr., 9 / 9 (100%)
Leak Detection Recordkeeping	4 / 4 (100%)
Is there a CLSD report for the previous mont	h present Yes
Check the tanks that are listed on CLSD report?	4 / 4 (100%)
Tank 1 (Unleaded)	
Tank 2 (Premium Unleaded)	
Tank 3 (Diesel)	
Tank 4 (Off Road Diesel)	
Please take a picture of the printout	
Photo 1 Photo 2 Photo 3	Photo 4 Photo 5
Line & Tank Tightness Testing	4 / 4 (100%)
Check the tanks that have a .2 PLLD test	4 / 4 (100%)
Tank 1 (Unleaded)	
Photo 6	
Tank 2 (Premium Unleaded)	
Photo 7	

Tank 3 (Diesel)

 \checkmark



Photo 8

Tank 4 (Off Road Diesel)



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)			
STP Sump Inspection			
Are all cover present, in good condition, seated firmly on the correct sump?	Yes		
Was the sump dry?	Yes		
How was this verified?	ATG System Alarm Review		
Spill Bucket Inspection			
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes		
Was the spill bucket dry?	Yes		
Please take a picture of the sump for verification purposes			

Please take a picture of the sump for verification purposes









Photo 10

Photo 11

Photo 12

Photo 13

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 2 (Premium Unleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
How was this verified? Spill Bucket Inspection	ATG System Alarm Review
	ATG System Alarm Review Yes

Please take a picture of the sump for verification purposes







Photo 14

Photo 15

Photo 16

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 3 (Diesel)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
How was this verified? Spill Bucket Inspection	ATG System Alarm Review
	ATG System Alarm Review Yes







Photo 17

Photo 18

Photo 19

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes







Photo 20

Photo 21

Photo 22

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Inspector Certification

Signature of person completing inspection

11.03.2024 06:14 EDT

Date and time of inspection completion

Media summary

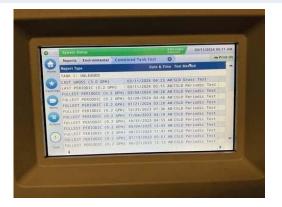


Photo 1

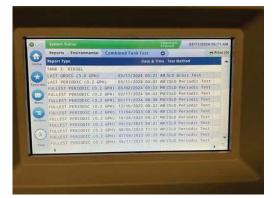


Photo 3



Photo 5

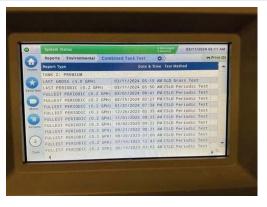


Photo 2

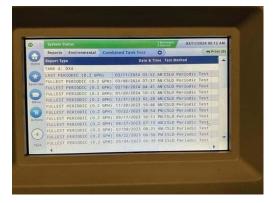


Photo 4



Photo 6



Photo 7



Photo 8



Photo 9



Photo 10



Photo 11



Photo 13



Photo 12



Photo 14



Photo 15



Photo 17



Photo 16



Photo 18



Photo 19



Photo 21



Photo 20



Photo 22



313 - Monthly UST Inspection Community Dr. Seymour

12 Feb 2024 / J	erry Boger				Complete
Score	9 / 9 (100%)	Flagged items	0	Actions	0
Conducted on					12.02.2024 17:07 EST
Prepared by					Jerry Boger

IDEM Facility ID #22962 Seymour, IN 47274	101 Community D	Or.,		9 / 9 (100%)
Leak Detection Recordkeeping				4 / 4 (100%)
Is there a CLSD report for the	previous month pre	esent		Yes
Check the tanks that are listed o	on CLSD report?			4 / 4 (100%)
Tank 1 (Unleaded)				\checkmark
Tank 2 (Premium Unleaded)				\checkmark
Tank 3 (Diesel)				\checkmark
Tank 4 (Off Road Diesel)				\checkmark
Please take a picture of the p	rintout			
Photo 1 Photo 2	Photo 3	hoto 4	Photo 5	
Line & Tank Tightness Testing				4 / 4 (100%)
Check the tanks that have a .2 F	PLLD test			4 / 4 (100%)
Tank 1 (Unleaded)				\checkmark
Photo 6				
Tank 2 (Premium Unleaded)				\checkmark
Photo 7				

Tank 3 (Diesel)

 \checkmark



Photo 8



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
How was this verified? Spill Bucket Inspection	ATG System Alarm Review
	ATG System Alarm Review







Photo 10

Photo 11

Photo 12

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 2 (Premium Unleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Spill Bucket Inspection Is the cover present and in good condition, seated firmly on the spill bucket?	Yes







Photo 13

Photo 14

Photo 15

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 3 (Diesel)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes







Photo 16

Photo 17

Photo 18

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes







Photo 19

Photo 20

Photo 21

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Inspector Certification

Signature of person completing inspection

12.02.2024 17:14 EST

Date and time of inspection completion

Media summary



Photo 1



Photo 3



Photo 5



Photo 2



Photo 4



Photo 6



Photo 7



Photo 9



Photo 8



Photo 10



Photo 11



Photo 13



Photo 12



Photo 14



Photo 15



Photo 17



Photo 16



Photo 18



Photo 19



Photo 21



Photo 20



313 - Monthly UST Inspection Community Dr. Seymour

22 Jan 2024 /	Jerry Boger				Complete
Score	9 / 9 (100%)	Flagged items	0	Actions	0
Conducted on	1				22.01.2024 20:37 EST
Prepared by					Jerry Boger

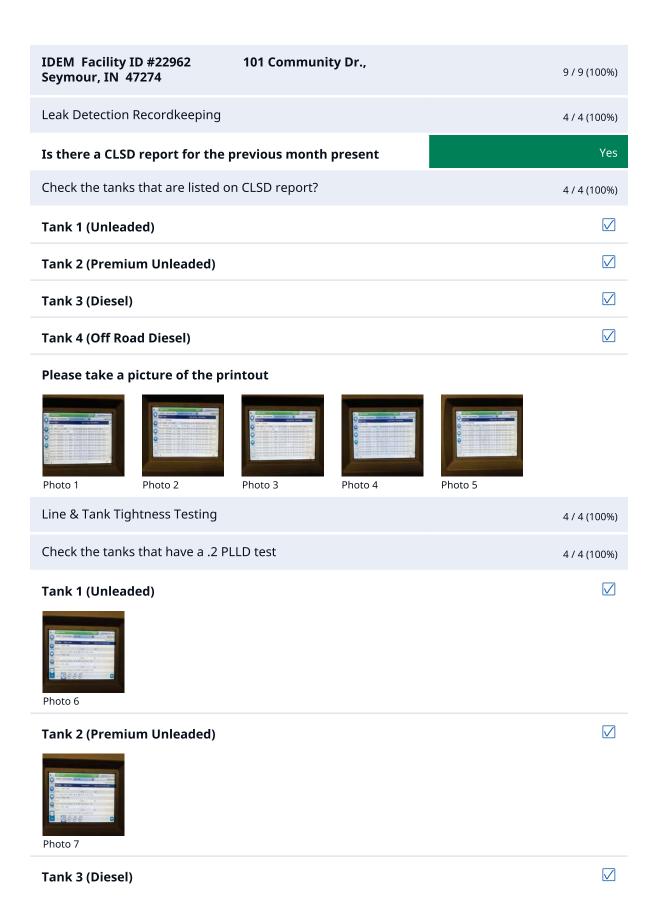




Photo 8



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)	
Talik T (Olleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes
Please take a picture of the sump for verification purposes	
No further inspection is needed	
Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 2 (Premium Unleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes
Please take a picture of the sump for verification purposes	
No further inspection is needed	
Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 3 (Diesel)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes
Please take a picture of the sump for verification purposes	
No further inspection is needed	
Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	
Vent cap present, vent pipe solidly supported and vertical	

Tank 4 (Off Road Diesel)	
STP Sump Inspection	
Tank 4 does not have a sump, so a sump inspection is not necess	ary
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes
Please take a picture of the sump for verification purposes	
No further inspection is needed	
Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Inspector Certification

Signature of person completing inspection

22.01.2024 20:42 EST

Date and time of inspection completion

Media summary

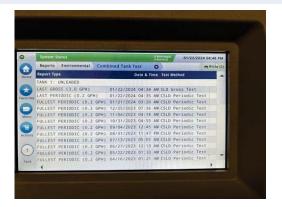


Photo 1

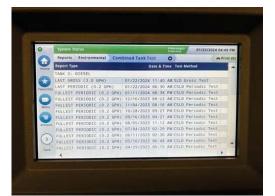


Photo 3



Photo 5 Photo 6

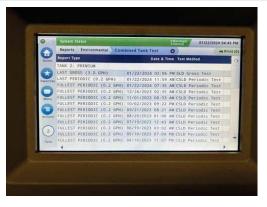


Photo 2



Photo 4





Photo 7

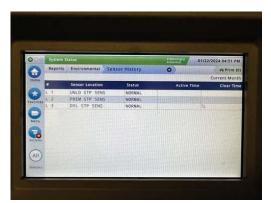


Photo 9



Photo 8



313 - Monthly UST Inspection Community Dr. Seymour

13 Dec 2023	/ Jerry Boger				Complete
Score	9 / 9 (100%)	Flagged items	0	Actions	0
Conducted o	n				13.12.2023 14:03 EST
Prepared by					Jerry Boger

IDEM Facility ID #22962 Seymour, IN 47274	101 Communi	ty Dr.,		9 / 9 (100%)
Leak Detection Recordkeeping				4 / 4 (100%)
Is there a CLSD report for the	previous month	present		Yes
Check the tanks that are listed o	on CLSD report?			4 / 4 (100%)
Tank 1 (Unleaded)				\checkmark
Tank 2 (Premium Unleaded)				\checkmark
Tank 3 (Diesel)				\checkmark
Tank 4 (Off Road Diesel)				\checkmark
Please take a picture of the pr	intout			
Photo 1 Photo 2	Photo 3	Photo 4	Photo 5	
Line & Tank Tightness Testing				4 / 4 (100%)
Check the tanks that have a .2 P	LLD test			4 / 4 (100%)
Tank 1 (Unleaded) Photo 6				
Tank 2 (Premium Unleaded)				\checkmark
Photo 7				
Tank 3 (Diesel)				\checkmark



Photo 8



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
now was this verified?	ATG System Alaim Review
Spill Bucket Inspection	ATO System Alam Review
	Yes







Photo 10

Photo 11

Photo 12

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 2 (Premium Unleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Spill Bucket Inspection Is the cover present and in good condition, seated firmly on the spill bucket?	Yes









Photo 13

Photo 14

Photo 15

Photo 16

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 3 (Diesel)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
	ATC Contains Alarma Davison
How was this verified?	ATG System Alarm Review
How was this verified? Spill Bucket Inspection	ATG System Alarm Review
	Yes

Please take a picture of the sump for verification purposes







Photo 17

Photo 18

Photo 19

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 4	(Off	Road	Diesel)
Ialik		Noau	DIESELL

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes







Photo 20

Photo 2'

Photo 22

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Inspector Certification

Signature of person completing inspection

13.12.2023 14:11 EST

Date and time of inspection completion

Media summary

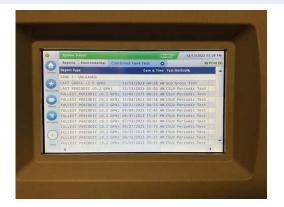


Photo 1

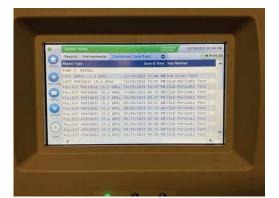


Photo 3



Photo 5



Photo 2



Photo 4





Photo 7



Photo 9



Photo 8



Photo 10



Photo 11





Photo 12



Photo 14



Photo 15





Photo 16



Photo 18



Photo 19



Photo 21 Photo 22



Photo 20





313 - Monthly UST Inspection Community Dr. Seymour

14 Nov 2023	/ Jerry Boger				Complete
Score	9 / 9 (100%)	Flagged items	0	Actions	0
Conducted on					14.11.2023 10:28 EST
Prepared by					Jerry Boger

IDEM Facility ID #22962 Seymour, IN 47274	101 Communi	ty Dr.,		9 / 9 (100%)
Leak Detection Recordkeeping				4 / 4 (100%)
Is there a CLSD report for the pr	revious month pro	esent		Yes
Check the tanks that are listed o	n CLSD report?			4 / 4 (100%)
Tank 1 (Unleaded)				\checkmark
Tank 2 (Premium Unleaded)				\checkmark
Tank 3 (Diesel)				\checkmark
Tank 4 (Off Road Diesel)				\checkmark
Please take a picture of the prin	tout			
Photo 1 Photo 2	Photo 3	Photo 4	Photo 5	Photo 6
Photo 7 Photo 8	Photo 9	Photo 10		
Line & Tank Tightness Testing				4 / 4 (100%)
Check the tanks that have a .2 P	LLD test			4 / 4 (100%)
Tank 1 (Unleaded) Photo 11 Photo 12	Photo 13			
Tank 2 (Premium Unleaded)				\checkmark
Tank 3 (Diesel)				\checkmark
Tank 4 (Off Road Diesel)				\checkmark

Unleaded



Please take a picture of the record





Photo 14

Photo 15

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes
Please take a picture of the sump for verification purposes	









Photo 16

Photo 17

Photo 18

Photo 19

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 2 (Premium Unleaded)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes
Please take a picture of the sump for verification purposes	









Photo 20

Photo 2

Photo 22

Photo 23

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 3 (Diesel)	
STP Sump Inspection	
Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review
Spill Bucket Inspection	
Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
	Yes Yes









Photo 24

Photo 25

Photo 26

Photo 27

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 4	Off F	Road	Diese	ĺ١
Idlik		\Uau	DIESE	.,

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes







Photo 28

Photo 29

Photo 30

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Inspector Certification

Signature of person completing inspection

14.11.2023 10:38 EST

Date and time of inspection completion

Media summary

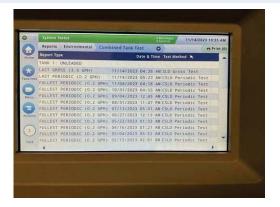


Photo 1

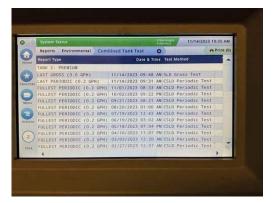


Photo 3

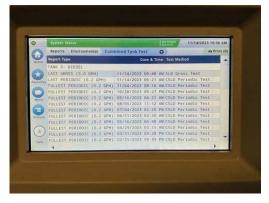


Photo 5 Photo 6

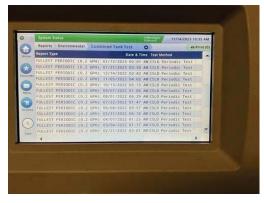
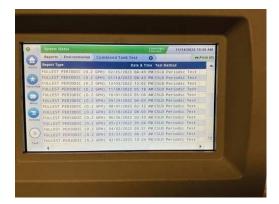


Photo 2



Photo 4



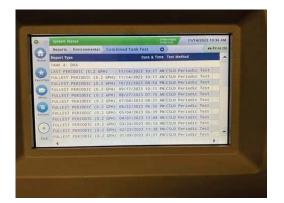


Photo 7

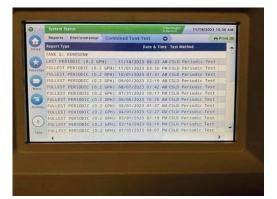


Photo 9



Photo 11



Photo 13



Photo 8



Photo 10

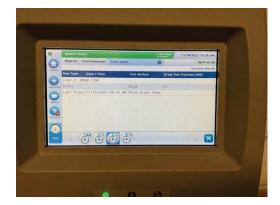


Photo 12



Photo 14



Photo 15



Photo 17



Photo 16

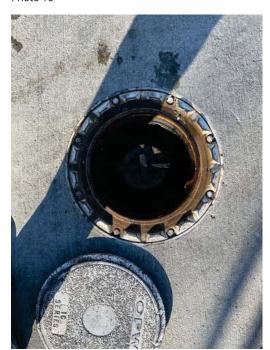


Photo 18



Photo 19



Photo 21



Photo 20



Photo 22



Photo 23





Photo 24





Photo 27





Photo 28



Photo 30



313 - Monthly UST Inspection Community Dr. Seymour

10 Oct 2023 / Jerry	Boger				Complete
Score	9 / 9 (100%)	Flagged items	0	Actions	0
Site conducted					Seymour +24
Conducted on					10.10.2023 15:49 EDT
Prepared by					Jerry Boger

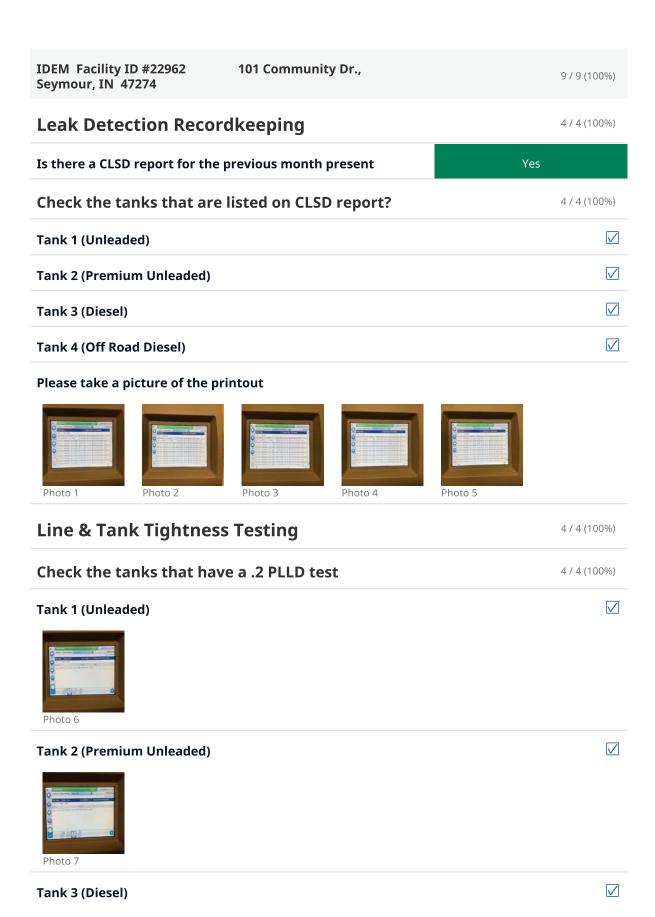




Photo 8

Tank 4 (Off Road Diesel)



Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes



Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 2 (Premium Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes



Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

_		-	-	•	
I ai	nk	~	(I)i	iese	١١

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes



Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	

Yes

Was the spill bucket dry?

Yes

Please take a picture of the sump for verification purposes









Photo 22

noto 23

o 24 Photo

No further inspection is needed

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe	Yes

Vent cap present, vent pipe solidly supported and vertical

Yes

Inspector Certification

Signature of person completing inspection

7 Togu 10.10.2023 16:35 EDT

Date and time of inspection completion

Media summary



Photo 1



Photo 3



Photo 5



Photo 2



Photo 4



Photo 6



Photo 7



Photo 8



Photo 9



Photo 10



Photo 11



Photo 13



Photo 12



Photo 14



Photo 15





Photo 16



Photo 18



Photo 19

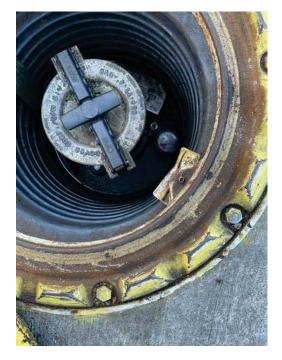




Photo 20



Photo 22



Photo 23



Photo 25



Photo 24



313 - Monthly UST Inspection Community Dr. Seymour

6 Sep 2023 / Jerry	/ Boger				Complete
Score	9 / 9 (100%)	Flagged items	0	Actions	0
Site conducted					Seymour +24
Conducted on					06.09.2023 14:34 EDT
Prepared by					Jerry Boger

IDEM Facility ID #22962 101 C Seymour, IN 47274	ommunity Dr.,		9 / 9 (100%)
Leak Detection Recordkeep	oing		4 / 4 (100%)
Is there a CLSD report for the previou	s month present	Yes	
Check the tanks that are listed	on CLSD report?		4 / 4 (100%)
Tank 1 (Unleaded)			✓
Tank 2 (Premium Unleaded)			\checkmark
Tank 3 (Diesel)			✓
Tank 4 (Off Road Diesel)			✓
Please take a picture of the printout Photo 1 Photo 2 Photo 2 Photo	Photo 4	Photo 5	
Line & Tank Tightness Test	ing		4 / 4 (100%)
Check the tanks that have a .2 I	PLLD test		4 / 4 (100%)
Tank 1 (Unleaded) Photo 6			
Tank 2 (Premium Unleaded) Photo 7			

Tank 3 (Diesel)

 \checkmark



Photo 8

Tank 4 (Off Road Diesel)



No PLLP Suction dispenser

Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Tank 1 (Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes







Photo 10

Photo 1

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 2 (Premium Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes







Photo 13

Photo 15

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 3 (Diesel)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes



Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes







Photo 20

hoto 21

Photo 22

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Inspector Certification

Signature of person completing inspection

06.09.2023 14:52 EDT

Date and time of inspection completion

Media summary



Photo 1



Photo 3



Photo 5



Photo 2



Photo 4



Photo 6



Photo 7

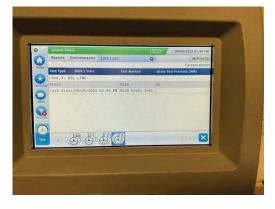


Photo 8



Photo 9



Photo 10



Photo 11



Photo 13



Photo 12



Photo 14

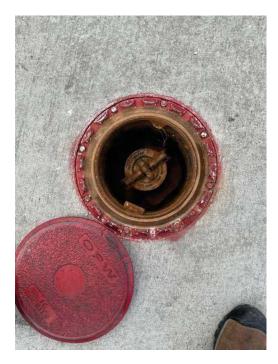


Photo 15



Photo 17



Photo 16



Photo 18



Photo 19



Photo 21



Photo 20



Photo 22



313 - Monthly UST Inspection Community Dr. Seymour

14 Aug 2023 / Jerr	y Boger				Complete
Score	9 / 9 (100%)	Flagged items	0	Actions	0
Site conducted					Seymour +24
Conducted on					14.08.2023 07:22 EDT
Prepared by					Jerry Boger

Tank 3 (Diesel)

 \checkmark





Check the Sensor that has Interstitial Monitoring

1 / 1 (100%)

Unleaded



Please take a picture of the record



Photo 10

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes







Photo 11

Photo

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 2 (Premium Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes







No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 3 (Diesel)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes



Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes







Photo 21

hoto 22

Photo 23

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Inspector Certification

Signature of person completing inspection

14.08.2023 07:32 EDT

Date and time of inspection completion

Media summary



Photo 1



Photo 3



Photo 5



Photo 2



Photo 4



Photo 6



Photo 7



Photo 9



Photo 11

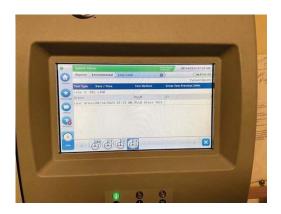


Photo 8



Photo 10



Photo 12



Photo 13



Photo 15



Photo 14



Photo 16



Photo 17



Photo 19



Photo 18



Photo 20



Photo 21



Photo 23



Photo 22



313 - Monthly UST Inspection Community Dr. Seymour

17 Jul 2023 / Jerry Boger					Complete
Score	100%	Flagged items	0	Actions	0
Site conducted					Seymour +24
Conducted on					17.07.2023 15:30 EDT
Prepared by					Jerry Boger

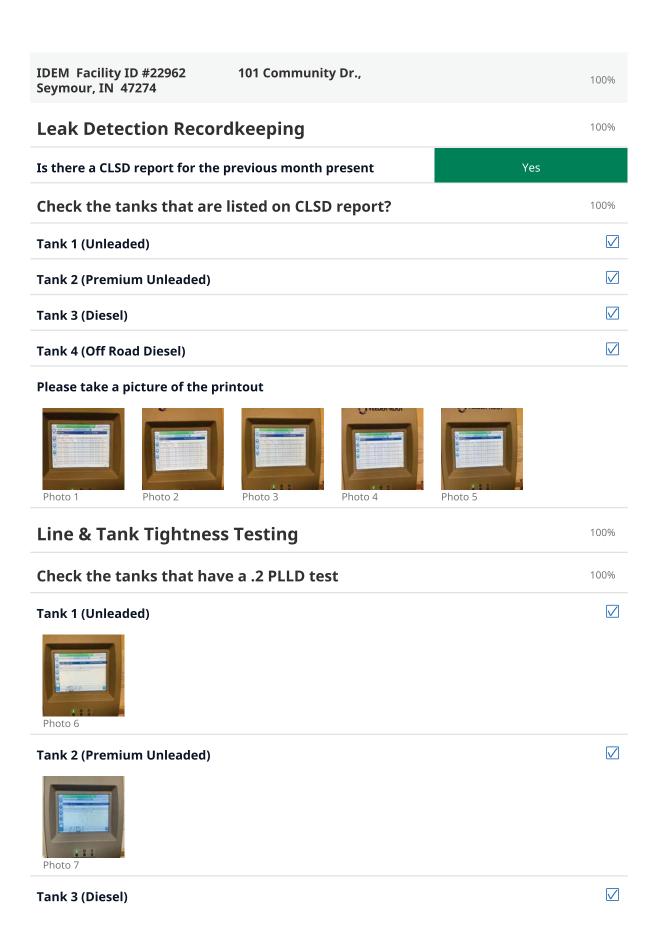




Photo 8

Tank 4 (Off Road Diesel)



Check the Sensor that has Interstitial Monitoring

100%

Unleaded



Please take a picture of the record



Photo 9

Observation and Monitoring Wells

Observation well cover is properly identified and secured?

Yes

Tank 1 (Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes





Photo 10

Photo 11

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 2 (Premium Unleaded)

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes





hoto 12

No further inspection is needed

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tar	1k 3	(Die	(laze
I CII	ות ט	UDIC	3511

STP Sump Inspection

Are all cover present, in good condition, seated firmly on the correct sump?	Yes
Was the sump dry?	Yes
How was this verified?	ATG System Alarm Review

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes





Photo 14

Photo 15

Top edge of coaxial drop tube smooth, round, slightly below the top edge of the fill pipe?	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Tank 4 (Off Road Diesel)

STP Sump Inspection

Tank 4 does not have a sump, so a sump inspection is not necessary

Spill Bucket Inspection

Is the cover present and in good condition, seated firmly on the spill bucket?	Yes
Was the spill bucket dry?	Yes

Please take a picture of the sump for verification purposes





Photo 16

Photo 17

Top edge of a coaxial drop tube smooth, round, slightly below the top edge of the fill pipe	Yes
Vent cap present, vent pipe solidly supported and vertical	Yes

Inspector Certification

Signature of person completing inspection

17.07.2023 15:47 EDT

Date and time of inspection completion

Media summary



Photo 1



Photo 3



Photo 5



Photo 2



Photo 4



Photo 6



Photo 7



Photo 8



Photo 9



Photo 10

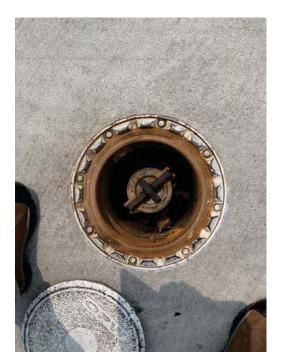


Photo 11



Photo 13



Photo 12



Photo 14



Photo 15



Photo 17



Photo 16

Facility ID#	Facility Name/Address	PENDIX A-3:ANNUAL	UNDERGROUN			CHECKLIST		Onalitica			4	Date	6/12/2023
22962	Premier ag - Seymour Community			SVC ORDER NO:	SW-0592			Qualified Technician	/]	. / // A	Date:	6/12/2023
22502	101 Community Drive							Signature	- /	KKN	1 (X / \		
	Seymour IN								Cert No	19979	Exp Date:	02/07/2025	•
Contact	Sonia Ahlbrand												
Category	Description	Test/Evaluation/Verif applicabl		PEI/RP900	N/A	RUL	PUL	DSL	ODSL	DISP 1/2	DISP 3/4	DISP 5/6	DISP 7/8
	Complete monthly checklist and compare to previously completed monthly checklists		·	8.4.1	$\overline{\checkmark}$								
Monthly Inspections	Monthly inspections reviewed and found adequate			8.4.2									
ATG Manhole				8.8.			•			_	•		
	Cap in good condition, seals tightly, hole sealed where probe wire goes through			8.8.1		V	V	$\overline{\checkmark}$	V				
	Wire splices sealed and wire in good condition			8.8.2		$\overline{\mathbf{V}}$	$\overline{\mathbf{Q}}$	✓	$\overline{\mathbf{A}}$				
	Junction box has cover, not corroded; intrinsically safe wiring in good condition			8.8.3		<u> </u>	<u> </u>	<u> </u>	$\overline{\mathbf{V}}$				
	No exposed wires			8.8.4		\square	<u> </u>	<u> </u>	$\overline{\mathbf{Q}}$		П		
ATG Manhole	Probe and floats in good condition, both floats present and move freely (mag probe)		6/13/2023			\square	<u> </u>	\square	<u> </u>				
	Verify functionality of ATG probe	TEST DATE:	6/13/2023	8.8.5		<u> </u>	<u> </u>	<u> </u>	<u> </u>				
	Manhole cover in good condition	TEST DATE:		8.8.6									
	Adequate clearance between ATG grade-level cover and below-grade components			8.8.7		☑	☑	☑	☑				
T.II. a	Adequate clearance between ATO grade-level cover and below-grade components			8.8.8		\square	✓	\square	✓				
Fill Area Drop Tube	Drop tube extends to within 6 inches of the tank bottom (if no flow diffuser present)			8.9.									
Vapor Recovery				8.9.1		\square	✓	Ø	☑				
Adaptor	Poppet of Stage I vapor recovery adaptor (also known as a "dry break") moves freely, seals tightly			8.9.2		\square	$\overline{\mathbf{A}}$						
Single-Walled Spill	Single-walled spill containment manhole tightness tested within last 3 years												
Containment Manhole		TEST DATE:		8.9.3	ш								
Double-Walled Spill	Double-walled spill containment manhole tightness tested within last 3 years OR inspected]				
Containment Manhole	monthly	TEST DATE:		8.9.4									
Overfill Preventio	n			8.10.									
Drop Tube	Drop tube shutoff valve passes inspection												
Shutoff (Flapper		EVALUATION DATE:		8.10.1.1	[V]								
Valve)	For drop tube shutoff valves in diesel tanks, excessive corrosion not present			8.10.1.2	$\overline{\checkmark}$								
	Ball float can be removed and inspected			8.10.2.1	$\overline{\checkmark}$								
Ball Float Valve	Ball float valve passes inspection	EVALUATION DATE:		8.10.2.2	$\overline{\checkmark}$								
	For ball float valves in diesel tanks, excessive corrosion not present			8.10.2.3									
Overfill Alarm	Overfill alarm passes inspection	EVALUATION DATE:		8.10.3.1	$\overline{\checkmark}$								
Leak Detection				8.11.						_	•		
	ATG passes annual inspection	EVALUATION DATE:	6/13/2023	8.11.1.1		$\overline{\mathbf{V}}$	$\overline{\mathbf{A}}$		V				
	Console has no active warnings or alarms			8.11.1.2		\square	$\overline{\checkmark}$	\square	$\overline{\mathbf{A}}$				
ATC C	Alarm history shows no recurring leak alarms			8.11.1.3		$\overline{\mathbf{V}}$	$\overline{\mathbf{V}}$	$\overline{\checkmark}$	$\overline{\mathbf{V}}$				
ATG Console	Verify in-tank leak detection tests are being completed (if used for leak detection)			8.11.1.4		$\overline{\checkmark}$	$\overline{\mathbf{V}}$		V				
	Verify correct set-up parameters for electronic line leak detector (if present)	VERIFICATION DATE:	6/13/2023			V	$\overline{\mathbf{V}}$		$\overline{\mathbf{A}}$				
	Verify piping leak detection tests are being completed (if used for leak detection)			8.11.1.6		$\overline{\square}$	$\overline{\mathbf{V}}$	$\overline{\checkmark}$	$\overline{\mathbf{A}}$				
Electronic Leak					$\overline{\checkmark}$								
Detection Monitor Line Tightness	Leak monitoring console is operational and has no active warnings or alarms If pressurized piping has been tested in the last year, review the results and verify that the		6/13/2023	8.11.2.1									
Testing	test passed	TEST DATE:	0, 10, 2023	8.11.3.1		Ø	V		$\overline{\mathbf{A}}$				
	If suction piping has been tested within the last 3 years, review the results and verify that the test passed	TEST DATE:		8.11.3.2									
	ELLD has conducted a 0.1 gph test in the last year												
 		TEST DATE:		8.11.3.3									
Under Pump Check	Below-grade piping operates at less than atmospheric pressure			8.11.4.1									
Valve (Suction Pump)	Below-grade piping slopes continuously back to the tank			8.11.4.2	<u> </u>								
	There is only one check valve, and it is located as close as practicable to the suction pump			8.11.4.3									
	There is only one check varie, and it is located as close as practicable to the saction pamp			0.11.1.5								+	

	AP	PENDIX A-3:ANNUAL UNDERGROUP	ND STORAGE SYSTE	M INSPECTION	CHECKLIST				\wedge			
Facility ID#	Facility Name/Address		SVC ORDER NO: SW				Qualified	/	1//	(1	Date:	6/12/2023
22962	Premier ag - Seymour Community						Technician	/	PXX	1 /		
	101 Community Drive						Signature		19979	UV	02/07/2025	
Contact:	Seymour IN Sonia Ahlbrand							Cert No:	19975	Exp Date:	02/07/2025	
		Test/Evaluation/Verification Date (if										
Category Testing	Description If a tank test has been conducted within the last 5 years, review the results and verify that	applicable)	PEI/RP900	N/A	RUL	PUL	DSL	ODSL	DISP 1/2	DISP 3/4	DISP 5/6	DISP 7/8
resting	the test passed	TEST DATE:	8.11.5.2									
Statistical Inventory												
Reconciliation (SIR)												
(511)	SIR results for the previous 12 months are "pass"		8.11.6.1									
Continuous Soil Vapor Monitoring	Sensing device tested	TEST DATE:	8.11.7.1									
	Sensing device tested	TEST DATE:	8.11.7.1									
water Monitoring				$\overline{\checkmark}$								
Corrosion Protecti	ion .	TEST DATE:	8.11.8.1 8.12									
Galvanic Cathodic	Verify that cathodic protection testing of all metallic components in contact with soil or	TEST DATE:	0.12									
Protection	water has been conducted within the past 3 years and the test passed	TEST DATE	8.12.1.1	V		Ш			Ш	Ш	Ш	
Impressed Current	Verify that cathodic protection testing has been conducted within the past 3 years and the test passed	TEST DATE:		$\overline{\checkmark}$								
Cathodic Protection	No exposed wires		8.12.2.1	$\overline{\mathbf{V}}$								
Tank Lining	Lining inspected as required and in good condition	TEST DATE:	8.12.2.2				_					
-		TEST DATE.	8.12.3.1	$\overline{\mathbf{A}}$								
Miscellaneous Ins	pection Items		8.13.									
Pavement	Concrete or asphalt over or near tanks is level, no significant cracks		8.13.1.1		\square	$\overline{\square}$	$\overline{\mathbf{V}}$	$\overline{\mathbf{V}}$				
Stage II Liquid	Control of Program Control Of Pr		0.43.2.4	$\overline{\checkmark}$								
Collection Points Stage I Testing	Cap in good condition, fits tightly, little or no liquid in bottom Verify that Stage I testing has been conducted and test results are passing		8.13.2.1	<u> </u>								
Stage II Testing	Verify that Stage II testing has been conducted and test results are passing	TEST DATE:	8.13.3.1									
Site Diagram	Site diagram accurately reflects the site conditions	TEST DATE:	8.13.4.1	<u> </u>								
-			8.13.5.1	$\overline{\mathbf{V}}$								
Submersible Turbi	ine Pump (STP) Visible piping and fittings show no signs of leaking		8.6.1									
			8.6.2			<u> </u>	☑	<u> </u>				
	Piping in good condition				\square	Ø	✓	\square				
	Excessive corrosion not present		8.6.3		\square	$\overline{\mathbf{A}}$	☑					
	Sump free of trash and debris		8.6.5			$\overline{\checkmark}$	\square	$ \overline{\checkmark} $				
	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good		8.6.8			$\overline{\mathbf{A}}$	✓					
	condition Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications		8.6.9									
All STP					\square	$\overline{\square}$	☑					
	Mechanical line leak detector properly vented, vent tube not kinked or twisted, vent tube fittings intact and tightened		8.6.10	$ \overline{\checkmark} $								
	Mechanical line leak detector passes 3.0 gallons per hour (gph) test	TEST DATE:	8.6.11	V								
	Electronic line leak detector (ELLD) passes 3.0 gph test		8.6.12									
	ELLD passes 0.2 gph test	TEST DATE:	8.6.13									
	ELLD passes 0.1 gph test	TEST DATE:	8.6.14									
	·	TEST DATE:										
	Manhole cover at grade in good condition, does not touch sump cover, all bolts present, handles and lift mechanism in good condition (as applicable)		8.6.24		\square	\square	\square	$\overline{\mathbf{V}}$				
STP: No	Submersible pump head, flex connector(s) and other metallic product piping are not in		8.6.17	$\overline{\mathbf{V}}$								
Containment Sump	contact with soil or water or are cathodically protected Any water or product removed and disposed of properly		8.6.4									
				<u> </u>								
	Sump is free of cracks, holes, bulges or other defects		8.6.6		\square	Ø	Ø	\square				
STP: In	Penetration fittings intact and secured		8.6.7		☑	$\overline{\mathbf{A}}$	✓					
Containment Sump	Piping interstitial space open to the STP sump (open double-walled piping system only)		8.6.20									
231116	Piping interstitial space closed to the STP sump (closed double-walled piping system only)		8.6.22		\square	V	\square	\square				
	Comp Rd and behand and an arrange and to an arrange and		0.000									
	Sump lid, gasket and seals present and in good condition		8.6.23		\square	$\overline{\mathbf{V}}$						

	API	PENDIX A-3:ANNUAL	UNDERGROUN	D STORAGE SYSTE	VI INSPECTION	CHECKLIST							
Facility ID#	Facility Name/Address			SVC ORDER NO: SW	-0592			Qualified		3//	· / / .	Date:	6/12/2023
22962	Premier ag - Seymour Community 101 Community Drive							Technician Signature	/	1XX	1 (X N		
	Seymour IN							Jigilatare	Cert No:	19979	Exp Date:	02/07/2025	
Contact:	Sonia Ahlbrand					1					- '		
Category	Description	Test/Evaluation/Verifi applicabl		PEI/RP900	N/A	RUL	PUL	DSL	ODSL	DISP 1/2	DISP 3/4	DISP 5/6	DISP 7/8
STP: In Single-Walled	Single-walled sump tested for integrity every 3 years			8.6.18									
Containment Sump		TEST DATE:											
STP: In Double- Walled Containment	If not continuously monitored or inspected annually, double-walled sump tightness tested every 3 years			8.6.19									
Sump	vice. Describe location (e.g., interstitial, STP, fill, dispenser) on this row:	TEST DATE:		8.7									
Leak Detection De	Sensor tested and functional	TEST DATE:	6/13/2023	8.7.1		$\overline{\mathbf{V}}$	\square		$\overline{\square}$				
Liquid Sensor	Sensor properly mounted at the bottom of the containment sump or pan (containment sump or pan sensor only)	TEST DATE:		8.7.3	<u> </u>								
	Sensor properly mounted at the bottom of double-walled tank (double-walled tank sensor					\square	\square	\square					
	only) Sensor tested and functional			8.7.4	<u> </u>								
Discriminating	Sensor properly mounted at the bottom of the containment sump or pan (containment sump	TEST DATE:		8.7.1									
Sensor	or pan sensor only)			8.7.3									
	Sensor properly mounted at the bottom of double-walled tank (double-walled tank sensor only)			8.7.4									
Hydrostatic	Sensor tested and functional	TEST DATE:		8.7.1									
Sensor	Hydrostatic sensor properly positioned	1201 0/112.		8.7.5	$\overline{\checkmark}$								
	Sensor tested and functional	TEST DATE:		8.7.1									
Vacuum/Pressure Sensor	Alarm sounds when pressure or vacuum is released	TEST DATE:		8.7.2	$\overline{\checkmark}$								
Selisoi	Entire interstitial space under pressure or vacuum (closed double-walled piping system only)	TEST DATE:		8.7.7									
Visually Monitored Double-Walled Sump	Leak detection device is within recommended limits			8.7.6									
Dispenser Pan Float	Sensor tested and functional	TEST DATE:		8.7.1	V								
Mechanism	Dispenser pan float mechanism free to move and properly adjusted	TEST DATE:		8.7.8									
Fill Sump		1201 011121		8.6									
	Any water or product removed and disposed of properly			8.6.4									
	Visible piping and fittings show no signs of leaking			8.6.1	$\overline{\checkmark}$								
	Piping in good condition			8.6.2	$\overline{\checkmark}$								
	Excessive corrosion not present			8.6.3	$\overline{\checkmark}$								
	Sump free of trash and debris			8.6.5									
	Sump is free of cracks, holes, bulges or other defects			8.6.6	\checkmark								
Fill Containment	Penetration fittings intact and secured			8.6.7									
Sump	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good condition			8.6.8									
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications			8.6.9									
	Piping interstitial space open to the fill sump (open double-walled piping system only)			8.6.20									
	Piping interstitial space closed to the fill sump (closed double-walled piping system only)			8.6.22									
	Sump lid, gasket and seals present and in good condition			8.6.23	$\overline{\checkmark}$								
	Manhole cover at grade in good condition, does not touch sump cover, all bolts present, handles and lift mechanism in good condition (as applicable)			8.6.24									
Single-Walled Fill Sump	Single-walled sump tested for integrity every 3 years	TEST DATE:		8.6.18	$\overline{\checkmark}$								
Double-Walled Fill Sump	If not continuously monitored or inspected annually, double-walled sump tightness tested every 3 years	TEST DATE:		8.6.19	$\overline{\checkmark}$								
Transition Sump	Levely 5 years	TEST DATE:		8.6.19									

	API	PENDIX A-3:ANNUAL UNDERGROUP	ND STORAGE SYSTI	EM INSPECTION	CHECKLIST				\wedge			
Facility ID#	Facility Name/Address		SVC ORDER NO: SV	N-0592			Qualified		/ }//.	<i>(</i> Λ.	Date:	6/12/2023
22962	Premier ag - Seymour Community						Technician	/	1 XX	1 / Y N		
	101 Community Drive Seymour IN						Signature	Cert	19979	Eva Data	02/07/2025	
Contact:	Sonia Ahlbrand							Cert		_ EXP Date.	02,07,2020	
Category	Description	Test/Evaluation/Verification Date (if applicable)	PEI/RP900	N/A	RUL	PUL	DSL	ODSL	DISP 1/2	DISP 3/4	DISP 5/6	DISP 7/8
category	Any water or product removed and disposed of properly	аррисамеј	8.6.4	<u> </u>						□ □		
	Visible piping and fittings show no signs of leaking		8.6.1	<u> </u>								
	Piping in good condition		8.6.2	<u> </u>								
	Sump free of trash and debris		8.6.5	<u> </u>								
	Sump is free of cracks, holes, bulges, or other defects		8.6.6	$\overline{\mathbf{V}}$								
	Penetration fittings intact and secured		8.6.7									
Transition Sump	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good condition		8.6.8	<u> </u>								
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications		8.6.9	\square								
	Piping interstitial space open to the transition sump (open double-walled piping system only)		8.6.20	\square								
	Piping interstitial space closed to the transition sump (closed double-walled piping system only)		8.6.22									
	Sump lid, gasket and seals present and in good condition		8.6.23	$\overline{\checkmark}$								
	Manhole cover at grade in good condition, does not touch sump cover, all bolts present, handles and lift mechanism in good condition (as applicable)		8.6.24	$\overline{\checkmark}$								
Single-Walled Transition Sump	Single-walled sump tested for integrity every 3 years	TEST DATE:	8.6.18	$\overline{\checkmark}$								
Double-Walled Transition Sump	If not continuously monitored or inspected annually, double-walled sump tightness tested every 3 years	TEST DATE:	8.6.19									
	ribe location or function (e.g., suction piping, tank manhole) on this row:	TEST DATE:	8.6									
	Any water or product removed and disposed of properly		8.6.4	<u> </u>								
	Visible piping and fittings show no signs of leaking		8.6.1	<u> </u>								
	Piping in good condition		8.6.2	V								
	Sump free of trash and debris		8.6.5	$\overline{\checkmark}$								
	Sump is free of cracks, holes, bulges, or other defects		8.6.6	$\overline{\checkmark}$								
	Penetration fittings intact and secured		8.6.7	$\overline{\checkmark}$								
Other Sump	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good condition		8.6.8									
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications		8.6.9	V								
	Piping interstitial space open to the sump (open double-walled piping system only)		8.6.20	$\overline{\square}$								
	Piping interstitial space closed to the sump (closed double-walled piping system only)			\square								
	Sump lid, gasket and seals present and in good condition		8.6.22	<u> </u>								
	Manhole cover at grade in good condition, does not touch sump cover, all bolts present,		8.6.23	<u> </u>								
Single-Walled Other	handles and lift mechanism in good condition (as applicable) Single-walled sump tested for integrity every 3 years		8.6.24									
Sump		TEST DATE:	8.6.18	V								
Double-Walled Other Sump	If not continuously monitored or inspected annually, double-walled sump tightness tested every 3 years	TEST DATE:	8.6.19	\checkmark								
Initial Fuel Dispen			8.5									
All Dispensers	All dispenser components are clean and dry		8.5.1									$\overline{\mathbf{A}}$
	If dispenser sump is present, sump is dry		8.5.2						\square	<u> </u>	<u> </u>	$\overline{\mathbf{A}}$
Fuel Dispenser Ins	visible piping and fittings show no signs of leaking		8.6									
	Piping in good condition		8.6.1						<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Dispenser containment sump free of trash and debris		8.6.2						<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good		8.6.5						<u> </u>	<u> </u>	<u> </u>	<u> </u>
All Dispensers	condition		8.6.8							$\overline{\square}$	\square	$\overline{\mathbf{V}}$
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications		8.6.9							\checkmark		$\overline{\checkmark}$

	AP	PENDIX A-3:ANNUAL UNDERGROUN	D STORAGE SYS	TEM INSPECTION	CHECKLIST							
Facility ID#	Facility Name/Address		SVC ORDER NO:	SW-0592			Qualified		/ <i>\//</i> .	11	Date:	6/12/2023
22962	Premier ag - Seymour Community						Technician	/	141	1 / V N		
	101 Community Drive						Signature		$\mathcal{L}\mathcal{D}^{\mathcal{U}}$	UV`		
	Seymour IN						_	Cert No	19979	Exp Date:	02/07/2025	
Contact:	Sonia Ahlbrand											
		Test/Evaluation/Verification Date (if										
Category	Description	applicable)	PEI/RP900	N/A	RUL	PUL	DSL	ODSL	DISP 1/2	DISP 3/4	DISP 5/6	DISP 7/8
	Shear valves operate freely and close completely	TEST DATE:	8.6.15									
	Stage II piping functional or else capped and sealed at an elevation lower than the fuel				П	П			$\overline{\checkmark}$	$\overline{\checkmark}$	$\overline{\checkmark}$	
	dispenser island		8.6.16									
Dispensers Without Sumps	Flex connectors and other metallic product piping are not in contact with soil or water or are cathodically protected		8.6.17									
Julips	Any water or product removed and disposed of properly		8.0.17							_		
			8.6.4		Ш	Ш				Ш		Ш
	Sump free of cracks, holes, bulges, or other defects		8.6.6					\checkmark				
Dispensers With Sumps	Penetration fittings intact and secured		8.6.7				✓					
	Piping interstitial space open to the dispenser sump or dispenser pan (open double-walled piping system only)		8.6.21									
	Piping interstitial space closed to the dispenser sump (closed double-walled piping system only)		8.6.22		$\overline{\mathbf{A}}$		V	$\overline{\mathbf{A}}$				
Dispensers With Single-Walled Sumps	Single-walled sump tested for integrity every 3 years	TEST DATE:	8.6.18									
Dispensers With Double-Walled Sumps	If not continuously monitored or inspected annually, double- walled sump tightness tested every 3 years	TEST DATE:	8.6.19									
DESCRIBE ANY DEFIC	IENCIES HERE:	TEST DATE.	0.0.13		1	1						

Instructions: Mark each tank where no problem is observed with a checkmark: \footnote{\sqrt} feeting equipment is not required and / or not present, mark checklist in the N/A column. If a defect is found, mark the checklist with an "X," describe the problem in the "DEFICIENCIES" section, and notify the appropriate person. Refer to the section listed in the "PEI/RP900" column for additional information. Refer to PEI RP500, Recommended Practices for Inspection and Maintenance of Motor Fuel Dispensing Equipment, for inspection procedures that apply to fuel dispensing equipment.

Facility ID#	Facility Name/Address	PENDIX A-3:ANNUAL UNDERGROUN	SVC ORDER NO:		CHECKLIST		Qualified			. 1	Date	6/12/2023
22962	Premier ag - Seymour Community		SVC ORDER NO:	300-0592			Technician	/	101	.///	Date.	0/12/2023
	101 Community Drive						Signature	- /	KRN	11101		
	Seymour IN						•	Cert No:	19979	Exp Date:	02/07/2025	
Contact:	Sonia Ahlbrand	Test/Evaluation/Verification Date (if			1		1		1	1		
Category	Description	applicable)	PEI/RP900	N/A	DISP 9/10							I
Monthly Inspections	Complete monthly checklist and compare to previously completed monthly checklists		8.4.1									
Worthly Hispections	Monthly inspections reviewed and found adequate		8.4.2									
ATG Manhole			8.8.									
	Cap in good condition, seals tightly, hole sealed where probe wire goes through		8.8.1									
	Wire splices sealed and wire in good condition		8.8.2									
	Junction box has cover, not corroded; intrinsically safe wiring in good condition		8.8.3									
	No exposed wires		8.8.4							П		
ATG Manhole	Probe and floats in good condition, both floats present and move freely (mag probe)	TECT DATE										
	Verify functionality of ATG probe	TEST DATE:	8.8.5									
	Manhole cover in good condition	TEST DATE:	8.8.6									
	Adequate clearance between ATG grade-level cover and below-grade components		8.8.7									
Ell Asses	racequate decirate services and services are services and services are services and services are services and services and services are services are services and services are services are services and services are services are services are services are services are services are		8.8.8									
Fill Area Drop Tube	Drop tube extends to within 6 inches of the tank bottom (if no flow diffuser present)		8.9.									
Vapor Recovery	Poppet of Stage I vapor recovery adaptor (also known as a "dry break") moves freely, seals		8.9.1									
Adaptor	tightly		8.9.2									
Single-Walled Spill	Single-walled spill containment manhole tightness tested within last 3 years]						
Containment Manhole		TEST DATE:	8.9.3	Ш				Ц				ı
Double-Walled Spill	Double-walled spill containment manhole tightness tested within last 3 years OR inspected											
Containment Manhole	monthly	TEST DATE:	8.9.4									
Overfill Preventio	n		8.10.									
Drop Tube	Drop tube shutoff valve passes inspection											
Shutoff (Flapper		EVALUATION DATE:	8.10.1.1	ш				ш				ı
Valve)	For drop tube shutoff valves in diesel tanks, excessive corrosion not present		8.10.1.2									
	Ball float can be removed and inspected		8.10.2.1									
Ball Float Valve	Ball float valve passes inspection	EVALUATION DATE:	8.10.2.2									
	For ball float valves in diesel tanks, excessive corrosion not present		8.10.2.3									
Overfill Alarm	Overfill alarm passes inspection	EVALUATION DATE:	8.10.3.1									
Leak Detection			8.11.									
	ATG passes annual inspection	EVALUATION DATE:	8.11.1.1									
	Console has no active warnings or alarms		8.11.1.2									
ATC Comme	Alarm history shows no recurring leak alarms		8.11.1.3									
ATG Console	Verify in-tank leak detection tests are being completed (if used for leak detection)		8.11.1.4									
	Verify correct set-up parameters for electronic line leak detector (if present)	VERIFICATION DATE:	8.11.1.5									
	Verify piping leak detection tests are being completed (if used for leak detection)		8.11.1.6									
Electronic Leak												
Detection Monitor Line Tightness	Leak monitoring console is operational and has no active warnings or alarms If pressurized piping has been tested in the last year, review the results and verify that the		8.11.2.1									
Testing	test passed	TEST DATE:	8.11.3.1									
	If suction piping has been tested within the last 3 years, review the results and verify that the test passed	TEST DATE:	8.11.3.2									
	ELLD has conducted a 0.1 gph test in the last year											
		TEST DATE:	8.11.3.3									
Under Pump Check	Below-grade piping operates at less than atmospheric pressure		8.11.4.1									
Valve (Suction Pump)	Below-grade piping slopes continuously back to the tank		8.11.4.2									
(6)	There is only one check valve, and it is located as close as practicable to the suction pump		8.11.4.3									
1												

	AF	PENDIX A-3:ANNUAL UNDERGROUN	D STORAGE SYST	EM INSPECTION	CHECKLIST				\sim 1			
Facility ID#	Facility Name/Address		SVC ORDER NO: S	N-0592			Qualified	/	3//.	Π.	Date:	6/12/2023
22962	Premier ag - Seymour Community						Technician	/	1 VL	'		
	101 Community Drive Seymour IN						Signature	Cert No:	19979	J/U	02/07/2025	1
Contact:	Sonia Ahlbrand							Cert wo:		exp bate:	02/07/2023	
Category	Description	Test/Evaluation/Verification Date (if applicable)	PEI/RP900	N/A	DISP 9/10							
Testing	If a tank test has been conducted within the last 5 years, review the results and verify that the test passed	TEST DATE:	8.11.5.2									
Statistical Inventory	tire test passeu	TEST DATE.	6.11.5.2									
Reconciliation (SIR)			8.11.6.1									
Continuous Soil	SIR results for the previous 12 months are "pass" Sensing device tested		8.11.6.1									
Vapor Monitoring		TEST DATE:	8.11.7.1									
water Monitoring	Sensing device tested											
		TEST DATE:	8.11.8.1						_			
Corrosion Protect Galvanic Cathodic	Verify that cathodic protection testing of all metallic components in contact with soil or	TEST DATE:	8.12		Τ	_			_			_
Protection	water has been conducted within the past 3 years and the test passed	TEST DATE.	8.12.1.1	$\overline{\mathbf{V}}$								
Impressed Current	Verify that cathodic protection testing has been conducted within the past 3 years and the test passed	TEST DATE:										
Cathodic Protection	No exposed wires		8.12.2.1									
Tank Lining	Lining inspected as required and in good condition	TEST DATE:	8.12.2.2	<u> </u>								
-		TEST DATE:	8.12.3.1	$\overline{\mathbf{V}}$								
Miscellaneous Ins Tank Pad &	pection Items		8.13.	_	T _		T _ T				I _	_
Pavement	Concrete or asphalt over or near tanks is level, no significant cracks		8.13.1.1									
Stage II Liquid Collection Points	Cap in good condition, fits tightly, little or no liquid in bottom		8.13.2.1									
Stage I Testing	Verify that Stage I testing has been conducted and test results are passing	TECT DATE.		$\overline{\mathbf{V}}$								
Stage II Testing	Verify that Stage II testing has been conducted and test results are passing	TEST DATE:	8.13.3.1	<u> </u>								
Site Diagram	Site diagram accurately reflects the site conditions	TEST DATE:	8.13.4.1	<u> </u>								
Submersible Turb	ine Pumn (STP)		8.13.5.1									
Julianiana Turk	Visible piping and fittings show no signs of leaking		8.6.1									
	Piping in good condition		8.6.2									
	Excessive corrosion not present		8.6.3									
	Sump free of trash and debris		8.6.5									
	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good condition		8.6.8									
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications		8.6.9									
All STP	Mechanical line leak detector properly vented, vent tube not kinked or twisted, vent tube fittings intact and tightened		8.6.10									
	Mechanical line leak detector passes 3.0 gallons per hour (gph) test	TEST DATE:	8.6.11									
	Electronic line leak detector (ELLD) passes 3.0 gph test	TEST DATE:	8.6.12									
	ELLD passes 0.2 gph test	TEST DATE:	8.6.13									
	ELLD passes 0.1 gph test	TEST DATE:	8.6.14									
	Manhole cover at grade in good condition, does not touch sump cover, all bolts present, handles and lift mechanism in good condition (as applicable)		8.6.24									
STP: No	Submersible pump head, flex connector(s) and other metallic product piping are not in		8.6.17									
Containment Sump	contact with soil or water or are cathodically protected Any water or product removed and disposed of properly		8.6.4									
	Sump is free of cracks, holes, bulges or other defects		8.6.6									
	Penetration fittings intact and secured		8.6.7									
STP: In Containment	Piping interstitial space open to the STP sump (open double-walled piping system only)		8.6.20									
Sump	Piping interstitial space open to the STP sump (open double-walled piping system only) Piping interstitial space closed to the STP sump (closed double-walled piping system only)		8.6.20									
	Sump lid, gasket and seals present and in good condition		8.6.23									

	AP	PENDIX A-3:ANNUAL	UNDERGRO <u>U</u> N	ID STORAGE SYSTE	M INSPECTION	CHECKLIST				$\triangle A$			
Facility ID#	Facility Name/Address			SVC ORDER NO: SW	-0592			Qualified		3//,	11	Date:	6/12/2023
22962	Premier ag - Seymour Community 101 Community Drive							Technician Signature	/	1XX	1 (X /\		
	Seymour IN							0.8	Cert No:	19979	Exp Date:	02/07/2025	
Contact:	Sonia Ahlbrand					1							
Category	Description	Test/Evaluation/Verifi applicabl		PEI/RP900	N/A	DISP 9/10							
STP: In Single-Walled	Single-walled sump tested for integrity every 3 years			8.6.18									
Containment Sump		TEST DATE:				Ш	Ш			Ш			
STP: In Double- Walled Containment	If not continuously monitored or inspected annually, double-walled sump tightness tested			8.6.19									
Sump		TEST DATE:											
Leak Detection De	vice. Describe location (e.g., interstitial, STP, fill, dispenser) on this row:			8.7									
	Sensor properly mounted at the bottom of the containment sump or pan (containment sump	TEST DATE:		8.7.1									
Liquid Sensor	or pan sensor only)			8.7.3									
	Sensor properly mounted at the bottom of double-walled tank (double-walled tank sensor only)			8.7.4									
	Sensor tested and functional	TEST DATE:		8.7.1	\checkmark								
Discriminating	Sensor properly mounted at the bottom of the containment sump or pan (containment sump	TEST DATE:			\square								
Sensor	or pan sensor only) Sensor properly mounted at the bottom of double-walled tank (double-walled tank sensor			8.7.3									
	only)			8.7.4	$\overline{\square}$								
Hydrostatic	Sensor tested and functional	TEST DATE:		8.7.1									
Sensor	Hydrostatic sensor properly positioned			8.7.5									
	Sensor tested and functional	TEST DATE:		8.7.1									
Vacuum/Pressure	Alarm sounds when pressure or vacuum is released	TEST DATE:		8.7.2									
Sensor	Entire interstitial space under pressure or vacuum (closed double-walled piping system only)												
Visually Monitored		TEST DATE:		8.7.7									
Double-Walled	Leak detection device is within recommended limits			0.7.6									
Sump	Sensor tested and functional			8.7.6									
Dispenser Pan Float Mechanism	Dispenser pan float mechanism free to move and properly adjusted	TEST DATE:		8.7.1									
Fill Sump	posperser particularities to more and properly adjusted	TEST DATE:		8.7.8 8.6									
riii Sump	Any water or product removed and disposed of properly			8.0							П		
	Visible piping and fittings show no signs of leaking			8.6.4									
	Piping in good condition			8.6.1	<u> </u>								
	Excessive corrosion not present			8.6.2	<u> </u>								
	Sump free of trash and debris			8.6.3	<u> </u>								
	Sump is free of cracks, holes, bulges or other defects			8.6.5	<u> </u>								
	Penetration fittings intact and secured			8.6.6	<u> </u>								
Fill Containment Sump	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good			8.6.7									
24p	condition			8.6.8	$\overline{\mathbf{Q}}$								
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications			8.6.9									
	Piping interstitial space open to the fill sump (open double-walled piping system only)			8.6.20	\checkmark								
	Piping interstitial space closed to the fill sump (closed double-walled piping system only)												
	Sump lid, gasket and seals present and in good condition			8.6.22	<u> </u>								
	Manhole cover at grade in good condition, does not touch sump cover, all bolts present,			8.6.23									
Single Well-d	handles and lift mechanism in good condition (as applicable)			8.6.24	$\overline{\square}$								
Single-Walled Fill Sump	Single-walled sump tested for integrity every 3 years	TEST DATE:		8.6.18									
Double-Walled Fill Sump	If not continuously monitored or inspected annually, double-walled sump tightness tested every 3 years	TEST DATE:		8.6.19									
Transition Sump	J	TEST BITTE.		8.6									

Facility ID#	Facility Name/Address	PENDIX A-3:ANNUAL UNDERGROUI	SVC ORDER NO: S				Qualified	/	1//	(1	Date:	6/12/2023
22962	Premier ag - Seymour Community						Technician	/	11/1	1 / V N		
	101 Community Drive						Signature			UU		•
Conta	Seymour IN uct: Sonia Ahlbrand							Cert No:	19979	Exp Date:	02/07/2025	
Contai	Sonia Ambrand	Test/Evaluation/Verification Date (if										
Category	Description	applicable)	PEI/RP900	N/A	DISP 9/10	T						
	Any water or product removed and disposed of properly		8.6.4									
	Visible piping and fittings show no signs of leaking		8.6.1									
	Piping in good condition		8.6.2									
	Sump free of trash and debris		8.6.5									
	Sump is free of cracks, holes, bulges, or other defects		8.6.6									
	Penetration fittings intact and secured		8.6.7									
Transition Sump	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good		6.0.7									
Transition Sump	condition		8.6.8			Ш						
	Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications		8.6.9									
	Piping interstitial space open to the transition sump (open double-walled piping system only)											
	Piping interstitial space closed to the transition sump (closed double-walled piping system		8.6.20									
	only)		8.6.22									
	Sump lid, gasket and seals present and in good condition		8.6.23									
	Manhole cover at grade in good condition, does not touch sump cover, all bolts present, handles and lift mechanism in good condition (as applicable)		8.6.24									
Single-Walled	Single-walled sump tested for integrity every 3 years											
Transition Sump Double-Walled	If not continuously monitored or inspected annually, double-walled sump tightness tested	TEST DATE:	8.6.18									
Transition Sump	every 3 years	TEST DATE:	8.6.19									
Other Sump. De	escribe location or function (e.g., suction piping, tank manhole) on this row:		8.6		_	<u> </u>	_					<u> </u>
	Any water or product removed and disposed of properly		8.6.4	$\overline{\checkmark}$								
	Visible piping and fittings show no signs of leaking		8.6.1									
	Piping in good condition		8.6.2	$ \mathbf{\nabla}$								
	Sump free of trash and debris		8.6.5	\checkmark								
	Sump is free of cracks, holes, bulges, or other defects		8.6.6	\checkmark								
	Penetration fittings intact and secured		8.6.7	$\overline{\checkmark}$								
Other Sump	Junction box(es) have covers, not corroded; conduit and intrinsically safe wiring in good			$\overline{\mathbf{V}}$								
	condition Flexible connectors not frayed, twisted, kinked or bent beyond manufacturer specifications		8.6.8									
			8.6.9									
	Piping interstitial space open to the sump (open double-walled piping system only)		8.6.20	$\overline{\mathbf{V}}$								
	Piping interstitial space closed to the sump (closed double-walled piping system only)		8.6.22	$\overline{\checkmark}$								
	Sump lid, gasket and seals present and in good condition		8.6.23	$\overline{\mathbf{V}}$								
	Manhole cover at grade in good condition, does not touch sump cover, all bolts present,		8.0.23									
S: 1 M II 1 OI	handles and lift mechanism in good condition (as applicable)		8.6.24									
Single-Walled Othe Sump	Single-walled sump tested for integrity every 3 years	TEST DATE:	8.6.18									
Double-Walled	If not continuously monitored or inspected annually, double-walled sump tightness tested			$\overline{\mathbf{V}}$								
Other Sump	every 3 years enser Inspection	TEST DATE:	8.6.19 8.5						_			
All Dispensers	All dispenser components are clean and dry		8.5.1		$\overline{\square}$							
	If dispenser sump is present, sump is dry		8.5.2		<u> </u>							
Euol Disponsor I	Inspection		8.6									
	Visible piping and fittings show no signs of leaking		8.6.1		$\overline{\square}$							
ruei Dispelisei i					<u> </u>							
ruei Dispelisei i	Piping in good condition											
ruei Dispensei i	Piping in good condition Dispenser containment sump free of trash and debris		8.6.2		V							П
ruer Dispenser I			8.6.5		I							
All Dispensers	Dispenser containment sump free of trash and debris				<u> </u>							

	AP	PENDIX A-3:ANNUAL UNDERGROUN	ND STORAGE SYS	TEM INSPECTION	CHECKLIST							
Facility ID#	Facility Name/Address		SVC ORDER NO:	SW-0592			Qualified			<i>(1</i>	Date:	6/12/2023
22962	Premier ag - Seymour Community						Technician	/	141	1 / V N		
	101 Community Drive						Signature		$\mathcal{L}\mathcal{D}^{\mathcal{U}}$	UV`		
	Seymour IN						·	Cert No.	19979	Exp Date:	02/07/2025	
Contact	Sonia Ahlbrand											
Category	Description	Test/Evaluation/Verification Date (if applicable)	PEI/RP900	N/A	DISP 9/10							
	Shear valves operate freely and close completely	TEST DATE:	8.6.15	\checkmark								
	Stage II piping functional or else capped and sealed at an elevation lower than the fuel dispenser island		8.6.16		Ø							
Dispensers Without Sumps	Flex connectors and other metallic product piping are not in contact with soil or water or are cathodically protected		8.6.17									
	Any water or product removed and disposed of properly		8.6.4									
	Sump free of cracks, holes, bulges, or other defects		8.6.6		$\overline{\mathbf{A}}$							
Dispensers With Sumps	Penetration fittings intact and secured		8.6.7									
	Piping interstitial space open to the dispenser sump or dispenser pan (open double-walled piping system only)		8.6.21									
	Piping interstitial space closed to the dispenser sump (closed double-walled piping system only)		8.6.22									
Dispensers With Single-Walled Sumps	Single-walled sump tested for integrity every 3 years	TEST DATE:	8.6.18									
Dispensers With Double-Walled Sumps	If not continuously monitored or inspected annually, double- walled sump tightness tested every 3 years	TEST DATE:	8.6.19									
DESCRIBE ANY DEFIC	IENCIES HERE:	1001 011161	010120		I	1					-	

Instructions: Mark each tank where no problem is observed with a checkmark: $\sqrt{\frac{1}{5}}$ (certain equipment is not required and / or not present, mark checklist in the N/A column. If a defect is found, mark the checklist with an "X," describe the problem in the "DEFICIENCIES" section, and notify the appropriate person. Refer to the section listed in the "PEI/RP900" column for additional information. Refer to PEI RP500, Recommended Practices for Inspection and Maintenance of Motor Fuel Dispensing Equipment, for inspection procedures that apply to fuel dispensing equipment.



Indiana Department of Environmental Management

Underground Storage Tank Program

Operator Training Certification

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

Certificate of Completion

Awarded to: Jerry Boger

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

License #: 18532

Issue Date: June 29, 2021

Expiration Date: June 29, 2024

Bruno L. Pigott, Commissioner

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

Certificate of Completion

Awarded to: Bob Cherepski

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

License #: 22597

Issue Date: July 25, 2023

Expiration Date: July 25, 2026

Brian C. Rockensuess, Commissioner

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

Certificate of Completion

Awarded to: Sandy Bobb

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

License #: 21846

Issue Date: February 20, 2023

Expiration Date: February 20, 2026

Brian C. Rockensuess, Commissioner



Facility ID#: 34513

UST Facility ID#: 22962

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

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

Certification of Completion

Awarded to: Morgan Brewer

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

Certification is applicable to the following location:	Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 218
Company Name: Jackson Jennings Farm Bureau	Class A or B Operator Signature: Sandy Bost
Address: 101 N Community Dr	Training Provided by: Sarly Bolb
City: Seymour, IN 47274	Trainer Signature: Landy Balt

Issue Date: 2-6-24 Expiration Date*: 2-6-27

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



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

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

Certification of Completion

Awarded to: Hunter Baker

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

Certification is applicable to the following location:

Company Name: Jackson Jennings Farm Bureau

Address: 101 N Community Dr

City: Seymour, IN 47274

Facility ID#: 34513

UST Facility ID#: 22962

Training Authorized by: Sandy Bobb License #(s): B - 16655

Class A or B Operator Signature:

Training Provided by:

Trainer Signature:

_ Expiration Date*:

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

Facility ID#: 34513

UST Facility ID#: 22962

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

Certification of Completion

Awarded to: Anita Hurt

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

Certification is applicable to the following location:	Training Authorized by: Sandy Bobb License #(s): B - 16655
Company Name: Jackson Jennings Farm Bureau	Class A or B Operator Signature: Janly Bobb
Address: 101 N Community Dr	Training Provided by: Landey Coff
City: Seymour, IN 47274	Trainer Signature: Sanley Dobb

Issue Date:

Expiration Date*:

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

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

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

Certification of Completion

Awarded to: Lois Price

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

Certification is applicable to the following location:	Training Authorized by: Sandy Bobb License #(s): B - 16655
Company Name: Jackson Jennings Farm Bureau	Class A or B Operator Signature: Stricky Doll
Address: 101 N Community Dr	Training Provided by: Sanly Bobl
City: Seymour, IN 47274	Trainer Signature: Junky Bobb
Facility ID#: 34513	¥

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



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

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

Certification of Completion

Awarded to: Don Bruce

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

Certification is applicable to the following location:	Training Authorized by: Sandy Bobb License #(s): B - 16655
Company Name: Jackson Jennings Farm Bureau	Class A or B Operator Signature: Sardy Bobk
Address: 101 N Community Dr	Training Provided by: Darly Boll
City: Seymour, IN 47274	Trainer Signature: Landy Boll
Facility ID#: 34513	V

.

Issue Date: 10-1-2/ Expiration Date*: 10-1-24

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



Facility ID#: 34513

UST Facility ID#: 22962

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

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

Certification of Completion

Awarded to: KATHY BIERMAN

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

Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 218
Class A or B Operator Signature: Sunly Boff
Training Provided by: Sunday Bohl
Trainer Signature: Sanly Bobb

Issue Date: <u>8-18-23</u> Expiration Date*: <u>2-18-26</u>

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



Facility ID#: 34513

UST Facility 1D#: 22962

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

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

Certification of Completion

Awarded to: Alana Farris

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

Certification is applicable to the following location:	Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 2184
Company Name: Jackson Jennings Farm Bureau	Class A or B Operator Signature Sixley Baff
Address: 101 N Community Dr	Training Provided by: Sanky Dobb
City: Seymour, IN 47274	Trainer Signature: Sarly Bolt

Issue Date: 3-18-23 Expiration Date*: 3-18-2

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



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

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

Certification of Completion

Awarded to:

JUDY CARPENTER

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

Certification is applicable to the following location:	Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 21846
Company Name: Jackson Jennings Farm Bureau	Class A or B Operator Signature Sander Bob 6
Address: 101 N Community Dr	Training Provided by: Danly Robb
City: Seymoar, IN 47274	Trainer Signature: Sanley Bobb

Facility ID#: 34513

UST Facility ID#: 22962

Issue Date: 10/30/23 Expiration Date*: 10/30/26

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



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

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

Certification of Completion

Awarded to: Brady Sawyer

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

Certification is applicable to the following location:	Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 2184
Company Name: Jackson Jennings Farm Bureau	Class A or B Operator Signature: Lankey Doble
Address: 101 N Community Dr	Training Provided by: Jankey Both
City: Seymour, IN 47274	Trainer Signature:
Facility ID#: 34513	V

Issue Date: 10/29/23 Expiration Date*: 11/29/36

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



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

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

Certification of Completion

Awarded to: Olivia Cain

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

Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 218
Class A or B Operator Signature:
Training Provided by: Dankey Bobb
Trainer Signature: Shraley Bobb

UST Facility ID#: 22962

Facility ID#: 34513

Issue Date: 10/29/33 Expiration Date*: 10/29/36

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



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

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

Certification of Completion

Awarded to: Carter Hall

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

Certification is applicable to the following location:	Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 21846
Company Name: Jackson Jennings Farm Bureau	Class A or B Operator Signature: Sandey Bobl
Address: 101 N Community Dr	Training Provided by: Jandey Bobb
City: Seymour, IN 47274	Trainer Signature: Many Bolt
Facility ID#: 34513	*

Issue Date: 3-11-24 Expiration Date*: 3-11-27

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



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

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

Certification of Completion

Awarded to: Marilyn Wente

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

Certification is applicable to the following location:	Training Authorized by: Sandy Bobb License #(s): B - 16655
Company Name: Jackson Jennings Farm Bureau	Class A or B Operator Signature: Supply Dobb
Address: 101 N Community Dr	Training Provided by: Ankly Bobb
City: Seymour, IN 47274	Trainer Signature: Handy Dolf
Facility 1D#: 34513	

2 (2) years from the data of ismana

Issue Date: 16/28/2022 Expiration Date*: 6/28/2025

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



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

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

Certification of Completion

Awarded to:

<u>Dylan Diaz Mejias</u>

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

Certification is applicable to the following location:	Training Authorized by: Sandy Bobb License #(s): B - 16655, B - 218
Company Name: Jackson Jennings Farm Bureau	Class A or B Operator Signature: Signature: Bolt
	V , 1/2 2 1
Address: 101 N Community Dr	Training Provided by: Shrily Doll
City: Seymour, IN 47274	Trainer Signature: Sandy Book
Facility ID#: 24513	

Issue Date: 3-18-33 Expiration Date*: 3-18-26

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



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

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

Certification of Completion

Awarded to: Mikaela Morgan

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

Company Name: Jackson Jennings Farm Bureau

Class A or B Operator Signature:

City: Seymour. IN 47274

Trainer Signature:

Training Authorized by: Sandy Bobb

License #(s): B - 16655, B - 21846

Class A or B Operator Signature:

Training Provided by:

Training Provided by:

Trainer Signature:

Issue Date: 3-18-23 Expiration Date*: 3-18-26

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

PDATE ANK 4 Complion

NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS

State Form 45223 (R10 / 3-23)

RETURN COMPLETED FORMS TO:

Indiana Department of Environmental Management USTRegistration@idem.in.gov

Indiana Department of Environmental Management Petroleum Branch Facility ID Number: 22962 The information requested is required by 329 IAC 9. This form should only be used for facilities previously registered with the IDEM Underground Storage Tank program. TYPE OF NOTIFICATION **Facility Contact Change** UST Owner Change Owner/Operator Information Change Type of Facility Change Property Owner Change Facility Name / Location Change UST System Modification UST Operator Change Financial Responsibility Change New UST System(s) В **FACILITY NAME / LOCATION** ACILITY NAME LATITUDE (37.710101 to 41.866773) LONGITUDE (-88.165351 to -84.671035) Premier Ag Co-op 38.95399 -85.90336 FACILITY ADDRESS (number and street) PARCEL NUMBER 101 Community Dr. TELEPHONE NUMBER ZIP CODE STATE COUNTY Seymour IN 47274 Jackson (812) 522-7844 TYPE OF FACILITY (Check all that apply) C Auto Dealership Commercial Airport Hydrant System Gas Station Hospital Industrial Petroleum Distributor Railroad Residential Trucking or Transport Utilities Unmanned Marina School Other: PREPARED BY D FIRST NAME SUFFIX LAST NAME Jerry Boger ZIP CODE 811 W 2nd Street IN 47274 Seymour TELEPHONE NUMBER JOB TITLE **EMAIL ADDRESS** (812) 528-2761 Director of EHS jboger@premierag.com Е **UST OWNER** TYPE OF OWNER City / Local Government Federal Government State Government Commercial Other: Private Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) BUSINESS ID (From the Secretary of State) 192525-005 Premier Ag Co-op Option 2: UST OWNER NAME (If a Public Agency or other entity) Option 3: UST OWNER NAME (If in Individual Capacity) LAST NAME SUFFIX FIRST NAME JST OWNER ADDRESS (Listed in Options 1-3) ADDRESS (line 2) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) 811 W 2nd Street PO Box 304 EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) ZIP CODE 47274 12/01/1997 Seymour IN JOB TITLE (Option 3 Individual Capacity) EMAIL ADDRESS (Option 3 Individual Capacity) TELEPHONE NUMBER (812) 522-4911 jboger@premierag.com Director of EHS CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2 SUFFIX LAST NAME PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) CITY ZIP CODE JOB TITLE EMAIL ADDRESS TELEPHONE NUMBER

FACI	22962	Premier Ag	Со-о	p					THE TOTAL PROGRAM AND		
F	FINANCIAL RESPONSIBILITY (Check all that apply)										
	Federal or State Government Entity, which does not fall under financial responsibility requirements										
	Local Governmer	nt owner or opera	tor is ma	aintaining	financia	al res	ponsibility	for this	site		
	The UST owner is maintaining financial responsibility for this site										
	The UST operator is maintaining financial responsibility for this site										
	I have met the financial responsibility requirements (in accordance with 329 IAC 9-8) by using one or a combination of the following mechanisms: (check all that apply). If you are using the ELTF it must be checked as well.										
	Financial Test of Self Insurance Excess Liability Trust Fund (State Fund)										
靣	Guarantee			Secure Security - Landers - March Security - Landers - L		一	Insurance and Risk Retention Group Coverage				
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	Letter of Credit				***************************************	\Box	Certificate of Deposit				
	Trust Fund					口	Standby Trust Fund				
	Local Governmer	t Bond Rating Te	st				Local Gov	ocal Government Financial Test			
	Local Governmer	t Guarantee					Local Gov	vernme	nt Fund		
	If utilizing the ELTF fo								le amount pursuant to 9-8-1	1(b) and (c) and	
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ACILITY ID# 22962	Premier Ag Co-					
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	NUMBER OF COMPAR	RTMENTS IN UST	1			
	COMPARTMENT IDENTIFIC	CATION NUMBER	4			
	(mm/dd/yyyy) D	ATE INSTALLED	10/15/1998			
(mm/dd/yyyy) DATE FIRST BRO	UGHT INTO USE	12/17/1998			
	(gallons) ESTIMATED To	OTAL CAPACITY	4,000			
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22062	TRANSACTION ID - FOR STATE US	SE ONLY	
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	US	TOWNER CERTIFICATION	
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PREFIX FIRST NAME	PRESENTATIVE (Print or Type)	MI LAST NAME	ISUFFIX
Jerry		Boger	SUFFIX
TITLE OF AUTHORIZED REI	PRESENTATIVE	COMPANY NAME (If Individual Leave E	Blank)
Director of EH	S	Premier Ag Co-op	namy
SIGNATURE	ey Parge		DATE (MM/DD/YYYY) 05/21/2024
	/UST	OPERATOR CERTIFICATION	//
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